

FACTORS ASSOCIATED WITH HEALTH WORKERS' ABSENTEEISM AT

JINJA REGIONAL REFARRAL HOSPITAL:

A CROSS-SECTIONAL STUDY

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Contents

DECLARATION	5
DISSERTATION APPROVAL	6
ACKNOWLEDGEMENT	7
DEDICATION	8
LIST OF ABBREVIATIONS	9
OPERATIONALDEFINITIONS	10
CHAPTER ONE	13
INTRODUCTION AND BACKGROUND	13
1.1 Background	13
1.2. Statement of the problem	17
1.3. Justification of the study	19
1.4. General Objective	19
1. 5. Specific Objectives	19
1.6. Study Questions	19
CHAPTER TWO	21
LITERATURE REVIEW	21
2.1 Absenteeism	21
2.2 Recent interventions to combat health worker’s absenteeism in public facilities	23
2.2.1 Performance management	24
2.2.2 Integrated human resource information system and Biometric login and log out machines	32
CHAPTER THREE	36
METHODOLOGY	36
3.1 Study area	36
3.2 Study design	36
3.3 Quantitative component	36
3.3.1 Target population	36
3.3.2 Study population	36
3.3.2.1 Inclusion Criteria	36
3.3.2.2 Exclusion Criteria	37
3.3.3 Sampling Strategy	37
3.3.4 Sample size	37
3.3.5 Study variables	38

3.3.5.1 Dependent variable	38
3.3.5.2 Independent variables	39
3.3.6 Quantitative data collection	39
3.3.7 Measurement of variables.....	40
3.3.8 Data management and analysis	42
3.3.8.1 Data management	42
3.3.8.2 Data analysis.....	42
3.4 Quantitative design	43
3.4.1 Study population	43
3.4.2 Participants selection	44
3.4.3 Sample size.....	44
3.4.4 Data Collection method and procedure	44
3.4.5 Qualitative data management and analysis	44
3.5 Ethical considerations.....	45
CHAPTER FOUR: STUDY FINDINGS	46
4.1.0 Quantitative Findings	46
4.1.1 Social demographic and economic characteristics of the participants.....	46
4.1.2. Bivariate Analysis	50
4.1.3 Multivariable Analysis.....	53
4.2.0 Qualitative Findings.....	56
4.2.1 Social Economic Factors.....	56
4.2.2. Intervention to control absenteeism of Health Workers	57
4.2.3. Challenges of function of set structures and biometric machine	58
CHAPTER FIVE	60
DISCUSSION	60
5.1 Prevalence of absenteeism in JRRH.....	60
5.2 Intervention being implemented to control absenteeism in the JRRH	61
5.3 Factors Associated with absenteeism	62
5.4 Study limitations	66
CHAPTER SIX:	67
CONCLUSION AND RECOMMENDATION	67
6.1 Conclusion	67
6.2 Recommendation.....	67

REFERENCES.....	68
APPENDIX I: CONSENT FORM.....	73
APPENDIX II: QUESTIONNAIRES	75
APPENDIX III: GUIDE FOR KEY INFORMANT INTERVIEWS	83

DECLARATION

I, Kumbaine Henry, declare that I am the sole owner of this dissertation report, it is my original work and has never been presented anywhere for the award of a Master of Public Health or any other degree.

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DISSERTATION APPROVAL

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DEDICATION

I dedicate this report to my wife Abbey Manashe, my two sons Kumbaine Noran and Mpyangu Kevin, my daughters Keyla, Emmanuela and Annabelle for their moral support and encouragement.

LIST OF ABBREVIATIONS

WHO	World Health Organization
HRM	Human Resource Management
MoH	Ministry of Health
ROM	Results Oriented Management
PP	Performance planning
HIV/AIDS	Human Immune deficiency Virus/ Acquired Immune Deficiency Syndrome
CEO	Chief Executive Officer
HSSIP	Health Sector Strategic Investment Plan
JRRH	Jinja Regional Referral Hospital
UNMC	Uganda nurses and midwives council
AHPC	Allied health professionals council
UMDPC	Uganda medical and dental practitioners council
SPNO	Senior principle nursing officer
PHA	Principle hospital administrator
LIC	Low income countries
HIC	High income countries
IHRIS	Integrated Human Resource Information System

OPERATIONAL DEFINITIONS

Absenteeism: This is the unjustifiable, unplanned and disruptive lack of physical presence of the employee at the workplace.

Performance planning: A dialogue between the supervisor and supervisee to agree upon the expectations, clarify what the employee will be evaluated upon and set a stage for ongoing feedback and coaching or mentorship.

For this study performance planning was measured by determining the availability of a complete performance plan on file of the health worker.

Performance- Level of attainment of the desired output.

Quality of health care: A measure of value excellence, conformance to specifications, conformance to requirements or fitness for use.

Staff appraisal: An assessment of the performance of an individual in relation to the objectives, activities, and outputs over a specified period.

Performance management system: Performance management system is classified into a development, planning, managing, reviewing and rewarding phase.

Decentralization: Transfer of authority and power from higher to lower levels of government or from national to sub-national levels.

Efficiency: The dimension of performance that directly relates to the inputs and outputs.

Effectiveness: The extent to which the objectives have been achieved.

Timeliness: The extent to which services are provided in the time that is appropriate.

Patient-centered: This means that all decisions are for the benefit of the patient.

Performance-based budgeting: An allocation of resources based on the output of the organization.

Health workers: This refers to all employees working in the hospital setting.

Professional health workers: These are health workers who are registered by the Uganda Nurses and Midwifery Council, Allied Health Professionals' Council, Uganda Medical and Dental Practitioners' Council and the Pharmaceutical Society of Uganda.

ABSTRACT

Health worker absenteeism is one of the contributing factors to poor health service delivery in Uganda. While several health management interventions have been tried in the past, absenteeism remains very high affecting the quality of health care to the public. The objective of this study was to assess the factors associated with health worker absenteeism at Jinja Regional Referral Hospital (JRRH).

Quantitative and qualitative methods of data collection. Proportionate stratified random sampling involving professional councils was done to obtain the study sample. Quantitative data were collected using a semi-structured questionnaire whilst key informant interviews were conducted to obtain qualitative data. A health worker was presumed to be absent if noted on duty attendance log by ward in charge as absent three days from the day of the interview. Data were collected on socio-demographics (age, education, sex, cadre, employment type, marital status,) and other associated factors such as, performance plan, performance appraisal work environment and use of biometric machine.

Place of residence was categorized as resident in staff quarters or outside of the staff quarters, when a performance plan was done, categorized as having a performance plan done at the beginning of the year, end of year or any time of the year. At bivariate analysis, logistic regression analysis was done to determine factors crudely associated with health worker absenteeism, only performance appraisal and the residence out of hospital quarters were the only factors seen to be significant. At multivariate analysis, logistic regression was done to test for the independent relationship with absenteeism after adjusting for potential confounders. Deductive thematic content analysis was used to provide a deeper understanding of the perceived causes of health worker absenteeism at JRRH.

Results: Of the 161 health workers sampled, 158 (98.1%) were interviewed. The mean age was 38.3 years (SD= 9.5), 63.3% (100/158) were females and 59.5% (94/158) were married, majority of health workers were certificate and diploma holders, 64(40.6) and 74(46.8%) respectively, 120 (76%) were on permanent employment with 92(58.2%) having worked in the hospital for ten years and below. 89(56.3%) of the health workers were residents in the staff quarters yet 70.3% of the nonresidents stay about 5km distance from the hospital. The prevalence of absenteeism was 13.3% (n=16). The certificate holder were less absent as compared to degree holder and above (11.8% and 15.4%), Health workers who stayed in the hospital quarters/premises were more likely to be absent than those who were non-residents (21.3% vs. 8.2%, P= 0.025), Non-residents staying 10km or longer distances from the hospital were more likely to be absent than those who stayed in a distance of less than 10km (27.3% vs. 12.5%, P=0.047). Residing out of the staff quarters and having a performance plan developed any time were the two factors independently associated with absenteeism of health workers at JRRH (aOR = **5.7**, 95% CI [1.2-26.0], p value = 0.025 and (aOR = 0.1, 95% CI= [0.0-0.9], p value= 0.047), respectively.

Conclusion: In this study, place of residence and performance plan developed any time were the factors found to influence absenteeism of health workers at JRRH.

Recommendation: Performance planning should be practiced in hospitals at all times of the performance period to reduce absenteeism. There is a need for further research to gain a deeper understanding of how staying out of the hospital quarters within 10 km distance would reduce absenteeism in JRRH.

CHAPTER ONE

INTRODUCTION AND BACKGROUND

This chapter provides a detailed background to the study, the problem statement, justification and the objectives of the study.

1.1 Background

There is a high shortage of health workers in sub-Saharan Africa, World Health Organization (WHO) indicates that the health worker patient's ratio is still way below the recommended minimum of 2.5 health workers per 1000 population while the burden of disease remains high (Belita, Mbindyo, and English (2013)).

One consequence of low health worker density is relatively poor health outcomes of the population, Health worker availability is undermined by the hiring freezes present in some countries in sub-Saharan Africa and 'push' and 'pull' factors promoting emigration from low-income countries (LICs) to high-income countries (HICs) (Belita et al., 2013).

Similar factors also create an uneven domestic distribution of health workers, which especially affects rural areas and may promote moonlighting and absenteeism among other problems though relatively little attention appears to have been paid to absenteeism as a cause of poor access to health-care services in low-income countries.

Important to note is the observed advancement in medical science and technologies, though the healthcare delivery system has continuously floundered its ability to provide consistently high-quality health care for all. This therefore means that increased knowledge and resources has not directly translated into high-quality care with the required human resource drivers (adepoju o.o opafunso z.o, 2017).

The effects of health providers' absenteeism are of much concern in Uganda because of the economic loss associated.

According to the Daily Monitor, April 23rd 2009, 30 billion shillings in the Ministry of Health budget is lost due to personnel absenteeism, following a review for the financial year 2006 / 2007 by the World Bank, health providers in Uganda were absent half of the time although they still earn a full salary. The World Bank estimates the rate of absenteeism among primary healthcare workers in Uganda to be more than 35%.

Quality healthcare delivery is central to a healthy and productive population, as it serves as a contributor to economic development. The delivery of healthcare demands labor from health workers who are the key determinant of health system effectiveness. Health workers are the human resources employed in the healthcare system to diagnose health problems, prescribe medications, conduct the medical tests, care for the sick and educate the people on precautions to take in order to avoid health complications and live a healthy life. Performance of health workers is key to attaining quality in any healthcare delivery system (adepoju o.o opafunso z.o, 2017).

While quality of healthcare service delivery is identified as one of the aspects of sustainable development, its attainment particularly in line with human resource performance remains a big challenge. (Chankova, Muchiri, & Kombe, 2009).

Uganda has over the last three decades undertaken several administrative reforms in the public sector designed to influence health workers duty attendance as a way to improve efficiency and effectiveness in health service delivery. Establishing an effective performance culture that seeks to align individual and organizational objectives, targets as well as outcomes to the national development goals has been critical to the development agenda (Moh, 2010).

Such initiatives included; Result Oriented Management (ROM), open staff appraisals (Mosadeghrad), output-oriented budgeting (Kisakye et al.), and client's charters, performance agreement for senior managers and reward and suction frameworks. All these were intended to ensure that the health workers are motivated to perform their duties diligently to ensure quality health care; this, however, has not been achieved (intrahealth, 2017); Moh (2010).

Lately, performance planning which tasks institutions to have an annual work plan and a performance task force in place to ensure that every health worker will have a job description for the position he or she holds. Additionally, the health workers should have a schedule of duties and the expectations clearly set out, this was implied to cause the health worker to be on duty (Moh, 2010).

Guiding tools such as the national development plans, national health policy, and health sector strategic investment plan must be readily available for the health workers to refer to.

Similarly, performance monitoring and improvement plans, reward and sanction framework, service delivery standards, client's charters and others to guide in the periodic outcome of the performance planning should be in practice (Moh, 2010).

Research conducted on the health sector has indicated that most challenges affecting the global health sector are attributed to human resource management (D. D. Tumwine, 2006).

The challenges include high attrition rates, de-motivated health workers and general public dissatisfaction with the quality of service. For example, in Uganda, the period 2013/2014, witnessed the migration of over 2000 doctors to high-income countries (Chankova et al., 2009).

This has resulted in a reduction in the number of doctors working in the Ministry of Health from more than 4200 to 2200 and more are expected to leave. This is irrespective of the shortage of over 20 000 doctors and 40000- 60000 nurses required (D. Tumwine, 2006). The mass exodus of doctors and other professionals from government-owned health facilities has adversely affected the quality of healthcare service in public health facilities where most Ugandan go for treatment. (Jenkins et al., 2010).

Similarly, the increased number of strikes by health professionals agitating for improvement in their overall compensation system against the existing outcry over the questionable quality of the nature of healthcare services offered at the public health facilities is a worrying trend.

There are reports of gross misconduct of health professionals (D. Tumwine, 2006) that have revealed serious inadequacies, negligence, malpractices, and mistreatment of patients that calls for reforms.

Several studies have been conducted however, and few studies have been conducted to establish the factor responsible for high health workers absenteeism in Jinja Regional Referral Hospital.

Factors associated with absenteeism

A study conducted in Kakamega County General Hospital, Kenya indicates that factors such as performance planning, accommodation to staff, high pay, and regular supervision influences the quality of health care services through ensuring that the health workers are regularly present to attain their set goals.

It was equally noted by (Belita et al., 2013), factors such as employee' s sectors, size of the organization, facility location, work contents, working conditions, organizational changes greatly affect health workers duty attendance.

Several studies have been done in western countries and other parts of Uganda to determine factors associated with health workers absenteeism, it's evident that quality health care is largely dependent on the proper coordination of the different departments in the delivery of services, the availability of the human resources for health to provide the health services among other factors. ((Alberti, Boudriga, & Nabli, 2005; Shahidzadeh-Mahani, Omidvari, Baradaran, & Azin, 2008).

However there still exist a gap on which factors are essentially responsible for high rate of absenteeism in Jinja regional referral hospital. Therefore, the main purpose of this study was to determine the factors that are associated with health workers absenteeism in Jinja Regional Referral Hospital.

1.2. Statement of the problem

In Jinja regional referral hospital, health worker absenteeism is at 35% as compared to national absenteeism level reported at 11.9% (intrahealth, 2017). It's believed that the high absenteeism rate is due to poor managerial practices as such the managers fail to align organizational strategic goals to the operational goals and objectives among other factors.

Most health workers are on unofficial study leave and so they have to create time for class leaving duty unattended to, understaffing especially in the areas of specialized care, for example Jinja Regional Referral hospital has one ENT surgeon, this leads to burn out due to the work overload. Poor pay of the health workers has precipitated into duo-employment leaving the public to no appeal.

Lack of accommodation for the health workers has left them with no choice but to commute from home and this has increased the chances of health workers being absent for various reasons.

Absenteeism also has consequences for health service demand. If health workers are not at the facility during their scheduled hours, whether for part of the day or the whole day, their unavailability prevents communities from accessing needed care. Patients pay increased transport costs and lose daily wages when they make multiple attempts to be seen. Additional costs may be incurred to manage a condition worsened by delays in accessing care.

Maternal mortality is still very high at 268/100,000 per live birth in JRRH slightly below Uganda's MMR 336/100000, but way above the WHO estimate of 70/100,000. The high levels are attributed to unauthorized study leave, lack of housing facilities to the health workers, uncoordinated assignment by implementing partners like Rhites EC, weak performance planning practices in the hospitals among others (Blanca-Gutiérrez, Jiménez-Díaz, & Escalera-Franco, 2013).

In a bid to combat the vice, Ministry of Health introduced daily attendance summary sheets, daily login and out machine at the hospital, pay based on at least 16 days of duty attendance but all these have yielded little as the health workers can still log in and move out only to return in the evening to log out. Though the health sector management systems for health service delivery appear to be comprehensively defined with systems for planning, supervision, monitoring and service management present at different levels, there is inadequate utilization of the systems at all levels. For instance data from the health management information system is not used for decision making (Moh, 2010), this continues to derailing the quality of health care services offered in the hospital.

Studies have been conducted in Uganda to determine factors associated with absenteeism however no such study has been done in JRRH

The study will provide information on factors associated with health worker absenteeism JRRH.

1.3. Justification of the study

Few studies to establish factors associated with health workers absenteeism have been done in developing countries, Uganda inclusive yet several interventions deemed critical are being implemented by the ministry of health as a way of increasing productivity of health workers and reduce absenteeism.

Little is known on how these interventions have impacted on health workers to reduce their absence at the workplace. This study is intended to bring to light the current trend on the causation of absenteeism in Jinja hospital.

The findings of this study will be used by the hospital managers and the Ministry of Health to strengthen the intervention of independently associated factors in controlling absenteeism.

1.4. General Objective

To determine factors associated with absenteeism among the health workers of JRRH in order to improve the quality of health care in JRRH.

1. 5. Specific Objectives

1. To determine the proportion of health workers absent on duty in JRRH at the time of the study visit.
2. To determine factors associated with health workers absenteeism JRRH
3. To explain factors that influence absenteeism of health workers in JRRH.

1.6. Study Questions

1. What is the level of health worker absenteeism in JRRH?

2. What factors are associated with absenteeism of health care workers in JRRH?
3. How do we explain the factors that influence absenteeism in JRRH?

REFERENCES

- Ackers, L., Ioannou, E., & Ackers-Johnson, J. (2016). The impact of delays on maternal and neonatal outcomes in Ugandan public health facilities: the role of absenteeism. *Health Policy Plan, 31*(9), 1152-1161. doi: 10.1093/heapol/czw046
- Ackers, Louise, Ioannou, Elena, & Ackers-Johnson, James. (2016). The impact of delays on maternal and neonatal outcomes in Ugandan public health facilities: the role of absenteeism. *Health policy and planning, 31*(9), 1152-1161.
- ADAMS, JS. (1981). CITATION CLASSIC-TOWARD AN UNDERSTANDING OF INEQUITY. *CURRENT CONTENTS/SOCIAL & BEHAVIORAL SCIENCES*(43), 20-20.
- adepoju o.o opafunso z.o, lawal a.f. (2017). Influence of Performance Appraisal on Quality of Service Delivery: A case of Primary Health Care Facilities, Southwestern Nigeria. *IOSR Journal of Business and Management (IOSR-JBM), Volume 19*,(Issue 3.).
- Aguinis, Herman. (2009). *Performance management*: Pearson Prentice Hall Upper Saddle River, NJ.
- Agwu, Prince, Ogbozor, Pamela, Odii, Aloysius, Orjiakor, Charles, & Onwujekwe, Obinna. (2020). Private money-making indulgence and inefficiency of primary healthcare in Nigeria: a qualitative study of health workers' absenteeism. *International Journal of Public Health, 65*(7), 1019-1026.
- Alberti, H., Boudriga, N., & Nabli, M. (2005). Factors affecting the quality of diabetes care in primary health care centres in Tunis. *Diabetes Res Clin Pract, 68*(3), 237-243. doi: 10.1016/j.diabres.2004.09.016
- Alharbi, FL, Almuzini, TB, Aljohani, AA, Aljohani, KA, Albowini, AR, Aljohani, ME, & Althubyni, MM. (2018). Causes of Absenteeism Rate among Staff Nurses at Medina Maternity and Child Hospital. *Egyptian Journal of Hospital Medicine, 70*(10).
- Anderson, Richard P., Jin, Ruyun, & Grunkemeier, Gary L. (2003). Understanding logistic regression analysis in clinical reports: an introduction. *The Annals of Thoracic Surgery, 75*(3), 753-757. doi: 10.1016/s0003-4975(02)04683-0

- Bacal, Robert. (1999). *Performance Management*. New York: McGraw-Hill.
- Bach, Stephen. Human Resources and New Approaches to Public Sector Management: Improving Human Resources Management Capacity.
- Becker, Sandra Greice, & Oliveira, Maria Luiza Carvalho de. (2008). Study on the absenteeism of nursing professionals in a psychiatric center in Manaus, Brazil. *Revista latino-americana de enfermagem*, 16(1), 109-114.
- Belita, Alice, Mbindyo, Patrick, & English, Mike. (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), 34. doi: 10.1186/1478-4491-11-34
- Bianchi, Carmine.). Dynamic Performance Management.
- Blanca-Gutiérrez, Joaquín Jesús, Jiménez-Díaz, María del Carmen, & Escalera-Franco, Luis Felipe. (2013). Intervenciones eficaces para reducir el absentismo del personal de enfermería hospitalario. *Gaceta Sanitaria*, 27(6), 545-551. doi: <https://doi.org/10.1016/j.gaceta.2012.09.006>
- Chankova, Slavea, Muchiri, Stephen, & Kombe, Gilbert. (2009). Health workforce attrition in the public sector in Kenya: a look at the reasons. *Human Resources for Health*, 7(1), 58. doi: 10.1186/1478-4491-7-58
- Chegenye, John, Mbithi, Shedrack, & Musiega, Douglas. (2015). Role of Performance Management System on Service Delivery, Case Study of Kakamega County General Hospital, Kenya. *International Journal of Sciences: Basic and Applied Research*, 23(1), 437-451.
- Davey, Mandy M, Cummings, Greta, NEWBURN-COOK, CHRISTINE V, & Lo, Eliza A. (2009). Predictors of nurse absenteeism in hospitals: a systematic review. *Journal of nursing management*, 17(3), 312-330.
- Donabedian, A. (1990). The seven pillars of quality. *Arch Pathol Lab Med*, 114(11), 1115-1118.
- Duclay, E., Hardouin, Jean-Benoit, Sébille, Véronique, Anthoine, Emmanuelle, & Moret, Lucie. (2014). *Exploring the impact of staff absenteeism on patient satisfaction using routine databases in a university hospital* (Vol. 23).

- García-Prado, Ariadna, & Chawla, Mukesh. (2006). The impact of hospital management reforms on absenteeism in Costa Rica. *Health Policy and planning, 21*(2), 91-100.
- intrahealth. (2017). because healthworkers save life. *annual report*.
- Jenkins, R., Kydd, R., Mullen, P., Thomson, K., Sculley, J., Kuper, S., . . . Wong, M. L. (2010). International Migration of Doctors, and Its Impact on Availability of Psychiatrists in Low and Middle Income Countries. *PLoS One, 5*(2).
- Kandula, Srinivas R. (2006). *Performance management : strategies, interventions, drivers*. New Delhi: PHI Learning.
- Kisakye, Angela N., Tweheyo, Raymond, Ssengooba, Freddie, Pariyo, George W., Rutebemberwa, Elizeus, & Kiwanuka, Suzanne N. (2016). Regulatory mechanisms for absenteeism in the health sector: a systematic review of strategies and their implementation. *Journal of Healthcare Leadership, 8*, 81-94. doi: 10.2147/JHL.S107746
- Lutwama, George William, Roos, Janetta Hendrika, & Dolamo, Bethabile Lovely. (2013). Assessing the implementation of performance management of health care workers in Uganda. *BMC health services research, 13*(1), 355.
- Marchington, Mick, & Wilkinson, Adrian. (2006). *Human resource management at work : people management and development*. London: Chartered Institute of Personnel and Development.
- McKenzie, Janelle Deane. (2012). *Redefining appraisal: giving teachers ownership of their practice: a thesis presented in partial fulfilment of the requirements for the degree of Doctorate in Education at Massey University, Palmerston North, New Zealand*. Massey University.
- Moh. (2010). health sector strategic and investment plan *Promoting People's Health to Enhance Socio-economic Development*. uganda: ministry of health.
- MOH Report. (2015). *performance management implementation guidelines*. uganda: ministry of health uganda.

- Mosadeghrad, A. M. (2012). A Conceptual Framework for Quality of Care. *Mater Sociomed*, 24(4), 251-261.
- Mudaly, P, & Nkosi, ZZ. (2015). Factors influencing nurse absenteeism in a general hospital in Durban, South Africa. *Journal of nursing management*, 23(5), 623-631.
- Neely, A. D. (2007). *Business performance measurement : unifying theories and integrating practice*. Cambridge; New York: Cambridge University Press.
- Nyamweya, Nancy, Yekka, Peter, Mubutu, Ronny, Kasozi, Keneth, & Muhindo, Jane. (2017). Staff Absenteeism in Public Health Facilities of Uganda: A Study in Bushenyi District on Contributing Factors. *Open Journal of Nursing*, 07, 1115-1130. doi: 10.4236/ojn.2017.710081
- Onwujekwe, Obinna, Odii, Aloysius, Agwu, Prince, Orjiakor, Charles, Ogbozor, Pamela, Hutchinson, Eleanor, . . . Mbachu, Chinyere. (2020). Exploring health-sector absenteeism and feasible solutions: evidence from the primary healthcare level in Enugu, South East Nigeria.
- Paşaoğlu, Didem, & Tonus, H. Zümürüt. (2014). Strategic Importance of Human Resource Practices on Job Satisfaction in Private Hospitals. *Procedia - Social and Behavioral Sciences*, 150, 394-403. doi: <http://dx.doi.org/10.1016/j.sbspro.2014.09.035>
- Petti, Cathy A, Polage, Christopher R, Quinn, Thomas C, Ronald, Allan R, & Sande, Merle A. (2006). Laboratory medicine in Africa: a barrier to effective health care. *Clinical Infectious Diseases*, 42(3), 377-382.
- Richard Luecke, Brian J. Hall. (2006). *Performance Management: Measure and Improve the Effectiveness of Your Employees*.
- Rowe, Alexander K., de Savigny, Don, Lanata, Claudio F., & Victora, Cesar G. (2005). How can we achieve and maintain high-quality performance of health workers in low-resource settings? *The Lancet*, 366(9490), 1026-1035. doi: [https://doi.org/10.1016/S0140-6736\(05\)67028-6](https://doi.org/10.1016/S0140-6736(05)67028-6)
- Salleh, Munir, Amin, Aziz, Muda, Shaladin, & Halim, Muhammad Abi Sofian Abdul. (2013). Fairness of performance appraisal and organizational commitment. *Asian Social Science*, 9(2), 121.

- Shahidzadeh-Mahani, A., Omidvari, S., Baradaran, H. R., & Azin, S. A. (2008). Factors affecting quality of care in family planning clinics: a study from Iran. *Int J Qual Health Care*, 20(4), 284-290. doi: 10.1093/intqhc/mzn016
- Tumwine, Daniel. (2006). migration of doctors a big loss to ugandan economy, *newvision*.
- Tumwine, Dr. Daniel. (2006). migration of doctors a big loss to ugandan economy, *newvision*.
- Tweheyo, Raymond, Daker-White, Gavin, Reed, Catherine, Davies, Linda, Kiwanuka, Suzanne, & Campbell, Stephen. (2017). 'Nobody is after you; it is your initiative to start work': a qualitative study of health workforce absenteeism in rural Uganda. *BMJ global health*, 2(4), e000455.
- Üstünlüoğlu, Evrim. (2009). Is appraisal system a threat for teachers? *Procedia-Social and Behavioral Sciences*, 1(1), 118-123.
- Wananda, Irene, Byansi, Peter Kayiira, Govule, Philip, Katongole, Simon Peter, Wampande, Lillian Nantume, & Anguyo, Robert DDM. (2015). Relationship between management practices and employee absenteeism in public general hospitals of East-Central Uganda.