

Missing Doctors? An Investigative Study on the Absenteeism among Medical workers in Community Health Centers (CHCs) in Rural South Karnataka, India

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ABSTRACT

OBJECTIVE: To find out unauthorized absenteeism among the various staff of Community Health Centers (CHCs)

STUDY DESIGN: Cross Sectional

Settings: This study was conducted in 30 selected Community Health Centers (CHC) in southern Karnataka, India

METHODS: Simple random technique and data collected through unnoticed visits.

RESULT: In this study we observed that unauthorized absenteeism is most common and it would be very hard to find different medical workers in the CHC's even during working hours. Some doctors were making adjustments among the colleagues for being absent by turns. Mainly absent rate of Physicians are more. Absent rate is more on Fridays' and Mondays'.

CONCLUSION; Unauthorized absence of the Doctors has resulted in rural health care system even worst for the poor. This paper suggests that strong accountability and commitment is required on the part of the doctors. Also Govt should provide proper fundamental facility, specialist doctors, and provide emergency medicine and equipments.

KEYWORDS: CHS, Doctor, Absenteeism, Weeks, Staff, Health.

INTRODUCTION

From the 5th Five year plan (1974-1979) onwards government of India noted regarding disparities in accessing quality health service for rural areas. Hence from 6th Five year plan onwards government took major decision to increase the total number of CHC's (Community Health Centers) across the country (Planning Commission, 2001). In India, Primary Health Centers (PHCs) are the foundation of rural healthcare. In the second stage CHCs have been established. CHCs play an imperative responsibility as the second level of contact and a connection between individuals and the health system, bringing healthcare delivery where people live and work. Further these CHCs are charged with providing advanced promotive, preventive, curative and rehabilitative care also. Various health experts suggested integrating and intensification of the rural PHC s and CHCs through proper standard and functional linkages¹

Various research studies have concerned about the functioning of CHC's including large coverage of geographical area which is practically impossible. Even today CHC's are lacking required fundamental facilities. Some CHC's even don't have adequate power and water supply. More than 70% of CHC's are running either with one specialized or without any specialists in many rural areas. Hence CHC's are not in the position to act as an effective referral center. In

addition to that now a day's CHC's are facing insufficient medical and paramedical staffs². Availability of required specialists in CHC's also become a vital problem in the rural parts. Frequent absenteeism among the medical staff has become a major problem today (HDRK Report,1999-2005).

Absenteeism is the frequent absence from work, especially without good reason. It is more commonly occurring both in developed and developing countries. It is a source of concern in view of the weak national economy and health system. Absenteeism leads to have defeat in main working hours, finance, productivity, jobs in the health sector³. According to World Bank's Global Monitoring Report-2008 (GMR) Absenteeism among health care workers is the utmost in India, A survey carried out in 2002 -03, has found that rate of absenteeism among healthcare workers in India is 42%. Absenteeism has become a big problem for the CHC's. Both medical and paramedical staffs of the CHC's are not attending CHC's regularly. They visit CHCs if they have some free time! Still they receive a huge Govt. salary and are taking undue advantages. They have a nexus with the higher authority and are escaping without being punished⁴.

In a study conducted in Uganda found that "The average rate of absenteeism was 47.9% and after desegregation of key health cadres, the absent rate of clinical officers was around 47.5% Medical doctors were

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at 44.2%, Enrolled midwife were at 43.4%, registered nurses were at 38.1% and Registered Midwife were at 44.7%. Further, the important determinants of health workers absenteeism found from this study were working culture, supervision, Job satisfaction, facility available in hospitals, salary package, etc” (UNHC0,2010). Experts opined that opined absenteeism is in case of CHCs is very high in rural India. If doctors are absent from the work either the community or the higher authority do not ask any question. In some cases instead of the Doctors nurses treat the patients’ in many CHCs!. Because of absenteeism of the Lab technicians some time patients’ has to get the blood test in the private laboratories paying more money⁶. Further it is opined that “Doctors with housing and other facilities at the CHCs are less absent than other health providers. Doctors in Community Health Centers (CHCs), which are having greater facilities, shows more work progress and commitment”⁵. This pattern may reflect the improved infrastructure at each CHCs” This current study has been conducted to find out the prevalence rate of absenteeism of medical workers in the rural CHC’s of southern Karnataka, India.

METHODOLOGY

Study Design: Cross sectional

This study was conducted in Mysore, Hassan and Coorg districts (both city and rural) of South Karnataka-India. Districts were selected based on the Health and Family Welfare Survey Report 2011.

Method

A total of 30 CHCs were selected through random sampling as follows;

Districts	Total Number of CHCs in the districts	Selected for the study
Mysore,	23	13
Hassan	30	10
Coorg	10	7
Total	63	30

A total of 55 medical officers, 60 male and female nurses and a total of 35 lab technicians were included in this study. Frequent un-announced observations through visits were made over a period of Four weeks in the selected CHC’s in the above mentioned districts. Data collected during unannounced visits made by the previously selected local informants only. Un-noticed visits were to avoid alertness among the

medical staff. Informants physically verified the presence or absence of each designated staff at CHC. Informants visited more than 4 times over a period of time to the each selected CHC. Repeated visits were made to calculate more accurate measure of absence rate.

Tools for data collection

1. Survey
2. Informal Interview
3. Participant Observation

Analysis of Data

Collected data has been analyzed using minitab software.

RESULTS

GRAPH I: ABSENTEEISM RATE IN THE STUDIED DISTRICTS

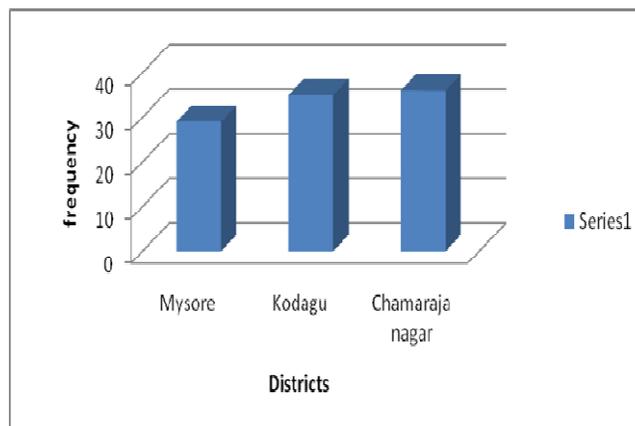


TABLE I: ABSENTEEISM RATE OF KEY MEDICAL SERVICE PROVIDERS

Category	Absent rate in Percentage		X ²	p
	N	%		
Medical Officer	27	27.0	6.391	0.381
Lab Technician	17	17.0		
Female nurse	13	13.0		
Pharmacist	12	12.0		
Lady Health Vision	11	11.0		
Male nurse	9	9.0		
Adult nurse Midwife	11	11.0		
Total	100	100		

TABLE II: DAY WISE ABSENTEEISM

Days	Absent rate in percentage		X ²	p
	N	%		
Monday	17	17.0	4.967	0.420
Tuesday	11	11.0		
Wednesday	13	13.0		
Thursday	12	12.0		
Friday	21	21.0		
Saturday	26	26.0		
Total	100	100		

TABLE III: NUMBER OF TIMES ABSENT FROM THE WORK

Designation	Number of Times Absent from the Work			
	Present all the Times	Absent 1 Time	Absent 2 Times	Absent 3 Times
Doctor	19.5%	17.6%	44.6%	17.9%
Pharmacist	16.9%	20.8%	43.7%	18.5%
Female Nurse	27.3%	14.0%	31.2%	27.1%
Lab Technician	18.8%	21.9%	42.7%	17.8%

DISCUSSION

In case of absenteeism rate of key medical service providers it is found that 27% of medical doctors are being absent regularly followed by 17% of lab technician and 13% of female nurses are also absenting from the duty regularly. In case of day wise absenteeism 17% of the staff are absenting only on Mondays whereas 13% of them are absenting only on Wednesdays only. In case of day wise absenteeism majority of the staffs' are absenting only during afternoon session. In case of service wise absenteeism 36% of the staffs are absenting who have joined recently and 14% of the staffs are having more than 12 years of service. Regarding reasons for absenteeism 26% of them cited personal work whereas 19% of them said it is because of official duty whereas 16% of them said it is because of field visit.

Among the studied districts Hassan (36%) has witnessed a high absent rate of medical workers followed by the Kodagu district (33%). Coorg is predominantly a hilly area. During monsoon time it is almost impossible to stay there. Majority of the CHCs are run-

ning under very difficult circumstances with minimum facility only. Posted doctors won't ready to work in Coorg districts because of its remoteness. Hence majority of the posts have been left unfilled and more prevalence of absenteeism is common here. Some-time weeks together Doctors and other staff wont turn-up. Chamaraja nagar districts is a comparatively a backward district in the state. Transport system is not so good and number of CHCs are also very less. Absenteeism rate is also high in these districts. Further, since Mysore districts is more politically influenced than other two districts CHCs in Mysore rural area have reasonably good facilities. It is found that local self governments, health committees and NGOs are very active here and hence absent rate is comparatively low⁶.

It is found that absent rate by designations, Doctors are 29% followed by the lab technicians (17%). In case of reasons cited for absenteeism, 26% of them staff cited 'personal work'. Even though 19% of them cited official work as a reason for absenteeism it is found actually untrue, 76% of them are engaged in private practices (running their own clinics). Some time they are working as consultant in high paying private hospitals. They get both Government salary and high remuneration from the private hospitals. This is also one of the vital reason for absenteeism and hence they are visiting CHC's only twice a week for the name sake only. Further, absent rate is more common on Saturday's. If they absent on Saturday they will turn only on Monday because of Sunday (holiday) in-between. It is also found that usually medical staffs will be more absent during afternoon session/s. Medical staffs having more than 12 years of experiences have shown highest rate of absenteeism with respects to length of service. These people have good relationship with the higher authority. It is found that persons having more experience are deep-rooted in the system and have good connections with the high officials. Hence they are escaping is unpunished. In case of number of times absent from the work, again Doctors and Pharmacist have occupied first and second position respectively. In some CHCs staffs remain absent on an understanding basis among themselves⁷.

This kind of absenteeism indicates major accountability problems. Absence level might be high because of lack of supervision and monitoring by the higher authority. Karnataka government has brought a rule that the medical students who have been graduated from the government medical colleges (under free seat quota) should work at least three years in any rural part of the state. If not, they have to pay a huge fine. Still amazingly young doctors are not showing interest to serve in rural areas and they are paying fine!. Big

CHC buildings and assigning staff (on record) doesn't mean doctors are available in rural areas 24/7. Some time due to shortage of the staff single Physician might have to manage both PHCs and CHCs. Our study also found that majority of the CHC's are facing lack of fundamental facilities. Some CHC's don't have enough medicines, equipments, power, and water facility and are located in remote areas (NHPR, 2002). Suitable staff and residential houses are not available. This is also a reason why staff members not staying in the head quarters⁸.

CONCLUSION

This study documents the overall absenteeism rate, the reasons for absenteeism and the a range of factors influencing absence rates among the studied samples. This study had found that absenteeism rate is more common among the Physicians which leads to poor medical facilities in rural part of the country (NRHM, 2006). Government should take initiative to provide required fundamental facilities including staff residences and extra perks, for the rural health staffs. A flying squad need to be initiated to give surprise visit to CHCs³. District health officials should take strong actions to punish irregular staff of the CHCs⁹. Also Govt. can focus on introducing community based monitoring system for tracking the medical staff. It is better to train local community health workers scientifically to handle emergency medical needs. Moreover Doctors also should introspect their accomplishment towards the society.

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