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Work absenteeism among health assistants in secondary care hospitals, Batticaloa district, Sri Lanka

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ABSTRACT

Background: Absenteeism in the health sector is frequently referred to as the loss of scheduled time due to unscheduled work absence which has remained a long-standing challenge worldwide. Approval for the leave should be obtained from Heads of the institution prior to the leave with acting duty. However, being absent from work without prior information has been a major issue among health assistants in hospitals. This study was aimed at analyzing the absenteeism among health assistants in Base Hospitals in the Batticaloa district. Materials and methods: Descriptive cross-sectional study was carried out in all four Base Hospitals (BHs) in Batticaloa District. Data collection was carried out in May 2019 by a self-administered questionnaire. Results: One hundred and fourteen (49.1%) out of 232 HA had at least one spell of absence in the year 2018. Among the four BHs in the Batticaloa district, BH Eravur showed the highest and BH Kaluwanchikudy showed the lowest absentee percentage with statistical significance (P<0.01). The overall absenteeism rate was 2.3% with BH Eravur having the highest (4.25%) and BH Kaluwanchikudy having the lowest (0.95%) absenteeism rate. Respondents whose jobs were stressful were more likely to be absent from work compared with their counterparts (OR = 4.13). Nearly 45% of absentees had stated that the reason for absence was sickness. Conclusion: This study concluded that findings showed that up to half of the study subjects experienced at least one spell of absence. Also, it is significantly different between individual institutions. Even though the overall absenteeism rate was low it differs significantly among hospitals.

Keywords— *Absenteeism, Health Assistants, Workforce*

1. INTRODUCTION

Absenteeism in the health sector is a long-standing challenge worldwide, which is frequently referred to as the loss of scheduled time due to unscheduled work absence [1] and it includes staff who are taking more leave than is necessary. For the International Labor Organization (ILO), absenteeism is the employee missing at workplace and absenteeism due to illness is the period of absence from work attributed to the incapacity of the individual, accounted for as the length of the sick leave [2].

Absenteeism is a complex phenomenon whose predictors vary according to the frequency -related to workers' tasks, aspects of leadership and work shift, to the company's organization and to lack of measures to control absences - and the duration of the periods of absences [3].

Almost 7% of healthcare workers around the world experience at least one spell of absence in a week [2]. In recent studies carried out in low- and middle-income countries (LMICs) among health care workers, shows high absenteeism rates like 25% in Kenya [4]. Unannounced visits made to health facilities with the intention of discovering what fraction of medical professionals were present at their assigned posts showed absence rates of 35% in Bangladesh, 37% in Uganda, and 40% in India and Peru [5].

In Sri Lankan Health systems for Health, assistants provide a few categories of leaves as a privilege. They can obtain 21 casual leaves and 24 vacation leaves per year. In addition, there is some special leave such as maternity leave, full pay study leave, no pay foreign leave and ext. Approval for the leave should be obtained from Heads of the institution prior to the leave with acting duty. The above-mentioned leaves are planned leave. Unplanned leave means the employee obtains the leave without prior approval, i.e. they will inform over the telegram, call, short message by phone or email, sometimes absence without any information. Generally, it is called sick leave or sickness absence. Sickness absence or sick-off is defined as an absence from work for a minimum of one day due to health-related causes. Sickness absence is an important indicator to measure the health status of a person i.e. ability to work and in its absence, loss of productivity [6].

Absenteeism of Healthcare workers is a major issue in hospitals, especially among Health assistants. Reasons for absenteeism are vital. Major issues were considered as unsatisfied in the job, no suitable environment at working place, feeling a job is stressful and unsatisfied in the salary scale.

This study will help to find the reason for absenteeism hospital-wise and absenteeism rate. For developing countries including Sri Lanka with precarious health care delivery systems, absenteeism among health care workers if allowed to go unchecked will further tilt the health system into a state of comatose. These findings may assist the policymakers and Heads of an institution for future planning.

The objective of this study is to analyze the absenteeism among health assistants in Base Hospitals in the Batticaloa district.

2. MATERIAL AND METHODS

A hospital-based descriptive cross-sectional study was carried out in all Base Hospitals (Valaichenai, Eravur, Kattankudy and Kaluwanchikudy) in Batticaloa District. Data collection was done in June 2019. All attendants and Health care aids were included in this study. However, who was on maternity leave and whose service period was less than a year in the current station were excluded. The whole population was recruited for this study. The total population was 288 in all four hospitals. Data were collected using a set of standardized self-administered questionnaire which sought such information as socio-demographic characteristics, the cadre of health workers, physical and psychological parameters related to absenteeism and reasons for absenteeism. The questionnaire was pretested on 25 Health assistants at Base Hospital Kalmunai North, where no ambiguity was detected and there was no need for any modification of the tool. Data collection was done by the principal investigator and co-investigators in four base hospitals (BH, Valaichenai, BH, Eravur, BH, Kattankudy and BH, Kaluwanchikudy. Initially, data was collected from the Management assistant who is responsible for attendants and Health care aids sick leave details. Then the questionnaire was given to the attendants and Health care aids after their consent for the participation of this study.

Data collected was cleaned, coded and entered into and analyzed using Statistical Program for
Social Sciences (SPSS) version 21 software computer program. Frequency distribution tables were constructed and cross-tabulations were done to examine the relationship between categorical variables. The Chi-square test was used to compare the differences between proportions. All levels of significance were set at $p < 0.05$.

Ethical approval was sought and obtained from the Ethical Review Committee of the Eastern University of Sri Lanka prior to commencement of study. Consent of the study subjects was obtained before the commencement of the interview.

All the data is kept in secured under principal investigator and they will be destroyed after five years burning by the principal investigator.

3. RESULTS

Among 288 Health assistants (HAs) in all four Base Hospitals (BHs), 232 participants have responded, giving a response rate of 80.6%. Among them Around 60% of respondents were female.

Overall, the highest proportion of respondents was between the age group 41 - 50 years and the overall mean age was 41.9 ± 9.6 years. The majority of the respondents were Tamil 161 (69.4%) and married 196 (84.5%) (Table 1).

Table 1: Socio – demographic characteristics of respondents

Variables	Base Hospitals				Total
	Kaluwanchikudy n (%)	Kattankudy n (%)	BH Eravur n (%)	Valaichenai n (%)	
Age (years)					
21 - 30	16 (18.8)	2 (4.5)	13 (31.7)	6 (9.7)	37 (15.9)
31 - 40	15 (17.6)	9 (20.5)	9 (22.0)	20 (32.3)	53 (22.8)
41 - 50	42 (49.6)	21 (47.7)	15 (36.6)	23 (37.1)	101 (43.5)
>51	12 (14.1)	12 (27.3)	4 (9.8)	13 (21.0)	41 (17.7)
Gender					
Male	25 (29.4)	16 (36.4)	27 (65.9)	25 (40.3)	93 (40.1)
Female	60 (70.6)	28 (63.6)	14 (34.1)	37 (59.7)	139 (59.9)
Marital status					
Single	11 (12.9)	6 (13.6)	11 (26.8)	7 (11.3)	35 (15.1)
Married	74 (87.1)	38 (86.4)	29 (70.7)	55 (88.7)	196 (84.5)
Divorced	0 (0.0)	0 (0.0)	1 (2.4)	0 (0.0)	1 (4.0)
Designation					
Attendant	23 (27.1)	8 (18.2)	3 (7.3)	14 (22.6)	48 (20.7)
HA	62 (72.9)	36 (81.8)	38 (92.7)	48 (77.4)	184 (79.3)
Race					
Tamil	83 (97.6)	25 (56.8)	13 (31.7)	40 (64.5)	161 (69.4)
Muslim	1 (1.2)	19 (43.2)	28 (68.3)	22 (35.5)	70 (30.2)
Burger	1 (1.2)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.0)

Overall, 114 (49.1%) out of 232 had at least one spell of absence in the year 2018, among them, highest (28.1%) was in BH, Eravur and lowest (19.3%) was in BH, Kaluwanchikudy (Table 2).

Table 2: Disposition of staff with their crude absence rates

Hospital	Absenteeism		Total n (%)
	Yes n (%)	No n (%)	
BH Kaluwanchikudy	22 (19.3)	63 (53.4)	85 (36.6)
BH Kattankudy	31 (27.2)	13 (11.0)	44 (19.0)
BH Eravur	32 (28.1)	9 (7.6)	41 (17.7)
BH Valaichenai	29 (25.4)	33 (28.0)	62 (26.7)
Total	114 (49.1)	118 (50.9)	232 (100.0)

The average number of spells per absentee per year (Frequency rate) was 5.3 spells with the average duration of spells (severity rate) as 2.1 days and the total number of days lost per absentee in a year (incapacity rate) was 11.3 days. The frequency rate and incapacity rate were high (7.8) in BH, Eravur (7.8 and 13.1 respectively) and low in BH, Kaluwanchikudy (2.2.and 8.9 respectively). However, the severity rate was high (4.0) in Kaluwanchikudy and low (1.7) was in BH, Eravur. Overall absenteeism rate was 2.3%, with high in (4.2%) BH, Eravur and low (0.9%) in BH, Kaluwanchikudy (Table 3)

Table 3: Absence measures among the respondents

Absence measure	Value				
	BH, Kal	BH, Kat	BH, Era	BH, Val	Total
Incidence of absence (Percentage of staff reporting at least one spell of absence in a year)	25.9%	70.5%	78.0%	46.8%	49.1%
Absence frequency (Total number of spells in the year)	49	115	251	189	604
Frequency rate (Average number of spells/absentees in the year)	2.2	3.7	7.8	6.5	5.3
Total estimated duration of spells	195	331	420	344	1290
Severity rate (Average duration of spells)	4.0	2.9	1.7	1.8	2.1
Incapacity rate (Mean number of days lost/absentee in a year)	8.9	10.7	13.1	11.9	11.3
Number of listed public holidays in a year	26	26	26	26	26
Duration of annual leave/worker	45	45	45	45	45
Total number of scheduled absence days	71	71	71	71	71
Number of working days in a year (52 weeks x 6 working days)	312	312	312	312	312
Total number of scheduled working days in a year (Normal working days after deducting annual leave, overtime and public holidays)	241	241	241	241	241
Total number of absence days by respondents (Absence frequency x average duration of spells)	195	331	420	344	1290
Total number of scheduled working days for all respondents	20485	10604	9881	14942	55912
Absenteeism rate (Total number of absent days/total number of scheduled working days for all respondents x 100)	0.95%	3.12%	4.25%	2.30%	2.31%

BH, Kal – Base Hospital, Kaluwanchikudy, BH, Kat – Base Hospital Kattankudy, BH, Era – Base Hospital Eravur, BH, Val – Base Hospital Valaichenai

Respondents whose jobs were stressful were 4.13 times more likely to be absent from work compared to their counterparts (OR = 4.13, 95% CI 1.85 – 9.19).

Respondents who were satisfied with their salary were 54% less likely to be absent from their work compared to their counterparts (OR = 0.46, 95% CI 0.27 – 0.78). The association between being satisfied with the working environment and job and absenteeism were however not statistically significant (Table 4).

Table 4: Correlates of work Absenteeism

Correlates	Absenteeism		Test statistics, p-value
	Yes n (%)	No n (%)	
Stressful job			
Yes	29 (76.3)	9 (23.7)	OR = 4.13
No	85 (43.8)	109 (56.2)	(95% CI 1.85 – 9.19)
Satisfaction with the working environment			
Yes	57 (43.8)	73 (56.2)	OR = 0.62
No	57 (55.9)	45 (44.1)	(95% CI 0.37 – 1.04)
Satisfaction with job			
Yes	99 (49.3)	102 (50.7)	OR = 1.04
No	15 (48.4)	16 (51.6)	(95% CI 0.48 – 2.21)
Satisfaction with salary			
Yes	57 (41.3)	81 (58.7)	OR = 0.46
No	57 (60.6)	37 (39.4)	(95% CI 0.27 – 0.78)

The main reason for absenteeism was a sickness that affected themselves (44.2%) followed by Sickness of child and attendance of wedding/ funeral respectively 38.9% and 14.3% (Table 5).

Table 5: Reasons for absenteeism

Variables	n (%)
Self-sickness	50 (44.2)
Sickness of his/her child	44 (38.9)
Attendance of wedding or funeral	16 (14.3)
Sickness of his/her parents	13 (11.5)
Sickness of others	10 (8.9)
Babysitting	8 (7.1)
Transport issue	4 (3.6)

4. CONCLUSION AND DISCUSSION

In health institutions, work absenteeism is considered as a major cause of loss in jobs, man-hours, productivity, and lives [7]. This is a common issue in most developing countries including Sri Lanka, where there is shortage of qualified manpower.

A similar two studies were conducted in southwest Nigeria and Brazil and revealed that up to half of the workers had at least one spell of absence in a year with an average of three spells per year [8,9]. This study also revealed the same.

This study revealed that the absenteeism rate was high among females compared to males and findings are consistence with findings from other studies [10-12].

The study found an overall incidence of absence was 49.1% among health assistants in base hospitals in Batticaloa district and this is consistence with the high rates reported from similar studies carried out in Benin City, Nigeria and Brazil [2, 13]. Furthermore, it was high (78.0%) in BH Eravur and low (25.9%) in BH Kaluwanchikudy.

The mean number of days lost per absentee in a year (incapacity rate) was found to be 11.3 days which was high compared to study which was conducted in Benin City, Nigeria.[2] Different work dynamics that exist in Nigeria may account for the wide gap observed in the incapacity rates.

The overall absenteeism rate for the study was found to be 2.31% and this level is less than expected according to the Bureau of Labor Statistics (BLS), which is 2.8% for full-time wage and salary workers. Though these rates are low, they can result in loss of productivity with huge implications in terms of financial and man-hours lost which can affect the general economy of a developing country like Sri Lanka. Higher absenteeism rates 3.59% have been reported in a study conducted among hospital workers in Santiago [14].

Workers with stressful jobs were more likely to be absent from work compared to their counterparts. Job stress has been identified as a reason for sickness absence [15].

There was no association found between absenteeism and satisfied with the job in this study. The relationship between absenteeism and job satisfaction has been found to be inconsistent [16]. In some studies, job satisfaction was found to have influenced absenteeism [17].

A majority (44.2%) of the respondents who were absent from work were due to sickness/illness that affected themselves. A study on the causes of absenteeism which was conducted in the United States revealed that the most prevalent reason for employee absence (34%) was illness [18]. However, in some cases, sickness absence may be a subtle way of avoiding adverse work environments or experiences. It may also be the only way to get time off work to attend to other personal matters [19]. The health of the employee is bound to affect how often and how long they are away from their work. In Sweden and Norway, healthcare workers with self-reported health complaints had increased risk for sickness absence [20, 21]. Workplace absenteeism could undermine demand for, efficiency and quality health services delivery. However, it may be a barometer for the psychological and physical well-being of healthcare workers and a valuable measure of health systems performance [16].

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