**Title**: Who is More Corrupt: Identifying the perpetrators of absenteeism among health workers in Nigeria.

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**ABSTRACT**

**Background**: Unplanned and voluntary absenteeism is a serious corruption concern among health workers as it undermines effective health care delivery and compromise strive stowards Universal Health Coverage (UHC). Low resource settings are most impacted by absenteeism, yet the nature of absenteeism, perpetrators and motivators are poorly researched and understood in low resource settings.The rationale of the study is to illuminate absenteeism as a form of corruption afflicting the health sector. It is part of a new anti-corruption evidence (ACE) consortium aimed at identifying/providing evidence for types of corruption existing in Low to Middle Income Countries (LMICs) and subsequently engaging concerned, often grass root stakeholders, especially street level bureaucrats, to tackle the corruption.

**Aim**: In this study we aimed to identify: i) which group of health workers are mostly absent,ii) factors that contribute to absenteeism among each group and iii)effective strategies and policies that may be valuable in checking absenteeism among health workers in Nigeria.

**Method**: A qualitative design and approach to investigating corruption was adopted. Health workers (N = 18: 6 physicians, 6 nurses, 6 health administrators) and 6 service users were interviewed using in-depth interview topic guides. Thematic data analysis was used to explore the data.

**Key findings**: Health workers in rural areas were reported to be more absent from work. Drivers of absenteeism were low patient load, poor monitoring/supervision and poor social amenities to support living and working conditions. Primary health centres reportedly had higher absenteeism than other levels of formal healthcare, as they were often located in rural regions.It was widely reported that absenteeism was often noticed among higher ranking staff, albeit senior doctors were observed to be the most absent spurred by dual practice. The results showed that there were cover-up processes for absent staff. No disparity was observed in the frequency of absenteeism between males and females. However, family roles were reported to be implicated in female absenteeism, whereas, dual practice and a callous personality were blamed for males who were absent. The use of biometrics to monitor absenteeism has not been effective for health workers especially in rural areas.

**Main Conclusion**:

The findings are helpful to health policy researchers and policy makers targeting groups that are more likely to absent from work in specific health settings. Motivators for absenteeism for the different groups could be targeted in interventions aiming to reduce absenteeism in the health sector.