

The Need to Upgrade Clinical Officers' Training and Deployment for Better Health Outcomes in Uganda

Addressing Absenteeism and Negligence among Healthcare Workers for improved Health Sector Performance in Uganda: A Meta-Analysis

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Abstract

Absenteeism among healthcare workers is a pervasive issue in Uganda's health sector, with far-reaching consequences for patients, the healthcare system, and the economy. This meta-analysis synthesizes existing research on absenteeism and negligence among medical officers and clinical officers in Uganda, highlighting the underlying causes, consequences, and potential solutions. The findings indicate that absenteeism and negligence are significant concerns, particularly among medical officers as main hospital managers, and are associated with poor health services management and performance. The study recommends targeted interventions, including training and development programs, improved resources and infrastructure, and enhanced leadership and management skills. Upgrading clinical officers' training to degree level (BCMCH) and deployment in public service is also proposed as a strategy to improve health services management and performance. The study's findings have implications for healthcare policy, practice, and research in Uganda and similar contexts.

Introduction

Absenteeism among healthcare workers is a pervasive issue in Uganda's health sector, with far-reaching consequences for patients, the healthcare system, and the economy (Konde-Lule et al., 2019; Kasozi et al., 2018). This phenomenon encompasses avoidable, habitual, and unscheduled absences, causing frustration and disruptions in patient care (Blanca-Gutiérrez et al., 2013).

Research has shown that absenteeism is prevalent in both public and private health facilities, with clinicians and health service managers being the most common offenders (Kasozi et al., 2018; Musinguzi et al., 2020). The consequences are alarming, particularly at the primary healthcare level, where absenteeism has been linked to increased mortality rates among children under five (Waiswa et al., 2019) and reduced immunization coverage (Okello et al., 2020).

To address this issue, it's essential to understand the underlying causes of absenteeism. A study by Nyamweya et al. (2017) identified key contributing factors, including residing outside the

health facility, family conflicts, and inadequate supervision. Notably, over 50% of participants reported never leaving their workstations without permission, highlighting the need for supportive policies and motivation strategies to retain healthcare workers in rural communities.

Causes and Possible Solutions to Absenteeism

Absenteeism among healthcare workers in Uganda is driven by multiple factors, including low pay, poor working conditions, and lack of resources (Kasozi et al., 2018; Musinguzi et al., 2020). Notably, 70% of healthcare workers cited low pay as a primary reason for absenteeism (Kasozi et al., 2018).

Furthermore, Poor working conditions, such as inadequate equipment and supplies, also contribute to absenteeism (Musinguzi et al., 2020). To address these challenges, the Ministry of Health has implemented strategies to improve attendance and job satisfaction, including enhanced supervision, incentives, and training opportunities (Ministry of Health, 2019).

Research has shown that these strategies can be effective. Improved supervision and incentives have reduced absenteeism (Konde-Lule et al., 2019), while training opportunities have improved job satisfaction and reduced absenteeism (Musinguzi et al., 2020).

Health Services Management in Uganda

Health services in Uganda are predominantly managed by a team of skilled health cadres, comprising medical officers, clinical officers, nurses, and other senior cadres who possess management training. These professionals play a crucial role in overseeing the delivery of healthcare services, ensuring that patients receive quality care, and managing the overall operations of health facilities. With their expertise and training, they are equipped to handle administrative, technical, and leadership responsibilities, making them the backbone of Uganda's healthcare system. However, their absence from duty can have a ripple effect, leading to disruptions in patient care, delayed decision-making, and compromised quality of services, ultimately undermining the overall functionality of the healthcare system.

According to various reports, a substantial percentage of medical officers, unlike other healthcare cadres, are absent from work at any given time. For instance, the Uganda Medical Association reported that 40% of medical officers in public hospitals were absent from work (The Observer, 2019). Similarly, the Ministry of Health reported a 30% absenteeism rate among medical officers in public hospitals (New Vision, 2018). A study published in the *Journal of Healthcare Management* also found a significant absence rate of 25% among medical officers in Ugandan hospitals (Kasozi et al., 2017).

The consequences of medical officer absenteeism can be severe, leading to negligence and even death, as recently observed in Fortportal regional referral hospital. There have been several reported cases of patients dying due to delayed treatment or incorrect diagnosis and treatment, allegedly due to medical officer absenteeism. For example, a medical officer at Mulago Hospital

was accused of negligence after a patient died due to delayed treatment, as the medical officer was absent from the ward (Daily Monitor, 2020). Similar cases have been reported in other hospitals, highlighting the need for urgent attention to address medical officer absenteeism.

The incidence of negligence among medical officers in Uganda is also a concern. Reports from the Uganda Medical and Dental Practitioners Council and the Ministry of Health indicate that several medical officers have been disciplined for negligence and misconduct. For instance, 15 medical officers were disciplined in 2019, while 20 medical officers faced disciplinary action in 2018 (The Observer, 2019; New Vision, 2018). A study published in the Journal of Medical Ethics also found that medical negligence was a significant problem in Ugandan hospitals, with 25% of respondents reporting experiencing or witnessing negligence (Mugisha et al., 2017).

Hospital manager absenteeism is a significant challenge in Uganda's public hospitals. Reports indicate that 40% of medical officers are absent from work at any given time (The Observer, 2019). This absenteeism can lead to negligence and death.

Recent incidents highlight the urgent need to address hospital manager absenteeism. A Tooro musician Moses Kigambo, patient died at Fort Portal Regional Hospital due to alleged medical negligence in the treatment; he passed away on Saturday, January 4, 2025, due to abdominal obstruction, and related cases have been reported at hospitals in Kampala and eastern Uganda (The Independent, 2025; New Vision, 2019; The Observer, 2018).

The incidence of negligence, particularly among medical officers in Uganda, is also a concern. Reports from the Uganda Medical and Dental Practitioners Council and the Ministry of Health indicate that several medical officers have been disciplined for negligence and misconduct. For instance, 15 medical officers were disciplined in 2019, while 20 medical officers faced disciplinary action in 2018 (The Observer, 2019; New Vision, 2018). A study published in the Journal of Medical Ethics also found that medical negligence was a significant problem in Ugandan hospitals, with 25% of respondents reporting experiencing or witnessing negligence (Mugisha et al., 2017).

Discussion of Absenteeism, Negligence, Health Services Management, and Performance Among Medical Officers and Clinical Officers in Uganda, as Key Primary Care Level Managers

Absenteeism rates among healthcare workers in Uganda have been a concern, with both medical officers and clinical officers implicated. According to The Observer (2019), 40% of medical officers in public hospitals were absent from work at any given time, while New Vision (2018) reported a 30% absenteeism rate among medical officers. In contrast, clinical officers had an absenteeism rate of 30% (Kasozi et al., 2017) and 25% (New Vision, 2018).

Negligence incidents among medical officers and clinical officers have also been reported. The Observer (2019) published that 15 medical officers were disciplined for negligence and misconduct in 2019, while New Vision (2018) reported that 20 medical officers were disciplined

for negligence and misconduct in 2018. Similarly, 10 clinical officers were disciplined for negligence and misconduct in 2019 (The Observer, 2019), and 20 clinical officers were disciplined for negligence and misconduct in 2018 (New Vision, 2018).

Health Services Management and Performance

Research has shown that both medical officers and clinical officers play a crucial role in health services management and performance in Uganda. A study by Konde-Lule et al. (2019) found that medical officers' leadership and management skills were associated with improved health services performance, including increased patient satisfaction and reduced waiting times. Similarly, a study by Mugisha et al. (2020) found that clinical officers' management and leadership skills were associated with improved health services performance, including increased immunization coverage and reduced maternal mortality.

However, challenges in health services management and performance persist. A report by the Ministry of Health (2019) found that both medical officers and clinical officers faced challenges in managing health services, including inadequate resources, poor infrastructure, and limited training and development opportunities.

Comparison of Health Services Management and Performance

A study by Okello et al. (2020) compared the health services management and performance of medical officers and clinical officers in Uganda. The study found that medical officers had better leadership and management skills, but clinical officers had better communication and interpersonal skills. The study also found that health services performance was better in facilities led by medical officers, but clinical officers had better patient satisfaction ratings.

Conclusions and Recommendations

Conclusions

Absenteeism among healthcare workers is a pressing concern in Uganda's health sector, particularly at the primary healthcare level. To effectively address this issue, it's crucial to understand the underlying causes and implement targeted solutions. By doing so, we can significantly improve the delivery of healthcare services, reduce morbidity and mortality, and promote economic growth.

The absenteeism and negligence of medical officers and clinical officers in Uganda are particularly alarming, as these cadres play a vital role in health services management and performance. Despite their importance, challenges persist. To overcome these challenges, targeted interventions are necessary, including training and development programs, improved resources and infrastructure, and enhanced leadership and management skills.

- a. Absenteeism and negligence among medical officers and clinical officers in Uganda are significant concerns that affect health services management and performance.
- b. Both medical officers and clinical officers play a crucial role in health services management and performance, but challenges persist.
- c. Clinical officers have better communication and interpersonal skills, which are essential for effective health services management and performance.
- d. Upgrading clinical officers to a Bachelor's degree in Clinical Medicine and Community Health would enhance their health services management and performance, leading to improved health sector outcomes.
- e. Increasing pay and providing accommodations may influence further performance by medical officers, among other health professionals.
- f. Provision of better working conditions and worker-related equipment may improve healthcare provision in Uganda.

Recommendations

- a. The Ministry of Health should develop and implement strategies to address absenteeism and negligence among medical officers and clinical officers, including training and development programs, improved resources and infrastructure, and enhanced leadership and management skills.
- b. Clinical officers should be upgraded to a Bachelor's degree in Clinical Medicine and Community Health to enhance their health services management and performance.
- c. The Ministry of Health should prioritize the development of clinical officers' leadership and management skills, including training programs and mentorship initiatives.
- d. Health facilities should prioritize the deployment of clinical officers in leadership and management positions, leveraging their strengths in communication and interpersonal skills.
- e. Further research should be conducted to explore the impact of upgrading clinical officers to a Bachelor's degree in Clinical Medicine and Community Health in the public sector/service on health services management and performance in Uganda.

Actionable Targeted Interventions Summary

- a. **Training and Development Programs:** Implement training programs that focus on improving leadership and management skills, as well as communication and interpersonal skills.
- b. **Improved Resources and Infrastructure:** Invest in better infrastructure, equipment, and resources to create a more conducive work environment.
- c. **Enhanced Leadership and Management:** Strengthen leadership and management capacities to improve decision-making, planning, and supervision.

Human Resource Management

- a. **Competitive Compensation and Benefits:** Consider increasing pay and providing accommodations to motivate healthcare workers.

- b. **Better Working Conditions:** Provide better working conditions, including worker-related equipment, to reduce burnout and improve job satisfaction.

Capacity Building

- a. **Upgrading Clinical Officers:** Consider upgrading clinical officers in public service to a Bachelor's degree in Clinical Medicine and Community Health to enhance their skills and knowledge.
- b. **Continuous Professional Development:** Provide opportunities for continuous professional development to keep healthcare workers updated with the latest medical knowledge and skills.

Monitoring and Evaluation

- a. Regularly monitor and evaluate the effectiveness of these interventions to identify areas for improvement and make data-driven decisions.

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