Author's response to reviews

Title: Absenteeism amongst health workers - developing a typology to support empiric work in low-income countries and characterizing reported associations.

Authors:

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Author's response to reviews:

Re: 1698583998899158 - Absenteeism amongst health workers - developing a typology to support empiric work in low-income countries and characterizing reported causes. Belita, A et al.

#1: Reviewer's report (Review of previously revised submission)
Reviewer: Mohsin Sidat
Reviewer's report:

Definitions of absenteeism were reported in most of the articles reviewed. Some definitions were narrow and characterized absence by specific health conditions, such as (knee and back pain [16-18], stress [19], etc). Other definitions were broad and studied absence in general typically including absence due to illness and other causes [20-22].

Please, review the segment above particularly the following part "... such as (knee ...)...". I think the examples should follow after the use of the word "such" and should not be under-brackets! Additionally, the clarity of the segment will increase if the authors accept in using a bit more of punctuation and shortening the phrases.

Author response – Thank you for pointing out this error. We have corrected the text in the relevant section in line with the reviewer’s comments.

#2: Reviewer’s report
Reviewer: Jean M Moore
Reviewer's report:

I continue to remain confused by the overlap between categories in the typology. It is hard to differentiate between ‘voluntary’ and ‘involuntary unsanctioned’ absences. Further, if you can find no examples of ‘unsanctioned involuntary’ absences, I wonder if its appropriate to extend the typology beyond the data you used to inform its development. Perhaps you could revise the typology to reflect
the findings of your meta-analysis and suggest the need for further research on absenteeism that could support refinements to the typology.

Author response – In line with the reviewer request we have simplified the typology (see revised Table 1) to remove the sanctioned / unsanctioned categorization. We have suggested this as a possible approach to further sub-classifying forms of absenteeism in a revised section of the results section.

Results, revised pg 5: Perhaps more subjectively, absence may occur for reasons officially allowed or not allowed as per the organization’s policies. Sanctioned absence might entail different forms of allowed time off such as annual, maternity [26], or sick leave, workshop or seminar attendance [22], or approved compassionate leave to take care of sick relatives [33]. Unsanctioned absence might involve health workers not coming to work and either not seeking or not obtaining official approval for such absence. In their study to establish the effects of organizational changes in health facilities in Costa Rica, Garcia and Chawla [34] examined absence of this type that was either unjustifiable or unexplained. Gaudine and Gregory [35] in their study used questionnaires and asked nurses to report how many days they were away due to sickness, stress or to attend to family and personal matters. They regarded non-sickness absence as forms of ‘unsanctioned absence’ [35]. However, further sub-classification of absence into sanctioned or unsanctioned forms may not always be clear and at present this categorization is not formally included in the proposed typology.

#3: Reviewer’s report
Reviewer: Gustavo GH Nigenda

Reviewer’s report:
Major compulsory revision:
After reading for a second time the paper I saw important improvements. However, I would like to insist on my initial comment of describing a theoretical framework, even a basic one, as the point of departure of the document. Otherwise the paper turns into a presentation of data without systematic interpretation, missing the opportunity of analyzing valuable information.

a) If other reviewers did not raised the point of the lack of a theoretical framework it maybe because they have different perspectives about the issue. Reviewers do not have to coincide in their comments. Various reviewers are used in these processes to guarantee that in conjunction they reach a comprehensive review.

b) I don´t agree with the argument that authors do not want “to impose a framework to the problem”. All researchers work with some kind of framework, explicit or implicit. In this case I think authors work with an implicit framework that led them to choose absenteeism as an important issue in the human health resources area. My suggestion is that this framework should be made explicit in the paper.
c) Furthermore not departing from a previous definition of “absenteeism” creates different type of problems, not only difficulties in the analysis. For example using only the word which is not based on a pre-defined concept may have prevented authors to capture phenomena that are reported but not called “absenteeism”. Thus, authors may be only reporting a portion of a broader phenomenon but not realizing this situation.

d) For example, they refer the existence of “presenteism” which may lead the analysis through a different path. Maybe “absenteeism” and “presenteism” are only two different manifestations of a phenomenon that leads to -in the production of services- low productivity, low quality of care, malpractice, medical errors, etc., and, -in the consumption of services- to low satisfaction, unmet needs, etc.

e) The identification of three criteria (planned/unplanned; sanctioned/unsanctioned; voluntary/involuntary) may appear because of repetition of these elements in the revision of the documents (not shown in the results) but it is not possible to say that they are “factors associated” to “absenteeism”.

Author response to general point elaborated in further points a, b, c, d and e –

We have tried to deal with all the issues raised in points a to d above in one section as they seem to us to be intrinsically linked. We have done this by providing a new paragraph in the methods section that tries to make clear the perspective, or framework, we took when approaching this review (see text below). We trust this is acceptable to the reviewer. For point ‘e’ above we hope that this point has also in part be addressed by the revision of the typology suggested by another reviewer in which we hope it is now clear that the categorization of planned / unplanned; and voluntary / involuntary is a way of classifying absenteeism, that we suggest based on reviewed work, and these terms are not being used in the sense of ‘factors associated with’ absenteeism.

Methods, revised para 2 pg 3: For the purposes of this review we took a health system manager’s perspective. Thus we did not specifically seek to explore deeper psychological or social aspects of absenteeism. Nor did we aim to examine it from an economic perspective. The framework or ‘lens’ though which we explored the literature aimed to uncover how absenteeism has been defined, usually for the purposes of quantification at some level of the health system eg. within a facility, a region or a profession. Additionally we sought to elucidate characteristics of the workforce likely to be familiar to managers that have been associated with absenteeism. We acknowledge that such characterization may not explain why health workers are absent. Alternative theoretical frameworks might be needed for such explorations. However, we reasoned that providing both a typology of absenteeism and a description of characteristics associated with it would be a good starting point for developing better informed quantitative and qualitative work in this area in the future.