



Initiative for Sub-District Support



Kwik-Skwiz
#25

How to Monitor and Address Absenteeism in District Hospitals

File for quick reference

This Kwik-Skwiz aims to help hospital managers:

- Assess whether or not they have a problem with absenteeism
- Have a better understanding of the problem
- Have a better understanding of the causes of the problem
- Have a framework for addressing the issue

The issue

Many health service managers are familiar with the problem of absenteeism in district hospitals. It affects the running of the hospital and can seriously compromise the quality of care which patients receive.

For the purpose of this Kwik-Skwiz absenteeism is defined as:

- staff taking time off that has not been scheduled OR
- staff taking more leave than is necessary or reasonable

Clearly there are many legitimate reasons for taking sick or other types of leave. It is often debatable how much leave is "reasonable". It often depends on the pattern and circumstances, rather than the actual total amount of leave that an individual takes. Managers have a responsibility to balance the rights and needs of individual staff members, with the needs of the hospital. High levels of absenteeism, both on the part of individuals or in the whole hospital, are often symptomatic of underlying problems. Addressing these issues can result in lower absenteeism levels that benefits staff, managers and patients.

Causes of absenteeism

There are many causes why people are absent from work. They range from unhappiness with management, to being bored with the work to a child-minder being ill. The causes

can be broadly divided into two groups – management issues and staff issues.

Management issues:

- lack of coherent leadership in some hospitals
- lack of systems and processes in the workplace
- staff problems are not being dealt with quickly and appropriately
- low staff morale
- managers are not trained to manage staff and problems such as absenteeism

Staff issues:

- unpleasant work environment – the work may be boring or staff may not get on with other staff members
- personal problems such as problems at home, substance abuse or depression
- practical issues such as problems with child-care or caring for other family members
- economic pressures – some staff may be holding down additional jobs to supplement their income

Good hospital and human resource management practices will not necessarily eliminate the problem, but can be expected to reduce the severity of the problem (See Box 1).

Box One: Absenteeism in two hospitals

Kimberley Hospital

Three years ago, following media reports of deteriorating standards of care at Kimberley Hospital, the MEC for Health, in conjunction with SIDA (the Swedish International Development Agency) intervened. The hospital has recently emerged from an eighteen-month transformation process as a result of the intervention. As a result of the process, absenteeism rates have dropped substantially. This was achieved through a process whereby managers and staff worked together on the following issues:

- Productivity training: staff examined how they used their time at work and how they could change this.
- Team roles were discussed: people explored why they work the way they do and therefore the difference it made for certain people to team up with others. Nurses were encouraged to work in teams of eight per ward with a team leader who allocated tasks. The emphasis was on team accountability for tasks done and on assisting slower workers where necessary.
- Groups were asked to draw up their own activity plans for units. Each unit identified four priority problems that were turned into goals. Teams worked out the solutions and actions.
- Behaviour at work: People assessed their behaviour at work, and identified what kind of manager they thought was appropriate; knowing how to define a good manager and talking about this, changed team dynamics in the nursing work.

The intervention addressed the ability of people to work in a team and trained them how to do this. Staff enjoyed their work more and felt more committed to fellow workers. The amount of conflict between staff dropped. There is now a sense of ownership of the work processes.

Although absenteeism was not officially monitored, the hospital administrators claim that it dropped by 50%.

Kuruman Hospital

Kuruman Hospital is a sixty-five bedded hospital. Absenteeism is not a problem amongst staff. The hospital managers believe that the approach that they have used in managing the hospital and its staff in the past, has prevented absenteeism becoming a problem. They identified the following issues as being crucial in ensuring that staff use leave in a responsible manner:

- Regular ward meetings are held to ensure that all staff are kept informed about developments in the hospital and having an opportunity to comment on these.
- A clear organogram with clear lines of accountability is in place.
- Nurses work in teams who are responsible for arranging their own rosters
- Clear policies and procedures are in place and these filter to all levels of staff.
- Mechanisms are in place to have community inputs.
- There is a good working relationship with unions.
- Staff feel good about the quality of care provided by the hospital.

How to deal with absenteeism

Step One: Establish the size and pattern of the problem

Establish the absenteeism patterns at your hospital over a period of time (e.g. three months) by monitoring all the different kinds of leave taken by ALL staff. A practical method for doing this is shown in See Box 2.

Step Two: Make sure that everyone is aware of their rights and responsibilities

Make sure that all staff members understand their rights and responsibilities regarding leave and the consequences of breaking the regulations. It may be useful to hold group workshops with ALL staff in the hospital on issues such as: the Labour Relations Act (LRA) and the Public Service Act (PSA). Staff should be aware what leave is legally allowed and what is not. They should know the procedures required to have authorised leave. (The interview for a position and induction programmes are useful to introduce the importance of absenteeism to new staff members.)

Each hospital should have grievance and disciplinary policies and procedures that have been discussed with staff and union representatives. Make sure that the LRA and other hospital policies about leave and employment, which are pertinent to absenteeism, are put into files which are accessible to all staff.

Once the LRA basics, especially the legal consequences of abusing leave, are known to all your staff, managers must be prepared to take action, as the LRA requires. Hopefully, with some teamwork, as described below, this will not be necessary. Managers need to put their foot down as soon as the problem is noted.

Step Three: Address the problem as a whole

Improvements in the overall management of the hospital with staff being more involved in decision-making and feeling that their concerns are addressed, is probably the best way to reduce high levels of absenteeism. Agree on performance, provide sufficient support and reward achievements.

Examples from two hospitals are shown in Box 1. Absenteeism levels at Kimberley Hospital have decreased substantially as result of an intervention which changed the way that the hospital was managed and how teams of nurses and other health workers worked together. At Kuruman Hospital absenteeism levels are low. The hospital managers believe that this is due to the fact that they have put a lot of effort into ensuring that issues affecting staff are discussed with them and efforts made to accommodate their circumstances.

Step Four: Dealing with individuals

In cases where one or more individuals contribute substantially to the absenteeism rates, the approach needed may be different.

- If it is a *first offence*, the staff member has an absence record no worse than the average for the hospital, there are no other previous offences and the explanation for unscheduled leave is feasible, then counselling should be used.
- Counsel the staff member individually to ascertain their side of the story regarding their leave patterns.
- Deal with personal/substance abuse problems in an individual capacity.
- Seek a second opinion from a hospital doctor regarding perceived abuse of sick leave i.e. unreasonably long sick leave or frequent sick leave. Some staff may be referred to social support or other agencies where they can find help for their problems.
- Document the counselling and support offered.
- Follow up.
- If it is *not the first offence* and the absence record is unsatisfactory or previous warnings are on file, then the disciplinary process should be used.

Step Five: Ongoing monitoring

The continuation of monthly monitoring will assist managers to know if the absenteeism is being adequately addressed. Have report-back sessions with your staff to applaud their efforts and carry on being firm on the legal side of absenteeism, while remaining fair to the personal problems which staff may have. Make efforts to have weekly sessions where the unit meets as a team to share information, experiences and concerns.

Remember that in fulfilling the vision of the hospital, the rights of staff, the rights of the hospital as employer and the patients' rights to a quality service have to be ensured.

Box Two: Establishing absenteeism patterns

In order to find out whether or not the hospital has an absenteeism problem, all types of leave taken by ALL staff in the hospital should be monitored.

Step 1: Monitoring absenteeism

Appendix 1 shows two examples of completed staff leave records used to monitor absenteeism. The staff leave record is a monthly chart for day and night duty recording of leave. Staff names can be filled in and the types of leave recorded in a visible manner with different colours of pen, patterns or symbols. For the purposes of this Kwik Skwiz, sick leave has been recorded in a red S. It is important that sick leave should stand out.

All staff members' leave should be recorded in this manner. All departments in the hospital should have this chart prominently displayed. After about three months, patterns of absenteeism should emerge. Note patterns of individuals, of days of the week and of specific hours of the day.

The different types of leave generally used are:

Scheduled leave (the leave could be scheduled when drawing the monthly roster):

- i) Annual leave
- ii) Study leave
- iii) Maternity and Paternity leave

Unscheduled leave (the leave could not be scheduled when drawing the monthly roster):

- iv) Sick leave
 - a. With medical certificate
 - b. Without medical certificate
- v) Family responsible leave (these are compassionate leave, parental leave)
- vi) Absent (Leave without official permission)

Step 2: Calculating and Interpreting the results

There are two important measures that will show how big the problem is. The first measure gives the number of days not worked as a percentage of the number of days which should have been worked. This is called the **absenteeism rate**. The other measure is to calculate the **number of hours (or days) lost** to a ward or unit.

To calculate the **absenteeism rate**:

- Add up the number of days in a month **scheduled** to be worked by a particular person in a unit or ward.
- Then add up the number of days missed by that person in a month, due to **unscheduled** leave as monitored on your graph.
- Divide the number of days (first total) by the number of unscheduled leave days (second total) and multiply by 100 to calculate a percentage. This gives you a percentage of time taken for unscheduled leave for each person.

For example, using one month of statistics in an administration unit with 2 workers (See the back page of the Kwik Skwiz):

Name	Scheduled days	Unscheduled leave	Ratio	Absenteeism Rate
General worker Jones	20 (out of 23 days)	5 days taken (out of 20 days)	$(5 \div 20) \times 100$	25%
Clerk John	15 (out of 23 days)	3 days taken (out of 15 days)	$(3 \div 15) \times 100$	20%
Total	35 days	8 days	$(8 \div 35) \times 100$	23%

This shows you the individual and unit absenteeism due to unscheduled leave in a one-month period.

General worker Jones was absent on 4 Mondays and 1 Friday with Clerk John on 3 consecutive days.

To calculate the **number of hours lost** to a ward or unit:

- Add up the number of hours in a month scheduled to have been worked by a particular person in a unit or ward. (It is usually easy to collect this from the off-duty records)
- Then add up the number of hours missed by that person in a month, due to unscheduled leave.

In the example below (refer to the back of the Kwik Skwiz) nurse Frank was absent for three Mondays in a row. Nurse Esme had a more ad-hoc pattern of leave. The example is based on a duty sheet where the scheduled hours of work and of off-duty is indicated.

Two nurses work on Ward A.

Name	Scheduled hours Unscheduled leave	Total hours of	Hours worked	Hours lost to ward
Nurse Gladys	180	48 hours	132	48
Nurse Frank	186	36 hours	150	36
Total	366	84 hours	282	84

(Note that absenteeism rate could also be calculated from this example: $(84 \div 366) \times 100 = 22,9\%$)

Interpreting the results:

Comparing these two different kinds of results, a picture will form of how much work time is being lost to which particular kind of leave, by which staff and also how much time is lost to each ward or unit.

Interpreting Absenteeism rate: It is important to have an idea what is the average absenteeism rate in the hospital. In a private sector hospital consulted an absenteeism rate due to sick leave of less than 3% is regarded as the norm.

Interpreting Number of hours (or days) lost: This measure is important as the financial implications of absenteeism can be calculated.

Step 3: Identify the causes

Where possible, separate out the absenteeism into different types, e.g. sick leave with or without medical certificates.

High levels of absenteeism across the whole hospital suggest that management issues predominate. High levels in a few individuals suggest individual or personal problems.

Reference used:

Technical report by Bastienne Klein for Health Systems Trust regarding Absenteeism, December 1999.

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**The Initiative for Sub-District Support welcomes comments on publication.
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