FACTORS INFLUENCING ABSENTEEISM OF HEALTH WORKERS FROM WORKPLACEIN JUBA TEACHING HOSPITAL

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NOVEMBER 2015

DECLARATION

I Alier Abraham Chiek**,** declare that this research dissertation is my own work and it has not been presented to any University for academic award. All the sources of information have been cited in the references.

Signature……. ……

ALIER ABRAHAM CHIEK

Date……..

APPROVAL

This is to declare that this research dissertation has been conducted under my supervision and assistance and is submitted to the University with my approval.

Signature…….……

MRS. OKECHO FLORENCE

Date…..…….

DEDICATION

I gratefully wish to dedicate this proposal to my beloved parents and the others family members for the endless love and support they tirelessly gave me always. May the almighty God bless them.

I also wish to dedicate this proposal to families of Dr Mead for the moral, spiritual and financial and academic support.

May God reward them accordingly

Amen

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OPERATIONAL DEFINITIONS

Absenteeism: Absenteeism is defined as not able to attend a particular area and occasion when you are needed to be there (Patton and Johns 2007).

Factors: Factors are elements that contribute to a particular result or situation.

Health workers' absenteeism: Health workers' absenteeism can be define as unplanned, unjustifiable, disruptive incident, characterized by lack of physical presence of an employee at work as scheduled (Taunton et al, 2003).

Health: Health is a state of physically, socially, mentally and spiritually well-being but not merely absent of the disease.

Prevalence: Prevalence is an expression in which the number is presented in ratio so that the number of events is the numerator and the population at risk is the denominator.

LIST OF ACRONYMS AND ABBREVIATIONS

MoH:	Ministry of health
HR:	Human resource
WHO:	World Health Organization
NHS:	National Health System
ICN:	International Council of Nurses
SPSS:	Statistical Package for Social Sciences
MoH:	Ministry of Health
NHS:	National Health System
UK:	United Kingdom
AIDS:	Acquired Immunodeficiency Syndrome
HIV:	Human Immunodeficiency Virus
USA:	United State of America

ABSTRACT

Background: Absenteeism of health workers is a great concern because it disorganizes the routine of work which causes overburdens to workers that are present hence consequently lowering the quality of patient health care in the hospital. Absenteeism among health workers has become a problematic issue. Absenteeism is a problem all over the world and a solution cannot be easily found. Absenteeism is one of the major causes of poor productivity and time wastage faced not only by South Sudan but also by health sectors worldwide.

Objective: The aim of the study was to determine factors influencing absenteeism of health workers from workplace in Juba Teaching Hospital from April to July, 2015.

Method: A descriptive cross sectional study was employed to assess factors influencing absenteeism of health workers from workplace in Juba Teaching Hospital from April to July, 2015. A total of 226health workers from the hospital were included in this study using non probability, convenient sampling technique. A structured questionnaire was used to collect data. Data were entered and analyzed using SPSS version 16.0.

Result: From the assessment done, age (X2=3.844, P=0.000), Marital status of the respondents (X^2=11.774, P=0.001), qualification of the respondents (X^2=23.816, P=0.000) work department of the respondents (X^2=18.595, P=0.000), year of working experience at the hospital (X^2=17.420, P=0.004), chronic condition(X^2=30.847, P=0.000), having any of the physical minor ailments or chronic conditions kept you off duty in the last one month (X^2=65.934, P=0.002), having family members to look after(X^2=45.285, P=0.003), easy movement from place of residence to the hospital (X^2=1.673, P=0.000), cost involved to move from place of residence to the hospital (X2=14.742, P=0.000), freedom to make independent decisions while performing duties (X^2=90.320, P=0.002), teams work at workplace (X^2=65.457, P=0.000), insufficient orientation on job undertaking (X^2=39.970, P=0.000), overall workload (X^2=11.839, P=0.030), accommodation within the hospital premises (X^2=21.630, P=000), promotions in the hospital (X^2=72.148, P=004), range of your salary income per month (X^2=49.711, P=000), and distance between the hospital and your place of residence (X^2=67.034, P=001) had a significant association with absenteeism from duty

Conclusion: Age, marital status, qualification (level of education), work department and year of working experience at the hospital, Having a chronic condition, having physical minor ailments or chronic conditions, having family members to look after, easiness to move from place of residence to the hospital and cost involved to move from place of residence to the hospital, Freedom to make independent decisions while performing duties, teams work at workplace, sufficient orientation on job undertaking, overall workload accommodation within the hospital premises, promotions in the hospital range of your salary income per month, and distance between the hospital and your place of residence were found to play a crucial role in the missing duty among the health workers. Thus, clear attendance policy, guideline and clear attendance expectations for all the health workers in the hospital.

CHAPTER ONE: INTRODUCTION

1.1 Background to the problem

Absenteeism of health workers is a great concern because it disorganizes the routine of work which causes overburdens to workers that are present hence consequently lowering the quality of patient health care in the hospital (MoH, 2008).

Certainly, the majority of the economists often considered absenteeism in term of labor supply by comparing the rate of absenteeism with age and gender. According to the study done by Johns (2007), absenteeism has more and more been viewed as a sign of psychosocial and physical adjustment to work.

Absenteeism among health workers has become a problematic issue. Absenteeism is a problem all over the world and a solution cannot be easily found (Johnson, 2006). In United States, the absenteeism rates of health care practitioners scored 3.7% (Bureau of Labor Statistics, 2011). From the survey of 146 national health systems (NHS) in United Kingdom, the general absenteeism rate in 2004 was 4.9% compare to the preceding year which was 5.2% (Paton, 2005). The number of health workers ratio to patients in many sub-Saharan Africa countries is lower than the WHO recommendation of minimum of 2.5 health workers per 1000 people while the disease burden is high (Chen L et al, 2004). The low density of health workers is comparatively deprived health outcome of the people(Lindelow M, Serneels P,2006), and this has caused work burnout among health workers hence increased absenteeism(Hagopian A, *et al*, 2005).

In a research done in South Africa, about 4.5% of workforce are absent from workplace on several given days, and in a number of companies this figure is as high as 18% (Vaida 2005). From the figures, point out that South African managers look upon absenteeism as their major grave discipline problem and if not deal with, absence can create a range of disciplinary problems for organizations(Robbin et al 2009).

According to appraisal for the financial year 2006/2007 by the World Bank, the absenteeism of health workers in Uganda is half of the time though they still get pay. According to the World Bank, the absence rate among primary healthcare workers in Uganda is greater than 35% (2010).

The absenteeism rate was considerably higher amongst the male health workers compare to their female counterpart. The absence rate among the female health workers was 44.9% while in male health workers the absenteeism rate was 50.5% in Uganda (UNHCO 2012).

According to Levy (2007) absenteeism is one of the major causes of poor productivity and time wastage faced not only by South Sudan but also by health sectors worldwide. In South Sudan there is chronic shortage of health professionals below the World Health Organization recommendation. According to the research done in South Sudan by Richard Downie (2012), reported that the ratio of doctors and nurses is 1.5 doctors and 2 nurses per 100,000 populations. The rate of health workers' absenteeism has become a problem to the organizations and hospital managers. It worries the health professionals as a whole since it reflects the quality of care the patient is going to receive from health workers. In this study we will look at absenteeism as a rate at which health worker failed to report for schedule work, and to investigate factors influence absenteeism of health workers from workplace.

1.2 Statement of the problem

Human resources (HR) are considered as an important input if South Sudan is to attain its health sector objectives. For this reason, the Ministry of Health through the health provider administrations ensure the health workers should attend their duties regularly. This is made possible by formulating duty roster, payment of staff on time, annual leave and supervisions to all hospitals and county health centers to ensure continuous health care delivery. The World Health Organization (WHO) recommendation on human resource for health is 25 health workers per 10,000 populations as a minimum threshold density (Kombe G et al 2005).

Despite the initiatives made by the ministry of health and the health provider administrations, the health workers' absenteeism remain an issue in Juba teaching hospital. In South Sudan, this has led to a chronic shortage of health professionals much below the WHO recommendation at all levels, from nurses and midwives, pharmacist, laboratory technicians, doctors and surgeons.

This shortage of health workers has ledto low quality of care in the hospital with very poor outcome like patients experience, omission of special medications such as antibiotics and sedatives, missing investigations like chest X-ray and blood specimens, unavailability of consultants to review patients, increased on patients' hospitalization, and poor prognosis of the

disease. This situation whereby health workers remain absent from the work place is least expected when there are such measures put in place. The core of the problem therefore is that the factors influencing absenteeism of health workers from workplace in JubaTeaching Hospital is not known.

1.4 Research objectives

1.4.1 General objective

- To determine factors influencing absenteeism of health workers from workplace in Juba Teaching Hospital from April to July, 2015.

1.4.2 Specific objectives

- To establish the prevalence of absenteeism of health workers from work place in Juba Teaching hospital from April to July, 2015
- To establish individuals factors influencing absenteeism of health workers from workplace in Juba Teaching Hospital from April to July, 2015.
- To determine workplace factors influencing absenteeism of health workers from workplace in Juba Teaching Hospital from April to July, 2015
- To determine the institutional factors influencing absenteeism of health workers from workplace in Juba Teaching Hospital from April to July, 2015.

1.5. Research questions

1.5.1 General question

1. What are the factors influencing absenteeism of health workers from workplace in Juba Teaching Hospital from April to July, 2015?

1.5.2 Specific questions

1. What is the absenteeism prevalence rate of health workers from workplace in Juba Teaching hospital from April to July, 2015?
2. What individual factors influencing absenteeism of health workers' from workplace in Juba Teaching hospital from April to July, 2015?
3. What workplace factors influencing absenteeism of health workers' from workplace in Juba Teaching hospital from April to July, 2015?

4. What institutional factors influencing absenteeism of health workers' from workplace in Juba Teaching hospital from April to July, 2015?

1.6. Justification

The study on factors influencing absenteeism of health workers have not been conducted yet at Juba teaching hospital. Therefore, this study will create awareness to the hospital authority on the causes of health workers' absenteeism from workplace.

The hospital authority may be able to formulate policies which may assist in reducing the prevalence of health workers' absenteeism from work at Juba teaching hospital.

On the other hand the findings of this research can be used as a comparison by researchers who are interesting to carry out their research on the same topic.

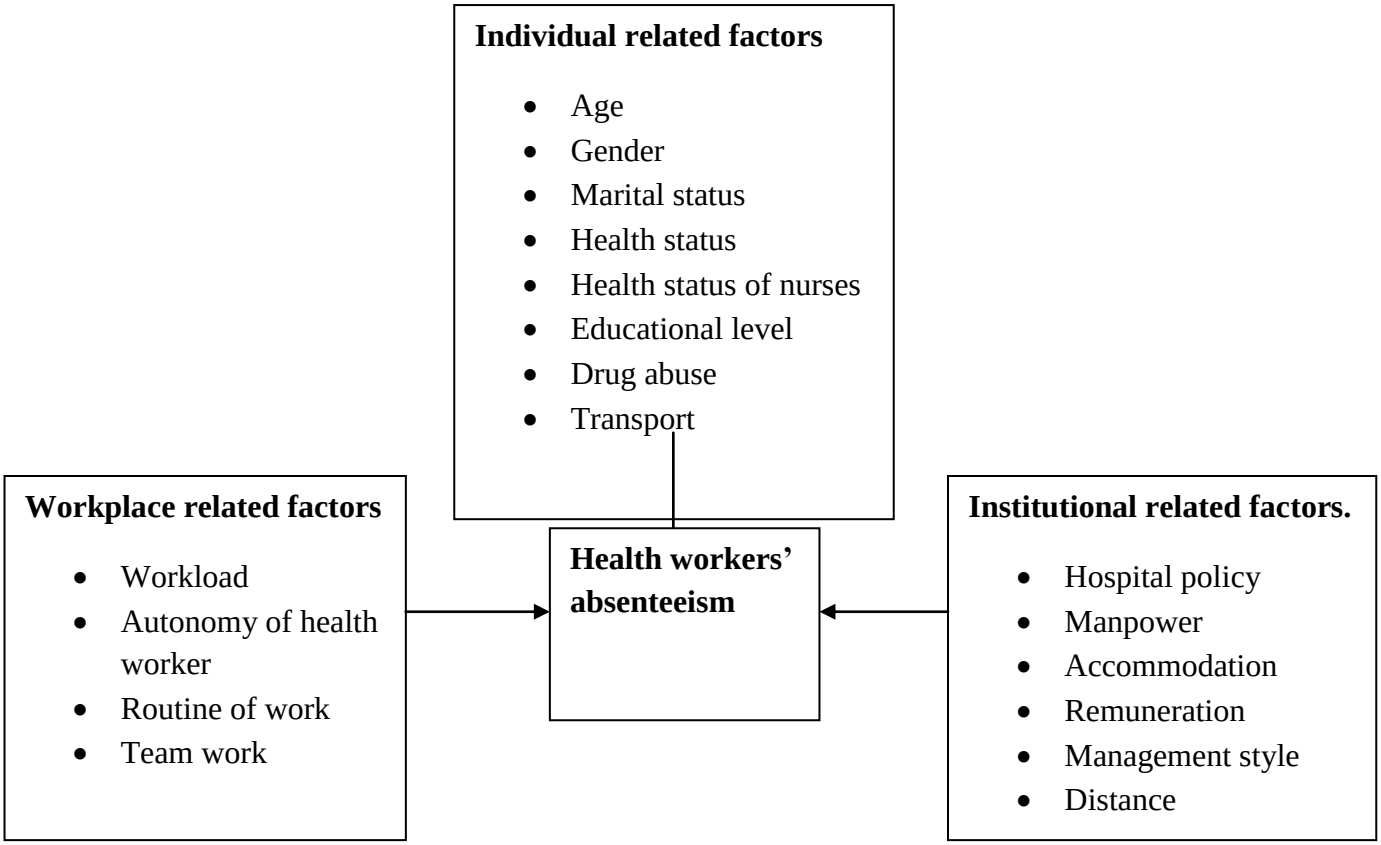
1.7 Study location

The research area is Juba County in CentralEquatoria state-South Sudan. The map below is for South Sudan indicating Juba where Juba Teaching Hospital is located.

1.8. Conceptual framework

A conceptual framework is a set of consistent ideas that are arranged together in a normal system by virtue of their significance to an ordinary subject (Polit&Hungler 1995)

The heading of this research is centered on health workers' absenteeism from workplace



The conceptual framework above is consists of factors which may influence the health workers' absenteeism from workplace. These factors are individual, workplace, and institution.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter discusses the literature reviewed about factors influencing health workers' absenteeism from workplace. The literature review will attempt to provide knowledge related to the different variables that could lead to health workers' absenteeism from workplace, namely characteristics of the individual, institutional and workplace. According to (Boote, D.N. &Beile, P., 2005), a literature review is an evaluative statement of researches established in the literature associated to your chosen research area. The evaluation must explain, summarize, assess and spell out this literature. It must give hypothetical foundation for the research and to help you find out the nature of your own study. Fain (2004) describe the literature review as a recognition and investigation of related publications that have information pertaining to the research problem. The absenteeism is expensive, disruptive, difficult and major problem at health institutions.

2.1. Individual Factors

Individual factors include age, gender, marital status, health status, educational level and substance abuse/alcohol.

2.1.1. Age

In spite of previous research, there are much contradictory evidence concerning the association between age and absenteeism. It is frequently disputed that older health workers will be missing more than young health workers, since older people are anticipated to be sick more.

From the study done Tripathi et al, (2010) in India, found that unintentional sick leave rate were very common among the old aged health workers whereas the common planned sickness leave were among the younger health workers, with nonattendance mostly pointing toward childbirth.

From the study done by (Barham et al, 2005 and Leaker, 2008) found a negative relation between age and absenteeism while (Lusinyan et al, 2007) find positive support of relation between age and absenteeism.

The research done by Ragani Singh (2012) did not show a significant correlation between age and absenteeism. Whereas the results from the study done by Isah, et.al, (2008) indicated that younger workers are more energetic and excited about their jobs and will therefore be less absent, (Yende, 2005; Prado &Chawla, 2006; Cohen & Golan, 2007) state in their research that the relationship between age and absenteeism shows that older health workers have a lower

absenteeism rate because of their commitment to their job and are also satisfied and well-adjusted at work.

2.1.2 Gender

Women are expected to be absent more repeatedly than men because they are considered to be the one taking care of the household.

From the study done in the midst of the employees in the National Health facilities in Scotland, it was found that women were commonly absent and have higher nonattendance rates which cut across all the line of work, (Ritchie KA et al, 2004). In a research done by LesetjaFrancinaMadibana (2010) among nurses in London reported that females were more absence than their males' counterpart.

According to the research done by Yende (2005), state that the reason for women being absent more than men is due to stress, physical and mental health concerns. Also Prado & Chawla, (2006) stated that females are found to be not present more often than males, they are absent for shorter periods of time than males. Lamberi et al (2005), in a similar view found that males did not absent themselves more frequently as compared to females.

However, Chaudhary and Hammer (2004) did their study in Bangladesh among health workers did not find any significant difference in absence rate between men and women. In a study done by Ragani Singh (2012) reported that there is no significant relationship between gender and absenteeism.

2.1.3 Marital status

According to the study done by LesetjaFrancinaMadibana (2010), married people were found to be missing from duty due to concern for family members and other family responsibilities. From the study done by Ragani Singh (2012), there was no significant relationship found between marital status and absenteeism.

Barham and Begum (2005) found in their research a comparable rate of absenteeism among female health workers with or without dependent children whereas usually perceived that the presence of children is linked with a higher rate of absenteeism. Therefore, in their study there is find no correlation between absenteeism and dependent children.

In a study done by Kivimaki et al (2005) in Finland reported that male physicians, principal nurses and ward in-charges that were married were absent less. There was no association between absenteeism of female health workers and their marital status. In contrast with the above, it was found in a research done in Nigeria that married health workers were found to be absence more and the cause specified was the household tasks (Isah EC et al, 2008).

Josephson M, *et al*, (2008) stated that family responsibilities increased the likelihood of female health workers being absent whereas job and family disagreement amongst Swedish health workers increased the probability of one leaving or taking a lengthy sickness absence.

2.1.4 Health status

The health of an individual can determine how often and how long he/she is absence from his/her place of work (Gorman et al 2010).

In the study done by Stormer and Fahr (2010) found in their research that the employees that are on standard or satisfied with their health conditions have less significant tendency of missing from work at all. Barham and Begum (2005) reported from their research that the employees with disabilities were more than twofold as probably to be absent from work compare to those without disabilities. The employees who have better health have lower sick absence (Lusinyan and Bonato, 2007).

In a study done in South Africa by Ragani Singh (2012) stated that stress related illness contributed to nurses' absenteeism from workplace. These findings are supported by the preceding study done by Isah et al (2008), who mentioned that absenteeism rates are higher among staffs that feel stressed. According to the research done by Labriola, Lund and Burr (2006) and Ferrie et al (2007) found that, there is a positive correlation between obesity and absenteeism. Minor ailments and exhaustion as a result of long working hours are the causes of absenteeism from workplace (Lesetja, Francina, Madibana, 2010).

According to Tawfik L. et al, (2006), found that HIV/AIDS has created a work burden for health workers leading to increased absenteeism rate. Health workers who are HIV positive have been found to be more absent from duty for up to 50% of working hours in their very last year of life.

2.1.5 Educational level

Level of education is expected to have an influence on the absenteeism of employees from workplace. This factor will focus on whether significant differences exist between absenteeism and the highest level of education.

Kivimaki et al (2005) found that physicians had lesser rates of short and long term sickness absence compare to nurses in Finland. In similar study in UK, by Ritchie et al, (2004) reported that supportive staff had uppermost rates and length of absence whereas the medical and dental had the lowest.

According to Gupta (2000), stated that if job description does not much with the employee's skill level, either he/she has more skills or little skills, this can lead to disappointment and dissatisfaction of the staff leading to increased absenteeism rates from work.

Koopmans chap et al (2005) stated in their research that absence from work has a strong correlation with educational level. The lower educational level of employee the higher the rates of absenteeism and the higher the educational level of employee the lower the absenteeism rates. Granlund, D (2010), found a negative association between the education level and absenteeism. Both Koopmans chap et al, (2005) and Granlund, D., (2010) supported that the absence rates is high in lower educated employees while the absenteeism rate is lower in highly educated employees. In a study done by Ragani Singh (2012), found no significant relationship found between work experience and absenteeism. Also there was no significant association between educational qualification and absenteeism.

2.1.6 Substance abuse/alcohol

From the study done by Foster and Vauhan (2004) reported an increased frequency of absenteeism from work among alcoholic and drug abuse health workers. Substance abuse lead to increased lateness, loss of productivity, increased errors, and increased absenteeism.

According to Foster &Vauhan (2004), every employee affected by substance abuse cost the organizations billions of dollars, not only because of absenteeism but also because of occupational accidents and loss of productivity. The chemical components in narcotic drugs has been found to have a negative influence in an individual by causing chemical imbalance in the area of work performance hence increased the absenteeism rate from workplace (Hrobak, 2006).

2.2. Workplace Factors

Factors of the workplace include routine of work, job satisfaction, health worker's autonomy, workload, employment sector, facility location, team work and size of the organization.

2.2.1 Routine of work

According to the research done by McHugh (2002), state that the level in which a job necessitate staff to repeat routine tasks on a daily basis result into boredom and gives rise to absenteeism. Nurses who have been on rotation shifts were found to take more sick leaves and give more serious reasons for these sick days which they spent with their relatives and asked to fixed shift workers (ICN, 2000). According to the research done by Koekemoer et al, (2006), reported that working irregular and undesirable hours lead to exhaustion levels which cause higher absenteeism.

2.2.2 Job satisfaction

The outcome of job satisfaction can be associated with structural or managerial characteristics of work and social features. According to (Pillay, 2009), the primary reasons for a high turnover of health workers, increased absenteeism and reduction in quality of patient care are job satisfaction and job insecurity. Similar researches done by (Mrayyan et al, 2005) have linked job satisfaction with burnout, poor job performance, and increase in staff turnover.

The association between job satisfaction and absenteeism is contradictory. In some studies Job satisfaction influenced absenteeism while in others there was no apparent relationship (Pompeii L. et al, 2010). From the research done by Fletcher (2001) reported that, not being praised and having problem solved efficiently leads to low job satisfaction.

2.2.3 Autonomy of health worker

Autonomy is described as having the right to make decisions and the freedom to act in accordance with one's knowledge (Mrayyan, 2005). Autonomy is encouraged by participative management whereby employees are given a chance to participate in decision making. According to Stone et al, (2008) state that role ambiguity and work pressure result in a lack of autonomy that creates stress, which result into absenteeism.

Involvement of nurses in shared governance and participative management give confidence in their clinical decision-making, independence, confidence, manage and faith that lead to satisfaction of nurses and thus reduced absenteeism rate (Siu, 2002).

According to a research done by LesetjaFrancinaMadibana, (2010), reported that nurses absence themselves because of their colleagues being absent recurrently from workplace.

2.2.4 Workload

According to Kivimaki et al (2005) in their research done on physicians' sickness nonattendance in Finland, reported that overwhelming with number of patients has an association for short term of absenteeism in male physicians and high risk of short and long term of absenteeism among principal nursing officers and ward in-charges. In the research done in Canada among the physicians stated that there is a correlation between absenteeism and increase in job overload (William ES. et al, 2007). Similar associations were observed in the researches done among nurses and health care workers (Verhaeghe R. et al., 2003)).

In a study done in London among nurses found that units were not well staffed and it leads to exhaustion and absence of nurses (LesetjaFrancinaMadibana 2010). According to the research done by (Rauhala A, *et al*, 2007) found that a health worker who work more than the best possible up to 15% work load or above had greater than before risk of sickness absenteeism leave. On other hand, work overloaded did not associate with sickness absences amongst female physicians (Kivimaki M, *et al*, 2001).

2.2.5 Employment sector

Absenteeism has been mentioned to be widespread in the public health facilities in both low and high resource locations. According to Garcia-Prado et al, (2006) in their research done in Costa Rica health facility found that absenteeism is out of control in public institutions, though it is not frequently deal with in the strategy framework in the health system.

Garcia-Prado et al (2006) pointed out that absenteeism in public organizations to the facts that staffs get their payment irrespective of performance.

2.2.6 Facility location

The setting of the health sector whether urban or rural and the relation to where the health workers reside has been mentioned to influence the absenteeism rate among health workers. Muthama et al (2008) put forward in their studies that absenteeism in rural areas would be higher due to irregular availability transport, long distance and access to the bank to get money.

However, in their research, they established that health facilities in urban setting had greater absence rate (Muthama et al, 2008).

According to the research carried out in Bangladesh and Uganda, health personnel who were provided with housing were less likely to be absent (Chaudhury et al. 2006). Chaudhury N et al (2004) state that health workers in Bangladesh and Kenya who resided in the same city or rural community where the health facility they worked in were with a reduction of absenteeism compared to those that stayed away from area of their work.

2.2.7 Team work

Interdependence is the equilibrium between confidence on other health workers and self-governance. Sanders and Nauta (2004) reported that there are some relationship between characteristics of teams and absenteeism. The size of the unit affects the group cohesiveness and rates of absenteeism. The bigger the health unit the weaker the group cohesion and the higher the absenteeism rate, (Garcia-Prado et al, 2006).

From the research done in Finland, found that physicians with poor group work were described to have extended sickness absence, (Kivimaki M. et al, 2001). Similarly nurses who are working in primary health care centers alone were more frequently absent compared to those who are working in teams (Kivimäki M. et al. 2004).

2.2.8 Size of the organization

The extent of the organization has been considered to have an impact on employees' absenteeism. In Kenya, a study done by Muthama et al, (2008) found that health personnel who were in sub district and district hospitals were more absent compared to those working in health centers and dispensaries. According to the research done by Garcia-Prado et al in Costa Rica (2006) on assessing the consequence of changes in repayment techniques and institutional improvement on absenteeism revealed that absenteeism usually increased, and more especially in large hospital than small hospitals. The argument is that large institutions have poor assembly cohesiveness and due to that individual hard work goes unobserved.

2.3 Institutional factors

According to (Johnson et al, 2003), organization climate can be determined by perceptions of organization policies, practices and procedures. The organization factors include hospital policy, accommodation, remuneration, organizational changes, management style and work conditions.

2.3.1 Absence policy

Harter (2001) states that employers should concentrate on building a committed workforce to reduce the occurrence of absenteeism by humanizing a culture that is intolerance to excessive absenteeism through implementation of a disciplinary control programme. McHugh, (2002) found that the level of consistency in the implementation of absenteeism policies has an effect on absenteeism. In institution where there is greater consistency, absenteeism is low and vice versa. According to a research done in Costa Rica by Garcia-Prado et al, (2006) found that restructuring put in place with the aim of reducing absenteeism in fact, its consequence lead to an increased in absenteeism rate. The reorganizations which were put in place included organization agreement with a sick leave rule of not replacing absentee personnel planned to decrease at the end of the day the costs and make active peer pressure method which can prevent absenteeism.

2.3.2 Accommodation

Accommodation is refers to room given to health worker to stay within the workplace.

In Bangladesh and Uganda, health workers provided with housing within the parameter of their workplace were less likely to be absent (Chaudhury et al. 2006).

According to the research done in Bangladesh and Kenya, health personnel that resided in the city or area where the health facility they worked in were experienced low absenteeism rate contrast to individuals that stayed far away from their workplace (Muthama et al, 2008).

From the study done by Ragani Singh (2012), stated that lack of rooms within the health care facilities for nurses to leave their babies during working hours lead to higher absenteeism.

In Uganda, a study done by Matsiko, Charles Wycliffe (2011) stated that 55% of the health workers surveyed reported that inadequate housing for health worker in workplace is the cause of absenteeism.

2.3.3 Remuneration

Remuneration refers to pay received for a particular work done. Low remuneration, excessive workload and prestige acts as disincentives and increase absenteeism (Koekmoer et al, 2006). The higher the rate of pay, the longer the length of service and the lower the absenteeism rate as stated in Attendance Management-working together, (2008). When health worker is rewarded with satisfactory salary and benefits, job satisfaction is high hence lower the rate of sickness absence (Tourangeau et al 2006).

In a study done in Sri Lanka stated that absenteeism has no relationship with salary (UpekhaTammita et al, 2010). Bozell (2001) seize a dissimilar view concerning insufficient earnings by stated that as long as workers get fair pay, they do not talk about salaries as a causative factor for absenteeism. The researcher added that organization cannot employ health personnel with money at first, but if health workers are not contented with the environment where they are working then the absenteeism and turnover rate is high.

According to research done byRagani Singh (2012), mentioned that unfair and lack of promotion opportunities to the next level leads to job dissatisfaction and in turn increase absenteeism.

2.3.4 Organizational changes

Transformation in health facilities of an organization may raise absenteeism rate base on how health personnel perceived the alterations (Josephson M, *et al*, 2008).

In Costa Rica, a research was carried out to evaluate the effect of hospital administration changes on absenteeism. It was found that restructuring which were lay in place in an organization with the aim of reducing health workers' absenteeism in reality resulted in an enhancing absence rate, (Garcia-Prado et al, 2006). However, conversely this was difficult to put into practice because of joining together disagreement. From the research done in Ethiopia by Lindelow and Serneels (2006) revealed in their study that the problem arose after legalized private health care. Here the health personnel were not present at public health facilities where they are assigned to work. This is because most of them went to their facilities in order to attend to the patient the private sector.

2.3.5 Management style

This can be discussed in relation to leadership styles within the organization. The type of management methods employed in an organization can manipulate the health personnel tendency of absenteeism.

Management which lack of clear channels between the managers and health workers play a role in absenteeism from workplace. Insufficient interaction and interrelationship between supervisors and health workers in an organization was found to be the factor hindering pleasant group work among organizational staffs (Capko, 2001). In a similar study done by Bennett (2002) stated that the managers who have no confidence and high opinion toward their personnel

have an unenthusiastic effect on absenteeism of health workers. In a study done in Netherlands, found that administrators' leadership efficiency was inversely interrelated to the frequency of absence days (Schreuder JAH, *et al* 2011).

According to the research done by LesetjaFrancinaMadibana (2010), found no significant relationship between health workers absenteeism and management style. In a study done by UpekhaTammita et al, (2010) found that absence is higher among staffs because being not involved in participation in making decisions. According to a research done by Ragani Singh (2012), among nurses found that autocratic style of nurse manager, one-way communication without involve nurses for decision making and being shouted at if they do not do the accepted thing to standard were significantly related to absenteeism from workplace.

2.3.6 Work conditions

The impacts of functioning environments can be associated with formation or organization features of work and common features. In the USA, Trinkoff reported that health workers in employment whereby they carryout duties with their heads or their arms in uncomfortable positions were considerably more probably to be missing duty compared to individuals with no such stress. From the research done in Sweden by Josephson et al, (2008) reported that health workers who were discontented with the value of service given to patients had increased likelihood of being under extended sickness absence. Employment timetable and conditions of agreement have been acknowledged as reasons that might manipulate health personnel's attendance or nonattendance from work. According to the research done by Ritchie et al, (2004) found that health workers who are part-timing in United Kingdom had lesser absenteeism rates compared to permanent health workers amongst majority of work related occupational faction.

The social perspective of work is important. Kivimaki et al, (2001) mentioned in their studies that finish health professionals who have had incident of group segregation had an increase rate of absenteeism. Correspondingly, harassment and aggression from fellow staffs, patients and guests was mentioned to be the factor for high absenteeism rate among health workers in USA, the Turkey, the Philippines, the Canada and Sweden (Josephson M, *et al*, 2008 and Fujishiro K. et al, 2011). Team work and concern from fellow staffs and superintendents may manipulate in determine the presence and absence of health worker from workplace.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the methodology that was used in the study. It provides the a description of study design, source of data, study population, sample size calculation, sampling procedures, study variables, data collection techniques, data collection tools, plan for data analysis, quality control issues, plan for dissemination, ethical issues and limitation of study.

3.1 Study design

The study utilized a descriptive cross sectional study design

3.2 Study area

This research was conducted in Juba Teaching Hospital in Central Equatoria-South Sudan. Juba Teaching Hospital is a national referral hospital in South Sudan.

3.3 Source of data

The primary source of data was obtained from health workers working in Juba Teaching Hospital. Structured questionnaires were administered by research assistant to the respondents to collect the data.

3.4 Study population

Health workers employed in Juba Teaching Hospital comprised the population for this study. The health workers include nursing assistant, enrolled nurse, enrolled midwife, registered nurse, registered midwife, pharmacy assistant, medical assistant/clinical officer, pharmacist, baccalaureate nurse, laboratory technician, doctor.Population refers to collective or whole of all topic or components that agreed to a set of specification Fain (2004), defined population as a complete set of topic, purpose, actions or fundamentals being study.

3.5 Sample size calculation

The size of the sampleemployed in this research was adopted from the formula of Kish and Leslie to calculate the number of the research participants.

$$n = \frac{z^2 p (1-p)}{e^2}$$

Where;

n: is the sample size required

z: is the confidence interval at 95% (statistical value = 1.96)

p: is the percentage of absenteeism among health workers. Research done by Vaida G.(2005) on sick leave absenteeism among health worker in South Africa found 18% absenteeism

e: is the marginal errors at 5% (0.05)

$$n = \frac{1.96^2 \times 0.18\ (1-0.18)}{0.05^2}$$

$$n = 226.80$$

$$n = 226$$

Therefore, the sample size will be ~ 226 participants for the study to be conducted in Juba Teaching Hospital.

3.6 Sampling procedures

In this research, the convenience sampling method was utilized, thatis non-probability sampling. The researcher clustered the health workers according to their qualifications and used the convenience to distribute the questionnaires to the respondents. Research questions were given to the top manager at the unit in Juba Teaching Hospital. The data was collected in July, 2015. Before data collection, a researcher held a meeting with the in charges of the units. The purpose of this meeting was to inform them about the nature and importance of the study. The questionnaire and data collection procedure were discussed with them, and ethical issues were put into consideration. The units in charges assisted with the distribution of the questionnaires to the respondents. Envelopes to keep and seal the completed questionnaires were also distributed. The respondents were allowed to complete the questionnaires at their convenience time. They were furnished with the researcher's contact numbers and were reassured to contact the researcher for clarity in case of any misunderstanding regarding the completion of the questionnaires.

3.7 Study variables

3.7.1 Independent variables

The independent variable in this study include

- Individual factors (e.g. age, gender, marital status, health status, educational level and substance abuse/alcohol).
- Workplace factors (e.g. routine of work, job satisfaction, health worker's autonomy, workload, employment sector, facility location, team work and size of the organization).
- Institutional factors (e.g. hospital policy, accommodation, remuneration, organizational changes, management style and work conditions)

3.7.2 Dependent variables

Absenteeism of health workers, this is when the health workers from Juba Teaching Hospital did not attend their duties according to the duty roster. The absenteeism of health workers may depend on individual, workplace or institution.

3.8 Data collection techniques

Data collection is a precise and systematic method of gathering information relevant to the research purpose or of addressing research objectives and questions or hypotheses (Burns & Grove, 2003). In this study, a structured data collection approach was used to collect the data. A self-report method, using a structured questionnaire was applied. A questionnaire was selected because it was easy to administer. The researcher requested managers to distribute it, in their respective units and the data was collected based on two shifts, morning and afternoon shifts. It was relatively inexpensive because no postage costs were involved. The respondents completed the questionnaires in their spare time.

3.9 Data collection tools

Accord to De Vos (2003), quantitative research data gathering apparatus is more frequently used by many researchers. The precise determining tools are feedback forms, checklists and indicators. In this research questionnaires were employed. In a feedback form, there was a set of fixed questions to be answered in a definite series and by means of pre-designated reply alternatives known as closed ended questions. The feedback form was intended to gather information concerning issues persuading health workers' absenteeism.

3.10 Plan for data analysis

In this study, the quantitative data collected was checked for completeness and consistency, coded, doubled entered in data master sheet after which it was imported for analysis using SPSS 16.0, Microsoft Excel. Meanwhile, the quantitative data collected through key informants and focus group discussion form respondents, was transcribed, and presented in a narrative typed in MS word.

The quantitative (data) information obtained was presented in tables, graphs and pie charts. Here data analysis took place in a form of Univariate and Bivariate analysis.

The Univariate analysis was presented in as frequencies, percentages or cumulative percentages and was later entered in tables, pie charts, bar graphs and text as a summary. On the other hand, the bivariate analysis was done to test the association between the response (dependent) variable and predictor (independent) variables at 0.05 level of significance

3.11 Quality control issues

Pre-testing of a feedback form was carried out to establish the viability of using a specific tool in a research. It gives a chance to attempt the instruments suitable for finishing the study, particularly if it is employed for the initial occasion. An investigator gained a number of skills in working together with the participants and also discovered on what could be anticipated in a main research. Questionnaires were pre-tested on a small number of participants with the same characters to those individuals in the main study, to recognized research questions that are misunderstood, or things that are commonly overlook. Adjustments after that can be done earlier before printing and distribution of questionnaires to the whole selected sample participants. The respondents who were included in the pre-testing of the questionnaires were not incorporated in the main research.

3.12 Ethical issues

Ethical issues are the major concern in all part of the research's design and the implementation of the research. The increased in conducting researches has led to rising worries regarding the safety and the right of research participants. The respondents have the right of freedom, the right to privacy, and the right to secrecy and confidentiality. Before getting an informed consent from the respondents, the researcher clarified the nature and the reason of the research to respondents.

The respondents were reassured that no damage would happen to them for expressing their rationale of absenteeism from workplace. There was no name revealed on feedback form and the information given by the respondents was handled with strict privacy. No one, apart from the investigator and statistician saw the finished questionnaires. Respondents were informed that this research may improve the working environment. According Polit& Beck (2004) stated that the respondents were acknowledged that involvement in the research is voluntary and that failure to comply would not cause any punishments.

3.13 Limitations of the study

The research's limits comprise of the results not being generalized further than the partaking hospital because of sample insufficient. When the sample is small it tends to decrease the probability that the sample is representative of the population under the study. The study was performed in Juba Teaching Hospital in the Central Equatoria State-South Sudan. The results from this study can be only applied to Juba Teaching Hospital in Central Equatoria State in South Sudan.

3.14 Plan for dissemination

Dissemination was made by submitted a report to International Health Sciences University and Juba Teaching Hospital.

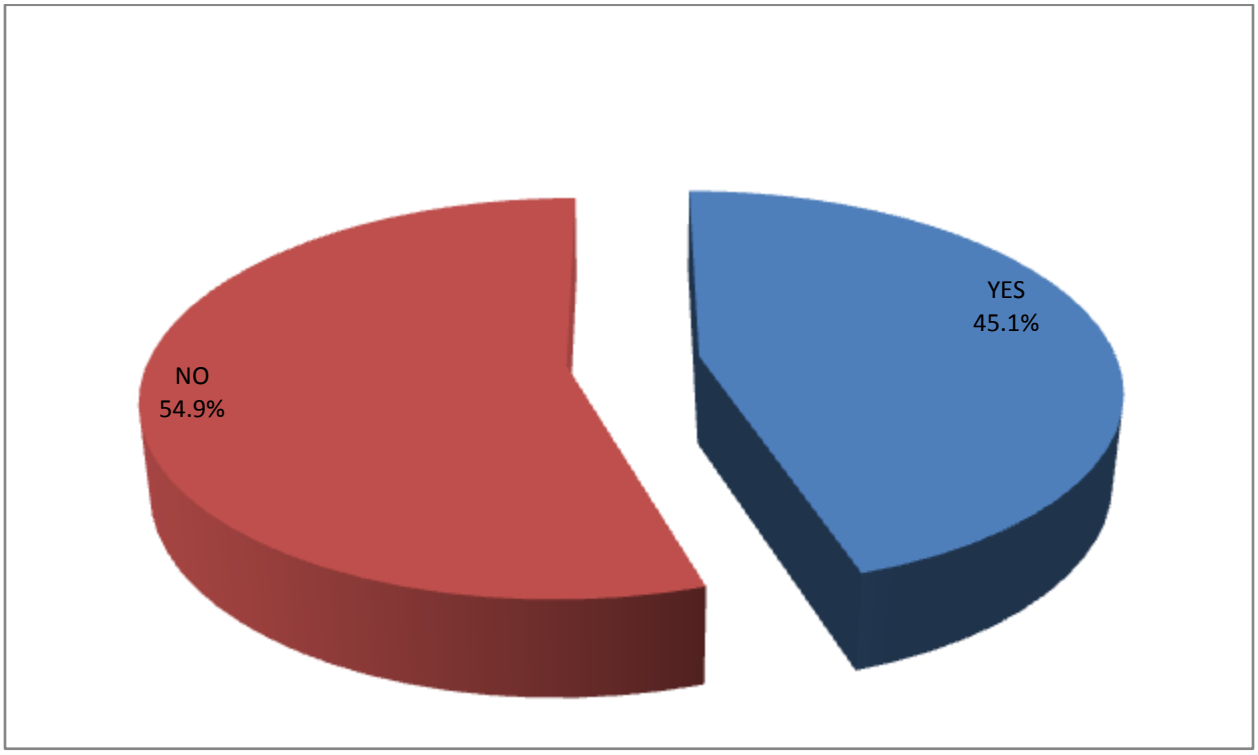
The results of this study was also disseminated to the policy makers in hard copies and a soft copy uploaded onto the university intra-net for accessibility by students undertaking health courses. A hard copy was handed in to the university library for students to read.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents findings of the research arranged in the following; 4.1, 4.2, 4.3 and 4.4. The four sections present Socio-demographic factors, Individual, workplace factors, and institutional factors. Graphs have been used to summarize selected respondent demographics while relational analysis has been used at bivariate and multivariate levels of analysis and findings presented in tables.

Figure 1: The prevalence of absenteeism among health workers



The findings according to figure 1 shows that 102(45.1%) of the health workers have at-least missed duty in the last one month when they were supposed to be on duty while 124 (54.9%) of the health workers did not miss duty in the last one month.

4.1 Socio-demographic

Table 1: Univariate analysis of socio-demographic factors of the respondents

Variables	Frequency ,n	Percentage,%
Age		
18-24	**24**	**10.6**
25-34	**118**	**52.2**
35-44	**57**	**25.2**
45 and above	**27**	**12.0**
Gender		
Male	**68**	**30.1**
Female	**158**	**69.9**
Marital status		
Single	**65**	**28.8**
Marriage	**144**	**63.7**
Divorced	**10**	**4.4**
Widowed	**7**	**3.1**
Education level		
Certificate	**97**	**42.9**
Diploma	**64**	**28.3**
Degree	**55**	**24.3**
Master	**10**	**4.4**
Qualification		
Nursing assistant	**33**	**12.4**
Enrolled nurse	**47**	**20.8**
Enrolled midwife	**17**	**7.5**
Registered nurse	**21**	**9.3**
Registered midwife	**15**	**6.6**
Pharmacy assistant	**7**	**1.8**
Medical assistant/clinical officer	**11**	**4.9**
Pharmacist	**4**	**3.1**
Baccalaureate nurse	**8**	**3.5**
Laboratory technician	**21**	**9.3**
Doctor	**42**	**18.6**
Where do you work		
Paediatric ward	**24**	**10.6**
Maternity/labour ward	**25**	**11.1**
Surgical ward	**26**	**11.5**
Medical ward	**20**	**8.8**
Operation theatre	**21**	**9.3**
Intensive care unit	**24**	**10.2**
Psychiatric ward	**12**	**5.3**
Outpatient clinic	**28**	**12.4**
Pharmacy	**11**	**4.7**
Laboratory	**21**	**9.3**
Any other	**14**	**6.2**
Years of work experience		
Less than 2 years	**34**	**15.0**
2-5 years	**78**	**34.5**
6-10years	**56**	**24.8**
More than 10 years	**58**	**25.7**
Present position		
In-charge	**13**	**5.8**
Assistant In-charge	**14**	**6.2**
Staff	**188**	**83.2**
Intern	**11**	**4.8**

Majority of the respondents 118 (52.2%) were in age group 25-34 years, 158(69.9%) of the respondents were female while male constitute 68 (30.1%) of the respondents. Most of the respondents 144 (63.7%) were married. Most of the respondents 97 (42.9%) were certificate holders. Nurses and midwifes 141(62.3%) were the majority of the respondents though by cadre doctor 42 (18.6%) were the majority of the respondents. 28 (12.4%) of the respondents worked at outpatient clinic, 26 (11.5%) work at surgical ward, 25 (11.1%) work at maternity/labour ward, 24 (10.6%) work at paediatric and intensive care unit, 21(9.3%) work at operation theatre and laboratory, 20 (8.8%) work at medical ward 5.3% at psychiatric ward, 4.7% at pharmacy and 6.2 work at other departments. Most of the respondents 78 (34.5%) had a working experience of 2-5 years. Most of the respondents 188 (83.25) were staff by positions

Table 2: Bivariate analysis of socio-demographic factors associated with absenteeism of the health worker

Variables	**Absenteeism**				**X^2**	**p-value**
	Yes	**%**	**No**	**%**		
Age					**3.844**	**.000***
18-24	**9**	**8.8**	**15**	**12.1**		
25-34	**62**	**60.8**	**56**	**45.2**		
35-44	**20**	**19.6**	**37**	**29.8**		
45 and above	**11**	**10.9**	**16**	**12.9**		
Gender					**7.072**	**.119**
Male	**31**	**30.4**	**37**	**29.8**		
Female	**71**	**69.6**	**87**	**70.2**		
Marital status						**.001***
Single	**13**	**12.8**	**52**	**41.9**	**11.774**	
Marriage	**81**	**79.4**	**63**	**50.8**		
Divorced	**4**	**3.9**	**6**	**4.8**		
Widowed	**4**	**3.9**	**3**	**2.4**		
Education level (qualification)					**23.816**	**0.010***
Certificate	**39**	**38.2**	**58**	**46.8**		
Diploma	**30**	**29.4**	**34**	**27.4**		
Degree	**26**	**25.5**	**29**	**23.4**		
Master	**7**	**6.9**	**3**	**2.4**		
Qualification					**11.501**	**.096**
Nursing assistant	**9**	**8.8**	**24**	**19.4**		
Enrolled nurse	**21**	**20.6**	**26**	**21.0**		
Enrolled midwife	**9**	**8.8**	**8**	**6.5**		
Registered nurse	**12**	**11.8**	**9**	**7.3**		
Registered midwife	**5**	**4.9**	**10**	**8.1**		
Pharmacy assistant	**4**	**3.9**	**3**	**2.4**		
Medical assistant/clinical officer	**4**	**3.9**	**7**	**5.7**		

Pharmacist	**2**	**2.0**	**2**	**1.6**		
Baccalaureate nurse	**4**	**3.9**	**4**	**3.2**		
Laboratory technician	**10**	**9.8**	**11**	**8.9**		
Doctor	**22**	**21.6**	**20**	**16.1**		
Where do you work(department)					**18.595**	**.000***
Paediatric ward	**6**	**5.9**	**18**	**14.5**		
Maternity/labour ward	**10**	**9.8**	**15**	**12.1**		
Surgical ward	**9**	**8.8**	**17**	**13.7**		
Medical ward	**10**	**9.8**	**10**	**8.1**		
Operation theatre	**11**	**10.8**	**10**	**8.1**		
Intensive care unit	**6**	**5.9**	**18**	**14.5**		
Psychiatric ward	**3**	**2.9**	**9**	**7.2**		
Outpatient clinic	**12**	**11.8**	**16**	**12.9**		
Pharmacy	**8**	**7.8**	**3**	**2.4**		
Laboratory	**17**	**16.7**	**4**	**3.2**		
Any other	**10**	**9.8**	**4**	**3.2**		
Years of work experience					**17.420**	**0.004**
Less than 2 years	**15**	**14.7**	**19**	**15.3**		
2-5 years	**24**	**23.5**	**54**	**43.5**		
6-10years	**32**	**31.43**	**24**	**19.4**		
More than 10 years	**31**	**30.4**	**27**	**21.8**		
Present position					**9.830**	**.847**
In-charge	**5**	**4.9**	**8**	**6.5**		
Assistant In-charge	**4**	**3.9**	**10**	**8.1**		
Staff	**91**	**89.2**	**97**	**78.2**		
Intern	**2**	**2.0**	**9**	**7.3**		

Socio-demographic data of age (X2=3.844, P=0.000), Marital status of the respondents (X^2=11.774, P=0.001), qualification of the respondents (X^2=23.816, P=0.000) work department of the respondents (X^2=18.595, P=0.000) and year of working experience at the hospital (X^2=17.420, P=0.004) had significant association with absenteeism from duty compare to the other socio-demographic data which had no significant association with absenteeism from duty.

4.2 Individual Factors

Table 3: Univariate analysis of individual factors of the respondents

Variables	Freq .n	Perce. %
Do you usually have or face any physical minor ailments including headache?		
Yes	202	89.4
No	24	10.6
Do you have any chronic condition?		
Yes	34	15.0
No	192	85.0
If yes, have you suffered from any of the above condition in the last one month?		
Yes	12	35.3
No	22	64.7
Do you have any of the physical minor ailments or chronic conditions kept you off duty in the last one month?		
Yes	29	12.8
No	197	87.2
Do you have family members to look after?		
Yes	191	84.5
No	35	15.5
If yes, how many family members?		
1	20	10.5
2-3	31	16.2
4-5	55	28.8
More than 5	85	44.5
How easy is it for you to move from your residence to the hospital?		
Not easy	65	28.8
Somehow easy	121	53.5
Very easy	40	17.7
How costly is it to move from your place of residence to the hospital		
Very costly	42	18.6
Somehow costly	116	51.3
Not costly at all	68	30.1

Most of the respondents 202 (89.4%) had had or faced any physical minor ailments including headache, with 34 (15.0%) had chronic condition with 12 (35.3%) of those who have chronic condition had suffered from the condition in the last month. Majority of the respondents 197 (87.2%) had physical minor ailments or chronic conditions which kept them off duty in the last one month, most of the respondents 191 (84.5%) had family members to look after, of which 85 (44.5%) had more than 5 family members to look after. 121(53.5%) said it was somehow easy to move from their places of residence to the hospital. Most of the respondents 116 (51.3%) said it was somehow costly to move from their places of residence to the hospital.

Table 4: Bivariate analysis of individual factors associated with absenteeism of the health worker

Variables	**Freq .n**	**Absenteeism**				**X^2**	**p-value**
		Yes	**%**	**No**	**%**		
Do you usually have or face any physical minor ailments including headache?						2.664	.128
Yes	202	94	96.1	108	87.1		
No	24	8	3.9	16	12.9		
Do you have any chronic condition?						30.847	.000
Yes							
No	34	20	19.6	14	11.3		
	192	82	80.4	110	88.7		
If yes, have you suffered from any of the above condition in the last one month?						23.649	7.449
Yes							
No	12	12	54.6	0	0.0		
	22	10	45.4	12	100.0		
Do you have any of the physical minor ailments or chronic conditions kept you off duty in the last one month?						5.934	.002*
Yes							
No	29	29	28.4	0	0.0		
	197	73	91.6	124	100.0		
Do you have family members to look after?						45.285	.003
Yes	191	95	93.1	96	77.4		
No	35	7	6.9	28	22.6		
If yes, how many family members?						11.527	.946
1							
2-3	20	12	13.0	8	8.1		
4-5	31	13	14.1	18	18.2		
More than 5	55	17	18.5	38	38.4		
	85	50	54.4	35	35.4		
How easy is it for you to move from your residence to the hospital?						1.673	.000*
Not easy							
Somehow easy	65	47	46.1	18	14.5		
Very easy	121	46	45.1	75	60.5		
	40	9	8.8	31	25.0		
How costly is it to move from your place of residence to the hospital						14.742	.000*
Very costly							
Somehow costly	42	33	32.4	9	7.3		
Not costly at all	116	60	58.8	56	45.2		
	68	9	8.8	59	47.6		

Individual factors of do you have any chronic condition(X^2=30.847, P=0.000), do you have any of the physical minor ailments or chronic conditions kept you off duty in the last one month (X^2=65.934, P=0.002), do you have family members to look after(X^2=45.285, P=0.003), how easy is it for you to move from place of residence to the hospital (X^2=1.673, P=0.000), and cost

involved to move from place of residence to the hospital (X2=14.742, P=0.000) had significant association with absenteeism from duty while the other individual factors had no significant association with absenteeism from duty.

4.3 Workplace Factors

Table 5: Univariate analysis of workplace factors of the respondents

Variables	**Freq. n**	**Percent. %**
Do you practice routine work in your daily duties?		
Yes	180	79.6
No	46	20.4
Do you think you are utilizing all your skills in this hospital?		
Yes	205	90.7
No	21	9.3
Do you have insufficient group cohesion with peers at workplace?		
Yes	136	60.2
No	90	39.8
Are you satisfied with the level of decision making in the hospital?		
Yes	131	58.0
No	95	42.0
Are you free to make independent decisions while performing duties?		
Yes	188	83.2
No	38	16.8
Is there teams work at workplace?		
Yes	209	92.5
No	17	7.5
There is a good culture of respect on one another		
Yes	210	92.9
No	16	7.1
Do you perform duties according to your job descriptions		
Yes	199	88.1
No	27	11.9
There is clarity of work roles in the unit		
Yes	178	78.8
No	48	21.2
Orientation is insufficient on job undertaking		
Yes	166	73.5
No	60	26.5
Working shifts are flexible		
Yes	128	56.6
No	98	43.4
They have to do job that require more skills than they have		
Yes	81	35.8
No	145	64.2
The overall workload is good		
Yes	39	17.3
No	187	82.7

Most of the respondents 180 (79.6%) practice routine work in their daily duty. 205 (90.2%) of the respondents think they utilize their skills in the hospital, majority of the respondents 136 (60.2%) said there was insufficient group cohesion with peers at workplace. Most of the respondents 131 (58.0%) said they are satisfied with the level of decision making in the hospital. One hundred eighty eight, 83.2% of the respondents said they were free to make independent decision making while performing duties. Majority of the respondents 209 (92.5%) mentioned there was team work at workplace with most of the respondents 210 (92.9%) saying there wasa good culture of respect on one another. 199 (88.1%) of the respondents perform duties in accordance to their job description. Most of the respondents 178 (78.8%) said there was clarity of work roles in the unit with most of the respondents 166 (73.5%) said orientation was insufficient on job undertaking. Most of the respondents 128 (56.6%) said working shifts was flexible, majority 145 (64.2%) said their job did not require more skills than they have and most of the respondents 187 (82.7%) said overall workload was not good

Table 6: Bivariate analysis workplace factors associated with absenteeism of the health worker

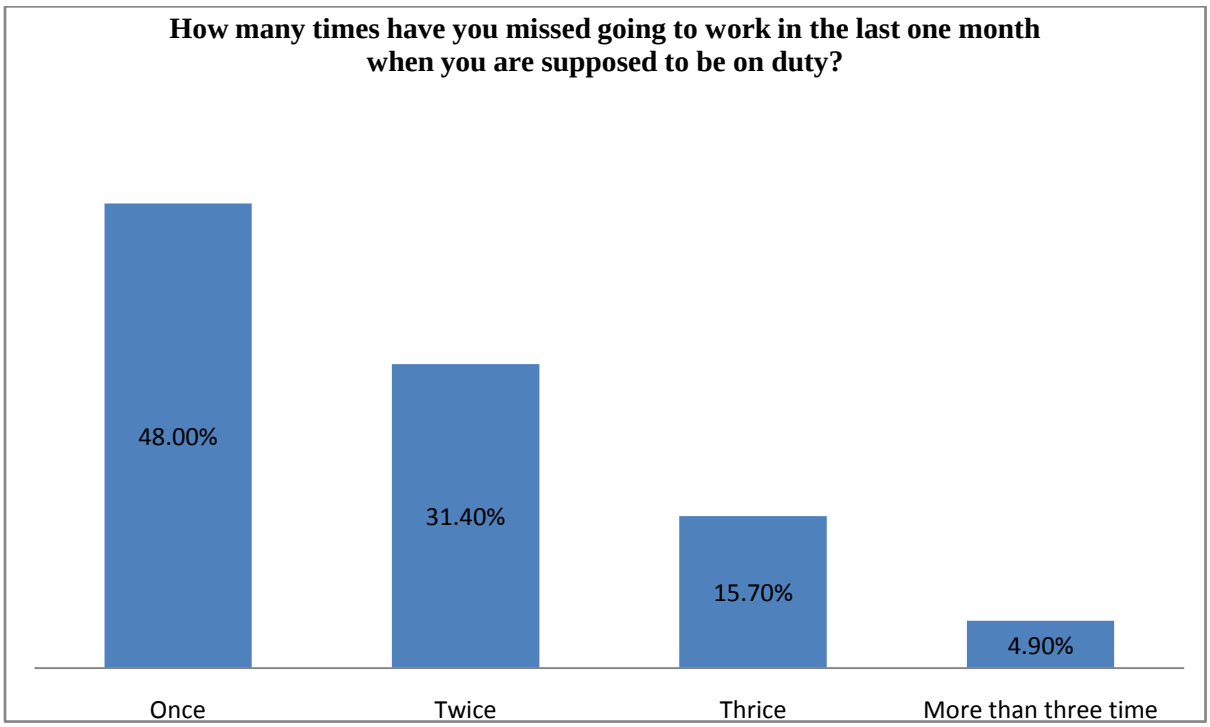
Variables	**Absenteeism**				**X^2**	**P-value**
	Yes	%	No	%		
Do you practice routine work in your daily duties?					12.769	1.840
Yes	81	79.4	99	79.8		
No	21	20.6	25	20.2		
Do you think you are utilizing all your skills in this hospital?					1.733	.583
Yes	93	91.2	112	90.3		
No	9	8.8	12	9.7		
Do you have insufficient group cohesion with peers at workplace?					7.238	.0511
Yes	54	52.9	82	66.1		
No	48	47.1	42	33.9		
Are you satisfied with the level of decision making in the hospital?					18.483	.462
Yes	58	56.9	73	58.9		
No	44	43.1	51	41.1		
Are you free to make independent decisions while performing duties?					90.320	.002*
Yes	89	87.3	99	79.8		
No	13	12.7	25	20.2		
Is there teams work at workplace?					65.457	.000*
Yes	97	95.1	112	90.3		
No	5	4.9	12	9.7		

There is a good culture of respect on one another					1.836	.078
Yes	98	96.1	112	90.3		
No	4	3.9	12	9.7		
Do you perform duties according to your job descriptions					8.184	095
Yes	90	97.1	109	87.9		
No	12	2.9	15	12.1		
There is clarity of work roles in the unit					1.460	.335
Yes	83	81.4	95	76.6		
No	19	18.6	29	23.4		
Orientation is insufficient on job undertaking					39.970	0.00*
Yes	77	75.5	89	71.8		
No	25	24.5	35	28.2		
Working shifts are flexible					32.637	.903
Yes	70	68.6	58	46.8		
No	32	31.4	66	53.2		
They have to do job that require more skills than they have					8.266	.514
Yes	33	32.4	48	38.7		
No	69	67.6	76	61.3		
The overall workload is good					11.839	.030*
Yes	24	23.5	15	12.1		
No	78	76.5	109	87.9		

Work place factors of Are you free to make independent decisions while performing duties (X^2=90.320, P=0.002), teams work at workplace (X^2=65.457, P=0.000), Orientation was insufficient on job undertaking (X^2=39.970, P=0.000) and overall workload (X^2=11.839, P=0.030) had significant association with absenteeism from duty while other workplace factors had no significant association with absenteeism from duty.

4.4 Institutional Factors

Figure 2: The number of times one missed duty in the last one month



Among those who missed duty in the last one month, 48% (49) had missed once, 31.4% (32) had missed twice, 15.7% (16) had missed thrice and 4.9% (5) had missed more than three times

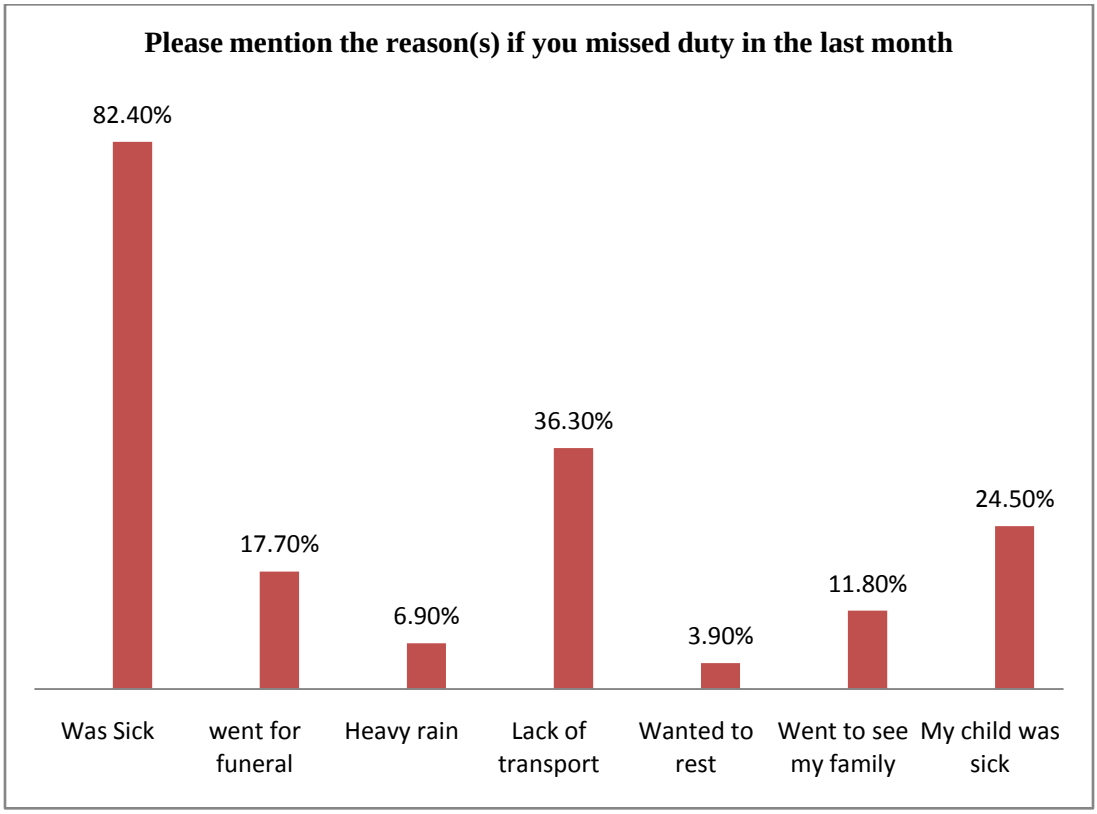
Table 7: Univariate analysis of institutional factors of the respondents

Variables	**Frequency**	**Percentage**
Policies are available in the hospital		
Yes	170	75.2
No	56	24.8
Do you support the hospital's initiative to have policies?		
Yes	153	67.7
No	73	32.3
Have you satisfied with the current hospital polices at workplace?		
Yes	165	73.0
No	61	27.0
Does hospital have equipments to facilitate your work?		
Yes	57	25.2
No	169	74.8
Are the equipments sufficient to facilitate your work?		
Yes	64	28.3
No	162	71.7
Do you have accommodation within the hospital premises?		
Yes	6	2.7

No	220	97.3
Are there promotions in the hospital?		
Yes	222	98.2
No	4	1.8
Are the promotions at workplace done based on merit?		
Yes	114	50.4
No	112	49.6
Are your salary paid on time?		
Yes	30	13.3
No	196	86.7
Are you satisfied with salary you earned for the work you do?		
Yes	85	37.6
No	141	62.4
Please specify the range of your salary income per month		
500 SSP-1,000 SSP	57	25.2
1000 SSP-1,500 SSP	72	31.9
1500 SSP-2,000 SSP	46	20.4
Above 2,000 SSP	51	22.6
What is the distance between the hospital and your place of residence?		
Less than 1km		
1-2km	25	11.1
2-5km	43	19.0
5-10km	63	27.9
More than 10km	81	35.8
	14	6.2

Majority of the respondents 170 (75.2 %) said policies were available in the hospital, 153 (67.7%) of the respondents support the hospital's initiatives to have policies, majority of the respondents 165(73.0%) were satisfied with the current hospital policies at workplace. Most of the respondents 169 (74.8%) said the hospital does not have equipment to facilitate their work. Majority of the respondents 162 (71.7%) said the equipment were not sufficient to facilitate their work. 220 (97.3%) did not had accommodation within the hospital. Majority of the respondents 222 (98.2%) said there was promotion at the hospital with most of the respondents 114 (50.4%) said the promotion was done on merits. Most of the respondents 196 (86.7%) said salary have not been paid on time with most of the respondents of which 141(62.4%) were not satisfied with salary they earn for their work. Most of the respondents 72 (31.9%) have salary range of 1000-1500 SSP and finally most of the respondents 81 (35.8%) have 5-10km as the distance between the hospital and their place of residence.

Figure 3: reasons for missing duty in the last month



Among those who missed duty in the last one month, 84(82.4%) mention sickness as the reason for missing duty, of which 37 (36.3%) gave lack of transport fair to the hospital, 25 (24.5%) said their children/family member were sick, 18(17.7%) went for funerals, 12 (11.8%) went to see their family members, 7(6.9%) claimed heavy rain and 4 (3.9%) just wanted to rest. (NB: it was a multiple answer question)

Table 8: Bivariate analysis of Institutional factors associated with absenteeism of the health worker

Variables	**Absenteeism**				**X^2**	**p-value**
	Yes	**%**	**No**	**%**		
Policies are available in the hospital					7.374	.399
Yes	85	83.3	85	68.5		
No	17	16.7	39	31.5		
Do you support the hospital's initiative to have policies?					77.212	0.292
Yes						
No	75	73.5	78	62.9		
	27	26.5	46	37.1		
Have you satisfied with the current hospital polices at workplace?					33.226	.469
Yes	68	66.7	97	78.2		
No	34	33.3	27	21.8		
Does hospital have equipment to facilitate your work?					0.528	0.227
Yes						
No	9	8.8	48	38.7		
	93	91.2	76	61.3		
Is the equipment sufficient to facilitate your work?					10.004	.851
Yes						
No	13	12.7	51	41.1		
	89	87.3	73	58.9		
Do you have accommodation within the hospital premises?					21.630	.000
Yes	1	0.98	5	4.0		
No	101	99.02	119	96.0		
Are there promotions in the hospital?					72.148	.004*
Yes	98	96.1	124	100.0		
No	4	3.9	0	.0		
Are the promotions at workplace done based on merit?					14.836	.193
Yes						
No	45	44.1	69	55.6		
	57	55.9	55	44.4		
Are your salary paid on time?					38.592	0.679
Yes	82	80.4	114	91.9		
No	20	19.6	10	8.1		
Are you satisfied with salary you earned for the work you do?					29.048	.0728
Yes	59	57.8	82	66.1		
No	43	42.2	42	33.9		
Please specify the range of your salary income per month					49.711	.000*
500 SSP-1,000 SSP	23	22.5	34	27.4		
1000 SSP-1,500 SSP	27	26.5	45	36.3		
1500 SSP-2,000 SSP	24	23.527.	22	17.7		
Above 2,000 SSP	28	5	23	18.6		
What is the distance between the hospital and your place of residence?					67.034	.001*
Less than 1km	7	6.9	18	14.5		
1-2km	15	14.7	28	22.6		
2-5km	30	29.4	33	26.6		
5-10km	38	37.3	43	34.7		
More than 10km	12	11.8	2	1.6		

Institutional factors of have accommodation within the hospital premises (X^2=21.630, P=000), promotions in the hospital (X^2=72.148, P=004), range of your salary income per month (X^2=49.711, P=000), and distance between the hospital and your place of residence (X^2=67.034, P=001) had a significant association with absenteeism from duty while other institutional factors had no significant association with absenteeism from duty.

CHAPTER FIVE: DISCUSSION

5.0 Introduction

This chapter presents discussions of all findings in relation to the study objectives and research questions. The discussion has been made in comparison with publications of other authors who made similar studies in the literature

5.1 The prevalence of absenteeism of health workers.

Level of health workers absenteeism in this study was high at (45.1%); this finding is justified by the fact that people have social problems from the homes and they have to attend to of which majority of the respondents (52.2%) were in age group 25-34 years and age had a significant association with health worker absenteeism P-values of (0.000), this was because older workers were more committed to their work compared to the younger workers who had more than one work place hence contributedto the absenteeism of health workers. This finding was inconsistent with study by (Ragani et al; 2012)who noted that there was not significant correlation between age and absenteeism. The study further explained that older health workers will be missing more than young health workers (Ragani et al, 2012).

5.2 Individual factors

In the study (63.7%) of the respondents were married with a significant association of p-value (0.001) and this had a significant influence of health workers absenteeism; this is because married people have more family commitment. This finding was consistent with study by (Lesetja et al, 2010) who found that married health workers missing from duty due to concern for family members and other family responsibilities (Lesetja et al, 2010). This finding was inconsistent with study by Kivimaki et al, 2005 who reported no association between absenteeism of female health workers and their marital status, principal nurses and ward in-charges that were married were absent less. (Kivimaki et al, 2005).

In this study, (34.5%) of respondents had working experience of 2-5 years; years of working experience was found to have a significant association with absenteeism (P value of 0.004); this could be probably those with more years of working experiences have advantage in taking leaves and make changes in their schedules. (69.9%) of the respondents were female; gender did not have a significant association with absenteeism; this could be because most of the health workers

were nurses and midwives which were dominated by female gender. This study finding was similar to a study by (Chaudhury et al, 2004)who reported that there was no significant relationship between gender and absenteeism; it further explained insignificant difference in absence rate between men and women.

In this study, (42.9%) of the respondents were certificate holders by Level of education (qualification) with significant association (P-value-0.000); this was because higher levels of education health workers were busy. This finding was consistent with study by Kivimaki et al, 2005 who stated that physicians had lesser rates of short and long term sickness absence compare to nurses in Finland (Kivimaki et al, 2005). In similar study in UK, by Ritchie et al, 2004 reported that supportive staff had uppermost rates and length of absence whereas the medical and dental had the lowest (Ritchie et al, 2004). This study finding was inconsistent with study by (Koopmans chap et al, 2005) which stated that absence from work has a strong correlation with educational level, the lower educational level of employee the higher the rates of absenteeism and the higher the educational level of employee the lower the absenteeism rates (Koopmanschap et al, 2005).

In this study, (87.2%) of the respondents had physical minor ailments or chronic conditions that kept them off duty in the last one month with a significant association (P-0.002); this was because when health workers have any health problem or condition they cannot perform at work. This finding was similar to study by (Stormer et al, 2010) who indicated that employees that were on standard or satisfied with their health conditions had less significant tendency of missing from work at all, employees who had better health had lower sick absence (Stormer et al, 2010). A similar finding study by (Madibana, 2010) who reported that Minor ailments and exhaustion as a result of long working hours were the causes of absenteeism from workplace, stated that stress related illness contributed to nurses' absenteeism from workplace (Madibana, 2010)this study, (83.2%) of the respondents were free to make independent decisions while performing duties with significant association (P=0.002) and had an influence on absenteeism; this was because autonomy gives confident and satisfaction with an individual at work place. This finding was consistent with study by (Siu 2002) who stated that involvement of nurses in shared governance and participative management give confidence in their clinical decision-making,

independence, confidence, manage and faith that lead to satisfaction of nurses and thus reduced absenteeism rate (Siu, 2002).

5.2 Workplace factors

In this study, (92.5%) of the respondents mentioned there was team work at workplace with most of the respondents 210 (92.9%) saying there was a good culture of respect on one another with teams work at workplace having a significant association (P=0.00); this was because with team work there is support and hence there is minimum work related stress and illnesses. This study finding was consistent with study by Kivimäkiet al. 2004nurses who are working in primary health care centers alone were more frequently absent compared to those who were working in teams (Kivimäkiet al. 2004).

(82.7%) said overall workload was not good with overall workload showing a significant association (P=0.030); this is because when health workers were over worked they developed stressed related illnesses and this increases that chances of missing duty. This finding was consistent with study by Rauhala A, *et al*, 2007 who found that a health worker who works more than the best possible up to 15% work load or above had greater than before risk of sickness absenteeism leave (Rauhala A, *et al*, 2007). On other hand, work overloaded did not associate with sickness absences amongst female physicians (Kivimaki M, *et al*, 2001).

5.4 Institutional factors

Only (2.7%) of the respondents had accommodation within the hospital premises with significant association P=000; this is because distance travelled to the hospital maters so much and health worker who come from within the hospital have short distance to move at no cost hence they dot miss. This finding was consistent with study by (Muthama et al, 2008) who reported that health personnel that resided in the city or area where the health facility had lower absenteeism rate contrast to individuals that stayed far away from their workplace (Muthama et al, 2008). Similarly, (Matsiko, Charles Wycliffe, 2011) stated that (55%) of the health workers surveyed reported that inadequate housing for health worker in workplace was among the cause of absenteeism (Matsiko, Charles Wycliffe, 2011).

Promotions in the hospital (P=004), range of your salary income per month (P=000) had significant association; this is because motivation of any formed boost ones morale at work and hence less absenteeism. This finding was similar to study by (Tourangeau et al 2006) who stated

that when health worker is rewarded with satisfactory salary and benefits, job satisfaction is high hence lower the rate of sickness absence (Tourangeau et al 2006). Similarly, another study done by Ragani et al, 2012 mentioned that unfair and lack of promotion opportunities to the next level leads to job dissatisfaction and in turn increase absenteeism (Ragani et al, 2012).

CHAPTER SIX: CONCLUSION AND RECOMMENDATION

6.0 Introduction

This chapter presents the conclusions drawn and recommendations made on the basis of findings. The conclusions and recommendations are presented in line with the research objective and research questions

6.1 Conclusions

The study found out that; the level of health workers missing duty was found to be high.

Age, Marital status, qualification (level of education), work department and year of working experience at the hospital were found to play a crucial role in the missing duty among the health workers.

Having a chronic condition, having physical minor ailments or chronic conditions, having family members to look after, easiness to move from place of residence to the hospital and cost involved to move from place of residence to the hospital were influential to health workers absenteeism from duty

Freedom to make independent decisions while performing duties, teams work at workplace, sufficient orientation on job undertaking and overall workload were significantly associated with absenteeism from duty among health workers.

Having accommodation within the hospital premises, promotions in the hospital range of your salary income per month, and distance between the hospital and your place of residence were significantly associated with health workers missing duty.

6.2 Recommendations

The following are recommended in response to findings revealed by this study

6.2.1 To the study site

- The hospital shouldset clear attendance policy, guideline and clear attendance expectations for all the health workers in the hospital.
- The hospital should establish people who will ensure constant supervision for people who are not available on duty.

- The hospital should ensure that good attendance are rewarded and provide accommodation to the staff within or around the hospital.
- The hospital should ensure that work load is adequately given to staff to avoid work overload

6.2.2 To the participants

- The participants should change attitude towards intentional absenteeism from duty and adhere to the hospital set standard and job description
- The participants should reinforce their knowledge effect/cost of missing duty by attending training and conference on health workers absenteeism from work.

6.2.3 To policy makers

- Ministry of health should set and implement strict rules on absenteeism from duty without permission to apply to all public facilities.
- Ministry of health should increase health workers salary, wages and should add other benefits for the health workers.
- The government through the ministry of health and the hospital should provide the health workers good working conditions

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APPENDIX I: CONSENT FORM

TOPIC: FACTORS INFLUENCING ABSENTEEISM OF THE HEALTH WORKERS FROM WORKPLACE IN JUBA TEACHING HOSPITAL

Dear respondent,

I **Alier Abraham Chiek** a fourth year student at International Health Sciences University, Kampala finalizing my Bachelors of Science in Nursing is kindly requesting for your participation in the research study mentioned above. The research is being conducted for the partial fulfilment for the award of a degree in nursing. Information obtained will be used to enhance service provision. Please note that all information gathered from this study will remain private and confidential and there are no risks involved in this study. Ethical measures will be undertaken to ensure privacy and anonymity. You are free to withdraw consent and discontinue participating in the study although your full participation will be highly appreciated.

Statement of Consent

This is to certify that to the best of my knowledge, I have read and understood the above information. I agree to take part in this study willingly and freely, and that there are no risks or materials/financial incentives involved.

Respondent's Signature or thumbprint……

Date……..

APPENDIX II: QUESTIONNAIRES

SELF-ADMINISTERED QUESTIONNAIRE FOR HEALTH WORKERS WORKING IN THE HOSPITAL

Questionnaire number……. Date……..

Name of the Hospital…….

Study topic: Factors influencing absenteeism of health workers from workplace in Juba teaching hospital.

Introduction and Consent

My name is **Alier Abraham Chiek**, a student at International Health Sciences University in Kampala- Uganda, pursuing bachelor degree in nursing sciences. I kindly requesting you to be part of the study by filling in your responses in the space provided in this questionnaire.

The aim of this research is for academic purposes, however the information generated from this research can help the hospital authorities in planning and improving health care services.

Section A: Sociodemographic Factors

1. Indicate your age ☐
2. Tick your gender ☐ M ☐ F
3. Tick your marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed
4. Indicate your education level e.g. diploma ☐
5. Tick against your qualification

Nursing assistant	☐	Enrolled nurse	☐
Enrolled midwife	☐	Registered nurse	☐
Registered midwife	☐	Pharmacy assistant	☐
Medical assistant/clinical officer	☐	Pharmacist	☐
Baccalaureate nurse	☐	Laboratory technician	☐
Doctor	☐	Other (specify)	☐

6. Indicate years of work experience ☐

7. Tick where you work

Pediatric ward	Maternity/labour ward	Surgical ward	Medical ward
Operation theatre	Intensive care unit	Psychiatric ward	Outpatient clinic
Pharmacy	Laboratory	Any other (specify)	

8. Indicate your present position, e.g. Ward in-charge

Section B: Individual Factors

Individual factors include age, gender, marital status, health status, educational level and substance abuse/alcohol, which contribute to absenteeism of health worker from workplace.

Please indicate your response by marking an appropriate box against response that applies to you *(Indicate your answer by marking the appropriate box with a cross or tick (X√).*

9. Do you usually have or face any physical minor ailments e.g. headache?

   Yes ☐ No ☐

10. Do you have any chronic condition? Yes ☐ No ☐

11. If yes, have you suffered from any of the above condition in the last one month?

Yes No ☐ ☐

12. Have any of the physical minor ailments or chronic conditions kept you off duty in the last one month?

    Yes ☐ No ☐

13. Which of the following best applies to you?

    Smoking Yes ☐ No ☐

    Drinking Alcohol Yes ☐ No ☐

14. If yes, How often do you

    a. Smoke: Very often (all the time) ☐ Often (every day at least) ☐
       Rarely (Once in two days) ☐

    b. Drink: Very often (all the time) ☐ Often (every day at least) ☐
       Rarely (Once in two days) ☐

15. Do you have family members to look after? ☐ Yes ☐ No

16. If yes, how many family members? 1 ☐ 2-3☐ 4-5☐ more than 5 ☐

17. How easy is it for you to move from your residence to the hospital?

Not easy ☐ somehow easy ☐ very easy ☐

18. How costly is it to move from your place of residence to the hospital

Very costly ☐ Somehow costly ☐ Not costly at all ☐

Section C: Workplace Factors

Please indicate your response by marking an appropriate box against response that applies to you

(**Indicate your answer by marking the appropriate box with a cross or tick (X√).**

Which of these applies to your daily operations with other staff	**Yes**	**No**
19. Do you practice routine work in your daily duties? If yes Comment on the kind of routine……..……..		
20. Do you think you are utilizing all your skills in this hospital? Comment on your answer……..		
21. Do you have insufficient group cohesion with peers at workplace? Comment on your answer……		
22. Are you satisfied with the level of decision making in the hospital? Comment on your answer……...		
23. Are you free to make independent decisions while performing duties? Comment on your response where possible……... ……..		
24. Is there teams work at workplace?		
25. There is a good culture of respect on one another		
26. Do you perform duties according to your job descriptions? Please comment on your response……		
27. Is clarity of work roles in the unit? Please comment on your response……..		
28. Orientation is insufficient on job undertaking		

29. Do you miss duty because your colleagues always missed work?		
30. Working shifts are flexible		
31. You have to do job that require more skills than you have		
32. The overall workload is good		

Section D: Institutional Factors

Please indicate your response by marking an appropriate box against response that applies to you *(Indicate your answer by marking the appropriate box with a cross or tick (X√).*

Which of these applies to your daily operations with other staff	**Yes**	**No**
33. Policies are available in the hospital		
34. Do you support the hospital's initiative to have policies? Please comment on your response……		
35. Have you satisfied with the current hospital polices at workplace? Please comment on your answer……		
36. Does hospital have equipments to facilitate your work?		
37. If yes, are the equipments sufficient to facilitate your work? Please comment on your answer……...		
38. Do you have accommodation within the hospital premises?		
39. Are there promotions in the hospital?		
40. If yes, are the promotions at workplace done based on merit? Please comment on your response…….....		
41. Are your salary paid on time? Please comment on your response……		
42. Are you satisfied with salary you earned for the work you do?		

43. Please specify the range of your salary income per month

500 SSP-1,000 SSP □ 1000 SSP-1,500 SSP □ 1500 SSP-2,000 SSP □ Above 2,000 SSP □

44. What is the distance between the hospital and your place of residence?

Less than 1km □ 1-2km □ 2-5km □ 5-10km □

More than 10km□

45. Have you missed going to work in the last one month when you are supposed to be on duty?

Yes □ No □

46. How many times have you missed going to work in the last one month when you are supposed to be on duty?

Once □ Twice □ Three times □ More than three time □

Please mention the reason(s) if you missed duty in last one month

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APPPENDIX III: INTRODUCTORY LETTER

IHSU INTERNATIONAL HEALTH SCIENCES UNIVERSITY

PART OF INTERNATIONAL MEDICAL GROUP

Office of the Dean, School of Nursing

Kampala, On the 18th day of June, 2015

TO: MEDICAL DIRECTOR
JUBA TEACHING HOSPITAL - Qss
P.O. BOX 88 JTH: SOUTH SUDAN

Re: Assistance for Research

Greetings from International Health Sciences University.

This is to introduce to you **Alier Abraham Chiek** Reg. No. **2011-BNS-FT-001,** who is a student of this University. As part of the requirements for the award of a Bachelor of Nursing Sciences of this University, the student is required to carry out field research for the submission of a Research Project.

Alier would like to carry out research on issues related to: **Factors influencing Absenteeism of Health workers from Workplace in Juba Teaching Hospital**

I therefore request you to render him such assistance as may be necessary for his research.

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to him.

Sincerely Yours,

IHSU
18 JUN 2015

MRS. WAFULA ELIZABETH
DEAN

APPENDIX IV: CORRESPONDENCE LETTER

The Republic of South Sudan

Ministry of Health

15/07/2014

To: Alier Abraham
International Health Science University kampala- Uganda

RESEARCH APPROVAL LETTER

Dear Alier

SUBJECT:- Factors Influencing Absenteeism of Health Workers from the workplace

I am writing in response to the request of authorization for the study on "***Factors Influencing Absenteeism of Health Workers from the workplace***" As a part of your secondary data to improve the work of the Health workers.

After close review on the proposal, I am glad to inform you that the Ethical Committee at the Ministry of Health, Republic of South Sudan has approved the study. The Ministry acknowledges the importance of the study to fill gaps in knowledge to improve the working conditions of the health workers to avoid absenteeism.

Please, keep the Ministry of Health, Republic of South Sudan and Central Equatoria State Ministry of Health informed on the findings. I look forward to the report and recommendations that will be generated from the study. Note that the study should not be published without the consent of the MOH-RSS.

Best regards.

MINISTRY OF HEALTH
28 JUL 2015
REPUBLIC OF SOUTH SUDAN

Dr. Richard Loku Lino Loro
Director General of Policy, Planning, Budgeting and Research
Ministry of Health, Republic of South Sudan, Juba

CC: Under Secretary, MOH-RSS
CC: Director Generals of Central Equatoria State
CC: Director General, Community and Public Health, MOH-RSS
CC: Director General, Medical Services
CC: Director General Juba Teaching Hospital

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