

ORIGINAL ARTICLES

SELF-REPORTED ABSENTEEISM AMONG HOSPITAL WORKERS IN BENIN CITY, NIGERIA

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SUMMARY

Background: Absenteeism is a major cause of loss in jobs, man-hours, productivity, and lives in the health sector. It also has grave consequences for global economies.

Objective: To determine the overall absenteeism rate and the factors that conduces to absenteeism among hospital workers.

Design: Cross sectional descriptive type.

Setting and Participants: The entire staff in the hospital was enlisted in the study and data were collected through self-administered and semi-structured questionnaire.

Results: Fifty three percent of the 474 respondents reported at least one absence spell in the year. Absenteeism was highest among domestic staff (70.8%) and lowest among the doctors (46.9%). The average number of spells per absentee per year was 1.7 and the average duration of spells was 4.1 days while the incapacity rate was 7.2 days. The overall absenteeism rate was 1.7%. Absenteeism was significantly associated with increasing age ($p=0.000$), gender, [females>males ($p=0.001$)] and with marital status [married>unmarried ($p=0.02$)]. Higher rates of absenteeism were recorded among staffs who were stressed (92.1%), not satisfied with the working environment (66.7%) and those who experienced job dissatisfaction (64%). Engagement in physical activities impacted positively on absenteeism ($p=0.02$). Ill health accounted for 54.6% of absenteeism, with the bulk of it (67.5%) due to malaria

Conclusion: Though the overall absenteeism rate (1.7) was lower than the level of 4 considered to be excessive, 53% of the study population had been absent from work at least once in the study year. There is therefore the need to improve on the social and physical work environment in order to reduce absenteeism among these workers.

Keywords: Absenteeism, Hospital workers, Nigeria

INTRODUCTION

Absenteeism is the frequent absence from work, especially without good reasons.¹ It is a global occurrence among workers and in Nigeria it is a source of concern in view of the weak national economy and of the health system. Absenteeism has been shown to result in loss in man-hours, productivity, finance, jobs and in the health sector, of lives.^{2,3}

Workers absent themselves from work for various reasons that include ill health, accidents/ injuries^{4,5}, family commitments such as caring for a sick family member^{6,7}, 'entitlement mentality' (where the worker assumes the employer owes him some time away from work)⁸, economic pressures necessitating keeping a second job and stress.⁸

Absenteeism is also influenced by the physical demands of the job such as standing or squatting to work, bending of the neck and back, carrying, lifting or pushing heavy loads, etc and psychosocial factors such as job demands, excess workload, inability to cope, job dissatisfaction, social support and attitude of management etc. and conditions of the workplace.⁹⁻¹¹

The direct and indirect cost of high level of absenteeism in the health sector include the cost of medical bills, paying of additional overtime to staff, employing temporary staff, reduction in the standard of care to patients, disruption of working schedule, the lowering of morale and increased dissatisfaction among staff.¹² Absenteeism is not easily quantifiable, as it is often difficult to verify employees' claim about the causes of their absence, thus making it difficult to distinguish between avoidable and unavoidable absence. Moreover, many organizations, surprisingly do not keep good and accurate attendance records.¹³

The objective of this study, therefore, was to determine the overall level of absenteeism and the factors that

conduce to absenteeism among hospital workers, with the aim of making recommendations on ways of reducing it and enhancing productivity in the health sector. There is also the need to generate data that will fill in the gaps due to the dearth of literature on absenteeism among Nigerian workers.

MATERIALS AND METHODS

A descriptive cross sectional study was carried out at the Central Hospital, Benin City, Nigeria. The hospital is a state-owned secondary health facility situated in the central area of the City and has a staff population of 502, cutting across all cadres of health care workers.

Informed consent was sought and obtained from the management and staff of the hospital, both verbally and in writing. In order to minimize bias, the objective of the study was further explained to the respondents and anonymity assured them during administration of the questionnaire. The research instrument was a self-administered semi-structured questionnaire, which contained questions addressing the demographic profile of respondents, self-reported frequency of and reasons for absenteeism.

Absenteeism rates were calculated using the standards established by the United States Bureau of Labour Statistics¹⁴, and those of the Canadian Ministry of Industry, Labour and Household surveys¹⁵. The Computer Programs for Epidemiologists¹⁶ and the Microsoft Excel soft ware were used for data analysis

RESULTS

Questionnaires were distributed to all the 502 staff of the hospital on departmental bases. Four hundred and seventy four out of this total gave their consent and participated in the study giving a response rate of 94.4%. Majority of the non-responders were away either on annual leave or other forms of leave at the period of data collection. Nine of them refused to participate for what they termed ‘reasons best known to them’.

Staff disposition and their crude absenteeism rates

Table 1 shows the staff disposition with the corresponding crude absence rates among the respondents. Two hundred and fifty one (53.0%) out of 474 respondents had at least one spell of absence in the year. Absence was highest among the domestic staff (70.8%) and lowest among the doctors (46.9%). One hundred and thirty seven (54.6%) out of 251 reported one absence spell in the year, 63(25.1%) reported two spells, 30 (12.0%) reported three spells while 21 (8.3%) reported four, giving the total of 437 spells among the respondents.

Calculated absence measures

Table 2 shows various absence measures among the respondents. The average number of spells per absentee per year (Frequency rate) was 1.7 spells with the average duration of spells as 4.1 days and the incapacity rate as 7.2 days. Overall absenteeism rate was 1.7%.

Table 1 Staff disposition with their crude absence rates

Category of Staff	Absenteeism		
	Yes N (%)	No N (%)	Total N (%)
Doctors	30(46.9)	34(53.1)	64(13.4)
Nurses	29(48.0)	140(52.0)	269(56.9)
Pharmacists	5(50.0)	5(50.0)	10(2.1)
Medical lab. Scientists	5(50.0)	5(50.0)	10(2.1)
Administration	12(60.0)	8(40.0)	20(4.2)
Medical records	13(65.0)	7(35.0)	20(4.2)
Drivers	4(66.7)	2(33.3)	6(1.3)
Mortuary attendants	2(66.7)	1(33.3)	3(0.6)
Domestic staff (Cleaners)	51(70.8)	21(29.2)	72(15.2)
Total	251(53.0)	223(47.0)	474(100)

Correlates of absenteeism

Absence rates rose significantly with increasing age (31.5% to 81.3% at 15-24 and 55-64 age brackets respectively; $X^2 = 33.7$; $df = 4$; $p = 0.000$). There was a preponderance of absenteeism in females compared to the males (56.6% versus 38%; $X^2 = 10.2$; $df = 1$; $p = 0.001$) and also among married compared to the unmarried respondents (38% versus 45.3%; $X^2 = 5.7$; $df = 1$; $p = 0.02$). The relationship between job type (clinical/non clinical staff) was not significant as the absence rates among these job types were the same ($X^2 = 0.00$; $df = 1$; $p = 0.98$)

Table 3 shows the association between some physical and psychological parameters and absenteeism. There were significantly high rates of absence (92.1%) among staff who were stressed ($X^2 = 224.5$; $df = 1$; $p = 0.000$), those not satisfied with the working environment (66.7%; $X^2 = 60.5$; $df = 1$; $p = 0.000$) and those with job dissatisfaction (64%; $X^2 = 56.9$; $df = 1$; $p = 0.000$). The association between being satisfied with salary and absenteeism was however not significant, as about half (53%) of those not satisfied with their salaries were absent ($X^2 = 0.02$; $df = 1$; $p = 0.64$). A lower proportion (41.9%) of the respondents who engaged in physical activities was absent compared to 55.4% of those who did not. ($X^2 = 5.2$; $df = 1$; $p = 0.02$).

Reasons for absenteeism

Sickness accounted for 54.6% of absenteeism, family problems accounted for 18.7%; other causes included attendance at examinations 12.7%, social events like

marriage and burial 5.2%, adverse weather condition 4.4% travel 3.2% and transportation problems 1.2%.

Figure I shows that absence due to ill health was mainly due to malaria fever (67.5%) while surgical interventions accounted for the least (1.7%).

Table 2: Some calculated absence measures among the respondents

Absence measure	Value
Incidence of absence (Percentage of staff reporting at least one spell of absence in the year)	251/474 = (53%)
Absence frequency (Total number of spells in the year)	437
Frequency rate (Average number of spells/absentee in the year)	437/251 = 1.7 spells
Total estimated duration of spells	1802 days
Severity rate (Average duration of spells)	1802/437 = 4.1 days
Incapacity rate (Mean number of days lost/absentee in the year)	1802/251 = 7.2 days
Number of listed public holidays in the year	11 days
Duration of annual leave/worker	30 days
Total number of scheduled absence days	41 days
Number of working days in the year (52 weeks × 5 working days)	260 days
Total number of scheduled working days in the year (Normal working days after deducting annual leave, overtime and public holidays)	260 – 41 = 219 days
Total number of absent days by respondents (Absence frequency × average duration of spells)	437 × 4.1 = 1792 days
Total number of scheduled working days for all respondents	219 × 474 = 103,806
Absenteeism rate (Total number of absent days ÷ total number of scheduled working days for all respondents × 100)	1792/103,806 × 100 = 1.7%

DISCUSSION

This study has determined different absence rates including the overall absenteeism rate and the factors influencing them among hospital staff. In this study, the incidence of absence among the workers was 53%, comparing well with results obtained in another study where 57.6% of the studied population had at least one

absence spell in the year¹⁷, but contrasts with a lower figure of 15.8% recorded in another.¹⁸ Doctors and nurses had the lowest (46.9% and 48.0%, respectively) of crude absence rates. Studies have shown an inverse association between absence rates and the grade of employees/job type: the lower the grade of the employee, the higher the absence rate.^{19, 20} This inverse

relationship was found among the staff in this study. Doctors and nurses have to be physically present at all

times to monitor and nurse patients and this probably explains the low rates of absence among them.

Table 3 Association between some physical/psychosocial characteristics and work absenteeism

Physical/psychosocial Parameter	Absenteeism N (%)		Total N (%)
	Yes	No	
Job stress			
Stressful	199(92.1)	17(7.9)	216(45.6)
Not stressful	52(20.2)	206(79.8)	258(54.4)
Total	251(53.0)	223(47.0)	474(100.0)
$X^2 = 244.5; df = 1; p = 0.000$			
Job satisfaction			
Satisfied	57(31.1)	126(68.9)	183(38.6)
Not satisfied	194(66.7)	97(33.3)	291(61.4)
Total	251(53.0)	223(47.0)	474(100.0)
$X^2 = 56.9; df = 1; p = 0.000$			
Satisfaction with working environment			
Satisfied	32(24.2)	100(75.6)	132(27.8)
Not satisfied	219(64.0)	123(36.0)	342(72.2)
Total	251(53.0)	223(47.0)	474(100.0)
$X^2 = 60.5; df = 1; p = 0.000$			
Satisfaction with salary			
Satisfied	27(50.0)	27(50.0)	54(11.4)
Not satisfied	224(53.3)	196(46.7)	420(88.6)
Total	251(53.0)	223(47.0)	474(100.0)
$X^2 = 0.21; df = 1; p = 0.64$			
Engagement in physical activity			
Yes	36(41.9)	50(58.1)	86(18.1)
No	215(55.4)	173(44.6)	388(81.9)
Total	251(53.0)	223(47.0)	474(100.0)
$X^2 = 5.2; df = 1; p = 0.02$			

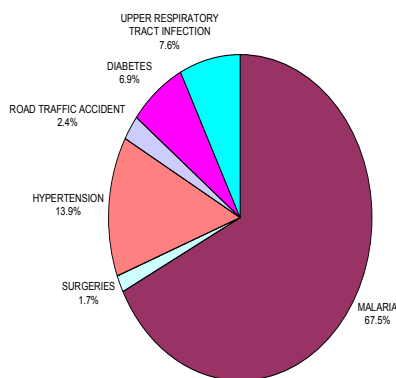


Figure 1 Causes of Sickness Absence Among Respondents

In this study, average number of days lost per absentee in the year (incapacity rate) of 7.2 days is lower than the value of 14.3 days obtained among hospital workers in Chile²¹, but higher than those in other studies where 3, 4.7 and 5 days were obtained²²⁻²⁴. The overall absenteeism rate of 1.7% is also lower than the rate of 4%, considered to be excessive by the United States Bureau of Labour Statistics.¹³ Chevalier et al²⁵ reported rates between 1.98% and 2.80%, while Gazmuri et al,²⁶ reported rates between 2.25% and 3.59% among various categories of hospital workers. The apparent lower rates of incapacity and absenteeism reported in this study are probably due to problem of recall or deliberate under-reporting by respondents, in order to avoid administrative sanctions. Besides, workers tend to cover up for each other and so management is often unaware about such absenteeism. Again, self-reported absence due to sickness has been found to be generally

lower than recorded absence rates elsewhere.²⁷ These rates even when they are modest, are a major cause of loss in productivity with high financial implications such as, payment for replacement of absentee staff and other administrative costs of managing absence and for re-scheduling of work. This subsequently affects the general economy of any nation especially that of a developing nation like Nigeria.

The correlates of absence rates as shown in Table 3 are not surprising. The rates which increased with increasing age could be due to the fact that generally, younger workers tend to be more energetic and may be more enthusiastic about their jobs. Several studies have found absence rates higher among females than among males^{13,16,20,21,26,27}. Females are more likely to be absent from work for reasons other than illness or injuries in order to fulfill other family responsibilities such as caring for sick family members. The higher rates for married staff could also be due to greater family responsibilities and household chores.

The effect of the physical and psychosocial work environment on absenteeism is well documented⁹⁻¹¹. Poor relationship with managers or supervisors, with co-workers and the unavailability of work implements often lead to low morale and frustrations among workers, hence absenteeism and lowered productivity. It is thus not surprising that high proportion of workers with job stress, job dissatisfaction and dissatisfaction with the working environment was absent from work. Physical activities seemed to have a positive impact on absenteeism as those engaged in them had less absence rate compared to those who did not. Statistically significant higher rates of absenteeism have been found among employees not engaged in sporting activities.²⁸

Ill health was the commonest cause (54.8%) of absenteeism among the staff with malaria contributing 67.5% of these medical causes. Luz and Green⁴ had indicated that medically certified absence accounted for 60 to 70% of work absenteeism among workers. Other studies have also identified the role of illness in absenteeism among workers.^{20,21,25} It is not surprising that malaria contributed over two thirds of the reported cases of absences due to illness among respondents. This is understandable in view of its endemicity in Nigeria.²⁹ Foster and Leighton estimated the value of malaria - related loss in production to be between 2 and 6% of Kenya's gross domestic product and between 1 and 5% of that of Nigeria.³⁰ The World Health Organisation estimates an equivalent of ten working days of lost labour to malaria.³¹ Pregnant women and children are the most vulnerable groups in malaria endemic regions and they need care by the economically viable, who take time off work and spend their meager finan-

cial resources to provide this care. The health care sector is also affected as it expends both financial and human resources on this preventable illness, which is a source of huge economic burden to the nation.

CONCLUSION

This study has determined the overall absenteeism rate, the reasons for absenteeism and the various factors influencing absence rates. Though absenteeism rate was less than the level considered excessive, more than half of the respondents had been absent from work at least once in the study year. The habitual practice of failing to turn up for work leads to reduced productivity and constraints the economic viability of any nation.

Creating a better physical working environment, reduction of stress among employees can be achieved by improvement in the manager or supervisor-worker and worker-worker relationship. Managers and supervisors should thus be adequately trained to handle staff generally well with better attention given to staff welfare. Providing incentives for reduced absenteeism among staff could help in motivating them to avoid unnecessary absenteeism. This incentive programme should be worked out over time and the most appropriate and workable method adopted. A work attendance policy should be put in place, to enable managers and supervisors monitor absenteeism and to intervene early enough when employees are frequently absent from work in order to get them back to work as soon as possible. It is also recommended that workers be encouraged to participate in an employee fitness programme as this has been found to reduce absenteeism. Continuous education of both the employer and employees on all facets of absenteeism and its disadvantages is of utmost importance; this should include education on preventive measures against malaria infection. These measures if properly integrated will go a long way to reduce absenteeism and improve the workplace environment.

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