

JIMMA UNIVERSITY INSTITUTE OF HEALTH

HEALTH WORKFORCES ABSENTEEISM AND ASSOCIATED
FACTORS IN RURAL PUBLIC HEALTH CENTERS IN SOUTH WEST
SHOA ZONE, OROMIA REGIONAL STATE, ETHIOPIA



By: Muhammadamin Biftu (BSc)

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Health Workforces Absenteeism and Associated Factors in Rural Public Health Centers in South West Shoa Zone, Oromia Regional State, Ethiopia

BY: Muhammedamin Biftu (BSc)

ADVISERS:

- 1. FIKRU TEFESE (MPH, Assistant professor)**
- 2. MULUNEH GETACHEW (MPH)**

Abstract

Background: Health workforces' absenteeism is a critical factor affecting health worker performance and it is being affected by different factors. However absenteeism of health workforces at their working area and associated factors have not been studied in the country, specifically in the study area.

Objective: To assess the magnitude of health workforces' absenteeism and associated factors in rural health centers of South West Shoa Zone, Oromia region.

Methods: - Facility based cross-sectional study design supplemented with qualitative inquiry was used among randomly selected 526 health workforces from six randomly selected districts in South west Shoa zone, central part of Oromia Regional state. This study was conducted from August 12- September 02, 2018. The primary data were collected by using self-administered structured questionnaires and qualitative data were gathered through key informant interview. The significant association between independent variables and dependent variable was declared at p-value less or equal to 0.05. Odds ratio along with its 95% confidence interval was estimated to measure the strength of the association. Qualitative data were analyzed using the content analysis method by transcribing, coding, grouping, categorizing, abstracting data and triangulated with quantitative findings.

Results: From 526 sampled health workforces within the zone, 511 had participated in this study, which provided response rate of 97.15%. The finding of this study determined that the magnitude of health workforce's absenteeism was 24.1%, 95% CI (20.6, 27.8). The absence of being females health workforces [AOR=1.742 95 CI: 1.007, 3.015] being married employees [AOR=0.49, 95% CI: 0.281, 0.870] health workers who were paid 7801-10900 birr monthly salary scale [AOR=0.161 95% CI: 0.046, 0.563], health workforces being with inadequate leadership and management style [AOR=3.683, 95% CI: 1.361, 9.966] were associated with absenteeism.

Conclusions & Recommendations: Sex, marital status, salary, inadequate leadership and management style were the factors that had significant association with absenteeism. Therefore, to reduce health work forces absenteeism; health centers should identify the reasons for health workforces' absenteeism and give possible solution for the problem they have, districts health offices, zonal health offices and Oromia Regional Health Bureau should provide supportive supervision, in-service training, mentorship and feedback for health centers managements to improve the gap they have on leadership and management system.

Key Words: - Absenteeism, Health workforces, South West Shoa, Rural Health Centers.

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Acronyms

AOR	Adjusted odd ratio
ETB	Ethiopian Birr
HCs	Health centers
HICs	High-income countries
HWFs	Health workforces
LICs	Low-income countries
MPH	Masters of public health
PHCU	Primary health care unit
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1. Background

Absenteeism is the failure of employees to report for work when they are scheduled to work. Employees who are away from work on recognized holidays, vacations, or approved leaves of absence would not be included. Absenteeism clearly impacts on both individual and organizational performance; it may also be indicative of poor morale. The more frequently employees are absent from their work, the less enthusiasm and skill they may have for their duties when they return to work. So unless employees are in a state of ill health, any other type of absenteeism may indicate a lack of commitment to, or a high level of dissatisfaction with, their organization (1). We can categorize absence into involuntary absence and voluntary absence, where involuntary absence relates to certified sickness or funeral attendance and is beyond the employee's immediate control, whereas voluntary absence relates to uncertified sickness and shirking that is under the direct control of the employee and is often based on the employee's personal aims (2).

The consequences of employee absenteeism are widespread and consist of direct and indirect effects. For instance higher costs are a result of absenteeism, which can be caused both directly and indirectly. Direct costs of sickness absence to employers include statutory sick pay, expense of covering absence with temporary staff and lost production. Indirect costs, such as low morale among staff covering for those absent because of sickness and lower customer satisfaction, are difficult to measure, while they also influence the overall levels of output for the Confederation of Business Industry that the United Kingdom had approximately lost £19.2 billion in 2007 to direct and indirect costs of employee absenteeism (3).

In Uganda, Absenteeism is the single largest waste factor in the public health sector in the country (4). The poor attitude of health workers to clients affects utilization of services. Leadership and management of human resources are also weak at all levels (5). Overall absenteeism at the health centers in Uganda has been recognized as a major threat to the

national healthcare system, just like in any other developing country with a low staff to patient ratio (6).

However, relatively little attention appears to have been paid to absenteeism as a cause of poor access to health-care services in low-income countries (7). So we aimed to determine the level of absenteeism and identify its associated factors.

1.2. Statement of the problem

Unscheduled absence is disruptive and costly. When an employee is not available to perform his job as expected, this often means that the work is done less efficiently by another employee or is not done at all. It is therefore imperative for managers to focus on employee absence as it can become extremely costly to organizations.

The factors associated with absenteeism are multifaceted. Some of them include: job dissatisfaction, poor quality of work life in general, ineffectual management, individual personal problems (such as financial problems), family problems, poor health and safety, hazardous working conditions, poor co-worker relationships, overload of duties, inadequate pension or sickness plans of one's organization, low wage levels and erratic payment and reward systems (8). According to assessment on job satisfaction and motivation among public sector health worker indicates low levels of health worker motivation and job satisfaction, particularly in the areas of salary, access to further training and promotion, lack of mentoring, and inadequate physical conditions in the workplace lead to several performance related problems that are inter-connected, including the inefficient delivery of health care services, non responsiveness to patient needs, and absenteeism (9).

Among the major consequences some of them might include: overtime costs associated with replacing absentees with other workers, additional administrative costs associated with identifying and following up on absentees and in the case of health workers, the impact of absenteeism potentially goes far beyond the financial cost, with implications for the quality and safety of care (10).

In Uganda In staff absenteeism in Bushenyi District is alarming, and yet factors affecting absenteeism are not fully understood and documented to guide managers for appropriate action. According to (11), health worker's absenteeism in Bushenyi District stands at 47.9% thus affecting all the health facilities in the district.

It is an issue of concern for many managers which is costly to the organizations as well as the individuals. It is estimated that a firm in Kenya losses about eight days a year because of worker absenteeism. That is equivalent to just about 3% of working time in a calendar year (12).

In context of our country absenteeism of health workforces at their working area and the factors affecting it has not been studied in national as well as local. Because of this we didn't know the level of health workforces' absenteeism and its associated factors which are identified scientifically. So it is important to identify the level and associated factors of health work forces' absenteeism. Therefore, this study was aimed to determine the magnitude of absenteeism and - associated factors in rural public health centers of South West Shoa Zone.

1.3. Significance of the study

Governmental and public sector organizations success can be measured mainly through delivery of quality service to their beneficiaries. This can be achieved through allocation of resources, assignment and retention of committed and competent employees. However, work force absenteeism can affect the organization has to achieve the intended objectives and expected results to be achieved.

There for the study insight to identifying magnitude of health workforce absenteeism and its factors would help human resource policy makers and managers design effective strategies to mitigate this problem in order to enhance health workers productivity and improve quality of care. The local managers would also utilize the study findings for decision making. The study findings will also contribute to improve quality of care for patients by enabling them to get services on time from skilled health professionals. Furthermore, the findings of this study would serve as a baseline data for scholars who have interest to conduct further studies on this area.

Chapter Two: Literature Review

2.1. Magnitude of health workforces' absenteeism

Absenteeism is a problem faced by businesses around the world. Today, organizations are required to operate at the most optimum level while decreasing expenses and ensuring sustainability in an ever-increasing competitive environment. Over the years, organizations have sought the means of improving human resource management, with a particular interest in reducing absenteeism, a phenomenon that reached alarmingly high levels. The previous studies conducted showed that the magnitude of employees' absenteeism was in Portugal 20%, Kenya 23.8%, and the average absenteeism developing countries (Bangladesh, Ecuador, India Indonesia Peru & Uganda,) was 35% (13, 14, &15).

2.2. Factors associated with health workforces' absenteeism

2.2.1 Scio-economic factors

Employee absence behavior is varying with socio-demographic characteristics. This section will discuss the influence of gender, age, educational attainment, marital status, children and household income on employee absenteeism.

Women are absent more often since they are, traditionally seen more inclined with taking care of the household but also other explanations were found in the literature support the view that traditionally the family responsibilities, such as taking care of sick children, are ascribed to the wife or mother (16). Also According to the result of the study conducted Canada the females' absenteeism had association with health workers absenteeism (17)

Despite much previous research, much contradictory evidence is found regarding the relationship between age and absenteeism. On one hand it is often argued that older employees will be absent more since older people are sick more. Older workers often show a higher commitment to their company. Another explanation discussed for lower absence among older workers regards the higher opportunity costs for being absent (18).

In case of the association found between education and absence in general education will be inversely associated with absence. The higher level of education finished, the less absent this person will be. This is mostly based upon the fact that better educated people are assumed to be healthier (19).

The relationship status of a respondent seems to have an influence on absenteeism. Important to notice is that the distinction in relationship status will be made between married and single. Often is perceived that the higher rate of absence among married people mainly stems from caring responsibilities (20). But, the study conducted in Canada identified that the unmarried health worker were absented more (15).

Besides the relationship status the formation of the household, such as presence of dependent children and household size in general, has an influence on the absence behavior of an employee. Dependent or young children cannot take care of themselves and depend on the care of their parents or others. Employees with such children will be absent more often due to caring responsibilities. This behavior is also inclined to grow stronger as the total household size grows due to more children per household, which will cost more time and involvement (21).

Longer periods of service with an organization may result in less absenteeism, as the loyalty of employees to an organization may strengthen over time (22). On the other hand employees with longer tenure have high absenteeism rates. Because these employees believe that their jobs are secure (23).

The time being absent will have higher opportunity costs for an employee who earns a higher labour income. Thus he expected to exert more effort to attend at work and choose less for leisure. This is in line with the efficiency wage theory which explains that employees earning higher wages will exert more effort and be less absent (24).

Employees working at higher functions behave differently with respect to the rate of absence. Employees with a higher job status are assumed to be absent less than

employees with a lower status. Reasons for this relationship are that employees with a higher status often have more responsibilities and work in less hazardous conditions (25).

2.2.2. Management & leadership related factors

According to Herzberg's theory, a lack of extrinsic factors (hygiene factors) such as company policy, supervision, physical working conditions, salary, and job security may affect an employee's attitude towards work. Herzberg suggests that although hygiene factors are needed to ensure job satisfaction, they do not necessarily lead to increased motivation. Nevertheless, hygiene factors are essential to ensure motivation when pursuing the goals of the organization. The presence of intrinsic factor (motivation factors), such as achievement, recognition, responsibility, and growth spur an employees to deliver better performance. Against this background, satisfied employees inevitably have low absenteeism rates and vice versa. If employees are highly motivated, they are more likely to be satisfied with their jobs and deliver higher quality services, which may lead to lower rates of absenteeism (26).

When not managed appropriately and effectively, lower levels of motivation may cause employees to behave in an unacceptable manner. However, it is Employees tend to remain motivated if their expectations relating to equal treatment, receiving respect or enjoying satisfactory working conditions, and the opportunities to apply their skills and abilities are met and their needs satisfied.

2.2.3 Working Environment related factors

Some of the potential associated factors of absenteeism identified include: poor quality of work life in general, poor management, poor health and safety, poor co-worker relationships, overload of duties inadequate pension or sickness plans of one's organization and low wage levels and erratic payment and reward systems (27)

Transport and travel difficulties affect people's ability to go to work despite their willingness to do so. Some of the factors associated with these transport problems include the distance to work, traffic congestion, and standard of public transport system and weather conditions. A long distance coupled with bad weather or traffic congestion

increases the likelihood of an employee not reporting to work. Employees living on the work premises have less absenteeism than those who walk to work (28).

The location of the health facility, i.e. whether rural or urban and also in relation to where the health workers live has been reported to influence the absence rate of the health workers. In rural areas linked to irregular transport and health workers needing to travel long distances to access banks and other facilities, factors associated with absenteeism. Health workers that lived in the same town or village as the health centre they worked in were less absent compared to those that lived away from their place of work (29). Health workforces absenteeism may be affected by a number of factors related to working conditions, such as, the number of working hours per day; sufficient paid leave entitlements, medical benefits; clean rest rooms and recreational facilities; the provision of a working atmosphere in which stress, conflict, and being paid minimum wages with few benefits may lead to frustration and higher levels of absenteeism (30).

2.3 Conceptual Framework of health work forces absenteeism

The conceptual framework of this study is contained socio-demographic factors, management and leadership related factors and working environment related factors (Figure 1)

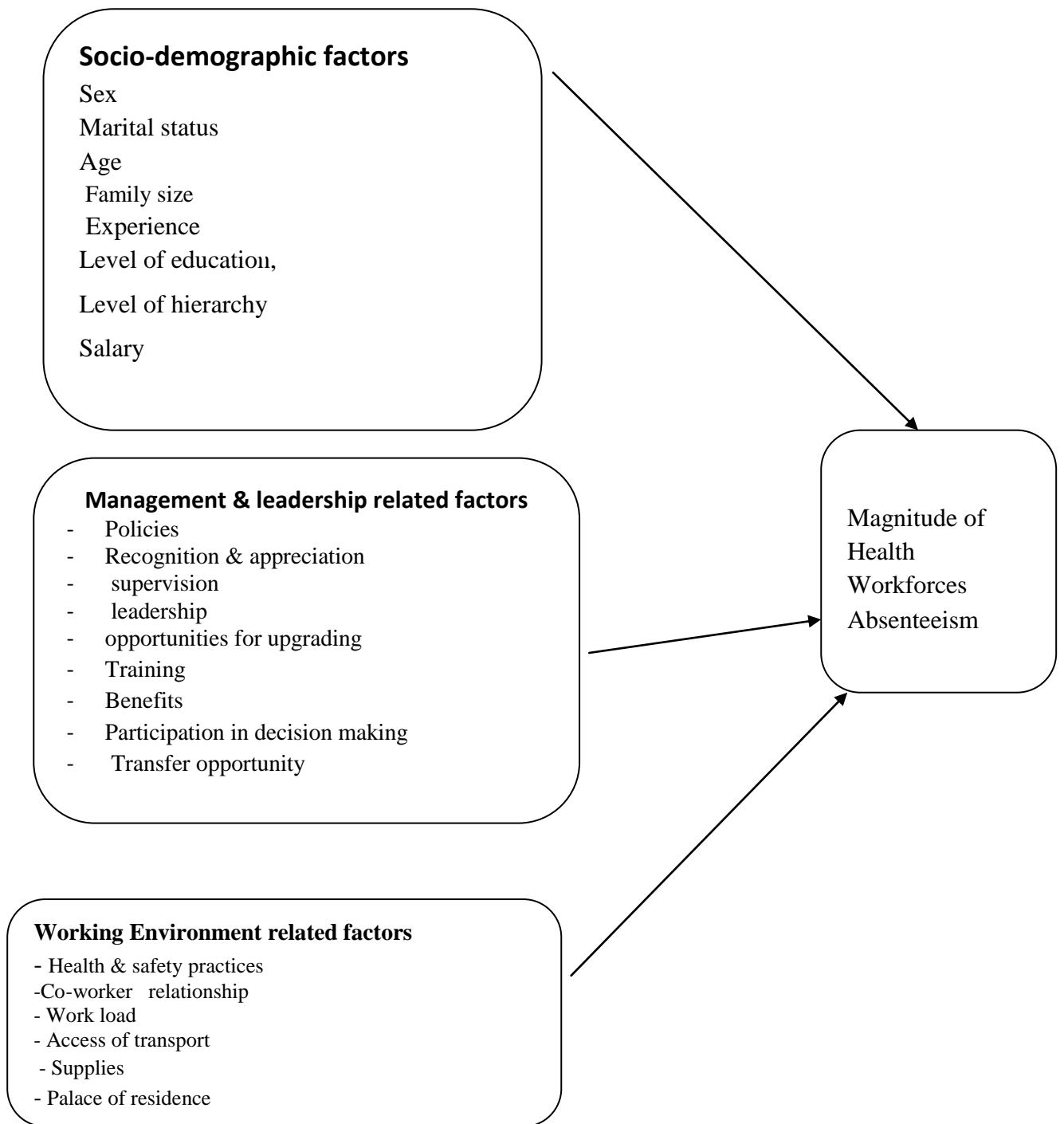


Figure 1: Conceptual framework health workforces absenteeism.

Source: Modified from sample Quantitative Research Proposal (Trinity Washington University October 2013)

Chapter Three :Objectives

3.1. General Objective

- To assess the magnitude of health workforces absenteeism and associated factors in rural health centers in South West Shoa Zone, Oromia region, Central Ethiopia

3.2. Specific objectives

1. To determine the magnitude of health workforces absenteeism in rural public health centers in South West Shoa Zone.
2. To identify factors associated with health workforces' absenteeism in the public health centers of South West Shoa Zone.

Chapter Four: Methods and Materials

4.1. Study area and period

This study was conducted from August 12- September 02, 2018 among health workforces in rural public health centers of South West Shoa Zone, Central Oromia which is located 115KM far from Addis Ababa. South West Shoa Zone has 11 rural districts, 52 health centers, and 260 health posts. There are total of 1430 health workforces in rural public health centers (31).

4.2. Study design

Facility based cross-sectional study design supplemented with qualitative inquiry was used.

4.3. Source population

For quantitative: The source population was included all health workforces who were working in the rural public health centers of South West Shoa Zone.

For qualitative: All Primary Health Care Unit (PHCU) directors who were working in the rural public health centers of South West Shoa Zone.

4.4. Study population

For quantitative: The study population was sampled health workforces in selected rural public health centers of selected districts.

For qualitative: The six PHCU directors who were purposively selected to conduct informant interview.

Inclusion and exclusion criteria

Inclusion

All health workforces in rural public health centers in the selected districts during the study period were included in the study.

Exclusion

Since the study was conducted to determine the magnitude of health workforces absenteeism within a period of one year, health work forces those who did not finish a period of at least 12 months after their employment were excluded.

4.5. Sample size determination

The sample size was calculated by using single population proportion formula based by considering the following assumptions: population proportion (P= 0.5) since there was no study within the country on this issue up to researchers knowledge and in order to get maximum sample size for this study.

P = proportion of health workforces absenteeism = 0.5

d = Margin of sampling error tolerated = 5%

α = standard score corresponding to 95% (Z_{a/2}=1.96)

$$n = \frac{(Z_{a/2})^2 P (1-P)}{d^2}$$

By applying the formula

$$\begin{aligned} n &= \frac{(1.96)^2 * p (1-p)}{(0.05)^2} \\ &= \frac{3.8416 * 0.25}{0.0025} \\ &= \underline{384} \text{ HWPs} \end{aligned}$$

Since the total HWFs who were working in selected health centers is 719 which is less than 10,000, the sample size was adjusted by using finite population correction formula, adding 5% for potential non-response and by considering design effect of two, the final sample size was 526 health workforces in the study area.

4.6. Sampling Technique

Based on WHO districts sampling guideline, out of 11 districts South West Shoa Zone 54% (six districts) were randomly selected and included in the study (32). All health facilities in selected districts were assessed. To get the required sample size from selected districts, population proportion formula was used and finally the study participants were recruited by using simple random sampling based on computer generated random number in Excel spread sheet of 2013 to increase the chance participation study of participants, to save times and resources.

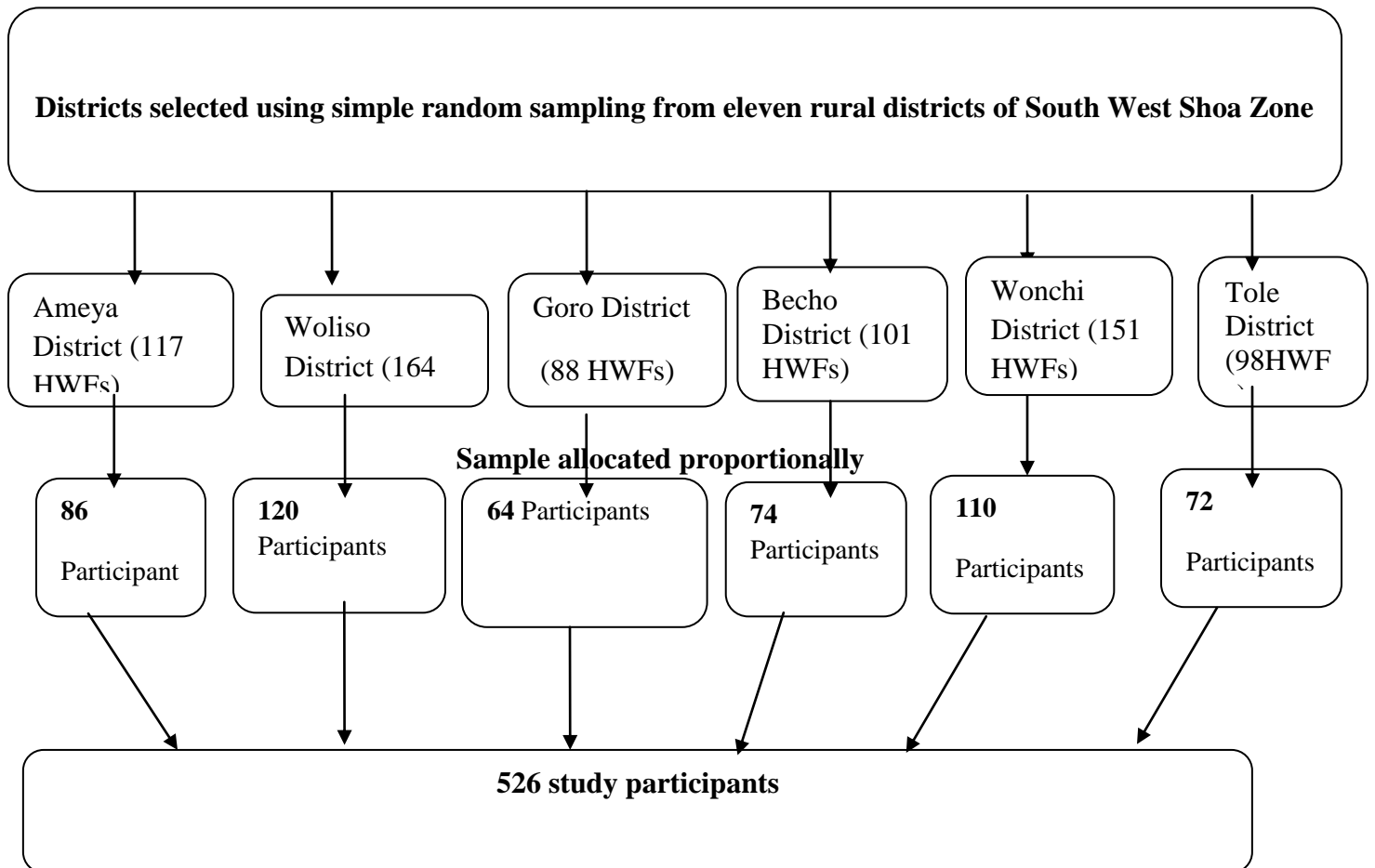


Figure 2: Schematic diagram of sampling producer on level of absenteeism among health workforces of South West Shoa zone, 2018.

For qualitative data the study respondents from six health centers of “PHCU” directors were selected purposively because officials or experts who directly worked on the issues and who were expected to have rich knowledge than other persons.

4.7. Variables

4.7.1. Dependent

Health workforces' absenteeism

4.7.2. Independent

- **Socio-demographic characteristics**

- Age, sex marital status, level of education, experience, family size. job status, salary, benefits.

- **Management & leadership related factors**

- Supervision, leadership, recognition of performance, opportunity for up grading, training, participation in decision making, transfer opportunity.

- **Environment related factors**

- Health & safety practices, co-worker relationship, transport, supplies' place of residence, transport.

4.8. Operational Definitions

Absenteeism - Absenteeism is the failure of employees to report for work when they are scheduled to work at least for one working day. Employees who are away from work on recognized holidays, vacations, or approved leaves of absence would not be included (33).

Recognition of performance- is the feeling of being valued by the organization administration or community

Salary and benefits– health workforces' monthly salary, night duties, on call and professionals allowances

Health work forces are including all administrative staffs and health professionals who had been worked in health centers such as public health professionals, nurses, pharmacy, laboratory professional, management, accounting and others.

4.9. Data collection tools

The questionnaires were developed by reviewing deferent literature and guidelines and they contained socio-demographic variables (age, gender, marital status, salary, educational status, salary, profession, service year. The questionnaire also contained management & leadership and environment related factors affecting health workforces (34) absenteeism with responses in five level of Likert scale agreement (Strongly

disagree = 1; Disagree = 2; Neutral = 3; Agree = 4 and strongly agree = 5) (35).). In-depth interview guides were developed for qualitative study.

4.10. Data collection technique

Data were collected by using self-administered pre-tested structured questionnaires. Facilitators were distributed the questionnaire and assisted the respondents by clarifying some unclear points in the questionnaire. Finally they collected the questionnaire from respondents. Qualitative data were gathered through key informant interview.

4.11. Data quality management

Eight BSC holders' data collectors were recruited. Appropriate training was given for them. Data collection tools was translated into local language /Afan Oromo/ and retranslated to English Language by experts from Zonal culture and truism office. Pre-tested was done on 5% (26) of sample out of selected district in Seden Sodo district before the actual data collection began and correction was made on the questionnaire accordingly. The completeness of questionnaires was regularly checked during data collection by supervisors and principal investigator.

4.12. Data processing and analysis

The data were coded and entered into epidata version 3.1 and exported to SPSS version 20 for analysis purpose. The data were cleaned for inconsistencies and missing values. Descriptive statistics like percentage, and frequencies were run to see the overall distribution of the study participants with the variables under study. Bi-variables association was done by using binary logistic regression and variables with P-value < 0.05 were entered to multiple logistic regression and variables with $P \leq 0.05$ considered as significant association to health work forces absenteeism with their Adjusted Odds Ratio (AOR) at 95% confidence interval. Qualitative data was analyzed using the content analysis method by using transcribing, coding, grouping, categorizing and abstracting data and triangulated with quantitative findings.

4.13. Ethical considerations

Ethical clearance was secured from Institutional Review Board (IRB) of Jimma University, Institute of Health., Official supportive letter was written to district health offices from zonal health department and also district health offices were written

collaboration letter to health centers. Prior to administering the questionnaires, the aims and objectives of the study were clearly explained to the participants. Verbal consent at spot of data collection was obtained from the study participants.

4.15. Dissemination plan

The findings of the study will be presented to Jima universty scientific community through defense and also it will be communicated to South West Shoe Zonal Health Office and other relevant stakeholders at national, regional, zonal districts and health centers levels to enable them to take and apply research recommendations during their planning and supporting supervision process. The findings of this study will also be presented on conferences and attempts will be made for publishing on reputable peer reviewed journals.

Chapter Five: Results

5.1 Socio-demographic characteristics of the study participants

From 526 sampled health workforces within the zone, 511 had participated in this study, which provided response rate of 97.15%. Of these, 330 (64.6%) of respondents were health professionals while 181 (55.4%) of them were supportive or administrative staffs, 316 (61.9%) were males, 365 (71.4%) were between age range of 20-29 years, and 341 (66.8%) were married. Regarding to educational status, 277 (54.2%) were Level IV or diploma holder and 149 (29.2%) of them were nurses by their profession, 456 (89.2%) of them were those who had 1-10 years of experiences, 425 (89.2%) of were lived in rural area, 220 (43.1%) of the respondents were fall in 3201-5200 salary category scale and 197 (38.6 %) of them who had 3-4 family size (Table 1)

Table1: Socio-demographic characteristics of health work forces in rural public health centers of South West Shoa Zone, 2018.

Sex	Frequency (N=511)	Percentage (%)
Male	315	61.9
Female	196	38.1
Age		
20-29	365	71.4
30-39	131	25.6
40-49	15	3
Marital Status		
Single	159	31.1
Married	341	66.7
Divorced	10	2.1
Widowed	1	0.2
Level of education		
Level III	46	9
Level IV/Diploma	277	54.2
First Degree and above	188	36.8
Staff category		
Health professional	330	64.6
Supportive staff	181	35.4
Profession category		
Public Health Professional	89	19.8
Nurse	149	29.2
Midwifery	55	10.8
Pharmacy	30	5.9
Laboratory	25	4.9

Environmental Health	12	2.3
Accounting	33	6.5
Management	81	15.5
Others	37	7.2
Experience		
1-10	456	89.2
11-20	46	0.8
21-30	6	1.2
>30 years	3	0.6
Place of residence		
Rural	425	83
Urban	72	14
Semi-urban	16	3
Salary category		
601-1650	22	4.3
1561-3200	153	29.9
3201-5200	220	43.1
5251-7800	79	15.5
7801-10900	37	7.2
Family Size		
0-2	179	35
3-4	197	38.6
5-6	100	19.6
>6	33	6.9

Perceived factors contributing employee absenteeism at Kenya 2013

5.2 Description of management and leadership in work place

From 511 of the study participants 203 (39.7%) of them strongly agreed with inadequate promotion of health work forces, 188 (36.8) of respondents were strongly agree with inadequate leadership and management style, 180 (35.2%) of study participants were strongly agreed with lack of recognition and rewards system in the health centers, 252 (49.3%) respondents were strongly agreed with lack of upgrading opportunity of health work forces, 219 (42.9%) of them were strongly agreed with provision of unfair upgrading opportunity, 176 (34.4%) of respondents were strongly agreed with lack of participation in decision making 179 (35%) of participants were strongly agreed with lack of provision of in-service training opportunity, 166 (32.5%) were strongly agreed with role conflict, 239 (46.8%) of respondents were strongly agreed with lack of transfer opportunity, 219 (42.9%) of them were strongly agreed with inadequate health work

forces performance appraisal system 142 (27.8%) of them were agreed with inadequate policy on absenteeism, 172 (33.7) of respondents were agreed with lack of professional competence (COC) assessment opportunity were factors of health work forces absenteeism (Table 2)

Table 2: Description of management and leadership in work place of in rural public health centers of South West Shoa Zone 2018

Variables		
	Frequency	Percent
Inadequate promotion		
Strongly Disagree	63	12.3
Disagree	59	11.5
Neutral	72	14.1
Agree	114	22.3
Strongly Agree	203	39.7
Inadequate leadership style		
Strongly Disagree	61	11.9
Disagree	72	14.1
Neutral	78	15.3
Agree	112	21.9
Strongly Agree	188	36.8
Lack of recognition and rewards system		
Strongly Disagree	64	12.5
Disagree	80	15.7
Neutral	69	13.5
Agree	118	23.1
Strongly Agree	180	35.2
Lack of upgrading opportunity		
Strongly Disagree	106	20.7
Disagree	45	8.8
Neutral	37	7.2
Agree	71	13.9
Strongly Agree	252	49.3
Provision of unfair upgrading opportunity		
Strongly Disagree	95	18.6
Disagree	61	11.9

Neutral	39	7.6
Agree	97	19.0
Strongly Agree	219	42.9
Lack of Provision of in-service training opportunity		
Strongly Disagree	69	13.5
Disagree	83	16.2
Neutral	52	10.2
Agree	128	25.0
Strongly Agree	179	35.0
Provision of unfair in-service training		
Strongly Disagree	79	15.5
Disagree	66	12.9
Neutral	62	12.1
Agree	123	24.1
Strongly Agree	181	35.4
Inadequate policy on absenteeism		
Strongly Disagree	58	11.4
Disagree	88	17.2
Neutral	89	17.4
Agree	142	27.8
Strongly Agree	134	26.2
Lack of participation in decision making		
Strongly Disagree	65	12.7
Disagree	67	13.1
Neutral	107	20.9
Agree	96	18.8
Strongly Agree	176	34.4
Role conflict		
Strongly Disagree	77	15.1
Disagree	65	12.7
Neutral	63	12.3
Agree	140	27.4
Strongly Agree	166	32.5
Lack of transfer opportunity		
Strongly Disagree	86	16.8
Disagree	43	8.4
Neutral	49	9.6
Agree	94	18.4

Strongly Agree	239	46.8
Inadequate performance appraisal system		
Strongly Disagree	65	12.7
Disagree	60	11.7
Neutral	47	9.2
Agree	120	23.5
Strongly Agree	219	42.9
Lack of professional competence (COC) assessment opportunity		
Strongly Disagree	95	18.6
Disagree	47	9.2
Neutral	110	21.5
Agree	87	17.0
Strongly Agree	172	33.7
Strongly Disagree	95	18.6

5.3 Description of working environment

From 511 study participants 152 (29.7%) of respondents were strongly agreed with unavailability of medical equipment in health centers, 131 (25.6%) of participants were agreed with poor relationship with co-workers, 155 (30.3%) of them were strongly agreed with unavailability of essential drugs, 232 (45.4%) of study participants were strongly agreed with lack of hose around health centers, 128 (25%) of respondents were agreed with poor relationship with supervisor, 153 (29.9%) were agreed with excessive workload, 177 (34.6%) of them were strongly agreed with inadequate health and safety practices and 163 (31.9%) of respondents were strongly agreed with lack of annual leave are factors of health work forces absenteeism (Table 3)

Table 3: working environment related factors in rural public health centers of South West Shoa Zone 2018

Variables	Frequency	Percent
Unavailability of medical equipment		
Strongly Disagree	76	14.9
Disagree	71	13.9
Neutral	87	17.0
Agree	125	24.5
Strongly Agree	152	29.7
Poor relationship with co-workers		

Strongly Disagree	75	14.7
Disagree	70	13.7
Neutral	91	17.8
Agree	131	25.6
Strongly Agree	144	28.2
Unavailability of essential drugs		
Strongly Disagree	77	15.1
Disagree	73	14.3
Neutral	75	14.7
Agree	131	25.6
Strongly Agree	155	30.3
For staff residence		
Strongly Disagree	83	16.2
Disagree	41	8.0
Neutral	69	13.5
Agree	86	16.8
Strongly Agree	232	45.4
Poor relationship with supervisor		
Strongly Disagree	58	11.4
Disagree	68	13.3
Neutral	102	20.0
Agree	128	25.0
Strongly Agree	155	30.3
Excessive work load		
Strongly Disagree	67	13.1
Disagree	52	10.2
Neutral	94	18.4
Agree	153	29.9
Strongly Agree	145	28.4
Inadequate health & safety practices		
Strongly Disagree	89	17.4
Disagree	53	10.4
Neutral	84	16.4
Agree	108	21.1
Strongly Agree	177	34.6
Lack of annual leave		
Strongly Disagree	78	15.3
Disagree	61	11.9
Neutral	84	16.4
Agree	125	24.5
Strongly Agree	163	31.9

5.4. Absenteeism status

Out of 511 study participants, 123 (24.1%), 95% CI (20.6, 27.8) were absent from their work place in past twelve months (Figuer-3)

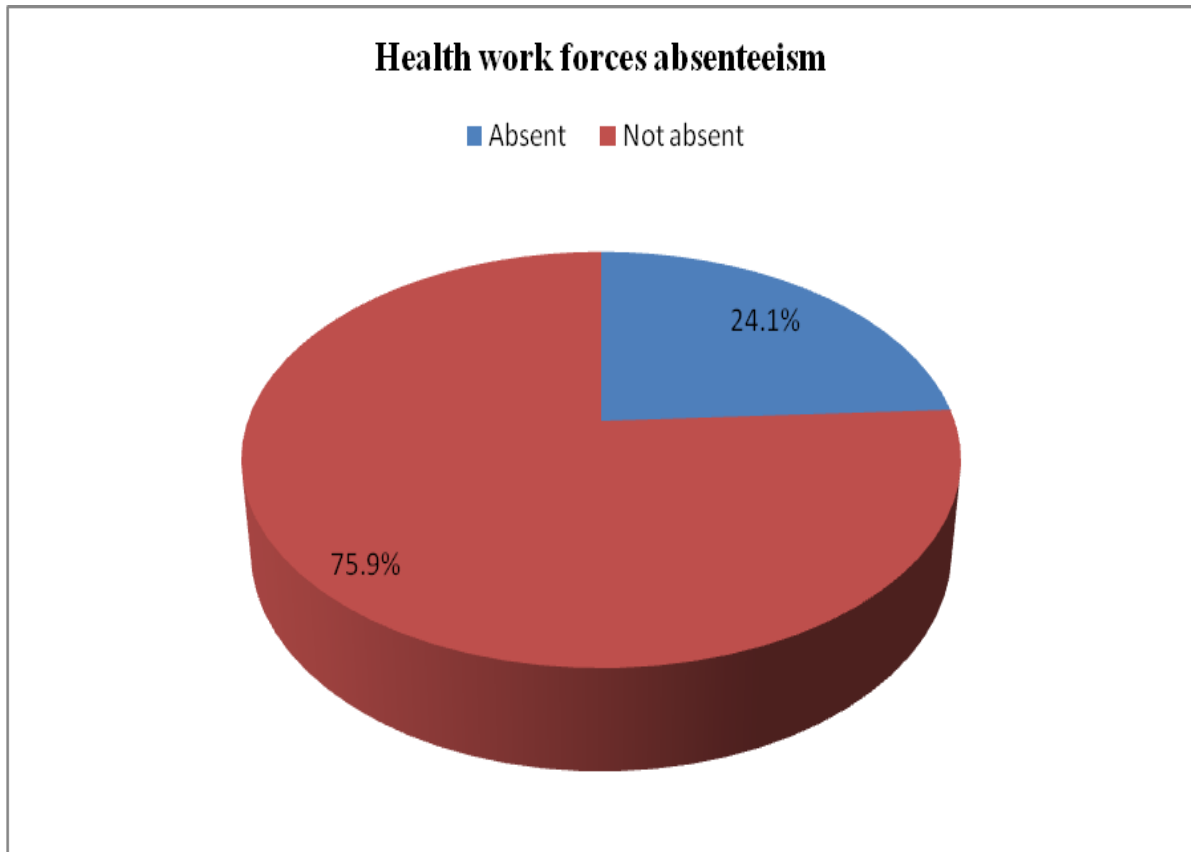


Figure 3 Absenteeism status in rural public health centers of South West Shoa Zone 2018

In addition to this the finding of in-depth study identified that health work forces had been absented in all selected health centers. This indicated that health workers absenteeism was available in all health centers. Transport difficult different social issues, care of young children, family responsibilities were the main reasons of health work forces absenteeism.

Participant of 29 old years' said *“yes there were health work forces who were absented from their work, transport difficult different social occasions, care of young children, family responsibilities were the main reasons of health work forces absenteeism”*

5.3.2. Absenteeism in terms of day

The average numbers of days for absence were 4 days with minimum of one day and maximum of 20 days in the past twelve months among the study participants.

5.3.3 Magnitude of by socio-demographic characteristics of study participants

Eighty eight (27.8%) of males were absent while thirty five (18%) of them among females. Eighty six (23.6%) of them exist between age ranges of 20-29 years. Ninety two (27%) participants were married, thirteen (28.3%) of them were Level III in their education status, eight six (26.1%) of them were health professionals in their staff category, two (33.3%) of them were between 21-30 by their years of experience, one hundred one (23.9%) who lived in rural area, thirty (38%) health workforces who paid 5251-7800 monthly salary and twenty nine (29%) health work forces who had 5-6 family size were absented without permission within the last 12 months (Table 4).

Table 4: Absenteeism by socio-demographic factors in rural public health centers of south west shoa zone 2018

Socio-demographics category		Absenteeism within the last 12 months	
		Yes	No
Gender	Male	88 (27.9%)	228 (72.1%)
	Female	35 (18%)	160 (82%)
Age category	20-29	86 (23.6%)	279 (76.4%)
	30-39	30 (22.9%)	101 (77.1%)
	40-49	6 (50%)	6 (50%)
	50-59	1(33.3)	2 (66.7%)
Marital status	Single	30 (18.9%)	129 (81.1%)
	Married	92 (27%)	249 (73%)
	Divorced	1 (10%)	9 (90%)
	Widowed	0 (0.0%)	1 (100%)
Level of education	Level III	13 (28.3%)	33 (71.7%)
	Level IV/Diploma	69 (24.9%)	208 (75.1%)
	First Degree	41 (22.4%)	142 (77.6%)
Professional categories	Health Professionals'	86 (26.1%)	244 (73.9%)

	Supportive staffs	37 (20.4%)	144 (79.6%)
	Total	123 (24.1)	388 (76.9)
Service year categories	1-10	105 (23.0%)	351 (77.0%)
	11-20	15 (32.6%)	31 (67.4%)
	21-30	2 (33.3%)	4 (66.7%)
	>30	1 (33.3%)	2 (66.7%)
Place of residence	Rural	101 (23.9%)	322 (76.1%)
	Urban	18 (24.7%)	55 (75.3%)
	Semi-urban	4 (26.7%)	11 (73.3%)
Salary categories	601-1650	3 (13.6)	19 (86.4)
	1651-3200	35(22.9%)	118 (77.1%)
	3201-5250	50 (22.7%)	170 (77.3%)
	5251-7800	30 (38%)	49 (62%)
	7801-10900	5 (13.5%)	32 (86.5%)
Family Size	0-2	33 (18.4%)	146 (81.6%)
	3-4	53 (26.9%)	144 (73.1%)
	5-6	29 (29%)	71 (71%)
	>6	8 (24.2%)	25 (75.8%)

5.3.4 Results of bivariable logistic regression analysis on Factors associated with health workforces absenteeism

In the bivariable analysis being a female health worker, the study participants aged between 30-39 years, married health employees, and the employees who paid 7801-10900 monthly salary, inadequate promotion, inadequate leadership and management style, lack of upgrading opportunity, lack of transfer opportunity, inadequate performance appraisal system, transport difficulty and inadequate health and safety practices had significant association with health workforces absenteeism at $P\text{-value} \leq 0.05$ (Table 5).

Table 5: Bivariate result of Socio-demographic factors for health workforces' absenteeism in rural public health centers in South West Shoa Zone, 2018

Variables	Being absenteeism within 12 months		P-Value	COR (95%CI)
	Yes	No		
Sex				
Male	88 (27.9%)	228 (72.1%)		1
Female	35 (18%)	161 (82%)	0.01*	1.78 (1.15, 2.77)
Age categories				
20-29	86 (23.6%)	279 (76.4%)	0.236	1
30-39	30(22.9%)	101(77.1%)	0.878	1.038 (0.646, 1.667)
40-49	6 (50%)	6 (50%)	0.046*	0.308 (0.097, 0.980)
Marital status				
Single	30 (18.9%)	129 (81.1%)		1
Married	92 (27%)	249 (73%)	0.050*	0.629 (0.396, 1.001)
Divorced	1 (10%)	9 (90%)	1.0	3756918 (.000)
Salary category				
601-1650	3 (13.6)	19 (86.4)	1.00	1
1651-3200	35(22.9%)	118 (77.1%)	0.656	1.484 (0.262, 8.417)
3201-5250	50 (22.7%)	170 (77.3%)	0.216	0.527(0.191, 1.454)
5251-7800	30 (38%)	49 (62%)	0.212	0.0531(0.0197, 1.435)
7801-10900	5 (13.5%)	32 (86.5%)	0.011*	0.255 (0.090, 0.727)

Inadequate promotion opportunity			
Strongly disagree	63 (12.3%)	0.67	1
Disagree	59 (11.5%)	0.659	1.60 (0.601, 2.239)
Neutral	72 (14.1%)	0.274	0.707 (0.379, 1.317)
Agree	114 (22.3%)	0.619	1.173 (0.673, 2.194)
Strongly agree	203 (39.7%)	0.018*	2.068 (1.133, 3.776)
Inadequate leadership and management style			
Strongly disagree	61 (11.9%)		1
Disagree	72 (14%)	0.636	0.837 (0.401, 1.749)
Neutral	78 (15.3%)	0.866	1.068 (0.509, 2.251)
Agree	112 (21.3%)	0.027*	2.335 (1.100, 4.974)
Strongly agree	187 (36.6%)	0.266	1.445 (0.755, 2.764)
Lack of upgrading opportunity			
Strongly disagree	106 (20.7)		1
Disagree	45 (8.8%)	0.626	1.220 (0.548, 2.717)
Neutral	37 (7.2%)	0.019*	4.474 (1.277, 15.674)
Agree	71 (13.9%)	0.131	1.761 (0.844, 3.673)
Strongly agree	252 (49.2%)	0.681	1.112 (0.670, 1.848)
Lack of transfer opportunity			
Strongly disagree	86 (16.8%)		1
Disagree	43 (8.4%)	0.100	0.448 (0.207, 1.148)
Neutral	49 (9.6%)	0.634	1.268 (0.478, 3.368)
Agree	94 (18.4%)	0.013*	0.409 (0.203, 0.826)
Strongly agree	239 (46.8%)	0.251	0.690 (0.367, 1.299)
Inadequate performance appraisal system			
Strongly disagree	65 (12.7%)		1

Disagree	60 (11.7%)	0.175	0.528 (0.210,1.330)
Neutral	47 (9.2%)	0.868	0.362 (0.362, 3.328)
Agree	120 (23.5%)	0.017*	0.375 (0.168, 0.835)
Strongly agree	219 (42.9%)	0.039*	0.446 (0.208, 0.955)
Transport difficult			
Strongly disagree	85 (16.6%)	0.092	
Disagree	36 (7%)	0.546	1.204 (0.659, 2.200)
Neutral	64 (12.5%)	0.435	0.735 (0.340, 1.591)
Agree	101 (19.8%)	0.045*	2.265 (1.017, 5.044)
Strongly agree	225 (44%)	0.235	0.731 (0.434, 1.230)
Inadequate health and safety practices			
Strongly disagree	89 (17.4%)		1
Disagree	53 (10.4%)	0.823	1.069 (0.594, 1.924)
Neutral	84 (16.4%)	0.831	1.080 (0.531, 2.198)
Agree	108 (21.1%)	0.036*	2.107 (1.049,4.232)
Strongly agree	177 (34.6%)	0.740	0.913 (0.533,1.565)

NB: * variables which show association, 1=reference category

5.3.4. Predictors of health workforce absenteeism.

By using binary logistic regression model to assess factors associated with health workforce absenteeism, the following variables were identified. Being female health worker was 1.74 more likely to be absent than their counter part. [AOR=1.742 95 CI: 1.007, 3.015].

Qualitative findings were also showed that females were more absent than males. Participant of 31 years old said “*female health workers were more absent than males; because they are responsible for caring young children, family responsibilities and social issues*”

Regarding marital status, married health workers were 51 % less likely to be absent than those who were single [AOR=0.49, 95% CI: 0.281, 0.870] and health workforces who earned 7801-10900 birr monthly salary were 84% less likely to absent than those who paid 601-1650 birr [AOR=161 95% CI: 0.046, 0.563].

The qualitative finding from in-depth interview was also in support of this finding. Employees who were earned low salary are more like to be absent from their work.

The participants indicated that health work forces absent from work because they had additional jobs to augment their salaries. They further indicated that the basic salary that they received from their permanent jobs did not meet their needs.

Participants of 34 years old said *“low salary is the main factor of health work forces absenteeism, health work forces absent from their duty to search additional income”*.

According the result of this study showed health workforces with inadequate leadership and management style were three times more absent than those who were with adequate leadership and management. The absenteeism result of health work forces agreed with inadequate leadership and management style [AOR=3.683, 95% CI: 1.361, 9.966] who strongly agreed with inadequate leadership and management style [AOR=3.405, 95% CI: 1.344, 8.564] had significantly associated with absenteeism.

Finally the result of respondents who agreed with the lack of transfer opportunity [AOR=0.280, 95% CI: 0.097, 0.811] had association with health workforces absenteeism in rural public health centers of South West Shoa Zone. This is indicated that inadequate health workforces transfer practices was existed in health centers and the reason of absence might be heath workers were going to higher organizations to search the transfer opportunity (Table 6)

Table 6: Multivariate result of factors for health workforces' absenteeism in rural public health centers of South West Sho Zone 2018

Variables	Being absenteeism within 12 months		P-Value	AOR (95%CI)
Sex	Yes	No		
Male	88 (27.9%)	228(72.1%)		1
Female	35 (18. %)	161 (82%)	0.047	1.742 (1.007, 3.015)*
Marital status				
Single	30 (19%)	129 (81%)		1
Married	92 (27%)	249 (73%)	0.015	0.495 (0.281, 0.870)*
Divorced	1 (10%)	9 (90%)	0.786	1.365 (0.145, 12.802)
Salary category				
601-1650	3 (13.6)	19 (86.4)	1.000	1
1651-3200	35(22.9%)	118(77.1%)	0.789	0.769 (0.112, 5.259)
3201-5250	50 (22.7%)	170(77.3%)	0.066	0.769 (0.099, 5.259)
5251-7800	30 (38%)	49 (62%)	0.063	0.338 (0.107, 1.063)
7801-10900	5 (13.5%)	32 (86.5%)	0.004	0. 161 (0.046, 0.563)*
Inadequate leadership style				
Strongly disagree	61 (11.9%)		0.007	1
Disagree	72 (14%)		0.885	1.073 (0.413, 2.787)
Neutral	78 (15.3%)		0.530	1.363 (0.519, 3.582)
Agree	112 (21.3%)		0.010	3.683 (1.361, 9.966)*
Strongly agree	187 (36.6%)		0.009	3.405 (1.344, 8.564)*

NB, ** variables which show association, 1=reference category

Chapter Six: Discussion

The finding of this study determined that the magnitude of health work forces absenteeism in rural public health centers of South West Shoa Zone was 24.1% 24.1%, 95% CI (20.6, 27.8) for the last twelve months. The study finding was comparable with the previous findings from Kenya which was reported 23.8% (14). It was greater than the study conducted in Portugal was reported 20% (13). The difference between the study results might be due to differences in socio-economic characteristics of the study population, and agro-ecological settings.

The rate of health workforces' absenteeism of this study is lower than the study conducted in developing countries (Bangladesh, Ecuador, India Indonesia Peru & Uganda,) which were the average rate health work forces absenteeism was 35% (15). The difference between the studies might be socio-economic characteristics of population, access to infrastructures, working environment condition and absenteeism policy.

In addition to this the finding of qualitative study also confirmed that the absenteeism of health work forces was existed in all selected health centers in last 12 months and low salary, transport difficult different social issues, care of young children, family responsibilities were the main reasons of health work forces absenteeism. Regarding factors associated with health work force absenteeism sex of respondents, marital status, salary, inadequate leadership & management style and lack of transfer had association with absenteeism. Also the results of qualitative study identified that the females were more absent than males and the main reasons associated with female absenteeism were, taking care of young children, and family responsibilities.

The present study revealed that being female health worker was almost two times more likely to be absent than their counterpart and the finding of this study had similar association with the pervious study findings. For instance higher rate of absenteeism is reported for women in comparison to men by the study conducted by Josias and the study conducted at tertiary hospital in Canada (15 & 23).

Regarding marital status, being married health workers were 51 % less likely to be absent than those who were singles. In similar the study conducted at tertiary hospital in Canada identified that the unmarried health worker were absented more (20)

In case of monthly income health workforces being earned 7801-10900 birr monthly salary were 84% less likely to absent than those who paid 601-1650 birr. This indicated that the absence of health workforces who paid higher salary were associated with less absenteeism than those who were earned low salary and This result is agreed with the wage theory which identified that employees earning higher wages will exert more effort and is less absent (23).

The finding of qualitative study also determined that low salary was the main reason of health work forces absenteeism. In similar with the study conducted in Uganda which the key informants reported that, low salary was contributing factors of staff absenteeism in their facilities (36).

The result of this study revealed that absenteeism was found significantly correlated to inadequate leadership and management style and according to this result health workforces being with inadequate leadership and management style were three times more absent than those who were with adequate leadership and management. This finding had similarity with the previous studies conducted identified that leadership and management was the main factor of absenteeism. For instance Herzberg Theory determined that leadership is one of the potential associated factors of absenteeism and also the study conducted in Netherland revealed that leadership and management style used in health facilities can influence the absence trends of health workers (24 & 37).

Since the respondents were asked their absenteeism over 12 months, which may lead to recall bias. The respondents may also fail to tell us accurate information on their absenteeism due to social desirability bias even though we tried to over come by using self-administered questionnaire. The utilizers this study findings should also consider that some of the information were based on the perception of health workers which may not be real.

Chapter 7: Conclusions and Recommendations

7.1 Conclusions

In general the magnitude of health workforces' absenteeism in rural public health centers of South West Shoa Zone in Oromia Region was moderate. According to the quantitative study results sex, marital status, salary, inadequate leadership and management style were factors of associated with health workforces' absenteeism.

In addition to this the qualitative study conducted in-depth interview identified that sex and low salary were the main contributing factor of health work forces absenteeism and transport difficult, social issues, care of young children, family responsibilities were the main reasons of health work forces absenteeism.

7.2 Recommendations

Based on the findings, we would like to produce the following recommendations for health centers, district health offices, and zonal health offices.

Health Centers

- Should identify the reasons for female health works absenteeism and give possible solution for the problem they have.
- Need to build and improve management and leadership system through in-service training and mentorship.

District Health Offices

- Should encourage "PHCU" directors to follow up health workforces and improve their management and leadership through in service training, mentorship, supportive supervision and feedback

Zonal Health Office should:

- Regularly follow up and identify the problems related to human resources management practices at health centers especially need to be focused on absenteeism

Oromia Regional Health Bureau

- Should improve the health workforces management system at all levels by providing supportive supervision, mentorship and in-service training.

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Annexes 1

Questionnaire

Good morning! /Good afternoon!

Dear respondents my name is **Muhammedamin Biftu**. I am conducting a research. This questionnaire is developed to collect data on the topic entitled “The level of health work forces’ absenteeism and its associated factors. Moreover, it might also serves as input for policy makers and implementers to change the situation. Filling the survey questionnaire is voluntary. Your genuine response will provide valuable information on the topic. The information you provide is completely confidential.

Thank you for your cooperation!!!

Address of the principal investigator: Cell phone: +251 0923126764			
SN	Please put “√” symbol in the provided box as per to your personal information		
Part -1: Socio - demographic data			
101	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Age in year	_____	
102	Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
103	Level of education	Level III <input type="checkbox"/> Level IV <input type="checkbox"/>	1 st Degree <input type="checkbox"/> 2 nd Degree <input type="checkbox"/> Specify if any other _____
104	Profession	Health officer <input type="checkbox"/> BSC Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Lab. Technologist <input type="checkbox"/> BSC Midwifery <input type="checkbox"/> BSC E/Health <input type="checkbox"/> Management <input type="checkbox"/> Accounting <input type="checkbox"/>	Clinical Nurse <input type="checkbox"/> Druggist <input type="checkbox"/> Diploma Midwifery <input type="checkbox"/> Public nurse <input type="checkbox"/> Diploma E/Health <input type="checkbox"/> Specify if any other _____
105	Service years	_____	

106	Place of residence	Rural <input type="checkbox"/> Urban <input type="checkbox"/>	Semi-urban <input type="checkbox"/>
107	Monthly gross salary	_____	
108	How many dependents do you have?	_____	

Part II Absenteeism related questions

201	During the past twelve months have you been on absence from work?	Yes <input type="checkbox"/> With permission <input type="checkbox"/>	No <input type="checkbox"/> Without permission <input type="checkbox"/>
	If yes, for how many days	_____	_____
	What was/were your reason for being absent?	Illness <input type="checkbox"/> Lack of transportation <input type="checkbox"/> To care of yong children <input type="checkbox"/> To care of sick family mebers <input type="checkbox"/>	For social occasion (marriage ceremony) <input type="checkbox"/> Dissatisfied with poor working condition <input type="checkbox"/> Specify if any other -----

Part-III Health Workforces absenteeism associated factors questionnaires

Instruction: There are statements about health workforces' absenteeism **and** related factors affecting it. Read each item carefully and circle 1= If you are **strongly disagree** about the statement. 2= If you are **disagree** about the statement. 3= If you are **neutral** about the statement. 4= If you are **agree** about the statement. 5= If you are **strongly agree** about the statement

2. Leadership and management related factors of health professional's absenteeism

The following statements are help to measure how to inadequate leadership and management practices negatively affect health workforces' absenteeism.

Therefore, to what extent do you believe that Health workforces are absent due to the following reasons? Tick appropriately.

	Perceived Factors Causing Health workforces Absence?	1= strongly disagree	2= disagree	3=neutral	4= agree	5= Strongly agree
201	Inadequate pay/ salary.	1	2	3	4	5
202	Inadequate pay on bonus and extra working hours	1	2	3	4	5
203	Absence of Career development (salary increment) within two years	1	2	3	4	5
204	Inadequate promotion	1	2	3	4	5
205	Inadequate leadership and management style	1	2	3	4	5
206	Lack of recognition and rewards system	1	2	3	4	5
207	Lack of supportive supervision by my supervisors	1	2	3	4	5
208	Provision of unfair opportunities for upgrading	1	2	3	4	5
209	opportunity you have for in-service training	1	2	3	4	5
210	Provision of unfair in-service training opportunities	1	2	3	4	5
211	Inadequate policies on absenteeism	1	2	3	4	5
212	Lack of participation in decision Making	1	2	3	4	5
215	Role ambiguity (refers to the lack of clarity about what is expected)	1	2	3	4	5
216	Lack of transfer opportunity	1	2	3	4	5
217	Role conflict (refers to where expectations are clear but they conflict with each other)	1	2	3	4	5
218	Inadequate employee performance appraisal system	1	2	3	4	5
219	Lack of professionals competence assessment opportunity “COC”	1	2	3	4	5

4. Working environment related items

To what extent do you believe that Health workforces are absent due to the following reasons? Tick appropriately.

S.N	Perceived Factors Causing Health workforces Absence	1= strongly disagree	2= disagree	3=neutral	4= agree	5= Strongly agree
220	Unavailability of medical equipment and materials	1	2	3	4	5
221	Unavailability of essential drugs	1	2	3	4	5
222	Poor relationship with co-workers	1	2	3	4	5
223	Poor relationship with your supervisor	1	2	3	4	5
224	The poor condition of the house where you live	1	2	3	4	5
225	Excessive work load	1	2	3	4	5
226	Transport difficulties (e.g. traffic Congestion)	1	2	3	4	5
227	Inadequate health & safety practices	1	2	3	4	5
228	Lack of annual leave opportunity	1	2	3	4	5

Thank you for your participation

Yunivarsiitii Jimmaa
Kolleejii Fayyaa Hawaasaa
Kutaa Branootaa Bulchiinsa Tajaajila Fayyaa

Akkam bultan! /Akkam ooltan!

Maqaan koo **Muhaammadamiin Biiftuuti**. Ani yeroo ammaa qorannoo gaggeessaa kan jiru yoo ta'u, gaaffileen qorannoo kootiis mataduree sadarkaan haafiitii ogeessaota fayyaa maal irra jira jedhuu fi sababoota haafiitii kanaan wal-qabatan adda baasuu irratti kan xiyyeeffatanii dha. Bu'aan qo'rannoo kanaas rakkoolee dhimma kanaan wal-qabatan ilaalchisee furmaata barbaaduudhaaf qaamota imaammata baasanii fi hojii irra oolchaniif akka galteetti fayyaduu ni danda'a. Gaaffiilee kana deebisuun fedhiin keessan irratti hundaa'a. Iccittiin odeeffannoon isin kennitaniis gutumaan gututti eeggamaadha.

Qooda fudhanna keessaniif galatoomaa!!!!!!

Bilbila abba qo'annoo gaggeessuu : +251 0923126764			
Lak.	Odeeffannoo dhuunfaa keessani mallattoo "X" or "√" saanduqa(Box) kaa'udhaan ibsaa ,		
Kutaa-1: Odeeffannoo waliigalaa			
1	Saala	Dhiira <input type="text"/>	Dubartii <input type="text"/>
2	Umrii	_____	
3	Fuudhaa fi heeruma	Hinfuune <input type="text"/> Fuudhe/te <input type="text"/>	Kan hiike <input type="text"/> Kan jalaa boqate/tte <input type="text"/>
4	Sadarkaa barumsaa	Gulantaa III <input type="text"/> Gulantaa IV <input type="text"/>	Digrii 1 ^{ffaa} <input type="text"/> Digrii 2 ^{ffaa} <input type="text"/> Kan biroo yoo jiraate haa ibsamu_____
5	Gosa ogummaa	Ogeessa fayyaa <input type="text"/>	Hojjataa bulchiinsaa <input type="text"/>
6	Ogummaa	Qondaala Fayyaa <input type="text"/> Narsii Digrii <input type="text"/> Farmasii Digrii <input type="text"/> Laboratorii Digrii <input type="text"/> Narssii Deessistuu Digrii <input type="text"/> E/F/Naannoo <input type="text"/> Digrii Akkaawantingii <input type="text"/>	Naarsii Dippilooma <input type="text"/> Farmaasii Dippiloomaa <input type="text"/> N/Dess.Dippiloomaa <input type="text"/> Narsii Hawaasaa Dip. <input type="text"/> E/Naannoo Dipp. <input type="text"/> Manajementii <input type="text"/> Kan biroo yoo jiraate haa ibsamu_____
7	Bara tajaajilaa	_____waggaadhaan	
8	Iddoo jireenyaa	Baadiyaa <input type="text"/> Magaalaa <input type="text"/>	Baadiyaa cinaan magaalaa <input type="text"/>

9	Mindaa ji'aa	_____	
10	Maatii meeqa gargaarta?	_____	

Kutaa II: Gaaffilee hojii irraa hafuu wajjiin walqabatan

1	Torbee kana keessa hojii irraa haftee beektaa?	Eeyyan <input type="checkbox"/>	Lakki <input type="checkbox"/>
	Eeyyan yoo ta'e guyyaa meeqaaf? _____	Hayyamaan moo <input type="checkbox"/>	Hayyama malee <input type="checkbox"/>
	Sababoonni hafiitii keetii maal fa'a?	Dhukkuba <input type="checkbox"/> Rakkoo geejjibaa <input type="checkbox"/> Daa'imman kunuunsuuf <input type="checkbox"/> Maatii dhukbsate kunuunsuuf <input type="checkbox"/>	Rakkoolee hawaasumaa adda addaa <input type="checkbox"/> Haala hojii keetitti quufuu dhabuu <input type="checkbox"/> Kan biroo yoo jiraate ibsi ----- -----
2	Ji'a darbe keessa hojii irraa haftee beektaa?	Eeyyan <input type="checkbox"/>	Lakki <input type="checkbox"/>
	Eeyyan yoo ta'e guyyaa meeqaaf? _____	Hayyamaan <input type="checkbox"/>	Hayyama malee <input type="checkbox"/>
	Irra caalatti hafiitii keetiif sababa kan ta'e isa kami?	Dhukkuba <input type="checkbox"/> Rakkoo geejjibaa <input type="checkbox"/> Daa'imman kunuunsuuf <input type="checkbox"/> Maatii dhukbsate kunuunsuuf <input type="checkbox"/>	Rakkoolee hawaasumaa adda addaa <input type="checkbox"/> Haala hojii keetitti quufuu dhabuu <input type="checkbox"/> Kan biroo yoo jiraate ibsi ----- -----
3	Ji'oottan sadeen darban keessa hojii irraa haftee beektaa?	Eeyyan <input type="checkbox"/>	Lakki <input type="checkbox"/>
	Eeyyan yoo ta'e guyyaa meeqaaf? _____	Hayyamaan <input type="checkbox"/>	Hayyama malee <input type="checkbox"/>
	Sababoonni hafiitii keetii maal fa'a?	Dhukkuba <input type="checkbox"/> Rakkoo geejjibaa <input type="checkbox"/>	Rakkoolee hawaasumaa adda addaa <input type="checkbox"/> Haala hojii keetitti quufuu dhabuu <input type="checkbox"/>

		Daa'imman kunuunsuuf <input type="checkbox"/>	
		Maatii dhukbsate kunuunsuuf <input type="checkbox"/>	Kan biroo yoo jiraate ibsi ----- -----
4	Ji'oottan jahan (6) darban keessa hojii irraa haftee beektaa?	Eeyyan <input type="checkbox"/>	Lakki <input type="checkbox"/>
	Eeyyan yoo ta'e guyyaa meeqaaf? _____	Hayyamaan <input type="checkbox"/>	Hayyama malee <input type="checkbox"/>
	Sababoonnii hafiitii keetii maal fa'a?	Dhukkuba <input type="checkbox"/> Rakkoo geejjibaa <input type="checkbox"/> Daa'imman kunuunsuuf <input type="checkbox"/> Maatii dhukbsate kunuunsuuf <input type="checkbox"/>	Rakkoolee hawaasumaa adda addaa <input type="checkbox"/> Haala hojii keetitti quufuu dhabuu <input type="checkbox"/> Kan biroo yoo jiraate ibsi ----- -----
5	Ji'oottan kudha laman (12) darban keessa hojii irraa haftee beektaa?	Eeyyan <input type="checkbox"/>	Lakki <input type="checkbox"/>
	Eeyyan yoo ta'e guyyaa meeqaaf? _____	Hayyamaan <input type="checkbox"/>	Hayyama malee <input type="checkbox"/>
	Sababoonnii hafiitii keetii maal fa'a?	Dhukkuba <input type="checkbox"/> Rakkoo geejjibaa <input type="checkbox"/> Daa'imman kunuunsuuf <input type="checkbox"/> Maatii dhukbsate kunuunsuuf <input type="checkbox"/>	Rakkoolee hawaasumaa adda addaa <input type="checkbox"/> Haala hojii keetitti quufuu dhabuu <input type="checkbox"/> Kan biroo yoo jiraate ibsi ----- -----

Kutaa II: Gaaffilee hafiitee ogeessota fayyaa fi wantoota dhiibbaa geessisan

Seensa: Gaaffilee hojii irraa hafuu hojjataa fi wantoota dhiibbaa ta’uu danda’aniin wal-qabatee gaaffilee dhiyaatan sirriiti erga dubbistanii booda, haala armaan gaditti ibsameen kan yaada keessan ibsu irra marsaa (circle).

- ✓ yoo kan caqafameetti baayee itti hin quufin ta’e =1
- ✓ yoo kan caqafametti hin quufine ta’e = 2
- ✓ yoo kan caqafametti jijjirama kan isiniif hin qabne (neutral) ta’e =3
- ✓ Yoo kan caqafamitti quuftan ta’e = 4
- ✓ yoo kan caqafametti baayee quuftan ta’ee = 5

○ **Faayidaalee adda addaa fi mindaa ilaalchisee**

Gaaffilee armaan gadii keessa hojjataan hojii irraa hafuudhaaf dhiibbaa ta’uu danda’an jettee itti amantu qabxiwwan madaallii 1-5 jiran keessaa tokko filadhuu irra marsi.

T.L	Wantoota hafteedhaaf dhiibbaa ta’uu danda’an	1= baayee itti hin quufine	2 itti hin quufine	3=naaf jijjirama hinqabu (Neutral)	4= Itti quufe	5= baayeen itti quufe
1	Mindaan kaffalamu gahaa ta’uu dhabuu	1	2	3	4	5
2	Kaffaltiin hojii idileen alaa (night duty, on call, holyday ...) seeraan hojii irra ooluu dhabuu	1	2	3	4	5
3	Keerar istiraakcharii argachuu dhabuu	1	2	3	4	5
4	Sadarkaan guddina haala seera qabeessa ta’een raawwatamuu dhabuu	1	2	3	4	5

2. Gaaffilee haala hoggansaa fi bulchiinsa wajjiin wal-qabatan .

T.L	Wantoota hafteedhaaf dhiibbaa ta’uu danda’an	1= baayee itti hin quufine	2 itti hin quufine	3=naaf jijjirama hinqabu (Neutral)	4= Itti quufe	5= baayeen itti quufe
1	Haalli hoggansaa fi bulchiinsaa jiru sirrii ta’uu dhabuu	1	2	3	4	5
2	Hojii gaarii hojjatameef beekamtii fi badhaasa kennuu dhabuu	1	2	3	4	5
3	Hojii irratti deeggarsaa, hordoffiin taasifamuu dhabuu fi duubdeebiin kennamuu dhabuu	1	2	3	4	5

4	Carraan barumsaa jiraachuu dhabuu	1	2	3	4	5
5	Carraan barumsaa hojjataa biroo wajjiin walqixa siif kennamuu dhabuu (provision of unfair education opportunity)	1	2	3	4	5
6	Carraan leenjii hojii irraa jiraachuu dhabuu	1	2	3	4	5
7	Carraan leenjii hojii irraa hojjataa biroo wajjiin walqixa siif kennamuu dhabuu (provision of unfair in-service training opportunity)	1	2	3	4	5
8	Haftee hojjataatiin wal-qbatee qajeelfamni jiru hanqina qabaatuu	1	2	3	4	5
9	Murtee kennamu keessatti si hiramaachisuu dhabuu	1	2	3	4	5
10	Gaheen hojii keetii adda bahaae siif kennamuu (ifa ta'uu) dhabuu	1	2	3	4	5
11	Carraa jijjiirraa argachuu dhabuu	1	2	3	4	5
12	Haalli kenniinsa madaallii raawwii hojii itti kennamu hojii giddu galeessa kan godhate ta'uu dhabuu	1	2	3	4	5
13	Carraan MGO (COC) kennamuu dhabuu	1	2	3	4	5

3. Haala naano hojiitiin wal-qabatee hanqinoota jiran.

T.L	Wantoota hafteedhaaf dhiibbaa ta'uu danda'an	1= baayee itti hin quufine	2 itti hin quufine	3=naaf jijjirama hinqabu (Neutral)	4= Itti quufe	5= baayeen itti quufe
1	Meeshaaleen yaalaa barbaachisoo ta'an jiraachuu dhabuu	1	2	3	4	5
2	Buufata fayyaa keessa qorichoonni adda addaa jiraachuu dhabuu	1	2	3	4	5
3	Hojjattoota biroo wajjiin walitti dhufeenyi gaariin jiraachuu dhabuu	1	2	3	4	5
4	Supparviisara ykn itti gaafatamaa wajjiin walitti dhufeenyi gaariin jiraachuu dhabuu	1	2	3	4	5
5	Haala manni jireenyaa mijitaa ta'uu dhabuu	1	2	3	4	5
6	Baay'ina hojii	1	2	3	4	5
7	Haalli geejjibaa mijaawaa ta'uu dhabuu	1	2	3	4	5
8	Haalli iddoo hojii fayyaa dhaaf mijataa kan hintaane ta'u (in adequate health & safety practices)	1	2	3	4	5
9	Boqannaan waggaa kennamuu dhabuu	1	2	3	4	5

Qooda fudhannaa keessaniif galatoomaa!!!!!!

INTERVIEW QUESTIONNAIRES

IN-DEPTH INTERVIWE GUIDE FOR “PHCU” DIRECTORS

- Has any health work forces been absent from their work in physical year without permission?
- What the reasons did they give for being absent?
- How often do you monitor health work forces?
- What is done to health work forces who absent themselves from their work places?
- Do you keep records of health work force attendance?
- Which health work forces mainly absent from their work place?
Males/ Females
- Why do you think this particular sex is mainly absent?
- What do you think are the main reasons were health work forces absenteeism?
- What do you think the health center should do to reduce absenteeism?
- What do you think the ministry of health should do to reduce absenteeism?

Thank you for your cooperation

Annexes 2

Sample size proportionally allocated to each heaths centers			
S.N	Name of health centers	Total number of HWRs existing currently	The sample size proportionally allocated
1	Gurura	32	23
2	Burka Bido	26	19
3	Wayu	30	22
4	Tombe Anchabi	20	15
5	Dire Dulleti	22	16
6	Cirech Wanbari	21	15
7	Korke	26	19
8	Dese Jebo	21	15
9	Karu Simela	22	16
10	Obi	32	23
11	Awash Bune	35	26
12	Shankur	32	23
13	Jato	34	25
14	Kusaye	24	18
15	Habebe	23	17
16	Tume Wayu	22	16
17	Bantu	29	21
18	Dalidak	12	9

19	Bere	17	12
20	Hudad-2	16	12
21	Bereda	15	11
22	Gindo	26	19
23	Agemso	16	12
24	Kota	15	11
25	Chitu	32	23
26	Dariyan	25	18
27	Lemen	24	18
28	Dulele	23	17
29	Haro Wanchi	24	18
30	Gatiro	23	17
	Total		526

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name: _____

Signature: _____

Name of the institution: _____

Date of submission: _____

This thesis has been submitted for examination with my approval as University advisor

Name and Signature of the first advisor

Name and Signature of the second advisor

