EXPERT REVIEW

Nurse's absenteeism and turnover in tertiary care setting of Lahore, Punjab

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Absenteeism in the health sector frequently referred to as the loss of scheduled time due to unscheduled work and it remained a long-standing challenge worldwide. The overall aim of the paper is to identify and propose policy options for reducing the problem of absenteeism among human resources in Tertiary Care Hospital Lahore.

Key Words: *Absenteeism; Nursing; Punjab; Health care*

INTRODUCTION

TAbsenteeism in the health sector frequently referred to as the loss of scheduled time due to unscheduled work and it remained a long-standing challenge worldwide. Absenteeism also includes staff taking more leave than is necessary. The workforce is the most important resource of any healthcare organization and has a strong impact on its overall performance [1]. Absenteeism reduces the effectiveness of health care provision and compromises the quality of services, because fewer workers are left on duty, resulting in work overload or interrupted service delivery. Governments in developing countries spend about 10% of their total budgets on public health care; however, dissatisfaction is often expressed over the performance and quality of health care services.

Nurses in particular are the superstars of healthcare organizations and their attendance behavior [i.e., absences and turnover] can seriously affect quality of care, such as rate of medical errors, in addition to financial outcomes [2]. Globally, about 7% of health care workers are reported to experience at least one spell of absence each week [3]. Absenteeism is becoming increasingly important during pandemic threats, while, health care workers absenting themselves from health care facilities due to unwillingness to provide care.

OBJECTIVE OF PAPER

The overall aim of the paper is to identify and propose policy options for reducing the problem of absenteeism among human resources in Tertiary Care Hospital Lahore. The absenteeism mechanisms described in this review are at the local workplace and broader national policy level. The absenteeism is, however, not focused on quantifying the effect of absenteeism regulatory mechanisms or the economic consequences of absenteeism.

LITERATURE REVIEW

Identification of potential studies

Studies are identified from bibliographic databases. Reference lists of key papers, available and specialized electronic databases such as MEDLINE, ERIC, Social Science Citation Index, CINAHL, Google Scholar and Google [EPPI-Centers bibliographic database], and the Cochrane Library were also searched. Relevant health policy and health administration-related websites were searched including, The Health Management Information Consortium, World Health Organization Library Information System, World Bank, and Human Resources for Health Websites. The search strategy combined controlled vocabulary terms and free text to expand the scope of potentially relevant articles. The search terms included the following: work, organization, administration, government, private, health worker, absenteeism, absence, sick leave, illness, contract employment, dual practice, legislation, incentive policies, code prohibition, regulations, and practices. Searches were applied from the July, 2015 to 2019.

Causes of absenteeism among staff nurses

The context within which nurses operate is unique and complex. It analyzes the antecedents of their attendance behavior that mirror the complexity of this system. Several variables, from multiple levels of measurement [individual, job, organizational, and social], have been identified in the literature as impacting nurse attendance behavior [4]. In fact, working overtime and long hours are common phenomena among nurses and may lead them to adopt coping strategies such as obtaining sickness absences, job or profession turnover, and in some instances leaving the healthcare sector altogether [5].

On an organizational level, evidence from the literature suggests that sickness absences can be linked to salaries, benefits, as well as, working conditions [1]. In addition, administrative causes such as infrequent supervision or inspection of health facilities, no availability of potable water, and absence of staff housing and working in rural locations are important contributors. Psychological ill-health reportedly contributes between 17% and 33% of absenteeism [6]. Other important potential causes reported include dissatisfaction with earnings and dual practice [7] pandemic threats including terrorist, chemical, biological, radiological, and nuclear events [8] excessive workload with a poor working environment, organizational type, culture, and size.

Conceptual frame work

Harter [9] proposed strategies to be employed in absenteeism control programs, which were based on the four paradigms of organizational Theory: 1] the symbolic strategy that promotes change of organization culture to one that does not tolerate excessive employee absence; 2] the structural framework, which defines clear performance expectations where the human resource managers devise measures to ensure employee adherence to policies and procedures laid out for absenteeism; 3] the political framework, in which Harter proposes the use of shared governance with employees as a strong predictor for organizational cultural change. It could include bargaining with employees and creating rewards and punishments for different levels of attendance; and lastly 4] the human resource framework, which emphasizes support, empowerment, staff development, and responsiveness.

The studies included in this review described regulatory mechanisms for absenteeism in both the public and private sectors, for individual health care workers, eg: nurse managers, for solitary health care organizations as well as broader health care systems. These absenteeism regulatory mechanisms were grouped into five major categories:

1. Organizational absenteeism policies that involve changes in organizational culture including attendance policies, outlining disciplinary procedures for absence, documenting the process for absence review, monitoring, audit and disciplining, or even dismissal/forced retirement.
2. Changes in employment contracts from fixed to permanent post are implemented to regulate absenteeism.
3. Financial and incentive regulatory mechanisms characterized by providing financial rewards for good attendance is implemented among all cadres of health workers.

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4. Health intervention mechanisms such as vaccination and exercise programs that aim at reducing work-related ill-health and absence among health workers have been implemented.
5. Mandatory attendance and surveillance of absenteeism behavior during disaster, which was proposed in HICs [10].

Organizational policies to regulate absenteeism

The use of organizational policies to regulate absenteeism was described in eight out of 26 studies in this review. The mechanism is implemented by instituting leave policy [attached] changes in organizational culture. It involves Nursing Director, managers and team leader working with their staff nurses to collectively define desired organizational culture, which they then strategically align with the organization's vision, mission, and objectives as well as setting exemplary actions. Charge Nurses and their managers are further encouraged to schedule their own leave days off, while keeping in mind the organization's schedules. This approach takes into consideration nurse's needs, which then did not conflict with organizational programs. In some instances, a leave day bank was replenished if the employee maintained a clean attendance record over a consecutive 28-day working routine.

In the United Kingdom, the Netherlands, United States, and Australia, the implementation of this mechanism affected all cadres of health workers and involved, 1] discussing with offenders and encouraging them to improve; 2] counseling and follow-up of employees 'conduct; and 3] rewarding employees who improved in attendance [11].

This was important for nurse managers in identifying when to take action on nurse and when not to. 2] Publicly reviewing records of employees with a frequent absence trend; and 3] ensuring that charge nurse obtain prior request before absenting [12]. The mechanism was mainly supported by existence of appropriate organizational HR department for performance management and frequent audits to evaluate implementation of the leave policy. Overall, changing organizational leave policy will enhance group performance among health care workers and reduced absenteeism.

Mechanisms that focused on changes in employment contracts from fixed short-term to permanent posts were described in one out of 26 of the studies in this review. Changes in employment contracts from fixed short-term to permanent posts were implemented in Finland by putting in place structures to recruit and finance permanent posts for health workers. This measure was noted to increase job security, and hence resulted in increased motivation for attendance. Paradoxically, the measure was reported to increase absenteeism behavior in Costa Rica between 1995 and 2001 [13]. In addition, health workers in Finland were provided with adequate information, for instance on health safety guidelines, to allow employees the autonomy to manage absence behavior [14].

The health intervention mechanisms succeeded in reducing absenteeism where exercise programs were prolonged and immunization was given for seasonal epidemic prone diseases like influenza. In the United Kingdom, financial and nonfinancial incentive regulatory mechanisms were implemented by rewarding good attendance for all health workers through conducting ceremonies to celebrate employees' outstanding loyalty [15].

Factors that affected the implementation of leave policy in the hospital:

The key factors that are reported to enhance the success of the different regulatory mechanisms included both financial and nonfinancial mechanisms. The nonfinancial mechanisms particularly involving employees in setting attendance standards, scheduling their leave days, monitoring absenteeism, and indicating planned time off are found to lower absenteeism. Financial mechanisms such as performance-based incentives in the form of bonuses enhanced the success of regulatory mechanisms especially in contexts where absenteeism is prohibited [12]. Allowing health workers to earn supplementary incomes was found to be an important factor in regulating absenteeism in settings where the health system had the ability to monitor and limit time for dual practice. Additionally, the provision of adequate funding for both the private and public sectors is important in regulating absenteeism. Lack of systems to inadequately monitor employee attendance was a major factor in hindering the success of absenteeism regulatory mechanisms.

DISCUSSION

There has been a range of efforts by governments and health care organizations to identify system problems and set standards for action, including early recognition of absenteeism using absenteeism record reviews. The majority of the absenteeism regulatory strategies in place focus on changing organizational behavior [16] by enforcing of organizational policies aimed at curbing absenteeism.

In contexts where they have been implemented, the modification of organizational leave policy and reinforcing desired behavior resulted in both higher organizational performance and reduced absenteeism. Where absence monitoring or surveillance has been implemented, the practice has not been associated with successful management of absenteeism.

Therefore, surveillance must be coupled with regular feedback to staff as well as appropriate rewards and sanctions. Also critical to its success is the involvement of employees in setting attendance standards, scheduling their leave days while indicating when they will have time off. Policies requiring contract change from fixed short-term [temporary] to permanent posts would only be successful, if governments and health care systems strengthened their capacity to monitor and supervise employees.

The use of incentives such as rewarding good attendance and combining reward power with coercive power tended to have inconclusive effects, sometimes reducing absenteeism, but many times without effect [17]. It is reasonable to expect that rewards and bonuses reinforce productive health care worker behavior. It is probable that some absence behavior is partly related to health workers' desire or need to earn supplemental income through engaging in other jobs or income generating activities.

Instituting a favorably perceived remuneration package as compensation for non-private sector practice may be desirable but is far from ideal in Private settings where public financing to the sector is still inadequate. However, it should be noted that any financial incentives provided might only be effective if they outweigh the financial benefits that accrue from having an extra job or activity away from the facility of regular employment. Given the limited health sector budgets in many countries, allocations to wages might not rise to meet the financial expectations of health workers indulging in lucrative private sector practice.

A revision of this policy later allowed only senior health professionals to engage in private practice and totally prohibited junior practitioners [18]. Prohibiting dual practice within Tertiary Care Hospital would only be possible in the presence of well-resourced regulatory frameworks governing public and private sector service provision. Close monitoring is required to mitigate the unintended effects of prohibition and limiting dual practice.

CONCLUSION

Evidence on absenteeism regulation is scanty with most available studies describing the practice in Government Healthcare sector. Multiple strategies are most frequently undertaken in the management of health worker absence and their success is heavily influenced by the context within which they are applied. Gradual implementation of leave policies for organizational cultural change appears to be critical for Private Sector, where absenteeism is the highest worldwide. There is need to explore alternative incentive strategies aimed at curbing absenteeism managed on site at the health facility level. Adequate monitoring systems are necessary to any strategy aimed at reducing absenteeism. The scope of measures and degree of autonomy allowed would vary by the skill level of personnel and technical level of the facility. The evidence on effectiveness of specific regulatory mechanisms in Tertiary Care Hospital is limited.

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