



Managing absenteeism: decisions made and information used

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DIALHS: District Innovation, Action & Learning for Health Systems Development

Introduction

Low staff morale and high levels of absenteeism are recognised as obstacles to efficient health service delivery in many low and middle-income countries. In the Cape Metro District responsibility for managing absenteeism has recently been devolved to facility managers. There is little empirical work to suggest how to strengthen this area of facility management.

Objectives Identify the key decisions that facility managers make in managing absenteeism and what information is used in these decisions.

Methods A case study design was used within a Participatory Action Learning Research approach. Four facility managers participated as co-researchers.

Key findings The management of absenteeism is complex and consists of a number of different areas, three of which are shown in the table. They impact on one another and need to be managed together. For example, when the staff complement is reduced with staff on training and annual vacation at the same time, the remaining staff can feel overworked which can lead to increased sick leave. The facility manager uses a range of information in assessing, strategising and monitoring each area.

Formal information use is from the Human Resource Information System or work place skills audits. Other information has formal sanction, such as the leave profile forms and vacation leave planners, or is formalised through documentation, such as in formal counselling processes.

Informal information use The facility manager also uses informal information, defined in the context of this research as 'information which has not been through an organisational process of formalisation'. It is sometimes tacit and cannot be expressed, or is yet to be expressed. It is also applied knowledge which is acquired through experience and learning, rather than formal teaching. It is often local and context-specific.

Experience-based information goes beyond the know-about facts. Facility managers have factual information regarding the leave policy but add to this their experience of how to apply the policy (procedural knowledge). It is further refined in knowing the particular configuration of time/place/actor/process variables in which the knowledge applies (know-when) so that the policy is experienced as intended; the policy is intended to be supportive and corrective rather than punitive.

Technical decisions lend themselves to more formal information, whereas decisions concerned predominantly with managing people often require more informal, experience-based and local information.

Recommendations The HR information system can support facility managers better by providing tailored reports with summarised data to identify individuals and facilities with high absenteeism.

In City Health the routine use of the back-to-work interview can document and formalise important information to manage individual staff members and reduce unplanned leave.

Use of experience-based information can be supported through embedding reflective learning in facility manager supervision and mentorship.

	Annual vacation	Sick leave	Training
Time scale	Planned at start of year but modified with short time frames (< week)	Short term - return to work interview (City Health) On-going longer term – counselling process	Planned in Work Skills Plan but amended with some courses cancelled and new ones offered with short time frames (< week)
Predominant skills	People management	People management	Technical management
Formal information	Previous years' holiday planner Leave tracer to monitor who has leave authorised Z1 leave application form	Raw data of leave taken Staff leave profile Documentation of informal and formal counselling Z1 leave application form	Service priorities Work place skills audit Individual staff performance plans (MDHS)
Informal information	Staff requests Cultural practices and priorities Know-how of fair decision processes	Know-about individual staff member to determine supportive and corrective measures Know-how to conduct return-to-work interview and manage staff member through counselling and incapacity/disciplinary processes	Staff requests Know-how to balance individual staff development with facility service needs



The hard and soft capacities in managing client flow and work allocation within a primary care facility

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Introduction

Long waiting times, which have a profoundly negative impact on how clients perceive the quality of care they receive, have been measured at many primary care services in Cape Town. Further data suggests that the cause of the problem is not high workload. This raises questions about the efficiency of client flow and work allocation within facilities.

Objectives Identify the key decisions that facility managers make in managing client intake/flow and work allocation within their facilities, and what information is used in these decisions

Methods A case study design was used within a Participatory Action Learning Research approach. The analysis was informed by Aragon's definition of hard and soft capacities (2010).

Hard capacities include infrastructure, technology and finances, while the tangible soft capacities are management knowledge and skills, organisational systems and procedures for planning and evaluation.

Intangible soft capacities are the ability to commit, engage, relate, renew and be resilient.

Aragon AO, 2010. A case for surfacing theories of change for purposeful organisational capacity development IDS Bulletin 41(3), 36-46

Key findings

The key decisions made by facility managers in managing the client intake/flow and work allocation are described in Figure 1. These decisions require the management of a set of cross-cutting hard and soft health system capacities which are shown in Table 1. For example, in managing client flow through a facility, the facility managers are managing both the hard capacity (number of staff on duty) and soft tangible capacity (appointment systems and fast track queues) and soft intangible capacity (staff competence).

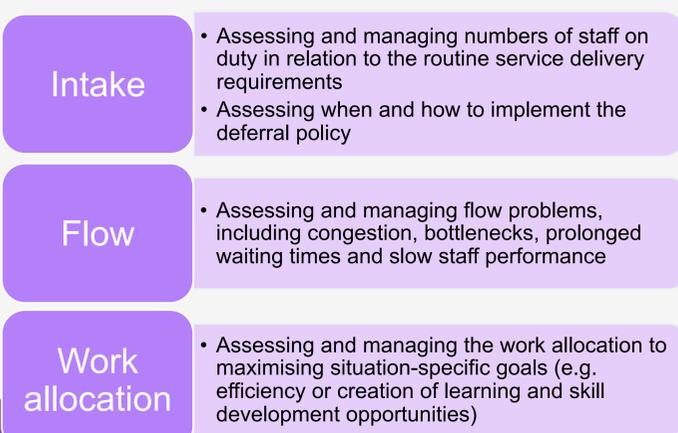


Figure 1. Key management decisions

Table 1. Use of both formal and informal information in managing hard and soft capacities

	Formal information used	Informal information used
Hard capacities:		
Facility layout	Staff establishment	Experience of working in similar and different facilities
Staff posts and mix	Routine Monthly Report (work load and head count)	
Scope of practice	Number and mix of staff on duty	
Workload capacity		
Tangible capacities:		
Policy	Deferral and triage policy	Facility-based process observations
Appointment systems	Waiting times survey	Staff reports
Fast tracks	Complaint system	Informal client complaints
Work practices	Client satisfaction survey	
	Individual staff workload report (City using data capture software PREHMIS)	
Intangible capacities:		
Staff competence	Clinical competence is assessed as part of formal training and is audited monthly by facility managers using a folder-review based quality management tool	Knowledge of the particular staff and teams: their competence, their resilience, what they require when under stress
Staff attitudes		
Staff resilience		
Team cohesion		

Formal information Formal information from the Waiting Time Surveys has been used to inform staggered opening times and appointment systems to manage client intake and flow and reduce waiting times. Formal complaint systems and client satisfaction surveys play an important role in monitoring whether flow is acceptable to clients. Routine Monthly Report data assesses workload and head count in the facility.

Informal information Facility managers rely heavily on information gathered through observation of work flow processes to solve flow problems such as bottle necks and long waiting times. In crises they react quickly to staff reports and client complaints, favouring information with immediate currency (what is happening *now*).

Managing staff work allocation, particularly when short-staffed, requires more than technical skills supported by quantifiable information such as workload norms. Rather, it requires knowledge about the particular staff on duty and how they work as teams: their competence, their resilience, what they need from their manager in order to give of their best when they are under pressure.

Implications Developing skills in using informal and formal information is required for good process management and for managing people.