

Relationship Between Management Practices and Employee Absenteeism in Public General Hospitals of East-Central Uganda

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Abstract

Effective management practices play a pivotal role in influencing positive behavior among employees at the work place [1]-[2]. Absenteeism of employees signals organizational ill health. Studies indicate that management practices can negatively or positively influence the employee absence rate in an organization [3]. This study assessed the relationship between management practices and health worker absenteeism in public general hospitals in East Central Uganda. It was prompted by the findings of Medicines and Health Services Delivery Monitoring Unit [4] that health worker absenteeism was rampant in Uganda. The study objectives were: to find out the magnitude and causes of health worker absenteeism in public general hospitals in East Central Uganda, establish the relationship between performance management practices and health worker absenteeism, establish the relationship between attendance and absence management practices and absenteeism, finally to establish the relationship between employee motivation and absenteeism. The study employed a mixed research design. Data were collected from 46 key informants, 220 health workers and 3 focus group discussions (FGDs). An absenteeism tracking tool was also used as a measure of health worker absenteeism. Descriptive statistics, frequency distributions and logistic regression were employed for data analysis alongside content analysis. Findings revealed that socio-demographic factors, performance management practices; attendance and absence management practices; and employee motivation practices did influence absenteeism. We concluded that Magnitude of absenteeism is still of management importance (influenced by management practices and socio-demography) and varied by hospital, time of assessment and day of the week. The implementation of management practices varied from one hospital to another – strengthening the performance management practices; attendance and absence management practices; and employee motivation practices while addressing the socio-demographic characteristics (that predict absenteeism) along the continuum of the hierarchy of needs could further reduce absenteeism.

Keywords

Relationship, Management Practices, Employee Absenteeism, Public Hospitals, East-Central, Uganda

1. Introduction

Globally, 57 countries are faced with critical health workforce crisis: 36 of them are in Sub Saharan Africa [5]. The human resource for health challenge in African countries is further exacerbated by high absenteeism of health workers.

In Kenya for instance, [6] explains that health worker absenteeism is rampant as supervisors pay workers regardless of whether they report to work or not. A study in Kenya's Machakos district reveals that \$51,000 is lost to absenteeism in each health facility monthly [7] [8].

In Uganda, the Health Monitoring Unit [4] reports a health The Inspector General of Government [9] reports that one in

every three health workers is absent in government health facilities of Uganda. Health worker absenteeism has been identified as one of the main sources of financial waste in Uganda's health sector. The 2005/2006 cleaning exercise of the payroll reveals 1.5% of ghost health workers in Uganda's public service and this costs the country \$592,000 [10].

In consideration of Uganda's limited financial resource base, funds should not be put to waste due to (among others) absenteeism of health workers. This study sought to find out the relationship between management practices and health workers' absenteeism in public general hospitals in East-Central Uganda. The study made two assumptions. The first was that there is a relationship between management practices and employee absenteeism. The second was that if management practices are effectively implemented, employee absenteeism can be mitigated. Even so, these assumptions did not rule out the fact that employee absenteeism may also be triggered by factors other than management practices. Whereas management practices are diverse in nature, this study emphasized three dimensions; performance management practices, attendance and absence management practices and employee motivation practices. The units of analysis were managers (top and middle level) and health workers in the respective hospitals.

Management practices are organizational activities directed at managing the pool of human resources and ensuring that the resources are employed towards fulfillment of organizational goals [10]. Absenteeism on the other hand refers to an employee's failure to report to and/or stay at work when scheduled regardless of the reason [12]. This is further confirmed by [10] who argues that poor human resource management practices are a main cause of health worker demotivation resulting in employee absenteeism in the health sector. Delays in staff appraisal, confirmation, promotion, enrolment on to the payroll and other constraints related to decentralization in employee recruitment and transfer of service have also been noted as major demotivators to health workers [10]. As a result, some health workers have opted to spend more time in their private clinics, even when on schedule at public health facilities.

Several other factors have often been associated with health worker absenteeism [13], [14]: stress, alcoholism, illness and other factors related to gender, age, marital status, length of service, personality, transport problems, distance between work and residence, among others. Ref [15], [16] confirm these findings by advancing similar causes of employee absenteeism. [17] asserts that planners and policy makers had come to the realization that achievement of the Millennium Development Goals (MDGs) was impossible if availability of health workers was not tackled effectively. With the newly renewed goals into the sustainable Development Goals (SDGs) this dilemma still stands [18]. Policy makers have gained interest in mitigation of absenteeism of health workers in an effort to better the crippling health service delivery in Uganda [19]. Amidst all these efforts, the problem of health worker absenteeism still persists in health facilities in Uganda.

2. Methodology

This was across sectional study that employed mixed method research design. It was carried out in three general hospitals in East-Central Uganda, namely; Kamuli general hospital, Iganga general hospital and Bugiri general hospital. The specific objectives were:- to establish the magnitude of health worker absenteeism in public general hospitals in East-Central Uganda; to establish the factors influencing health worker absenteeism in the study hospitals; to establish the relationship between performance management practices and health worker absenteeism; to establish the relationship between attendance & absence management practices and health worker absenteeism; and to establish the relationship between employee motivation practices and absenteeism.

We computed the sample size using the Epi info StatCalc. From a health worker population of 513 (obtained from the study hospital heads), expected frequency of 50% and worst acceptable result of 45% or 55% and 95% confidence level, our minimum sample size was 220.

2.1. The Extent/Magnitude of Health Worker Absenteeism

Absenteeism was assessed using unannounced visits to all hospital departments. An absenteeism tracking form was used to take note of available health workers in accordance with the duty rosters. The visits were carried out twice each day i.e.; at 9 am and 3 pm so as to cover two work shifts. All participants who filled the questionnaire were followed up using the absenteeism tracking tool. In total, each participant received six unannounced visits. The visits were conducted on Monday, Wednesday and Friday. These days were selected on the basis of employees' usual pattern of absence on these particular days as noted by ref [20]. Constructs containing questions that dig deeper into health worker absenteeism were also used as a means of individual self assessment to obtain responses from health workers on the magnitude of absenteeism. Data were collected using self administered questionnaires. Staff attendance registers and duty allocation records were also tracked in all the hospitals. In addition, interviews were conducted with top and mid-level managers to investigate the extent of absenteeism. Similarly, we conducted focus group discussions with health workers.

2.2. Factors Influencing Absenteeism

We employed self-administered questionnaires, key informant interviews with managers and FGDs to examine factors influencing absenteeism of health workers. The data were generated and analyzed using qualitative and quantitative methods – triangulated to draw conclusions.

2.3. Relationship Between Performance Management Practices and Employee Absenteeism

This variable was assessed through logistic regression analysis (quantitative part) on performance management

practices and employee absenteeism at 5% level of significance. A pre-coded self administered questionnaire was used to capture data from health workers on the different dimensions of performance management practices. Additional information on performance management practices were sought into and obtained through key informant interviews with managers and focus group discussions with selected health workers. Independent analysis was made for each hospital for inter-hospital comparison after which an aggregated analysis was conducted.

2.4. Relationship Between Attendance and Absence Management Practices and Employee Absenteeism

Logistic regression analysis (for quantitative data analysis) on attendance and absence management practices and absenteeism at 5% level of significance was used to assess this variable. A self administered questionnaire with pre-coded attendance and absence management practices was used for health workers; interviews with managers; and FGDs with selected health workers. A document review was also carried out as a way of obtaining other relevant data on attendance and absenteeism management in the respective hospitals. Documents such as hospital staff lists, duty rosters, arrival and departure books, leave tracking records and minutes of staff meetings were also reviewed.

2.5. Relationship Between Employee Motivation Practices and Health Worker Absenteeism

Self administered questionnaires with pre-coded themes on motivation practices were used for health workers. Focus group discussions were conducted with selected health workers and key informant interviews with managers. Assessment of this variable was through logistic regression analysis (for quantitative data) on employee motivation practices and absenteeism at 5% level of significance.

Two interview guides were used to gather responses from key informants during the face to face interfaces; one for top managers and the other for departmental in-charges. Basing on key themes of the study, purposively selected participants (on basis of work experience at hospital and willingness to participate) were led by a moderator into structured discussions to facilitate sharing of opinions on management practices and employee absenteeism in the respective hospitals. One FGD was conducted in each hospital.

Quantitative data from the absenteeism tracking form and questionnaire were captured using epi-data entry. Later, data was exported to STATA analysis system, version 11.2. Data analysis was conducted at three levels – univariate, bivariate and multivariate. A binary logistic regression model was further used based on the binary nature of the outcome variable. At coding level, absenteeism was graded on a 0, 1 categorization in which a health worker was assigned score 1 if he /she was absent (yet scheduled on the roster). The binary logistic model is functionally estimated as

$$OR = \ln\left(\frac{p}{1-p}\right) = \alpha + \beta_i x_i$$

Where OR is the odds ratio which explains the changes in the log-odds of the dependent variable, given a unit change in the independent variable.

p is the probability of outcome – which is the chance that a given health worker was absent.

$1 - p$ is the probability of failure for the defined outcome, that is, the chance that a health worker would not be absent. α is the constant which accounts for absenteeism that is not attributed to any of the predictors. β_i is the vector of regression coefficients which explains the magnitude of influence that the predictors have on absenteeism, x_i is the vector of explanatory variables.

Since other independent variables were categorical, the study estimated a dummy variable logistic model, in which one dummy level / reference was dropped and the resulting categorical levels were compared with the base / reference category. The odds ratio therefore, explains the difference in probability of absenteeism among the retained category as compared to the reference category.

2.6. Qualitative Data Analysis

For Qualitative data, the researcher arranged the data according to suitable themes for easy analysis. The themes enabled the researcher to describe and discuss the respondents' opinions on the relationship between management practices and health worker absenteeism. Analysis of data derived from focus group discussions involved manual transcription of responses from a verbal into a written form using a compilation sheet from which themes were generated. These themes were transferred into a master sheet in which thematic content analysis was done.

2.7. Quality Control

Using Content Validity Index (CVI) the instruments were found to be valid at 0.72 or 72% slightly above the required threshold [21]. Reliability was ensured using STATA version 11.2 reliability analysis scale (Cronbach's Alpha coefficient), reliability of the instruments was established. The research instruments were based on a three point Likert scale. Reliability test result was 0.790.

2.8. Ethical Considerations

The participants were also provided with all the necessary information, verbal and written consent was also sought from the respondents taking part in the study. Privacy and confidentiality of participants' responses was upheld in accordance with the guidelines stipulated in the Helsinki Declaration on human research [22]. Anonymity of participants was maintained and information obtained treated with utmost confidentiality.

2.9. Limitations of the Study

Whereas the [23] study in Uganda revealed that 60% of health worker absence is authorized by management, this

study applied the [12] absenteeism definition which does not consider absence authorization by management. This study therefore indirectly presumed that health workers ought to be at work when scheduled to be there.

3. Results

This study had a sample size of 220 respondents and we reached 202 – a response rate of 91.8% was realized.

Table 1. Absenteeism by hospital, time and day of the week.

Health Facility	Monday		Wednesday		Friday		Overall
Hospital	9am	3pm	9am	3pm	9am	3pm	
Kamuli	10(17.54%)	5(11.9%)	9(16.07%)	5 (11.11%)	11(20.37%)	6(3.95%)	24(38.70%)
Iganga	0 (0.00%)	1(1.25%)	6(7.50%)	10(12.50%)	9(11.39%)	9(11.39%)	20(25.00%)
Bugiri	4(6.67%)	1(1.67%)	4(6.67%)	3(5.00%)	2(3.33%)	1(1.67%)	9(15%)
Overall	27(9.45%)		27(13.5%)		31(15.89%)		53(26.2%)

The findings in table 1 indicate that Kamuli general hospital registered highest health worker absenteeism, 24(38.70%) and was followed by Iganga general hospital 20(25.00%). We also found that absenteeism was at (its) peak at different times in different hospitals throughout the visits. In Kamuli general hospital, absenteeism was higher in the morning (9am) than in the afternoon (3pm) while in Iganga absenteeism was higher in the afternoon. Overall, health worker absenteeism was highest on Friday (15.89%) and least on Monday (9.45%). This could be a result of weekend preparations which involve traveling away from duty station as one respondent noted in a focus group discussion:

I sometimes have to start my journey to my village as early as Thursday if I am to spend the weekend with my family (Respondent-Kamuli general hospital/ July, 2014).

Absenteeism varied considerably by respondent's socio-demographics, locations and other attributes. The males were more likely to be absent than the females (OR = 20, P-value = 0.000). Similarly, the married health workers were more likely to be absent than the cohabiting (OR = 1,000, P-value = 0.000) and the single (OR = 200, P-value = 0.000). The health workers in permanent employment were more likely to be absent than those working on contract (OR = 1,000, P-value = 0.000). Clearly, the common perception among public servants that their jobs are permanent and pensionable comes into play here as noted by one respondent that:

Government health workers take their jobs for granted because they know their jobs are permanent, they cannot be taken away very easily (Respondent, FGD-Bugiri public general hospital/July, 2014).

This finding also points to the fact that it is common practice that health workers in local governments are said to obtain their jobs through bribery and/or tribalism. Further to this, one respondent observed that:

Health worker behavior and attitude while at work is determined at the point of recruitment. There is need to streamline the recruitment process because recruitment on merit basis is lacking in local government; as a result, some absentee employees are "untouchable" to us as management

3.1. Magnitude of Health Worker Absenteeism

To establish the magnitude of health worker absenteeism we made 6 unannounced visits to track absenteeism of all the respondents. All respondents who filled out the questionnaires were followed up using the absenteeism tracking tool for three days (twice each day).

of this hospital. Forwarding such employees to district administrators for a disciplinary measure instead ends up in incrimination of the supervisor so we just warn them and stop there" (Interviewee- Iganga general hospital/ July, 2014).

In contrast with this finding, one respondent in a key informant interview noted that:

Almost all contract health workers in this hospital have enrolled for unofficial study leave because their contract terms do not allow them to apply for study leave. Their work is always covered by the permanent staff... (Respondent, Kamuli, July, 2014).

The health workers who attained certificate were more likely to be absent than those with diploma (OR = 1,000, P-value = 0.000) and degree (OR = 1,000, P-value = 0.000). This is in line with one respondent's opinion in a focus group discussion:

Nursing assistants say they are undermined by all people so they leave work for those who did the courses (Respondent-Kamuli public general hospital/ July, 2014).

Duration of stay at work influenced absenteeism in that those who had worked 0-1 year were more likely to be absent than those who had worked for 2-3years (OR = 500, P-value = 0.000), 3-4 years (OR = 500, P-value = 0.000) and 4-5years (OR = 48, P-value = 0.000). In addition, medical officers were more likely to be absent than; the clinical officers (OR = 125, P-value = 0.000), registered midwives (OR = 37, P-value= 0.000), enrolled midwives (OR = 53, P-value = 0.000), registered nurses (OR = 45, P-value = 0.000), enrolled nurses (OR = 48, P-value = 0.000), nursing assistants (OR = 37, P-value = 0.000), laboratory personnel (OR = 15, P-value= 0.002) and dental officers (OR = 23, P-value = 0.023). This finding was reaffirmed by one respondent in an interview:

It seems as if we have no doctors in this hospital. I wonder what kind of motivation can keep them at the hospital. They work for few days and then disappear (Respondent- Bugiri general hospital, July, 2014).

The health workers having children were more likely to be absent than those without (OR= 200, P-value= 0.000). The time required to care for children, while sick or as precautionary measure explains this observation as noted a female respondent;

During the rainy season, I cannot avoid being absent

because my daughter is asthmatic....” (Respondent- Bugiri public general hospital/ July, 2014).

Surprisingly, health workers living in the staff quarters were more likely to be absent than those living without the staff quarters (OR = 9, P-value = 0.000). This finding was corroborated by the fact that health workers living between 0-1km from the hospital were more likely to be absent than those living between 1-4km (OR =200, P-value = 0.000), 5-10km (OR = 167, P-value = 0.000) and >10km (OR = 250, P-value = 0.001) from hospital.

Table 2. Predicting absenteeism using socio-demographic characteristics of respondents.

Predictors	Odds ratio	95% Confidence interval	P-Value	
Sex	Male	1		
	Female	0.05	0.002-0.014	0.000
Marital status	Married	1		
	Divorced	0.150	0.001-1.585	0.077
	Separated	3.53e	-	0.984
	Cohabiting	0.001	0.000-0.032	0.000
Type of employment	Single	0.005	0.000-0.003	0.000
	Permanent	1		
Educational level	Contract	0.001	0.000-0.007	0.000
	Certificate	1		
	Diploma	0.001	0.000-0.005	0.000
Time worked at this hospital	Degree	0.001	0.000-0.052	0.000
	(0-1)year	1		
	(2-3)years	0.002	0.000-0.023	0.000
	(3-4)years	0.002	0.000-0.016	0.000
	(4-5)years	0.021	0.007-0.062	0.000
Professional cadre	> 5yrs	3.45e	-	0.990
	Medical officer	1		
	Clinical officer	0.008	0.001-0.061	0.000
	Registered midwife	0.027	0.005-0.134	0.000
	Enrolled midwife	0.019	0.004-0.084	0.000
	Registered nurse	0.022	0.004-0.111	0.000
	Enrolled nurse	0.021	0.007-0.062	0.000
Parenthood Status	Nursing assistant	0.027	0.008-0.088	0.000
	Laboratory personnel	0.068	0.012-0.368	0.002
	Dental officer	0.044	0.002-0.650	0.023
	With Children	1		
Residence	Without Children	0.005	0.001-0.002	0.000
	Staff quarter	1		
Distance to the health facility	Out	0.108	0.004-0.026	0.000
	<1km	1		
	(1-4)km	0.005	0.001-0.016	0.000
	(5-10)km	0.006	0.001-0.028	0.000
>10km	0.004	0.000-0.099	0.001	

e = error due to few units in category

Increase in age, number of children and age of the youngest child were significant in explaining absenteeism and any increase in the trio was significantly associated with reduction

in the likelihood of absenteeism.

3.2. The Relationship Between Performance Management Practices and Absenteeism

Table 3. Respondents' opinion on performance management.

Performance management practices	N	Disagree	Not sure	Agree
The supervisor supports me in annual performance planning	188	35(18.6)	15(8)	138(73.4)
The supervisor conducts performance monitoring and supervision	188	20(10.6)	18(9.6)	150(79.8)
The supervisor conducts support supervision	189	16(8.5)	15(7.9)	158(83.6)
Management conducts performance appraisal	187	20(10.7)	17(9.1)	150(80.2)
Health workers are rewarded for good performance	188	69(36.7)	36(19.2)	83(44.1)
My supervisor often gives me feedback on my performance	189	50(26.5)	23(12.2)	116(61.4)

According to respondents' perception of performance management practices support supervision was ranked highest (83.6%) and this was closely followed by performance appraisal. Reward for good performance was least in the hospitals - 36.7% of the health workers disagreed with being rewarded (for good performance). This was reaffirmed during FGDs as one of the respondents had this to say:

You work but with no motivation from supervisors; they only look for the smallest problem which washes away all the good deeds of the past (Respondent- Kamuli hospital/July, 2014).

The likelihood of absenteeism occurring was significantly higher in Kamuli general hospital than Iganga (OR = 3.802, P-value = 0.003) and Bugiri (OR = 3.185, P-value = 0.026) general hospitals.

Table 4. Association between absenteeism and hospital of work.

Predictors	Odds Ratio	95% Confidence Interval	P-value	
Hospital	Kamuli	1		
1	Iganga	0.263	0.108-0.640	0.003
	Bugiri	0.314	0.113-0.868	0.026

Similarly, hospitals with stronger performance management practices showed lower prevalence of absenteeism. This was clearly in Iganga and Bugiri hospitals that had more performance management practices.

3.3. Relationship Between Attendance, Absence Management Practices and Absenteeism

Most common actions taken against absent health workers were; verbal warning followed by written warning letters after which a persistently absent employee is forwarded to the Chief Administrative Officer for further disciplinary measures: usually deletion from the payroll. However, with the exception of Kamuli general hospital which had minutes of disciplinary committee meetings on absenteeism, human resource

leave-tracking form and a human resource absence notification letter, Iganga and Bugiri general hospitals had no records to statistically establish the relationship between attendance and absence management and absenteeism.

This study found that strategies geared towards strengthening attendance and absence management would improve attendance through a reduction in the odds of absenteeism by 33.7% (P-value = 0.000). Given the presence of policies, attendance tracking registers, and other attendance and absence management tools in all the hospitals, the question of why absenteeism still prevailed (regardless of the magnitude) remains unclear. Thorough scrutiny of the attendance registers showed that though the registers were available in all hospitals, the number of staff who utilized them was not equivalent to the number of staff on the duty rosters. This showed that some health workers did not use the register. One respondent in a focus group discussion commented:

They introduced the 'so called arrival book' but it cannot capture all of us. I either sign when I am in my moods or I don't (Respondent- Iganga public general hospital/July, 2014).

Additionally, a respondent in a focus group discussion noted:

I only saw once about two years ago when they called some staffs for disciplinary since that time, I have never seen again. I think management is not bothered (Respondent- Kamuli public general hospital/ July, 2014).

3.4. Relationship Between Employee Motivation Practices and Absenteeism

The opinions of the respondents varied considerably: 78% of the respondents agreed that their supervisors' approachability and friendliness was a motivator, 76.5% agreed that their supervisors were transparent and open to them for discussion, 71.4% agreed that their supervisors were exemplary in work place attendance, 62.2% agreed that supervisors regularly communicated work expectations and 61.2% agreed that their supervisors set aside time to listen and understand their personal needs and concerns. On the other hand, 85(45.2%) of the respondents disagreed with management's reward of health workers for good work attendance; while 62(32.8%) disagreed with the theme of management recognition of health workers for prompt attendance. Motivation and absenteeism were negatively correlated as absenteeism was higher in hospitals with low employee motivation practices.

4. Discussion

Whereas the extent of absenteeism is relatively low especially for Iganga and Bugiri hospitals, it is worth mentioning that this problem can escalate if left unchecked as Kelly notes [15]. Despite Kamuli general hospital having had the highest absenteeism rate (among the study hospitals), our observation is by far lower compared to an earlier estimate of absenteeism (80%) in this hospital [4]. This implies improvement at Kamuli general hospital as a result of

management interventions over the years. Nevertheless, elimination of the vice would be the ideal since absence of one health care provider could cost life. The three hospitals had different patterns of absenteeism and this point to the divergent nature of the problem of absenteeism and therefore implies that in seeking for solutions (to curb absenteeism), context-specific remedies ought to be focused on. Absenteeism was significantly higher in Kamuli than Iganga and Bugiri hospitals. This (finding) raises questions of whether hospital location has a bearing on absenteeism since Bugiri and Iganga general hospitals are located along the highway relative to Kamuli.

Whereas ref [15] argues that women are generally known to be absent from work more often than men because of their gender roles [14], this study depicts that male health workers were more likely to be absent from work compared to the females. This perhaps could be a result of holding more than one job as a way of earning extra income since men are the home bread winners. In addition, medical officers were more likely to be absent yet they are predominantly male hence interaction or effect modification could have occurred between sex and cadre. The high occurrence of absenteeism among this cadre is associated with among others, engagement in non-medical duties [24].

This study found out that there is a higher likelihood of absenteeism among employees residing in hospital staff quarters compared to those living outside the quarters. This finding varies from that of [25] who asserts that provision of staff housing within the hospital premises could be a successful strategy in promoting health worker availability at the work place. Whereas it is good practice to ensure staffs reside within the hospital by creating hospital quarters, this is not guarantee that hospital staff will not be absent at work. Indeed the influence of management practice, motivation and other socio-demographic factors stated herein indicate multitude of factors to be acted on in order to eliminate absenteeism. This study also revealed that permanent employees have higher likelihood of being absent compared to those working on contract.

This is because of the belief that the salary of a permanent health worker continues to be remitted regardless of availability at work. In addition, these health workers are either relatives of well-placed persons or bought their positions in public service. Indeed ref [26] asserts to this argument of the problem of absenteeism stemming from non-merited recruitment of health workers – an effect of decentralization noted by [27]. Addressing this perception requires adoption of health-worker payment mechanisms that must tag salary or payment of health facilities to results. Several studies, including a recent one in Uganda [28] [29] have documented how performance based financing transforms health facilities.

Consistent with the existing literature [3], Steers and Porter, cited in [13] Wit, 2006, this study found that workers who had children had the highest chances of being absent from duty compared to their counterparts. Care for children during or to prevent illness was associated with absenteeism among

mothers.

The study also found an association between health workers' level of education and absenteeism; the lower the level of education, the higher the level of absenteeism. This finding is an eye opener to the fact that with time, as health workers go for further studies, the likelihood of a decrease in the absenteeism rate becomes high. This therefore implies that interventions geared towards junior staff career development could be fruitful in abating health worker absenteeism among those cadres as noted by [28]. Unfortunately, a records' review revealed that only one of the three hospitals had a training schedule for health workers. This may be an indication that staff training is not one of management's priorities.

A health worker's duration on job was found to have an influence on absenteeism; with the category of zero to 1 year being more absent than those who had worked longer. The difficulty in payroll-access quite often frustrates new employees and overtime, they look for alternative jobs to get daily bread as they await payroll-access. Given that the hospitals comprise of health workers on permanent and contract employment terms, it is desirable to have mechanisms in place that promote retention and commitment among short and long term employees. This is in line with [30] who noted that addressing employee retention problems is core in quality healthcare service delivery.

The study findings also established an association between performance management practices and absenteeism across the three public general hospitals. Among the dimensions of performance management practices, monitoring and supervision (in line with [31] [32], performance appraisal [17]) and annual performance planning [33] [34] were found to be the most outstanding practices in influencing absenteeism in this study. Whereas [35] [36]-[37] identified reward and recognition for outstanding performance as one of the most effective ways of reducing absenteeism, findings of this study revealed that management across the three hospitals did not reward and recognize health workers for good performance. Reflecting back on the Steers and Rhodes model which states that work attendance is influenced by two major factors – the ability to attend and motivation to attend, this study finding points to the latter. Thus, absenteeism is a symptom of management's failure to motivate employees for good performance. This study established that improvement in implementation of performance management practices could reduce health worker absenteeism by a significant percentage as detailed in the results.

Findings of this study revealed a significant positive relationship between attendance and absence management practices and absenteeism. This is in agreement with most of the reviewed literature. This implies that when attendance and absence management practices improve, absenteeism is likely to reduce. In our study, policies and absence management tools existed but were poorly enforced. Only in Kamuli hospital that evidence of use of these tools existed – probably due to the fact that they were responding to findings of earlier studies that placed absenteeism there at 80%.

Existence of absence tracking register and tools without

thorough monitoring is not enough to abate absenteeism. According to refs [38] [39], keen monitoring of absence records is paramount in attendance management as it enables managers to detect the magnitude and trend of absenteeism among employees. Even when such tools are in use, managers do not use it to address the status quo. This further explains the ineffective implementation of attendance and absence management practices used in the hospitals. To this effect, this study established that improvement in the implementation of these practices is bound to reduce absenteeism by a remarkable margin as noted in the results. This finding is in agreement with [13]-[14] who report that effective attendance management is crucial in reducing employee absenteeism.

This study established a significant association between employee motivation and health worker absenteeism. Supervisors' approachability and friendliness to employees, transparency and openness as well as setting aside time to listen to employees' personal needs and concerns were found to be motivators to health workers. This is in agreement with findings of [37] [40] [41] who indicated that personal behavioral traits of a manager influence group interaction and facilitate organizational goals. Similar to the findings of ref [42] in India, supervisors' exemplariness in work attendance was found to motivate employees' work place attendance. This study also established the motivational role of supervisors' regular communication of work expectations to their subordinates as indicated in earlier studies [12] [43]. However, the study found that management's reward and recognition of health workers for prompt work attendance was still lacking. This is in contrast with previous studies [44] [45] [46] [39] which indicated the essence of reward and recognition in the enhancement of employee work place availability. Similar to the other management practices discussed above, this study found that an improvement in employee motivation practices could potentially reduce health worker absenteeism by a significant rate.

This result is in agreement with [35]-[42] study in India which revealed that motivation is essential in absenteeism reduction.

5. Conclusion

This study highlighted the extent of health workers' absenteeism in the study hospitals. Magnitude of absenteeism is still of management importance and varied by hospital, time of assessment and day of the week: Kamuli hospital, morning hours and Friday with highest absenteeism. Despite the generally higher rate of absenteeism in Kamuli, the hospital is on a downward trend compared to earlier reports.

Socio-demographic factors, performance management practices; attendance and absence management practices; and employee motivation practices did influence absenteeism. The implementation of these practices varied from one hospital to another – strengthening the performance management practices; attendance and absence management practices; and employee motivation practices while addressing the socio-demographic characteristics (that predict absenteeism)

along the continuum of the hierarchy of needs could further reduce absenteeism. It is imperative that, the managers undertake critical analysis of why certain socio-demographic characteristics of health workers relate to absenteeism before identifying interventions to act on.

Abbreviations and Acronyms

UNHCO: Uganda National Health Consumers Organization

MHSDMU: Medicines and Health Services Delivery Monitoring Unit

WHO: World Health Organization

MDGs: Millennium Development Goals

NHP: National Health Policy

IGG: Inspector General of Government

CVI: Content Validity Index

SPSS: Statistical Package of Social Science

UMU: Uganda Martyrs University

UBOS: Uganda Bureau of Statistics

MOH: Ministry of Health

CIPD: Chartered Institute of Personnel and Development

FGD: Focus Group Discussion

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNICEF: United Nations Children's Fund

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