

## **An Assessment of Factors Causing Employees' Absenteeism from Work Among Health Workers in Rural Parts of Zambia: A Case Study of Chadiza District.**

*Ellen Zozie and Harrison Daka*

*The University of Zambia*

### **Abstract**

*Staff absenteeism is a global management problem that affects most organisations. Staff absenteeism in health facilities is alarming, and yet factors affecting absenteeism are not fully understood and documented to guide managers for appropriate action. In 2012, the Ministry of Health (MoH, 2012) reported that 80 percent of Zambians now depend on complementary and alternative healthcare. One of the contributing factors to people seeking healthcare from private institutions has been attributed to absenteeism among health workers in public health facilities. Based on information from HR officers in health facilities, absenteeism rate was calculated at 12.5%. (Ministry of Health Chadiza, 2023). Therefore, the objectives of the study were; to identify the factors causing employees' absenteeism; to ascertain the repercussions of employees' absenteeism, and to identify measures that can help prevent health workers' absenteeism from work. To achieve the objectives, the study conducted a survey of 106 health workers in selected health facilities of Chadiza District, and 4 key informants. The study used mixed method research. The study used descriptive and causal research designs. Data was analysed by obtaining descriptive statistics such as means, frequencies and percentages, and the study used logistic regression analysis to statistically determine factors causing employee absenteeism. The results from the logistic regression found alcohol/drug abuse to be statistically significant, illness/health problem, family responsibilities, bad working culture, irregular supervision, and inadequate motivation to be statistically significant in causing employees' absenteeism from work. Repercussions of employee absenteeism from work were found to be increased deaths, prolonged illnesses, loss of public confidence, increased cost on government, and unhealthy nation. The study therefore recommended that management should assist employees address personal problems like alcohol abuse, illness and family responsibilities; design employee motivation strategies, and design employee supervision program that is efficient and effective.*

**Key words:** *Absenteeism, Employees, Causes, Repercussions, Measures.*

### **Introduction**

Staff absenteeism is a global management problem that affects most organisations. While studies have been conducted on employee absenteeism in the developed world, not enough research has been done on the phenomenon at the global level (Ammerman, Mallow,

Rizzo, Folger, & Van Gickel, 2016). Unfortunately, staff absenteeism has not spared the health sector on the global scale. Absenteeism implies absences that are avoidable, habitual and unscheduled, thus a source of irritation to employers, co-workers and the community being served (Daka et al., 2021). Such absences are not only disruptive to proper work schedules, efficiency, output, and costly to organizations and the economy as a whole, but also increase complications, disability and death from otherwise manageable conditions to the patients (Nyamweya, 2017). Lungu and Daka (2022) defines absenteeism in the health sector as the loss of scheduled time due to unscheduled work absence; and adds that it also implies taking more leave than necessary. Corruption being defined as abuse of public office for private gain, absenteeism has been said to be a type of corruption particularly when individuals choose to be absent from work to pursue their private interests while working in critical public sectors like health services (Transparency International, 2017; Daka, Mugala and Makowa, 2021).

In a multi-country survey of health providers in developing countries, Chaudhury, Hammer, Kremer & Rogers, 2006), reported rates of absence to be nearly 40%. In Zambia, absenteeism is the single largest waste factor in the public health sector in the country. The poor attitude of health workers to clients affects utilization of services. Leadership and management of human resources are also weak at all levels. Overall, absenteeism at the health centres in Zambia's rural areas has been recognized as a major threat to the national healthcare system, like in any other developing country with a low staff to patient ratio (Paulo, Seter, & Gillies, 2011).

More than a decade ago in the World Health Organization (WHO) (2006), report 'Working Together for Health,' 57 countries reported experiencing critical health workforce shortage. By 2018, WHO's Global Health Observatory (GHO) reported a global need of 17 million additional skilled health workers. The same report argued that Africa is experiencing both the greatest burden of disease and the lowest density of health workers at 2.2 health workers per 1000 population of healthcare professionals. It can be deduced that this problem coupled with absenteeism creates results in bitter effects. While governments in developing countries spend about 10% of their total budgets on public health care, dissatisfaction is every so often expressed over the performance and quality of health services (Central Statistics Office (CSO, 2014). Partly, this is due to absenteeism of the workers in the developing countries (Rogers, Hutchins & Johnson, 1990). Not only does absenteeism reduce the effectiveness of health care provision, it also compromises the quality of services since fewer workers are left on duty, resulting in work overload or interrupted service delivery. Low morale amongst the few workers that report for work has also been reported (Chaudhury & Hammer, 2004; Blanca, Jimenez & Escalera, 2013; Silwamba and Daka, 2021).

### **Statement of the Problem**

Despite the Zambian government employing more health workers in 2022, in a bid to improve access to primary healthcare services, there is still more workers needed, especially in rural parts of the country, which continue to experience the problem of staff retention (Manda et al., 2023). However, one of the biggest problems contributing to few workers in health facilities is employees' absenteeism. Staff absenteeism in health facilities is alarming, and yet factors affecting absenteeism are not fully understood and documented to guide managers for appropriate action. In 2012, the Ministry of Health (MoH, 2012) reported that 80 percent of Zambians now depend on complementary and alternative healthcare. One of the contributing factors to people seeking healthcare from private institutions has been attributed to absenteeism among health workers in public health facilities. Authors have stated that absenteeism is high in Zambia, particularly in public service (Mulenga-Hagane, Daka and Mwelwa, 2022). Despite awareness of this problem, employee absenteeism has continued to pose a threat to businesses and organizations around the world (Patton & Johns, 2012). Based on information from HR officers in health facilities, absenteeism rate was calculated at 12.5% (Manda, et al, 2023). BrightHR (2023) reported that absenteeism of above 4% is on a higher side, while other HR personnel indicate that absenteeism of double digits, 10% and above, is on a higher side and should be prevented (Hugo, Tim & Carlos, 2019). However, there's inadequate information that has been published on this matter to elaborate on the factors causing employees' absenteeism from work, the repercussions of such absenteeism, and the measures to prevent this act among the health workers, hence the focus of this study.

## **Objective**

The purpose of this study is to assess the factors causing employees' absenteeism from work and identify measures to prevent absenteeism among health workers in rural parts of Zambia.

## **Theoretical Framework**

In this section, the theoretical framework presents two important theories that helps to understand the problem under study. The theories explained in this section formed a basis for the study, as they helped to understand causes to the problem. The theories are: Elton Mayo Theory of human relations and Maslow's Hierarchy of Need Theory.

### *Elton Mayo Theory*

After carrying out a number of tests in 1933, psychologist Elton Mayo came to the conclusion that people are not like machines and have distinct preferences. Mayo's studies of worker productivity levels in various environments gave rise to his management theories. The investigations yielded several findings regarding the true cause of worker motivation, providing the foundation for methods in group dynamics and team building

(ANU, 2011). According to Sean (2023), Mayo's management theory posits that employees are more driven by relational elements like attention and camaraderie than by monetary rewards or environmental factors like humidity and illumination. The Elton Mayo Human Relations Theory highlights several important points, including the following: people are complex and multiple factors influence their behavior; group dynamics (team relations) influence job performance and output; managers should recognize that each employee is different and that there is no one size fits all solution; communication is vital between managers and employees; people aren't motivated only by money; finding purpose in their work is equally important; and employees are more receptive to change when given the chance to participate (ANU, 2011).

Elton Mayo created a matrix to show the chances of success for a certain team. The matrix illustrates how different arrangements of group cohesiveness and norms affect the efficacy of teams (Sean, 2023).

There are four combinations of a group's norm in relation to its cohesiveness:

- (i) Poor norm and poor cohesiveness: Because none of the members of this group are driven to succeed, it is ineffectual and has no influence.
- (ii) Low norm and strong cohesiveness: Members of this group encourage bad behavior, which has a negative effect. An example of this in a regular workplace would be a group that aggressively opposes management and engages in group gossip.
- (iii) High norm and poor cohesiveness: The accomplishments of individual members of this group have a minimally favorable influence. While each worker is expected to do work of a high caliber, they do not collaborate as a team.
- (iv) High norms and high cohesiveness: This group collaborates to accomplish its objectives, is held to a high level, and has the biggest beneficial influence.

Based on these norms, management must work towards ensuring high norms and high cohesiveness, for employee motivation and satisfaction that will help address the problem of employee absenteeism from work. In order to do this, efforts must be taken to eradicate misunderstandings so that individuals may build reliable relationships and, via increased productivity, meet corporate goals. Employers must pay attention to social and psychological demands and expectations in addition to economic ones. Non-monetary incentives are a good idea because they improve staff retention and morale. Employers should put employee well-being both inside and outside the office as a top priority since treating employees humanely is essential for effective management (ANU, 2011). An

employee's willingness to work increases when their employers recognize and meet their basic needs.

### *Maslow's Hierarchy of Needs Theory*

In 1943 a Psychologist by the name of Abraham Harold Maslow suggested the theory of Human Motivation. Maslow's theory is based on the Hierarchy of Human Needs. Maslow identified five types or sets of human needs arranged in a hierarchy of their importance and priority. When one set of needs is satisfied, it ceases to be a motivating factor. Thereafter, the next set of needs in the hierarchy order takes its place (Jennifer, 2022).



Figure 1: Maslow's Hierarchy of Needs

Source: Jennifer, 2022.

*Physiological Needs:* Essentially, physiological needs are necessities for maintaining human life. These need include access to food, clothing, shelter, air and water, rest, sleep, and sex fulfillment. Since they come before all other requirements, these fundamental human needs are at the bottom of the hierarchy of needs. These requirements cannot be put off indefinitely. Other demands do not drive an employee until these fundamental physiological needs are met to the necessary degree. Fair compensation are one way that organizations' management tries to address these physiological needs (Trivedi & Amit, 2019).

*Security/Safety Needs:* These are the needs associated with the psychological anxiety of losing one's employment, possessions, safety risks, or natural disasters, among other things. An employee wishes to be shielded from this kind of anxiety. In this sense, workers want sufficient safety or security, such as life insurance, pensions for old age, job security,

and protection from bodily harm. After the physiological needs are satisfied, the safety needs come first. Only when safety demands are unmet do they become motivating factors (Trivedi & Amit, 2019).

*Social Needs:* An employee as a human being is rightly treated as a social animal. He desires to stay in group. A person feels that he/she should belong to one or the other group and the member of the group should accept him/her with love and affection. Every person desires to be affiliated to such groups. This is treated as basic social need of an individual. A person needs friends and interaction with friends and superiors of the group such as fellow employees or superiors. Social needs occupy third position in the hierarchy of needs (Jennifer, 2022).

*Esteem Needs:* This category of needs include the need to be respected by others, need to be appreciated by others, need to have power and finally prestigious position. Once the previous needs are satisfied, a person feels to be held in esteem both by himself and also by others. Thus, esteem needs are two fold in nature. Self-esteem needs include those for self-confidence, self-respect, competence, etc. The second groups of esteem needs are those related to one's status, reputation, recognition and appreciation by others. This is a type of personal ego which needs to be satisfied. The Organisation can satisfy this need by giving recognition to the good work of employees (Trivedi & Amit, 2019).

*Self-actualisation Needs:* This is the highest among the needs in the hierarchy of needs advocated by Maslow. Self actualisation is the desire to become what one is capable of becoming. It is a 'growth' need. A worker must work efficiently to be ultimately happy. Here, a person feels that he/she should accomplish something in life. An employee wants to utilise his potentials to the maximum extent and desires to become what one is capable of becoming.

The Maslow's theory helps managers to understand the behaviour of their employees. It also helps the managers to provide the right financial and non-financial motivation to their employees. Doing this helps employees be motivated for work and cut on problems like work absenteeism.

## **Literature Review**

Mukasa (2019) explored the factors contributing to health workers' absenteeism and active engagement while at work in rural Uganda. In both instances, contributing factors included individual, organizational, and structural-level issues. Garcia-Prado & Chawla (2006), attribute absenteeism in public institutions to the fact that there are no strict regulations that exist in that employees get their salary regardless of their performance. This occurrence has also been observed in high-income countries as reported by Johnson et al. (2003) in the UK and other developed nations (Verhaeghe et al., 2006).

In addition to organizational factors, a study by Gosselin et al, (2013) had key informants reveal that overstaying in one station was contributed to staff absenteeism in their facilities. It was noted that those that overstayed at a particular station have, according to research by Nyamweya et al. (2017), been reported to be more absent than those who have stayed for shorter periods at stations. This is so because those who have stayed long become absorbed in social activities because they have become part of the community.

Other important contributors to absenteeism in low- and middle-income countries according to Chaudhury et al. (2006) are administrative causes such as infrequent supervision or inspection of health facilities in rural areas. With scattered health centres and poor secondary roads, supervision within Chadiza district are infrequent and so healthcare workers have more freedom to be absent from work.

In the study of human resource management and performance by Guest (2011), it was discovered that lack of motivation, concerns at home, patient level challenges, and lack of necessary resources interfered with health workers' active engagement when they were at work. Personal and family concerns at home led health workers to be minimally engaged with patients while at work, or skip work altogether.

In a study done in USA by Syed et al. (2013), they discovered that for health workers who lived at a distance, transportation became a factor that hindered attendance, especially during rainy season. Previous studies indicated transport barriers as a hindrance to health care access for patients. Gosselin, Lemyre, & Corneil (2013), had key informants reveal that lack of accommodation at a health facility were contributing factors to staff absenteeism in their facilities.

A study conducted in Zambia by Picazo (2008) suggested that inadequate staffing especially in rural health facilities lead to absenteeism following that the few available workers avoided work overload and fatigue due to long working hours. A study conducted in the Zambian health sector by Picazo (2008) revealed that among health personnel, clinical staff (doctors, clinical officers and nurses) had recorded a significant proportion of absenteeism. In the UK, Ritchie et al. (1999), reported that absenteeism depends on staff level, adding that auxiliary staff had the highest rates and duration of absence while medical and dental staff had the lowest. Such findings are supported by other researchers (Johnson, Croghan, & Crawford, 2003; Lim et al, 2002; Kristensen, et al 2010; and Genevay, et al, 2011).

Alreshidi, Alaseeri & Garcia (2019), pointed out that absenteeism is an indication of managerial problems that results in a toxic work environment and low employee morale. This conclusion was reached because the gap caused by the absent caused workers from other sections to perform duties they were not trained for, thereby not being able to satisfy clients in delivery of services. This led to those workers who were forced to work in other sections, as

a result of absenteeism, losing morale of morale for work as well. 'This is critical,' re-counted Belita, Mbindyo & English (2013), 'especially in the healthcare sector, where the problem of absenteeism has affected quality healthcare delivery and denied patient's opportunities to access modern healthcare services, prompting them to use self-medication or seek alternative healthcare.'

Finally, as Makasa (2008) pointed out, in the face of increased population and increased disease burden, absenteeism as a human resource crisis threatens to derail and reverse any national health programs aimed at combating the disease burden.

## **Methodology**

The study used mixed method research; descriptive and causal research designs, in which logistic regression analysis was used to test the association between dependent variable and independent variables. Descriptive design was used in order to develop descriptive statistics such as means, percentages and frequencies, in order to describe various variables including demographic characteristics of the respondents, levels of absenteeism, repercussion of absenteeism, causes and measures for absenteeism. The study also used causal research design to statistically determine factors causing employees' absenteeism from work among the health workers. The study used a survey approach to obtain the required data, and the study was quantitative in nature.

The study was carried out in Chadiza district, Eastern Province and targeted healthcare workers at public health facilities in the district. This included doctors, nurses and all health workers in the District. The study selected 5 health facilities with a total number of employees of 144, and using the slovin's formula of sample size calculation, a sample size of 106 healthcare participants was obtained at 5% margin of error. The study also acquired information from 4 human resource officers, as key informants. Participants in the study were selected based on simple random sampling method as well as purposive sampling. Purposive sampling was used in order to select the health facilities and ensure workers from all the sections are represented, and also to select 4 key informants who are human resource personnel. Random sampling was used to ensure participants from the purposively selected levels are all selected by an equal chance.

For this study, primary data was collected through the use of questionnaires. The study used questionnaires to collect data from the employees, and the questionnaire contained both open ended and closed ended questions. However, the study had more closed ended questions which are easy to answer and help to save time of interviewing respondents. The study also conducted interviews with 4 key informants using an interview guide.

In the study, statistical package for social sciences (SPSS) was used as a tool for data analysis. The study analysed the data by obtaining descriptive statistics that included



frequencies, means and percentages. The study used thematic analysis for qualitative data obtained from interviews. The study specifically used binary logistic regression analysis to statistically determine the factors causing employee absenteeism. The use of logistic analysis has been used extensively in determining factors in many studies. Binary logistic regression is a type of regression model that is suitable for a binary discrete dependent variable (binary choice variable). The independent variables for this model can either be categorical or continuous. The Model can be represented as;

$$y = a + b_1x_1 + b_2x_2 + b_3x_3 + b_4x_4 + \dots \dots b_jx_j$$

From this regression model; y is the dependent variable and x1, x2,...xj are the independent variables; b1, b2 .....bj are the marginal coefficients.

## Results

Data was analysed using the objectives of the study and the sub – themes in those objectives. The following were the findings.

### ***Causes of Absenteeism***

Respondents were first asked to rate the level of absenteeism in public work paces based on their experience. The rating was done on a scale of 0 - 10. From the results presented in the table above, the study found the minimum rating of 0, indicating no absenteeism, and maximum rating of 6. The mean rating was 2.104 with a standard deviation of 1.427. The results clearly shows absenteeism, and quiet high, based on the mean rating.

**Table 1 Absenteeism Rating by Employees**

| <b>Variable</b> | <b>Observation</b> | <b>Mean</b> | <b>Std. Dev.</b> | <b>Minimum</b> | <b>Maximum</b> |
|-----------------|--------------------|-------------|------------------|----------------|----------------|
| Absenteeism     | 106                | 2.103774    | 1.427147         | 0              | 6              |

The study further inquired of absenteeism across gender, respondents were asked who absent more from work between male and the female workers. 43% of the respondents indicated that absenteeism from the male is higher than that from the female, while 63% indicated that absenteeism from the female is higher than the male. The study shows a higher absenteeism from the female than the male.

Table 2: Absenteeism by Gender

| <b>Gender</b>      | <b>Frequency</b> | <b>Percent</b> |
|--------------------|------------------|----------------|
| Male Absenteeism   | 43               | 40.57          |
| Female Absenteeism | 63               | 59.43          |

The study then categorized the ratings to determine how many respondents indicated absence of absenteeism. The results above shows that only 7.55% of the respondents indicated no absenteeism, while 92.45% indicated some level of absenteeism, showing that the problem is clearly there.

Table 3: Presence of Absenteeism in work places

| Response       | Frequency | Percent |
|----------------|-----------|---------|
| Absenteeism    | 98        | 92.45%  |
| No Absenteeism | 8         | 7.55%   |

The study further used logistic regression analysis to determine which factors are statistically significant in causing employee absenteeism from work.

Table 4: Logistic Regression Analysis Results on Factors Causing Absenteeism

|                             |               |   |        |
|-----------------------------|---------------|---|--------|
|                             | Number of obs | = | 106    |
|                             | LR chi2(11)   | = | 45.88  |
|                             | Prob > chi2   | = | 0.0000 |
| Log likelihood = -50.362148 | Pseudo R2     | = | 0.3130 |

| Absenteeism             | Odds    |           |       |        |                      |  |
|-------------------------|---------|-----------|-------|--------|----------------------|--|
|                         | Ratio   | Std. Err. | z     | P> z   | [95% Conf. Interval] |  |
| Work stress fatigue     | 1.1801  | 0.9524    | 0.21  | 0.8370 | 0.2426 5.7400        |  |
| Low salary              | 0.9119  | 0.4917    | -0.17 | 0.8640 | 0.3170 2.6235        |  |
| Lack of penalties       | 0.1703  | 0.2019    | -1.49 | 0.1350 | 0.0167 1.7402        |  |
| Alcohol drug abuse      | 2.9454  | 1.6539    | 1.92  | 0.0540 | 0.9799 8.8537        |  |
| Illness health problem  | 4.2695  | 2.6678    | 2.32  | 0.0200 | 1.2546 14.5297       |  |
| Family responsibilities | 2.8631  | 1.6476    | 1.83  | 0.0680 | 0.9269 8.8443        |  |
| Bad working culture     | 77.8883 | 105.2130  | 3.22  | 0.0010 | 5.5164 1099.7430     |  |
| Bad work relations      | 0.5267  | 0.3518    | -0.96 | 0.3370 | 0.1423 1.9503        |  |
| Irregular supervision   | 4.7141  | 3.5768    | 2.04  | 0.0410 | 1.0655 20.8567       |  |
| Inadequate staffing     | 2.1949  | 1.2888    | 1.34  | 0.1810 | 0.6944 6.9376        |  |
| Inadequate motivation   | 8.9210  | 6.6361    | 2.94  | 0.0030 | 2.0760 38.3357       |  |
| _cons                   | 0.0010  | 0.0015    | -4.35 | 0.0000 | 0.0000 0.0220        |  |

From the results, alcohol/drug abuse was found to be statistically significant in causing absenteeism, significant at 0.0540 p-value. Illness/health problem was statistically significant in causing absenteeism from work, statistically significant at 0.0200 p-value. Family responsibilities was statistically significant in causing absenteeism from work, at 0.0680 p-

value. Bad working culture was found to be statistically significant in causing absenteeism from work by the employees, statistically significant at 0.0010 p-value. Irregular supervision was found to be statistically significant in contributing to employees' absenteeism from work, statistically significant at 0.0410 p-value. Inadequate motivation was also found to be statistically significant in contributing to employees' absenteeism from work, and the results were statistically significant at 0.0030 p-value. The other variables were not statistically significant in causing absenteeism.

### **Information from Interviews with Key Informants**

The study interviewed 4 human resource personnel to determine factors causing employee absenteeism from work. Participant 1 explained saying, *'the factors causing absenteeism are alcohol/drug abuse, family responsibilities and illness of employees and their family members'*.

Participant 2 explained added saying, *'that penalties are there for public service employees, however disciplinary cases take long to be addressed by the relevant authorities'*. The participant further added that, *'leniency or tolerance to unlawful behaviour is the cause for absenteeism'*. Participant 3 explained that *'inadequate motivation and financial hardship also contribute to absenteeism'*. Participant 3 also indicated that, *'irregular supervision at times contributes to absenteeism behaviour'*. The participant further revealed that *'some employees may have connections with influential people, making it challenging for disciplinary actions, and resulting in delay in disciplinary actions'*.

### **Measures to prevent employees' absenteeism from work**

The study asked employees on the measures to prevent employees' absenteeism from work. A number of measures were brought forward by the respondents. The responses were coded and analysed, and from the results presented in the above table 5.

Table 5: Measures to prevent employees' absenteeism from work

| Measures  | Frequency | Percent |
|---|-----------|---------|
| Improve monitoring/inspection of employees            | 62        | 58.49   |
| Increase Penalties                                    | 20        | 18.87   |
| Motivating employees                                  | 65        | 61.32   |
| Ensure financial stability of employees               | 60        | 56.60   |
| Help employees tackle their problems                  | 71        | 66.98   |
| Create employees wellness programs for public service | 5         | 4.72    |
| reduce on leniency in passing judgement               | 17        | 16.04   |
| Fairness in treatment of employees                    | 30        | 28.30   |

|                                 |    |       |
|---------------------------------|----|-------|
| Rewarding dedicated employees   | 7  | 6.60  |
| Attending to disciplinary cases | 28 | 26.42 |
| Engaging employees in decisions | 8  | 7.55  |

The measures given by the employees were; improving monitoring/inspection of employees (58.49%), increase penalties (18.87%), motivating employees (61.32%), ensuring financial stability of employees (56.60%), help employees tackle their problems (66.98%), create employees wellness programs for public service (4.72%), reduce on leniency in passing judgement (16.04%), fairness in treatment of employees (28.30%), rewarding dedicated employees (6.60%), attending to disciplinary cases (26.42%), and engaging employees in decision making (7.55%).

### **Discussion of the Findings**

Findings were discussed in line with the objectives of the study.

#### *Factors causing absenteeism of employees from work*

The results from the logistic regression found alcohol/drug abuse to be statistically significant in causing absenteeism. Illness/health problem was statistically significant, family responsibilities, bad working culture, irregular supervision, and inadequate motivation were found to be statistically significant in contributing to employees' absenteeism from work. The findings of the study is well supported by the literature. Mudaly & Nkosi (2015) found that alcohol use is associated with both long and short-term absence. Absenteeism due to alcohol consumption have affected health care delivery and in some instances resulting to death of clients. Smoking is known to lead to several diseases related to cardiovascular, respiratory, and cerebrovascular complications, which causes higher worker absenteeism (Suarez-Bonel et al., 2015). They concluded that more investment in programs for the prevention and treatment of smoking as a health policy could help reduce the health and social costs of smoking and reduce the rate of absenteeism among smokers (Suarez-Bonel et al., 2015).

Mudaly & Nkosi (2015) found out that the absenteeism of employees at the organization was a result of stress and chronic fatigue for the remaining staff as work overwhelmed them. Work stress, duty ambiguity, duty responsibility, and work boundaries were found to be associated with absenteeism (Azam & Gholam, 2014; Enns et al., 2014). Enns, Currie and Wang (2014) found that the factors associated with absenteeism is work stress and poor work environment. Additionally, Sallis and Birkin (2014) found a need to address depressive symptoms among employees to reduce the observed diminishing ability to work and absenteeism. Hendriks et al. (2015) went further to argue that depressive moods among employees were strong predictors of long-term absenteeism. Depression ought to be

addressed in places of work by employing and conducting a lot of counselling to cure causes of depression in order to prevent employee absenteeism.

Ramadhan and Santoso, (2015) cited poor working conditions as a reasons for demotivation leading to absenteeism among health workers in Indonesia. Additionally, in Indonesia, a cross-sectional survey among 155 HCWs mainly midwives, physicians and Allied Health Professionals, found that poorly maintained health infrastructure, lacking amenities such as power outages did not affect absenteeism (Ramadhan and Santoso, 2015). In contrast, nurses manages in an urban hospital in Lebanon reported that unfavourable working conditions such as the lack of air conditioning, and limited supplies resulted in higher absences among nursing staff (Baydoun et al.,2016). Studies that explore the effect of employee's working conditions on absenteeism, are indirectly evaluating employee's job satisfaction. The mixed results of the relationship between 'poor working conditions' and HCW absenteeism depicts varying expectations of HCWs in different contexts. In conclusion, we urge the government and cooperating partners to work on improving the working conditions of hearth workers in rural areas such as Chadiza if quality health delivery is to be realised. If the situation is not addressed, the country will continue to incur cost and deaths that could be otherwise be prevented.

Though health service are almost free for rural people in Zambia including most in Chadiza district. Service users seem to suffer the most detrimental effects of absenteeism. If patients do not receive the attention, treatment or medication that they need, they then turn to other facilities, most likely private clinics or service providers where they are charged high prices for medical care. The findings are in line with Limwanya (2015) whose findings state that absenteeism is a burden to patients because if services are not provided due absenteeism by health workers, patients remain without option but to seek alternatives. Hence, patients opt to go to private centres, private hospitals where they are to pay so highly compared if they were attended to at a government hospital or clinic. The study further state that respondents also reported that poor patients, especially in rural areas, are forced to resort to traditional medicine and to patronise unskilled persons, which leads to increases in incidences of mortality. It might lead to death. For instance, on people with cardiac attack, it could also lead to death or complications for women in labour.

### **Measures that can help prevent health workers' absenteeism**

Respondents in the study suggested a reward or incentive system to stimulate better work attendance by employees. This is in line with previous research by Allisey et al. (2016) who identified that social rewards like recognition and social support mitigated absenteeism among police officers. Respondents also cited employee engagement as a solution to absenteeism. They indicated that organizational leaders should have routine meetings with the employees to educate them against the dangers of absenteeism. At the same time, this

engagement may allow the managers to appreciate the problems that lead to employee absenteeism and devise some corrective action. This is in line with the findings of Limwanya, (2015) whose findings stated that employees must always be engaged in whatever program is to be undertaken by the employers. Because without this engagement, health workers will feel that they are being side-lined and would be lukewarm in participating. Therefore, it's important that these workers are engaged at every move to be undertaken to avoid mistrust leading to absenteeism. Leaders and supervisors have a duty to engage and explain to their subordinates why certain things are what they appear to be than keeping quiet just because they are juniors.

Limwanya (2015), Wallance (2007) and Chiwoya and Daka (2022) state that motivation is a very important tool for workers as it solves many problems faced by workers and can lead to curb absenteeism. A motivated worker is a productive one hence this issue must be addressed by government and other stakeholders in service of health provision if quality health service is to be realised in Zambia. Limwanya (2015) further stated that there are many measures that the government can put in place to address the problem of absenteeism and some of them are: Improvement of the conditions of service. A number of participants reported that the conditions of service for the employees at this institution were poor. The reason why some employees miss work is that they are forced to venture into other income generating activities to augment their poor salaries. Poor salaries demotivate and push staff towards absenteeism. To address the problem, the participants proposed the improvement of the conditions of service, especially the salaries.

Limwanya (2015) additionally, urged the promotion of deserving employees as a solution. Some employees have been working for the organization for long periods without promotion. This has led to their frustration and demotivation, with absenteeism consequently setting in. The participants reported that some employees who have served for shorter periods have been promoted at the expense of the ones who have served longer. To solve this problem and address potential absenteeism, the long serving employees should be promoted.

### ***Conceptual Framework of the Study***

Based on the findings in this study and the empirical studies of various researchers, the current study developed this conceptual framework, indicating factors affecting employees' work absenteeism. The independent variables are; 1. Personal Factors; family responsibilities, illness/health problems, alcohol/drug addiction; 2. Work Environmental Factors: bad working culture, lack of penalties, irregular supervision, work stress/fatigue, inadequate staffing and inadequate motivation and: 3. Social Factors: bad work relations; 4. Economic factors; low salary. These factors were hypothesised to be affecting employees' work absenteeism (as the dependent variable). These factors were subjected to statistical tests as explained in the methodology section.

## Independent Variables

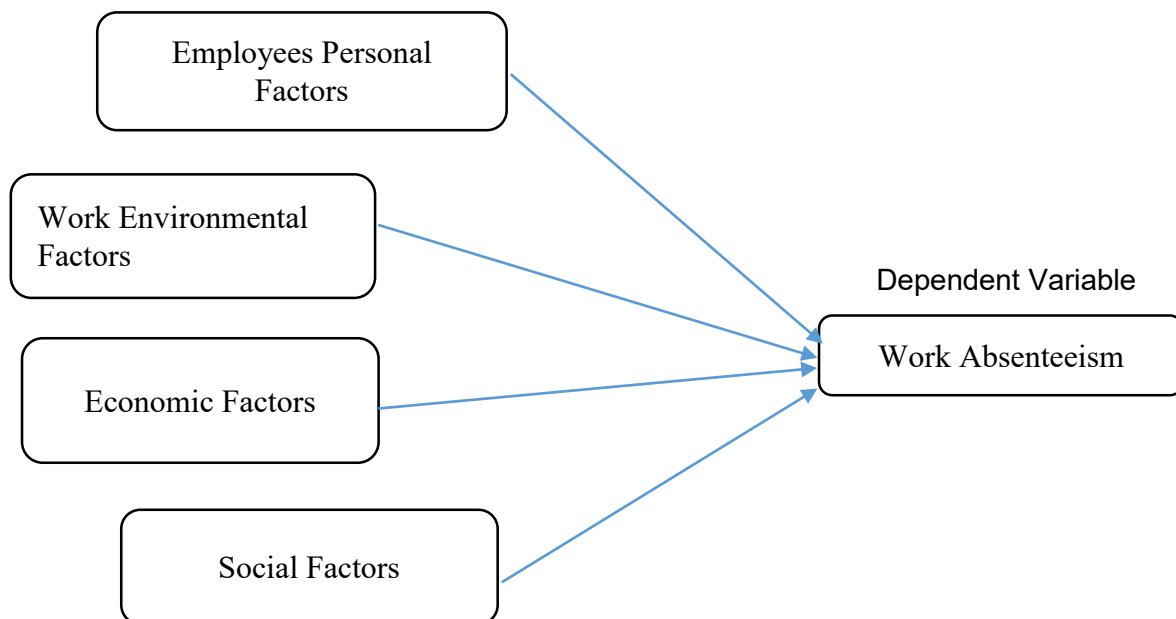


Figure 2 Conceptual framework of factors causing employee absenteeism from work

## Conclusion and Recommendations

### Conclusion

From the results, the study found family responsibilities, illness/health problems, bad working culture, alcohol/drug abuse, lack of penalties, irregular supervision, inadequate employee motivation and low salary as the causes for employee work absenteeism, as was pointed by the majority of the employees. The results from the logistic regression found alcohol/drug abuse to be statistically significant, illness/health problem, family responsibilities, bad working culture, irregular supervision, and inadequate motivation to be statistically significant in causing employees' absenteeism from work. Concerning the measures to prevent employees' absenteeism from work, a number of measures were brought forward by the respondents. These were; improving monitoring/inspection of employees, increase penalties, motivating employees, ensuring financial stability of employees, help employees tackle their problems, create employees wellness programs for public service, reduce on leniency in passing judgement, fairness in treatment of employees, rewarding dedicated employees, attending to disciplinary cases, and engaging employees in decision making. The study therefore achieved the research objectives and gave the following recommendations.

### Recommendations

- (i) Management should assist employees' address employees personal problems like alcohol abuse, illness and family responsibilities, in order to concentrate on work.

- (ii) Management should design employee motivation strategies to encourage employees' participation in all duties.
- (iii) Management should design an employee supervision program that is efficient and effective to be capturing employee reporting on duties, and enforce penalties.

## References

- Ammerman R.T., Mallow, P.J., Rizzo, J. A., Folger, A.T., & Van Gickel, (2016), *Annual direct health care expenditures and employee absenteeism costs in high-risk, low-income mothers with major depression*, *Journal of Affective Disorders*, 190,386-394. doi:10.1016/j.jad.2015.10.25
- ANU (2011). *Human Relation Theory - Elton Mayo*. Online Education, Acharya Nagarjuna University (ANU), Andhra Pradesh, India-522510
- Alreshidi, M.N., Alaseeri, M.R., & Garcia. M., (2019) *Factors Influencing Absenteeism among Nursing Staff in the Primary Health Care Centers in Hail: A Preliminary Study for Enhancing Staff Commitment*, *Health Science Journal*, Vol 13, No. 4, pp658.
- Belita, A., Mbindyo, P., & English, M., (2013), *Absenteeism amongst health workers- developing a typology to support empiric work in low-income countries and characterizing reported associations*, *Human resources for health*, 11 (1), 1-10, 2013.
- Blanca-Gutierrez, J.J., Jimenez-Diaz, C., & Escalera-Franco, L.F., (2013), *Intervenciones eficaces para reducir el absentismo del personal de enfermeria hospitalario* [Effective Interventions to Reduce Absenteeism among Hospital Nurses], *Gaceta Sanitaria*, 27, 545-551. Available at: <https://doi.org/10.1016/j.gaceta.2012.09.006>. [Last accessed 18<sup>th</sup> January, 2021]
- BrightHR (2023). *Human Resource Management*, TrustRadius, London.
- Chaudhury,N., Hammer, J., Kremer, M., & Rogers H.F (2006), *Missing in Action: Teacher and Health Worker Absence in Developing Countries*, *Journal of Economic Perspectives*, 20(1): 91-116.
- Chiwoya, A and Daka, H. (2022). Comparative Study on Job Satisfaction Between Teachers in Government and Non-Governmental Junior Secondary Schools in Monze Urban District, Southern Province, Zambia. *International Journal of Research and Innovation in Social Science*, 6 (6), 895 – 901.
- Central Statistics Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], & ICF International, (2014), *Zambia Demographic and Health Survey 2013-14*, GRZ.
- Daka, H., Mugala, A. and Makowa, L. (2021). Health Care Seeking Behaviour and Utilization of Health Services by Kalingalinga Compound Residents aged between 16years and 60 years in Lusaka City, Zambia. *International Journal of Health Systems and Implementation Research* 5 (2), 25 – 38.
- Daka, H., Chilala, M. M., Hamatanga, O. H., Chirwa, B., Mumba, A., Kaoma, C. and Chikopela, C. (2021). Averting Learner Absenteeism in Zambian Urban and Rural Primary Schools. A Case of Kalingalinga and Simweendengwe Primary Schools. *Journal of Lexicography and Terminology*, 5 (1), 33 – 55.
- Garcia-Prado A, Chawla M, (2006), *The impact of hospital management reforms on absenteeism in Costa Rica*. Health Policy Plan 2006, 21:91–100.
- Genevay, S.P., et al, (2011), "Work-related characteristics of back and neck pain among employees of a Swiss University Hospital." *Joint Bone Spine*, 78:392–397.
- Gosselin, E., Lemyre, L., & Corneil, W. (2013), *Presenteeism and Absenteeism: Differentiated Understanding of Related Phenomena*. *Journal of Occupational Health Psychology*, 18, 75-86. Available at: <https://doi.org/10.1037/a0030932>. [Last accessed 18<sup>th</sup> January, 2021].



- Guest, D. (2011), *Human Resource Management and Performance: Still Searching for some Answers*, *Human Resource Management Journal*, 21(1), 3-13.
- Hugo, P., Tim J, & Carlos S.R. (2019). *COV.12: Impacts of absenteeism in doctors and nurses in primary care and community care*. National Health Institute (NHI). COVID-19 Impacts of absenteeism V1.0 25/03/2020
- Jennifer, H. (2022). *Maslow's hierarchy of needs: Applying it in the work place*. Career Development. Career Guide. <https://www.indeed.com/career-advice/career-development/maslows-hierarchy-of-needs>.
- Johnson, C.J., Croghan, E., & Crawford, J., (2003) *The problem and management of sickness absence in the NHS: considerations for nurse managers*. *Journal of Nurs Manag*, 11:336–342.
- Kristensen, T., Jensen, S., Kreiner, S., Mikkelsen, S., (2010), Socioeconomic status and duration and pattern of sickness absence: A 1-year follow-up study of 2331 hospital employees, *Biomed Central Public Health*, 10:1–11.
- Lim, A., et al (2002). Influence of work type on sickness absence among personnel in a teaching hospital. *J Occup Health*, 44:254–263.
- Lungu, S. and Daka, H. (2022). Internal Monitoring and Evaluation of Teaching in Secondary Schools of Kabwe District in Central Province, Zambia. Challenges and Possible solutions. *International Journal of Research and Innovation in Social Science*, 6 (1), 180 – 186.
- Makasa, E., (2008), *The Human Resource crisis in the Zambian Health Sector - a discussion paper*, *Medical Journal of Zambia*, 35(3), 81-87
- Manda K, Silumbwe A, Mupeta Kombe M, Hangoma P. (2023). Motivation and retention of primary healthcare workers in rural health facilities: An exploratory qualitative study of Chipata and Chadiza Districts, Zambia. *Glob Public Health*. 2023 Jan;18(1):2222310. doi: 10.1080/17441692.2023.2222310. PMID: 37302083.
- Ministry of Health (MOH). (2012). National Health Policy, Government of Zambia Republic of Zambia Ministry of Health: ACTION PLAN 2011. Lusaka, *Zambia: Ministry of Health*; 2011:6–16.
- Mudaly, P., & Nkosi, Z., (2015) Factors influencing nurse absenteeism in a general hospital in Durban, South Africa, *Journal of nursing management*, 23,623-631.
- Mukasa, M.N., Sensoy B., O., Sewamala, F.M., KirkBride, G., Kivumbi, A., Namuwonge, F. and Damulira, C., (2019). *Examining the organizational factors that affect health workers' attendance: Findings from Southwestern Uganda*. *The International journal of health planning and management*, 34(2), 644-656.
- Mulenga-Hagane, M. L., Daka, H and Mwelwa, K. (2022). Examining Street Level Bureaucrats Views on the Application of the Law of Absenteeism and Child Marriages in Zambia's Education Sector. *International Journal of Humanities Social Sciences and Education*. 9 (6), 12 – 21.
- Nyamweya, N.N., Yekka, P., Mubutu, R.D., Kasozi, K.I., & Muhindo, J., (2017), *Staff absenteeism in public health facilities of Uganda: a study in Bushenyi District on contributing factors*. *Open Journal of Nursing*, 7(10), p.1115.
- Paulo, F., Seter, S., F., & Gillies, D., (2011), *The human resource for health situation in Zambia: deficit and maldistribution*, doi: 10.1186/1478-4491-9-30
- Picazo, O.F., (2008), *Struggling and Coping to Serve: The Zambian Health Workforce as depicted in the Public Expenditure Tracking and Quality of Service Delivery Survey*, Health Systems for Outcomes; The World Bank.
- Syed, S.T., Gerber, B.S. & Sharp, L.K., (2013), "Traveling towards disease: transportation barriers to health care access." *Journal of community health*, 38(5), pp.976-993.
- Republic of Zambia Ministry of Health, (2011), *Action Plan 2011*, Ministry of Health, pp 6–16; Zambia.
- Ritchie, K.A., Macdonald, E.B., Gilmour, W.H., Murray, K.J, (1999), *Analysis of sickness absence among employees of four NHS trusts*. *Occup Environ Med*, 56:702–708.
- Sean, P. (2023). The management theory of Elton Mayo. <https://www.business.com/articles/management-theory-of-elton-mayo/>

- Silwamba, V. and Daka, H. (2021). Investigating School Administrators' and Education Standards Officers' Monitoring and Evaluation of Teacher Performance in Nyimba District of Zambia. *Zambia Interdisciplinary Journal of Education*, 2 (1), 30 – 40.
- Transparency International, (2017), *Corruption perceptions index 2016*. Berlin, Transparency International. [Last accessed on 17<sup>th</sup> January, 2021], Available at: [https://www.transparency.org/whatwedo/publication/corruption\\_perceptions\\_index\\_2016](https://www.transparency.org/whatwedo/publication/corruption_perceptions_index_2016).
- Trivedi, A. & Amit, A. (2019). *Maslow's Hierarchy of Needs - Theory of Human Motivation*. International Journal of Research in all Subjects in Multi Languages. Vol. 7, Issue: 6, June: 2019 (IJRSML) ISSN: 2321 – 2853