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: see over
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.

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 appreciate the comment of the reviewer and agree that absenteeism is a social issue. We also understand that the topic of absenteeism might be approached from a range of ‘positions’ and using numerous conceptual frameworks. We note however that neither of the two other reviewers have suggested use of an a prior conceptual framework for the purposes of this summary of existing research. It was our intention to tackle this topic with a very open approach, seeking all relevant work. Our attempt was to draw out of this work key ideas that would contribute to development of a typological framework and allow us to characterize the findings of multiple research studies from different disciplinary backgrounds (not just social science) in as concise a way as possible. Imposing on this process a specific conceptual framework at the start would potentially have limited our inclusion of some reports or constrained our subsequent interpretation or both. We therefore did not feel, and do not feel now, that imposing a specific conceptual framework on this effort to summarise existing literature would have been the most appropriate course of action. Rather we feel that our effort to provide a typology of absenteeism and broadly but discreetly defined factors reported to be associated with absenteeism should inform future empiric work that at this stage would be informed by an appropriate conceptual framework. In this sense we would hope that our typology might help define forms of absenteeism more precisely as
‘objects’ of study while the range of factors associated with absenteeism identified from prior literature should be considered by investigators examining absenteeism as they select an appropriate conceptual framework that suits their disciplinary standpoint.

e) It is quite surprising to me that 36 included studies were about nurses and only 1 about doctors but no comment or interpretation from authors. An appropriate conceptual framework should provide elements to interpret this as a finding to be discussed.

**Author response** – As stated in the results (p4 para 4) there were 36 studies exclusively on nurses, 1 exclusively on physicians and 5 studies on both nurses and physicians. We have now amended the discussion (p13, para2) to provide some comment / speculation on why this imbalance in research may exist. However, it was not our aim to try and interpret why investigators chose to study specific health worker groups and thus our comments are indeed speculative.

f) I found difficult to understand why studies coming from industrialized nations were described and analyzed together with studies from developing countries. In my opinion there are so many differences between both realities that at least a justification on why this mix is appropriate, should be provided.

**Author response** – We appreciate this concern and have now tried to explain at the start of the methods section that the paucity of studies from LICs precluded a specific analysis of work from this setting. We have further commented at the start of the discussion that this pooling of work from all settings was a challenge but ultimately we felt it appropriate to draw on all the available literature.