

## Prevalence of Sickness Absences in Consultant Clinic in Al-Husain Teaching Hospital and Their Impact on Infrastructures

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### Abstract

**Objectives:** Study the prevalence of sickness absences in consultant clinic of Hussien teaching hospital and their impact on infrastructures in private and public sectors in Karbala province.

**Setting:** This study was carried out in consultant clinic of Hussien teaching hospital.

**Methods:** Study of sickness absences in consultant clinic of surgical and medical cases in Hussien teaching hospital between (1/10/2010 to 30/9/2011) (excluding inpatients admission and sick absences of health centres and six hospitals) in Karbala province. It includes Private and public sectors, gender, number of sickness absences, annual actual work days, physicians attitude, common diagnosis, students.

**Results:** The number of sickness absences is 6,266 (32% females, 68% males forming 51667 days). The actual work days 210-214 days. The majority of sick leaves are public sector. Most of the sick leaves were short terms. Big number of sickness absences occupies specific days. The public sector occupied 97.82% of sickness absences while private sector 2.18%.

**Conclusion:** The majority of sickness absences are public sector lead to negative impact on infrastructure especially in province where actual work days are less than 210-214 days/year. The extent of prescribing sickness absences not related to the diseases.

Key words: sick absence, infrastructure

### Introduction

The prevalence of sick absences are widely distributed in the world especially developing countries (developed nations applied tight rules) which lead to employ laxity and delay in organization and progress of civil life specially short sick absences duration which adversely affect the infrastructure and public interest. The reasons of this problem shared between the doctors and patients.

Absenteeism is defined as non-attending at work when attendance was scheduled or clearly expected. The specific focus is a period of absence lasting longer than three days. Absence from work is frequently discussed in term of its cost. Presenteeism meaning being present at work while feeling ill or unable to work at normal capacity.

Sickness absences pose significant problems for any organization and have negative impact on infrastructures and

civil life in developing countries in the absent of tight laws in public and private sector especially when the extent of prescribing sick absences not related to the requirement of the disease but to the demand of the patients.

The majority of prescribing sick absences are malingering or feigned illness in addition to accidental events absence leading to diminish annual work days in Karbala province

### Methods

Study of sickness absences in consultant clinic of surgical and medical cases in Hussien teaching hospital between (1/10/2010 to 30/9/2011) excluding inpatients admission and sick absences of 36 health centers and six large hospitals in Karbala province. It includes gender, number of sickness absences, annual actual work days, physicians attitude, common diagnosis, medical and surgical

diagnoses- student sick absences symptomatic diagnoses, public and private sick absences, extent , specific days .

The study was conducted in the absence of statistical information's of the employees (males and females) in public and private sectors of Karbala province causing difficulty in statistical calculations for this search. Also there is no statistical information's of sick absences in ministry of health. The number of employees of four private sectors and workers of holy shrines were calculated.

## Results

The number of sickness absences are 6,266 (32% females, 68% males forming 51667 days (141,2 year). The actual work days 210-214 days. The average sick absences in one day are 241 day and the numbers of sick leaves in one day are 29.2 sick absence and the average of days given for each patient are 8.2 day. Most of the sick leaves were short duration (five days). Big number of sickness absences occupies specific days while other reaches to zero. The public sector occupied 97.82% of sickness absences while private sector 2.18%.

The majority are symptomatic diagnosis (Backache 13%) while the minority are common diseases (anemia 0.3% ), 2.9% of

hussinia holy shrine employee got sick absence per year while 18.8% of employees in ABASIA holy shrine got sick absence per year, 39% of Asia cell company employee got sick absence per year while zero in Zain Telecom company. The Al-Wesam canning company employees gain 35.6% of sick absences per year while 0.04% of the ALTALEEB company employees got sick absence per year. The students gain 9% of sick absences per year (20.4% females 69.6% males).

## Discussion

The purpose of the study is to provide an over view for extent of sickness absences and their impact on infrastructure in public and private sectors of Karbala province. In gender aspect, females form 32 % ( Fig 1) considered big ratio in male society. The majority considered as malingering females or feigned illness mostly due to social problems as the women are corner stone of the family and sick leave is the only way to complete her home business (excluding obstetric and gynaecological sickness absence (fig 1) compared with Ireland study where 60% of sickness absence are females due to malingering (1) ,(2).

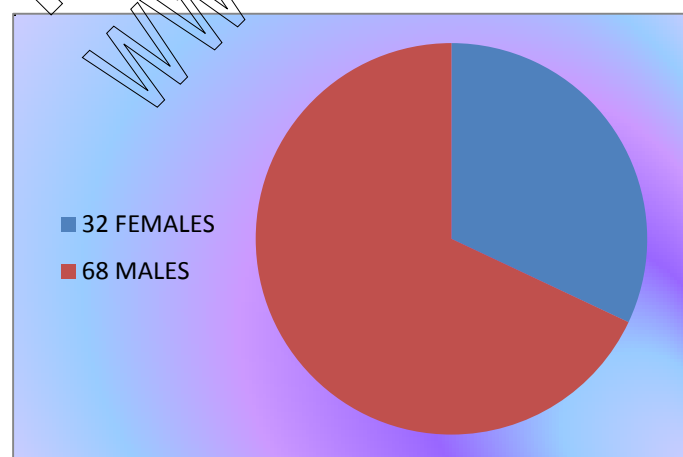


Fig 1. MALES - FEMALES

The actual work days in karbala province are 210-214 day per year while lost days are 151 day (fig 2 ,3).

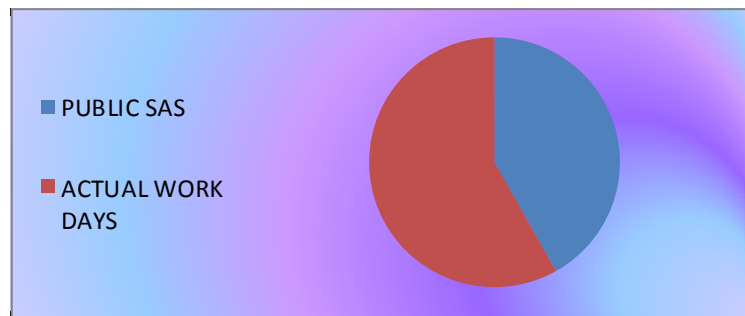


Fig 2. Actual work days-public sick absences

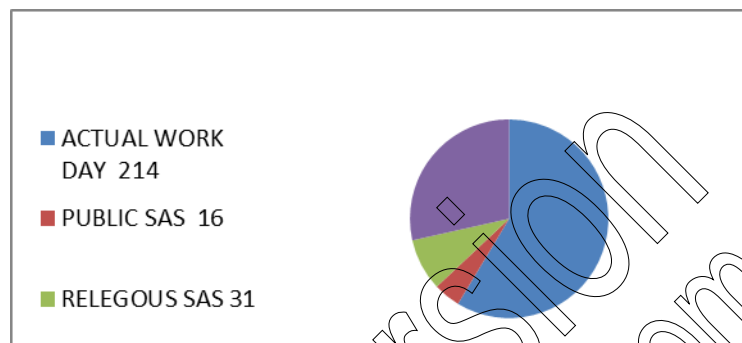


Fig 3. National, public, religious holidays

(National 104 day ,public 16 day, religious holidays 31 days) while other accidental lost days not measured in the study include terrorism and public sick leave in summer season donor by federal government orders when temperature above 50 centigrade. In addition to diminish productivity and activity in Ramadan month (fasting month) Specially in summer season in addition to integrate days were added with eid holidays (two times yearly) applied by federal government causing further reduction of actual work days reaching to less than 210 days .This big number of lost annual working days cause negative impact on infrastructure and civil life taken in consideration this impact involving most middle and south provinces which may cause delayed development in comparison with north area of Iraq . The prevalence of sickness absences during religious visits become zero because most public and private sectors are paralyzed as most employees' were reserved in their homes. There is committee consist of three physicians to evaluate sickness absence of

more than three days to be passed later on to director of the hospital who usually omit 30-50% of sickness absence days because he is not trusting sickness absences, even with these limits and conservative approach the study shows there are 6266 sick leaves/year( 29.2 sick absence daily).In comparison study of next year (30/9/2011-1/10/2012) was noted that there are rising number of sick leaves (8929 sick leave)although with all restrictions by hospital administration . The picture will be disaster if calculated sick leaves takes place in all hospitals and health centres in Karbala province or Iraq although no previous comprehensive study of this topic published by ministry of health.

The average daily sickness absence are 8.1 day for each patient.so in one year consultant clinic produce 141.46 year as sickness absences .These figures discover gloomy pictures about health regime causing harm impact for development of infrastructures.

These figures show the extent of invasive deceptive ways by the malingerers to

obtain their demands, because when the civilians facing problems of any kind in their life, the only road for searching deceptive leave from their work is going to health centres to get their demand because the leave regime is completely irregular in Iraq that encouraging employees to create frivolous reasons to get their goals.

According to the rules of ministry of health, the specialist doctor can donor long sick absences (up to 90 day) in comparison with general practitioner of the health centres (up to 3 days) , this encourage the malingers to visit hospitals more than health centres.

we suspect most sickness absences due to feigned illness or pressures or social relation applied for physicians to obey

patient demands also this attitude lead to lost time of the physicians during clinical examination or teaching medical students (medical college-Karbala university).The study shows that the physician approach for choosing the extent ,patterns policies toward sickness absence not related to the diagnosis ,complain or severity of the diseases (Fig 4-5)this approach can't be explained by logical bases but on routine customs without given attention to actual disease requirement leading to harm impact on progressing and development of province (Fig .3 ) some patients ask for special days to integrate with public holiday (Friday and Saturday) this approach explain highest ratio with five days sickness absences 24%(3)(Fig.4, 5).

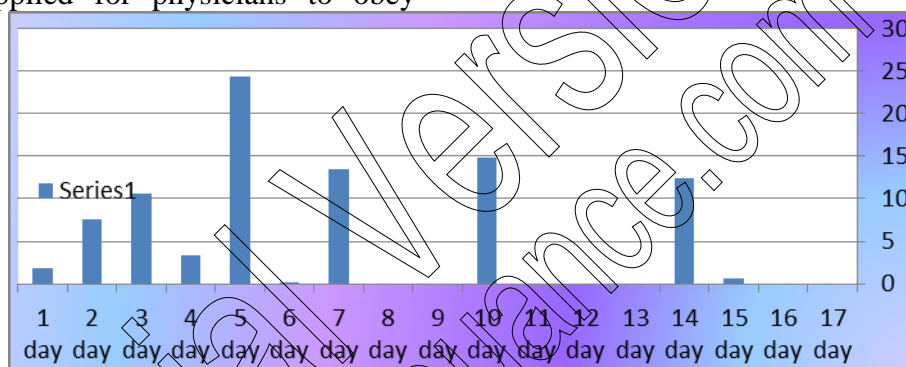


Fig 4. Duration of sick absences (A)

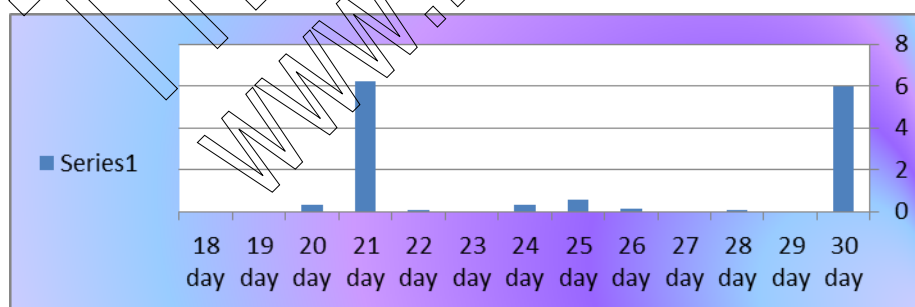


Fig 5. Duration of sick absences( B )

Starting Sunday compared with Monday in Europe (Fig. 9) (international sickness absence) (2), (4)).

In this field short sickness absences days (5,7,10days )get high ratio of sickness absence compared with zero sickness absence in other days (3)(Fig 4,5).The

majority of sickness absence are short duration causing more harmful to the infrastructures and public interest than long duration sick leaves. (Fig. 4)This explain most sickness absences are feigned illness or malingering or simple disease not need sickness absence (3) because the majority of Iraqi employees are in public

sector and the absenteeism not impact on monthly payment (Fig 2) because Job regime not applied in Iraq therefore employees stick in public sector until time of retirement (fig 11) (employees are not fearful job loss).There're no disciplinary

procedures or missals in public sector also there is no organization for sick fit or rehabilitation for employees.The long term sickness absences (> 4 weeks ) are 6.2% compared with other study of long term sickness absences (5%) fig (4, 5) (6).

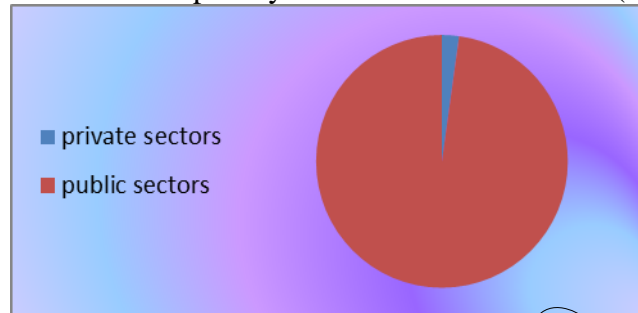


Fig 11. Private sectors-public sectors

In Hussein holy shrine sickness absences are 2.9 % (3000 employees ) in comparison with ABASS holy shrine 18.8% sickness absence (4000 employees) although both

are religious public sector ,this difference related to weak refer system in AL ABASS holy shrine to the hospital (fig 9) .



Fig 9. Ataba

The majority with sickness absence are the public sector 97.82% while private sector 2.18 %, this is due to limited private sector workers and their regime in prevention malingering workers to obtain sickness absence by applying job system with its impact on monthly payment (5) (fig 11).while comparative study in Europe show opposite result that 41% of public sector and 36% private sector (5).

The private sector sick leaves with Asia cell mobile company employees was 0.47% while it is zero in Zen mobile company although both have 100 -120

employees, this is related to different in refer system .

some physicians or surgeons have special policy to pass sickness absence certificate on director of hospital by symptomatic or serious diagnosis (fig 6).(Backache 13%,UTI 4%) to get rid of director omission sick leaves days (30-50% of sickness absence days).Back pain are the biggest causes of absenteeism recorded on medical certificate while minor illness are most common cause of un certificated illness (fig 2,7,8).

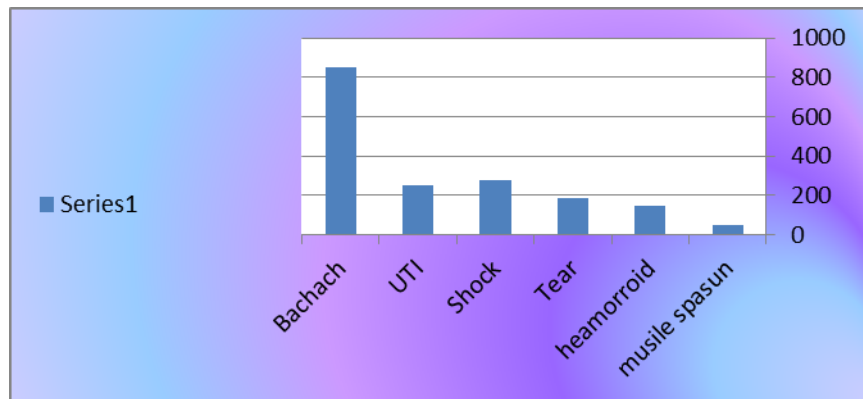


Fig 6. Vague Diagnosis

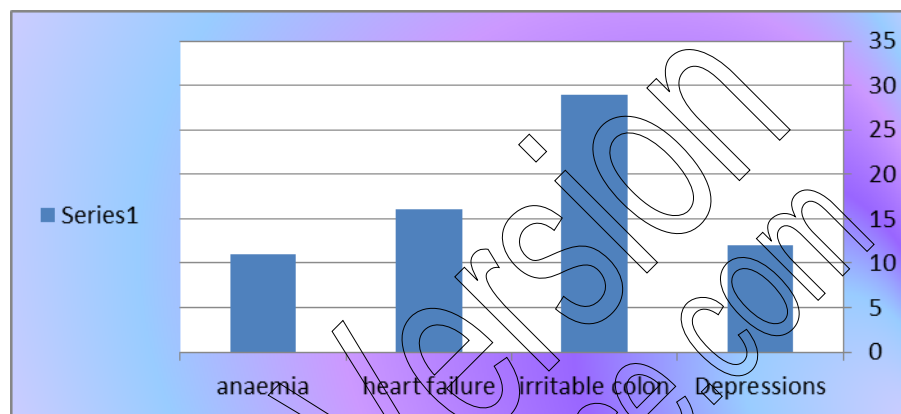


Fig 7. Medical sick absences

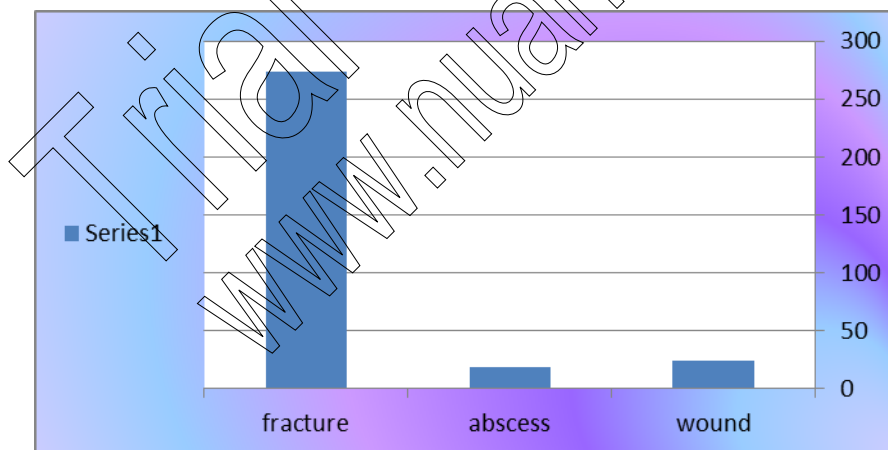


Fig 8. Surgical Diagnosis

While prevalence of clear common disease represent of minority of sickness absence (anaemia 0.1 %, wound 0.3 % and abscess 0.3%) (fig 7, 8) in medical and surgical consultant clinics that considered puzzled case because we can't explain why common diseases not involve in diagnosis of sickness absence but the only present explanation that these diseases can't carry

long sickness absence that may easily omit by manager of hospital .The evaluation of sick leaves by hospital administrator causing lost his duty time leading to negative impact on hospital progressing health services .

The majority of the malingersstudents visit Hospitals and health centresto



Postpone exams because the education system in Iraq had no rules to obey their demands for postponement the exams, this lead to negative impact on health services and education system of Iraq. The sickness absence of students 9 % (fig 10)(79 % male -20% female) considered

an big number although most students who need less than 3 days sick leave go to health centres, this give gloomy picture about education process .The females prevalence is less than males (20%) due to cultural and social reasons(fig 10) .

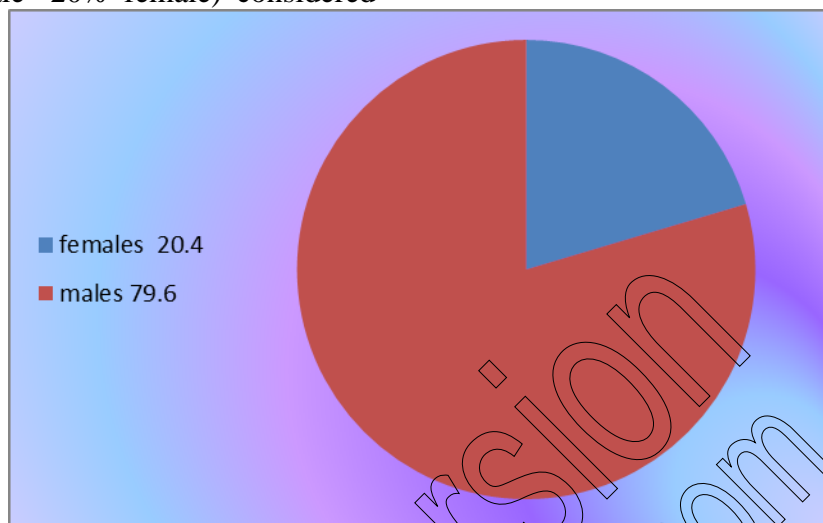


Fig 10. students

We must remember that the physicians struggle against malingering sick note and tolerate big problems with feigned employees although no laws protect them from malingers and sometimes facing accident with malingers that force them to donate sick leaves. Delusional sick absences reveal lack of commitment of doctors in rules of medical ethics as his duty is conducted to prevent the malingers from any privilege from legal excuse to act contrary to public interest and this takes place in shared absent of professional conscience of the doctors and malingers .

## Conclusion

Working days lost due to sickness absence pose significant problems for any organization .The majority of sickness absences are public sector lead to negative impact on infrastructures specially in province annual actual work days less than 210-214day/year.

The extent of prescribing sickness absences not related to the requirement of the disease .The majority of sick leaves are short duration (5 days) to be integrated with Friday \_ Saturday (national holiday ) related to social demand not to actual suffering disease. The absent of professional conscience of both doctors and patients considered the basic problem for unreality sick leaves.

There is defect in refer registration regimes. The -Iraqi sickness absences regime is completely irregular that can't be applicable in developed and developing countries.

## Recommendations

Iraq is a developing country require tight rules for prevention absenteeism and promote presenteeism to avoid a culture of high sickness absences developing including disciplinary procedures regimes. Ministry of health must be encouraged to play major role in these targets to improve civil life and development of infrastructure

by Applying tight rules for controlling expansion of unreality sick leaves .

Every employee required medical fit note before appointment (contract employment) to prevent chronic disease visitors searching sickness absences and hospital admissions .This approach takes place by fair committee selecting healthy employees that will prevent future early retirement due to health reasons.

The local government must apply master plane during religious visits to holy shrine provinces for providing comfort to visitors with continuous normal civil life activities for Karbala population, this planning will prolong actual work days in province .The chief or employer must interview employee after return back from absence. In summery we can apply the following guidelines:-

- 1- The need for supervisory committee for professional work of doctors with existence of independent organization for ratification
- 2- Establish fix rules for sick leave duration according to disease
- 3- Education and awareness for health sectors and society for harm impact of unreality sick leaves on infrastructures.
- 4- Evaluate malingering reasons : A- neglect B- negative personal C- social and work pressures

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