

Absenteeism among staff of a state specialist hospital in Nigeria

L. A. Lar^{1*}, O. G. Ogbeyi² and Z. W. Wudiri³

¹Department of Community Medicine, College of Health Sciences, University of Jos, P. M.B. 2084, 930001, Nigeria.

²Department of Epidemiology and Community Health, Benue State University, 930001, Nigeria.

³Department of Community Medicine, College of Medical Sciences, University of Maiduguri, 930001, Nigeria.

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ABSTRACT

Absenteeism occurs when an employee (individual) does not come to work for one or more days (or shifts) when assigned. It is a common global occurrence having negative effects on work productivity. This study aimed to determine the level of absenteeism and contributory factors among staff of Plateau State Specialist Hospital, Jos, Plateau State. This was a facility based, cross sectional study, involving 181 hospital staff, consecutively selected. A structured, pre tested, self-administered questionnaire was used to assess absenteeism within the previous one year. Data was collected and analysed using Epi info statistical software (and a p value of ≤ 0.05 was considered statistically significant). Annual prevalence of absenteeism was 38.7%, crude absence rate; 1.6% and sickness absenteeism; 28.7%. Other factors included attending burials, weddings, study, examinations, family responsibilities, inadequate salary, working additional jobs, lack of promotion, and transportation problems. There was a statistically significant relationship ($p = 0.0026$) between poor remuneration and absenteeism. In conclusion, majority of the workers at the hospital had not been absent in the preceding year. It is therefore recommended that hospital management should improve staff remuneration.

Keywords: Absenteeism, hospital clinic workers, Jos.

*Corresponding author. E-mail: luret_shown@yahoo.com.

INTRODUCTION

According to the International Labour Organization, absenteeism occurs when an employee (individual) does not show up for work for a period of one or more days (or shifts) when assigned for a day of work (Marques et al., 2005; Verbrugge et al., 2018). It is a global problem in institutions the world over. Absence from work can be scheduled; consisting of vacation and personal time, or unscheduled employee (individual) absences (Ian, 1995). These unscheduled absences include sick days, disability, or workers compensation leave and partial shift absences including arriving at work late, leaving early or taking longer breaks than allowed. Workers are absent from work for other reasons that include ill-health, accidents, injuries, family commitments such as caring for a sick family member, 'entitlement mentality' (where

the worker assumes the employer owes them some time away from work), economic pressures necessitating keeping a second job and stress (Ian, 1995). 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 and psychosocial factors such as job demands, excess workload, inability to cope, job dissatisfaction, social support, attitude of management and other conditions of the workplace such as level of pay, leave, holidays, access to training, regular performance reviews and allowances (Circadian Technologies, 2005; Luz and Green, 1997; Greiner et al., 1998; White et al., 2001; Frank, 1998; Aldana and Pronk, 2001; Andrea et al., 2003; Gimeno et al., 2004; Balfanz and Byrnes, 2019).

While an employer expects workers to miss a certain number of work days each year, excessive absence can lead to decreased productivity and major effect on the health system. The Nigerian Labour Act allows for at least 12 weeks maternity leave, 12 days sick leave and 6 days annual leave with pay (Federal Republic of Nigeria, 1974). Casual, paternity and compassionate leaves are other examples of days where the employer allows the worker to be absent.

Different studies have shown that there is significant occurrence of this phenomenon in various work places. In Sweden, it was found that the mean number of absenteeism days for each Registered and Assistant Nurse in 1975 was 22.4 days and in 1990, 51.9 days. The expected rate of absenteeism by the year 2000 was estimated at 67 to 83 days per person per year (Plati et al., 1994).

However, since a peak at the beginning of the millennium, absence from work in the Swedish labour market has decreased every year. This reduction is probably not due to a higher level of well-being, but to changed attitudes in society and tightened national rules on sick pay. The main causes of absence from work are repetitive strain injuries, depression and cardiovascular diseases. Absence seems to increase with age, and is more frequent among women, as well as in larger companies (Häggebrink and Lovén, 2010). Almost 12% of the United States of America's (USA's) Gross National Product (GNP) and 10% of the United Kingdom's GNP is lost because of stress-related absenteeism (Alice et al., 2013). Employee absences are costing the Canadian economy an estimated \$16.6 billion annually (Isah et al., 2008). A study in a hospital in Benin City, Nigeria, found that 53% of health workers had at least one spell of absence in a year (Häggebrink and Lovén, 2010). The study showed that higher rates of absenteeism were recorded among staff who were stressed (92.1%), not satisfied with the working environment (66.7%) and those who experienced job dissatisfaction (64%). Ill health accounted for 54.6% of absenteeism, with the bulk of it (67.5%) due to malaria (Isah et al., 2008).

Absenteeism is associated with increased cost of service delivery. Organisations incur direct and indirect costs that result from unscheduled absences, which are disruptive. Direct costs to the organisation include lost days, sick pay, lost productivity, and reduced service provision. Indirect costs include disruptions, management's time to revise work schedules, administrative costs to monitor and administer the leave policy, loss of expertise and experience, training costs for replacement workers, resentment and lowered morale of other employees, staff turnover, terminations of contracts, and loss of income (Singh et al., 2016).

Productive time is lost due to time spent by management on securing replacement employees and/or reassigning the remaining employees. Additional management effort is required to maintain administrative systems dealing with control measures for absenteeism.

There may also be costs associated with the payment of overtime to those tasked to absorb the absent employee's work and payment for the induction of the replacement employee for that particular post organisational performance is the equivalent of three E's: economy, efficiency, and effectiveness (Singh et al., 2016).

Among healthcare workers (individuals), these factors include personal characteristics such as age, sex, marital status and health status. Psychosocial factors such as job satisfaction, job stress, employment sector (private or public), the size of the organization and the facility location also affects the rate of absenteeism. Hospital workers constitute a large number of workers and employment in such environments are associated with contact with suffering and death, working in shifts, acceleration of working rhythms, professional versatility and musculoskeletal effort required to perform the care. Therefore, productive workforce is necessary for performance and productivity (Balfanz and Byrnes, 2019; Singh et al., 2016).

The contribution of inadequate number of health workers (individuals) and emigration have been highlighted in literature, but relatively little attention has been paid to absenteeism as a factor that undermines healthcare delivery in low income countries (Basiru, 2013). There is currently a paucity of data on absenteeism, its rate, cost and effect on the quality of healthcare delivery in Nigeria. Therefore a study on this topic will add to the body of knowledge and will be useful for developing strategies to improve on healthcare delivery in Nigeria. This is even more important for Plateau State Specialist Hospital (PSSH), in particular where there has been a shortfall of human resources for healthcare delivery (Plateau State Specialist Hospital, 2016). It is therefore important to examine the extent of absenteeism in PSSH, the factors responsible and the extent to which it has impacted on quality healthcare delivery. Additionally the null hypothesis of no difference in the level of absenteeism in the study setting in the preceding one year can be tested. This would form the basis for recommendations that will reduce the losses incurred by the institution as a result of absenteeism, thereby ensuring efficient use of available resources. This study therefore generally sought to determine the level of absenteeism and its contributory factors among staff of PSSH, Plateau State, Nigeria.

MATERIALS AND METHODS

Study design

This was a facility-based, observational, cross sectional study conducted between August to October 2016.

Study site/setting

It was conducted in PSSH, which is one of the four tertiary health

institutions situated in Jos, the Plateau State Capital. It was established in 1933 by British expatriates (tin miners) and is the State Government's apex hospital, serving as a referral centre for other hospitals within the State. The hospital provides specialized medical services, trains health professionals and serves as a research centre. It has a capacity of 176 (124 adult and 52 children) beds in eight units (maternity, gynaecology, surgical and accidents, medical, paediatrics, amenity, intensive and special care baby units). It had total staff strength of 633 personnel as of 2014 (Plateau State Specialist Hospital, 2016).

Subjects

The study was conducted among 181 members of staff, who have been working in the hospital for the preceding one year, of all ages and sexes. They were selected by total cluster sampling. All staff that were on leave at the time of the study, or did not give their consent to be part of the study were excluded from it.

Study tool

An adapted, self-administered questionnaire from the World Health Organisation health and work performance questionnaire was used to collect data (Kessler et al., 2003). The duration taken to fill the questionnaires was five days following explanation to all staff by the research team. To ensure that valid responses were gotten, each section was explained and considering that health workers were involved, the questionnaire was self-administered based on their level of understanding. Absenteeism was defined using 3 parameters; absence frequency rate (AFR), which is the number of absences per average staff number, crude absence rate (CAR), which is the total duration of spells of absence per total contracted time period and the prevalence of absenteeism defined as the number of workers absent in the previous year per total staff strength in that year.

Information collected in the questionnaire included socio-demographic factors, workplace conditions, such as working hours and staff strength, absence of work in the preceding year and the reasons for such. Adaptations were mainly made in the section on reasons for absence from work, where additions such as attending to sick relatives and burials, which are common in our setting were added. This questionnaire was pre tested among 18 (10% of minimum sample size) workers in a faith-based health facility (Our Ladies of Apostles Hospital in the same city as the study area; Jos) to correct for ambiguities

Ethical considerations

Ethical approval was obtained from the Health Research Ethics Committee of PSSH. Written, informed, consent was obtained from each participant. The nature of the study was explained, which required answering of questions and no invasive procedure or associated risks were involved. They were also informed of opting out of the study at any point without any penalty, should they decide to. Anonymity and confidentiality of information obtained was assured and maintained.

Data analysis

Data was analysed using Epi Info statistical software version 3.5.4 and presented using tables. Data included frequencies and percentages of sociodemographic data such as age and monthly remunerations of respondents and relationships between absenteeism and remunerations.

RESULTS

Table one illustrated that one hundred and eighty one questionnaires were administered to members of staff of PSSH. The age of the respondents ranged between 20 to 60 years, with a mean of 39.6 ± 9.1 years. Sixty five (35.9%) of the respondents were in the age group of 30 to 40 years. One hundred and five (58%) of the respondents were females, while 76 (42%) were males. More respondents; (52.5%) had a diploma and 52 (28.7%) a Bachelor's degree. Majority (71.3%) of the respondents were married and 41 (22.7%) of them were single. Fifty seven (31.5%) respondents were Nurses and 32 (17.7%) were Administrative Staff. The most common 58 (28.3%) income group/month among the respondents was between ₦18,000 - ₦68,000, with only 4 (2.3%) reporting an income below ₦18,000 (Table 1)

Seventy (38.7%) of the respondents had at least one spell of absence within the preceding 12 months. Fifty two (28.7%) of them had been absent from work due to an illness within the past one year preceding the study (Table 2).

The CAR (overall absence rate) in the past one year was found to be 1.5%. The absence frequency rate was 79.0% and the absence prevalence in the last one year was 38.7%. Seventeen (9.4%) of the respondents reported that family responsibilities contributed to their absence in the period studied, 8 (4.4%) cited working long hours as a reason to their absence from work in the past year, 8 (4.4%) attending to a sick family member, 5 (2.8%) parental responsibilities and 4 (2.2%) inadequate salary. Three (1.7%) of the respondents were absent from work because they work an additional job, 2 (1.1%) respondents each stated that being under the influence of alcohol, discrimination at work, lack of group cohesion at work and no promotion opportunities contributed to their absence from work within the last one year (Table 3).

Three (75.0%) of those earning ₦18,000 and below were absent from work in the past year. Ten (52.6%) of those earning between ₦118,000 - ₦168,000, 23 (45.1%) of those earning between ₦18,000 - ₦68,000, 2 (25.0%) of those earning between ₦168,000 - ₦200,000, 1 (12.5%) person earning above ₦200,000 and 2 (7.7%) of those earning between ₦68,000 - ₦118,000 were absent during the past one year. A statistically significant relationship was found between remuneration and absence, $p = 0.0026$ (Table 4).

DISCUSSION

This study showed that less than half of the respondents were absent during the preceding 12 months. This is unlike the finding in a study carried out in a tertiary Hospital in Canada where majority, 72% of the workers had been absent during the preceding year (Stewart, 2013). The study also showed that the CAR among staff of PSSH was 1.6%. This is similar to a study carried out

Table 1. Socio-demographic data of respondents.

Characteristics	Frequency (n = 181)	Percent
Age (years)		
20 – 30	37	20.5
31 – 40	65	35.9
41 – 50	60	33.1
51 – 60	19	10.5
39.6 ± 9.1 years		
Sex		
Female	105	58.0
Male	76	42.0
Highest qualification		
Bachelor's degree	52	28.7
Diploma	95	52.5
FSLC*	8	4.4
Master's degree	10	5.5
NCE+	2	1.1
None	2	1.1
PGD‡	1	0.6
SSCE§	11	6.1
Marital status		
Divorced	7	3.8
Married	1	0.5
Never Married	129	71.3
Separated	41	22.7
Widowed	3	
Profession		
Nurse	57	31.5
Admin staff	32	17.7
Lab scientist	20	11.0
Doctor	19	10.5
Attendant	18	9.9
Record staff	12	6.6
Pharmacist	5	2.8
Radiographer	4	2.2
Account staff	4	2.2
maintenance staff	2	1.1
Security	2	1.1
Messenger	1	0.6
pharmacy technician	1	0.6
social welfare	1	0.6
Other¶	3	1.6
Monthly Income (Naira)		
<18,000	4	2.3
>18,000 – 68,000	51	28.3
>68,000 – 118,000	26	14.4
>118,000 – 168,000	19	10.5
>168,000 – 200,000	8	4.3

Table 1. Continue.

>200,000	8	4.3
Non-response	65	35.9

* First School Leaving Certificate, +National Certificate of Education, ‡Post Graduate Diploma, §Senior School Certificate Examination, ¶Others include Pharmacists, Pharmacy Technicians, Social Welfare workers, Maintenance Staff and Account Staff.

Table 2. Frequency of absenteeism among employees (hospital staff).

Frequency	Yes (%)	No (%)	Total (%)
General Absenteeism	70 (38.7)	111 (61.3)	181 (100.0)
Sickness Absenteeism	70 (38.7)	111 (61.3)	181 (100.0)
Other Absenteeism*	40 (22.1)	141 (77.9)	181 (100.0)

*Absence due to family responsibility, attending social events, study, examination and transportation problems

Table 3. Reason (contributing factors) for absenteeism among respondents within the past year.

Reasons	Frequency	Percent
Work at additional job	3	1.7
Influence of alcohol	2	1.2
Work discrimination	2	1.2
Family responsibility	17	9.4
No cohesion at work	2	1.1
Long working hours	8	4.4
Inadequate salary	4	2.2
No promotion	2	1.1
Others were absent	2	1.1
Parental responsibility	5	2.8
Sick child/family	8	4.4
Total	55	30.6

Table 4. Association between remuneration and absenteeism.

Income (Naira)	No frequency (%)	Yes frequency (%)	Total frequency (%)
<18,000	1 (25.0)	3 (75.0)	4 (100.0)
>18,000 – 68,000	28 (54.9)	23 (45.1)	51 (100.0)
>68,000 – 118,000	24 (92.3)	2 (7.7)	26 (100.0)
>118,000 – 168,000	9 (47.4)	10 (52.6)	19 (100.0)
>168,000 – 200,000	6 (75.0)	2 (25.0)	8 (100.0)
>200,000	7 (87.5)	1 (12.5)	8 (100.0)
Total	75 (64.7)	41 (35.3)	116 (100.0)

Fisher's exact = 0.0026.

among hospital workers in Benin City, Nigeria, where the CAR was found out to be 1.7% (Isah et al., 2008). The apparently lower rate of absenteeism recorded in this study is probably due to the problem of recall, or deliberate under reporting due to fear of administrative

sanctions. Workers may also cover up for each other when one is absent.

Only a minority of respondents reported being absent from work because they were ill in the past year. This is similar to the finding in a study conducted in University of

Ilorin Teaching Hospital, where sickness absenteeism was found to be 18.75% (Awoyemi, 1991). This is however not in keeping with a study among employees of some service delivery institutions in South Africa, where 55% of workers had been absent from work in the preceding one year because they had been sick (Anderson and Geldenhuys, 2011). The difference may be due to the fact that health workers are better informed about how to maintain their health and are therefore less likely to fall ill. Working in a health institution also allows for early treatment of diseases before they become severe enough to prevent one from working.

Majority of absence spells in this study were due to sickness. This finding is consistent with a study carried out among nursing professionals in a psychiatric centre in Manaus, Brazil, where it was found that 57.05% of absences were due to sickness. Sickness is the most commonly associated factor with absenteeism (Becker and Oliveira, 2008). This is probably because sickness affects the ability of the individual to perform effectively his/her function at work. Most illnesses also require that the worker takes time off to rest and receive treatment (Carlier et al., 2018). This will naturally translate to absence from the workplace. Sickness can also be caused by factors in the workplace such as excessive workload, long working hours, emotional stress and even biohazards that health workers are exposed to. Therefore, sickness is the single most important contributory factor to absence from the workplace (Kessler et al., 2003).

In this study, other factors that contributed to absenteeism in the previous year included attending social events such as burials and wedding ceremonies, study, examination, parental responsibilities, attending to sick family members, inadequate salary, working an additional job, being under the influence of alcohol, discrimination at work, lack of group cohesion, lack of promotion opportunities and transportation problems. A study carried out in Benin among hospital staff had a similar finding (Isah et al., 2008). Family problems accounted for 18.7%, attendance at examinations 12.7%, marriages and burials 5.2% and transportation problems 1.2% of absenteeism within the previous year (Isah et al., 2008). The closely knit extended family structure common in Nigeria, may be contributory to the importance of family and social responsibilities in the life of the Nigerian worker. There are therefore more social events that one is expected to attend than in other parts of the world. As a tertiary institution, a significant proportion of workers are still undergoing training in their various professions to attain higher levels of specialization. This may be responsible for the absence resulting from study and examinations. The hospital does not have facilities to accommodate all her members of staff within her premises, therefore problems with transportation can arise, contributing to absence resulting from study and examinations. There was a statistically

significant relationship between remuneration and absenteeism in this study; $p = 0.0026$.

Those earning ₦18,000 and below were the most absent in the preceding one year, indicating that poor remuneration has a direct relationship with absenteeism. This is consistent with a study done in Ghana which explored the relationship between remuneration and teacher absenteeism. The study found that poor remuneration contributed to absence from work. This may be explained by the fact that workers may need an extra job to make ends meet (Gimeno et al., 2004).

CONCLUSION

To sum up based on the results of this study, less than half of them had one absent spell within the preceding year, with family responsibility accounting for most of the absence from work. However, there was a statistically significant association between remuneration and absenteeism. Therefore, it is recommended that regular assessment of absenteeism should be carried out among staff of PSSH and a qualitative study is preferable. Remuneration should also be improved upon to prevent multiple jobs by healthcare workers.

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