

**Determinants of Absenteeism in Remote Healthcare: A Comparative Study of the
Public and Private Sectors in Chitral**

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ABSTRACT

Here the researcher will delve into the trends, causes, and control of employee absenteeism in the Chitral district a remote district of northern Pakistan in the public health and the private sector health. The study was conducted in both sectors using a quantitative research design and the data was gathered with the help of structured surveys sampled on 80 healthcare workers. The results indicate that a lot of demographic, organizational, and situational factors determine the degree of absenteeism. In the case of absenteeism, the rate of absenteeism was higher in the public sector mainly because of the poor supervision, geographical isolation, and ineffective organizations of work and the main causes of absenteeism from the workforce in the private sector were occupational stress, burnout, and pressure to perform. The gender distribution, level of education, satisfaction and support by supervisor, and work environmental quality were some of the key variables that had an impact in the attendance behavior. The most common cause of taking a leave among the employees in the public sector pertained to reasons as health and family commitments whereas employees in the private sector refer to work related stress. The paper also reports gross differences in management practices of absenteeism with a highly structured and incentive based system in the case of the privately managed institutions whereas presence of an effective system to enforce the same in public institutions. These differences notwithstanding, the two industries were unanimous with their preferences of such non-punitive interventions as wellness programs, flexible work schedule, and executive involvement to minimise absenteeism. The results indicate the importance of specific and contextual interventions that would take into consideration the structural and environmental realities of the rural healthcare systems in Pakistan.

Key words: Absenteeism, Public vs. Private Sector, Healthcare Workforce, Chitral, Supervisor Support, Job Satisfaction, Leave Management, Rural Health Services

INTRODUCTION

The issue of employee absenteeism has been a topical challenge on organizational performance across the globe. It decreases the productivity, increases the expenses and destroys the morale of the team. The effect is especially drastic on labor-intensive industries such as healthcare where the provision of services is largely based on the presence of an individual worker. This is particularly acute in Chitral, a distant and climatically extreme region of northeastern Pakistan where both the governmental and non-governmental facilities of healthcare face a problem of constant employee presence.

Absenteeism has generally been considered as the insistence of employees to show up at the scheduled work, either with or without permission (Robbins et al., 2004). Although it is normal to miss class because of a sickness or an emergency, chronic or unauthorized absenteeism is usually a red flag that signals more substantive concerns. Literature notes that absenteeism would affect the demands at the work place and productive nature once it becomes frequent particularly in situations of laissez-faire leaves (Martocchio & Harrison, 1993; Du Toit & Van Der Waltdt, 1998). According to international research, the level of absenteeism is greater in the sphere of the state sector than in the sphere of the commercial. Norway was found to have increased short-term absence in employees in the way of public sector workers to have larger short-term absences even following demographic regulations due to deteriorated incentives and poorer accountability systems (Mastekaasa, 2019). German studies confirm the same, concluding that the disparity between the public and the private cannot be nullified by equalizing workforce after normalization (Prumer & Schnabel, 2019). Conversely, the law abiding nature that is normally applied to workers in the private sector, the increased performance level demands, and the dependency on job security, are some of the factors that drive away the likelihood of numerous employee absenteeism (Vandenheuvel, 1994).

It can be replicated by the private healthcare institutions in Chitral. Competition, reduced resources and the stress on patient satisfaction foster the mood where absenteeism is not tolerated. On the other hand, the public health facilities are usually characterized by bureaucratic inefficiency and little supervision or other enforcement mechanisms of attendance that may develop certain unwitting habits of absenteeism.

The reasons of lack of attendance are complex. Among the contributors is health conditions, particularly chronic diseases and mental pressure. However, other factors like working satisfaction, interpersonal relationship at work, management level, and transport amenities also have significant roles. Add to that there are extreme weather conditions, bad roads, and distances of travel, especially rural in Chitral (Bednarczuk, 2024). Attendance is further complicated by cultural norms and gender relations such that female health workers experience such barriers as domestic duties, safety concerns, and inaccessible female-friendly facilities (Lokke & Eskildsen, 2007). Additionally, attendance may be a consequence of self-selection into government careers. The German research and the U.S study indicate that people who are likely to be absentee appear to choose jobs in the public sector because it provides the feeling of job security and decreased controls (Garcia-Moran & Ehlert, 2022).

Healthcare absences do not only impact the internal processes of a facility: they slow down the service, make others overworked, and undermine patient trust. To places that are underserved, such as Chitral, this undermines the delivery of necessary services. It is thus important to understand the causative factors in absenteeism. The article in question will investigate the issue of absenteeism in both the public and the private health sector of Chitral and determine the cause of this issue, and what the differences in the sectors are. It aims at providing an effective solution to finding a way of increasing staff attendance and service delivery in such a difficult environment.

LITERATURE REVIEW

Work absenteeism is a recurrent pill that continues to haunt organizations across the universe with the health sector registering the highest number of cases whereby constant presence of staff is a core requirement in the provision of services. Also referred to as the failure to report at the work place at its scheduled time, absenteeism could be attributed to genuine health conditions, however in most cases it is closely attributed with dissatisfactions at the workplace, the lack of productivity in an organization, and poor management systems. This review focuses on the trends, causes, and the variations between the public and private sectors towards health-related absenteeism, and especially applies in developing countries such as Pakistan.

A reinforcement study by Nyathi (2008) involving a sample size of 107 nurses in South Africa picked up five organizational facets of absenteeism to include lack of attractive group cohesion, lack of autonomy, ambiguous roles, ineffective routines, and heavy work loads (Nyathi, 2008). These results indicate the importance of work climate and internal systems of organizational impact on staff turn up. Medican (1999) also recorded illness as a major cause especially of the industrialized economies and supports the fact that the provisions of sick-days may act as a reflection of personal health problems as well as organizational stressors in the workplace.

It is repeatedly noted that absenteeism is increased in the public sector. The study by Kristina (2007) established that such countries have a higher absence rate in the competitors with the Nordic countries where the public healthcare systems have less accountability and monitoring mechanisms. Serneels et al. (2008) echo this asserting that in a developing country lack of enforcing mechanism in the government sector was the first factor which led to regular absenteeism. This point of view was supported by the opinions of Chaudhury et al. (2008) who conducted surprise checks in Indian public health facilities and discovered that more than 40 percent of health personnel were absent due to lax supervision and inability to receive administrative checks.

Authorities claim that in many cases, punitive absentee policy does not work in the public sector: Murphy provided his argument (2008). Rather, the attendance needs to be enhanced by strategic and human-based policies aimed at taking care of employees and engaging them. Focusing on the situation in Islamabad and Rawalpindi, Awan (2013) discovered that the importance was not so high when it comes to stress and work-life balance compared to job satisfaction and organizational culture among health staff. This contradicts the traditional beliefs and topicalizes the psychological and cultural factors that impact the level of absenteeism. The importance of leadership and norms on the job cannot be underestimated. Biron and Bamberger (2007) demonstrated that negative conditions in the workplace could only transfer into absenteeism where the supervisory support was low, and where peer standards were lenient. According to Viscusi and Moore (1991), workers facing hazardous job would often predictively bear risks without missing work often, especially when they tend to have entered a hazardous occupation of their own free will.

Ferguson et al. (2001) provided the Total Absence Management (TAM) model that associates absenteeism with the economic costs. They also pointed out aging workforces as an emerging challenge given that there is high possibility of long term leave. In backing this up, Brady et al. (2023) observed that tenure, age, and gender had a significant impact on patterns of sick leaves. Employees with long terms of work and those who were old tended to have fewer cases of absence, which was most probably attributed to organizational dedication and job familiarization.

Jirjahn (2008) tested the employee monitoring systems and determined the surveillance approaches were effective to decrease short-term non-certified absences, but hardly useful in long-time leaves, which were proven to be medically justified. This implies that there should be consideration over and above control-based initiatives and that a new level of organizational problems should be sought. Naidoo et al. (2016) criticized outsourced absence management also in the context of the South African public health sector, stating that workers, in the vast majority of cases, were not reintegrated into work after an illness, even in the cases when they were managed by a private agency. Absenteeism is also controlled by the demographic factors. According to Ndhlove (2012), in the case of women, particularly those aged between 45 to 49, the absentee rates were higher, mostly as a result of household concerns. On the contrary, employees who had spent more time in the company were less absent. Hirschfield et al. (2002) further wrote that those clerical employees who did not see any reward in the work they were carrying out would be susceptible to absenteeism as a survival strategy.

Design of jobs is an essential aspect of presence of the employees. Vodanovich and Challenger (2001) have associated boredom with absenteeism in repetitive monotonous tasks. De Boer et al. (2002) discovered that when nurses were absent so often, they were expected to be affected by unscheduled shifts or involuntary reassignments and have an associated mental and physical stress. The sociological factors contribute to enrichment as well. According to Ingham (1970), morale and power games in big bureaucracies decreased the ownership of workers and raised absenteeism. Barmby and Stephan (1996) agreed with this fact stating that large organizations minimize social cohesion and result in frequent absenteeism.

Absenteeism has great economic impact. According to the Confederation of British Industry (CBI, 2002), there were annual wage and replacement costs losses in the UK of 11.6 billion pounds, an average of 10.1 sick days per employee per year in the UK among the workforce in the public sector as compared to 6.7 sick days per employee per year in the private sector. These statistics emphasize the necessity of special approaches to absenteeism. Theoretically, according to the affective events theory (Martocchio, 2003), employee moods and personality characteristics, particularly neuroticism are the predictors of absenteeism. Employees who have negative emotional dispositions are more prone to absenteeism at the times of stress proving that the factor of absenteeism can be emotionally motivated as well.

Policy interventions won the wide review. In a systematic review, Kisakye et al. (2016) identified flexible scheduling, wellness programs, and attendance incentives at the organizational-level to be more effective than regulatory enforcement approaches. In support of this, Mashta (2011) observed that in the NHS UK, a 1 percent submission of the absence brought sizable saving, indicating the essence of planning interventions. To conclude, the phenomenon of absenteeism in the healthcare industry, such as it is, is very complex and is influenced by organizational culture, employee psychology, job design, and institutional governance. Absenteeism is also present in the public sector and it is common because supervision of employees is poor and accountability is low whereas in the case of a private institution, more stringent methods of management are followed. Comprehensive administration that involves friendly policies, work redesigning, and management involvement seems to be the best strategy to eliminate absenteeism as well as enhance service delivery in the healthcare facilities.

METHODOLOGY

This study is mainly conducted with the objective to investigate the variation in the rates of absenteeism between the two sectors (private and public health) of Chitral. The study used descriptive research design and evaluative research design to comprehend the present situation of the absenteeism in these sectors. A

mixed-methods approach (that is, a combination of quantitative (survey) and qualitative (interview) methods) was used in order to obtain a comprehensive picture (Creswell, 2014).

A structured questionnaire that included both open and closed questions was used to collect data because it was necessary to obtain both measurable and contextual answers. The questionnaire was built on three-point and five point Likert scales which assessed such factors as interpersonal relations in the workplace, work satisfaction, job satisfaction, supervisory conduct, and management. Besides the survey, there was informal interview of a number of employees on the course of the researcher involvement of a period of two months in different health institutions of Chitral. This strategy gave direct experiences on the causes of absenteeism.

Eighty employees (both in public and private sectors of health) in Chitral volunteered in the study. Such participants have been chosen through the purposive sampling technique in order to provide representation of various departments and levels of seniority. The questionnaire was also filled out by all the respondents giving it a near complete 100 percent response rate.

The statistical software-SPSS, was used to analyse the data gathered and statistical description was possible. The presentation of results was depicted by the use of graphs and tables to show the presence of patterns and variations in the rates of absenteeism in the two sectors. Such quantitative analysis assisted in correlations and in the inferring of meaningful conclusions (Pallant, 2020). The research was based on primary. Primary data encompassed the data produced by the questionnaires and interviews, which provide first-hand information about the behaviour of employees and their perceptions (Sekaran & Bougie, 2016).

Data Analysis

A prior run of test was taken to discuss the demographic and organizational features of the respondents of both the public and the private health sectors of Chitral. Some of the variables that were adopted in this preliminary contrast were gender, age, education level, work related satisfaction and job conditions. The test run was aimed at determining sectoral patterns and contextual conditions that had the potential to affect the absenteeism behavior. The test run allowed to derive a basic picture of the working environments, which is used to interpret further patterns of absenteeism by providing the differences in the staffing patterns, the manager-subordinate relationships, and the environment during the test run.

Table 1: Gender of respondent

Private sector

S.No	Gender	Percent
1	Male	42.5
2	Female	57.5

Public sector

Gender	Percent
Male	70
Female	30

Fifty-seven and a half percent of the respondents in the private health sector in Chitral were females, and 42.5 percent were the males. On the other hand, there were a lot of men in the public sector as 70 percent of them were male and 30 percent were female respondents. Such a gender imbalance can be attributed to the staffing pattern of both the sectors. There also are a higher number of female nurses and Lady Health Visitors (LHVs) employed privately particularly by the institutions such as Aga Khan Health Services, which is a global trend referring to feminization of the front line healthcare jobs [(Nyathi, 2008); (Ndhlove, 2012)]. In the meantime, the workforce of public health organizations in the countryside is dominated with men, who may be predisposed by the social-cultural expectations, disparity of mobility, and absence of women-friendly structures in rural locations [(Lokke & Eskildsen, 2007).

Table 2: Age Group:

Private sector

S.No	Age	Percent
1	18-25	7.5
2	26-30	37.5
3	above 30	55

Public sector

S.No	Age	Percent
1	18-25	2.5
2	26-30	35
3	above 30	62.5

Most of the employees in the two sectors work in the area of healthcare and are more than 30 years of age. The figure of those who had worked in the private sector and were aged over 30 was 55 percent when the percentage was even higher at 62.5 percent in the public sector. Employees with 18-25 ages were not much common in either industry indicating that the healthcare workers in Chitral have more experienced workforce. There is also an association with a longer tenure/more tenured/the greater stability of employment in the state sector (Brady et al., 2023). The younger age group in the private sector may indicate more vibrant employment cycle or junior time scale because of more stringent performance requirements.

Table 3: Level of education

Private sector

S.No	Education	Percent
1	Undergraduate	20
2	Graduate	60
3	Post graduate	20

Public sector

S.No	Education	Percent
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1	Undergraduate	40
2	Graduate	45
3	Post graduate	15

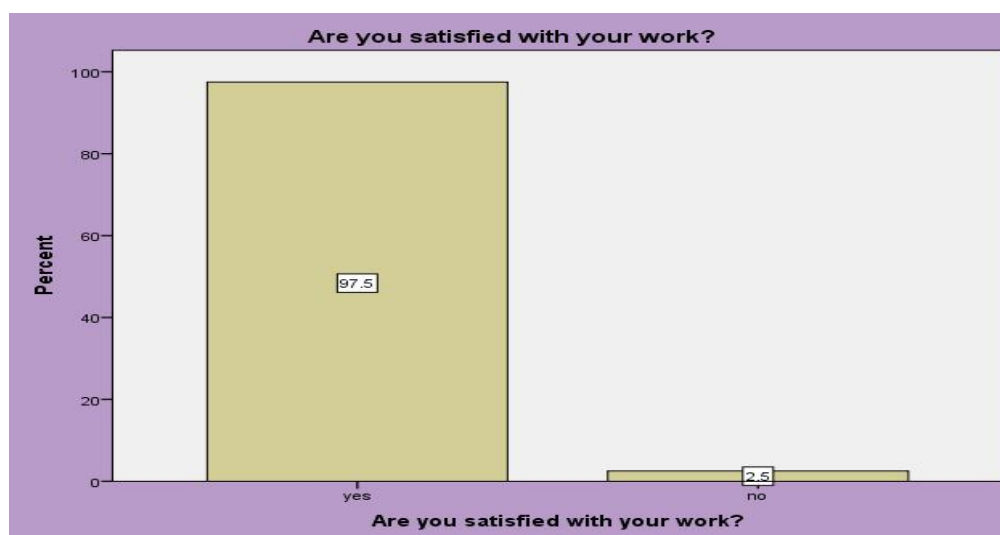
The level of education differed in sectors. The workforce in the private sector was highly educated as 60 percent of the employees were graduates, and 20 percent were postgraduates. On the contrary, undergraduates (40%) and fewer postgraduates (15%) were present in the public sector. One reason could be that the hiring standards are different, that professional growth chances or investment into people resources varies in this sector [(Protas, 2007); (Kristina, 2007)]. This is due to the fact that the greater level of education in the private sector would translate to improved performance at work and less absenteeism (similar observation was made in the previous literature) (Pfifer, 2010).

Figure 1: Are you satisfied with your work?

Private sector



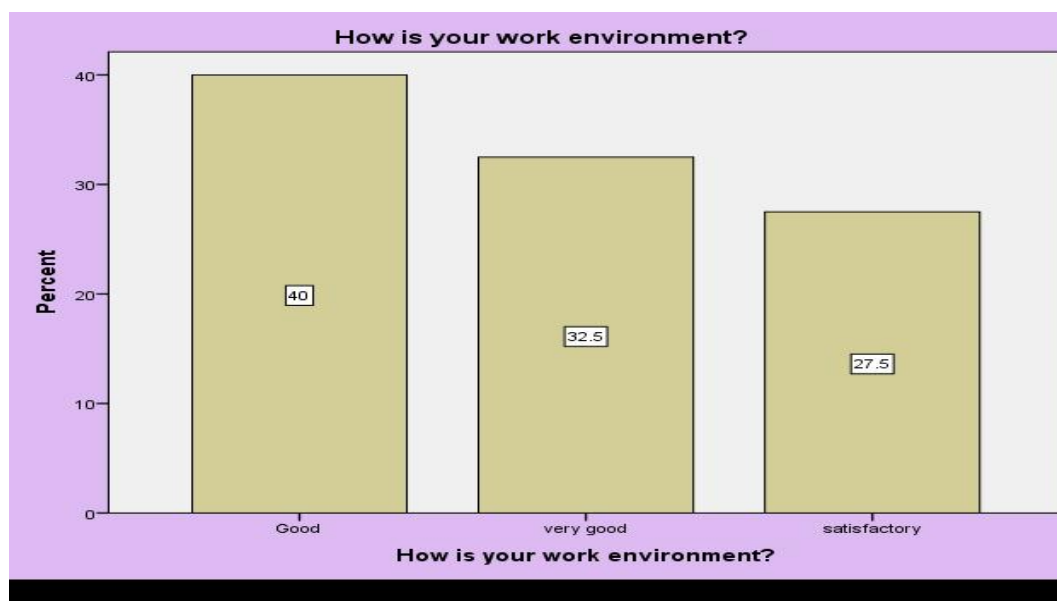
Public sector



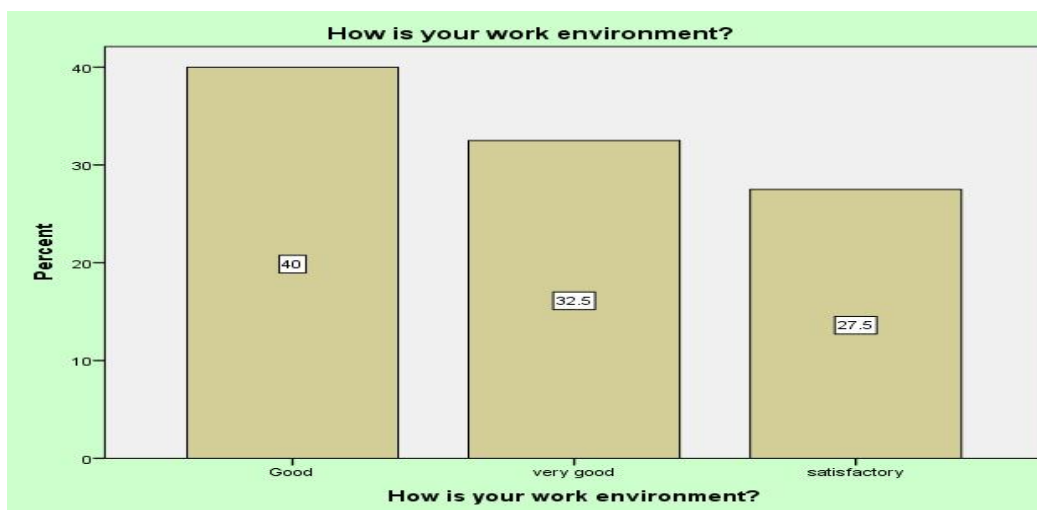
The level of job satisfaction was said to be rather high in both sectors with 97 per cent of public sector workers stating to be satisfied with their work in comparison to 80 per cent in the personal sector. Reflectively, employees in the private sector showed a tendency of reportedly low satisfaction even though there was tougher control and poorer security of job in comparison with the situation in the state sector. It is possible that the greater satisfaction of the public sector is explained by more secure work and pension payments, less strict supervision, as shown in the previous literature [(Garcia-Moran & Ehlert, 2022); (Murphy, 2008)]. Nevertheless, there is no guarantee that high levels of satisfaction will enable a reduction in the levels of absenteeism, particularly where the accountability systems are loosely defined (Chaudhury et al., 2008).

Figure 2: How is your work environment?

Private sector



Public sector



The ratings of work environment were relatively good in each of the two industries. Actually, 32.5 percent of them said it was very good and 40 percent said it was good in the private sector. In the public sector it was good and 47.5 percent and 22.5 percent indicated very well. Even though the environment was rated rather favorably in the "good" category by the workers in the public sector, those in the private sector were more inclined to refer to it as either very good, or otherwise, possibly a more helpful or more resourceful environment. Absenteeism and job retention have a close connection to work environment [(Väänänen et al., 2003); (Biron & Bamberger, 2007)].

Table 4: How do you take leave in a month?

Private sector

S.No	Days	Percent
A	1	45
b	2	37.5
C	3	17.5

Public sector

S.No	Days	Percent
A	1	35
b	2	45
C	3	15
d	4	5

The survey among the employees in the private sector indicated that 45 percent had been taking one day of the leave per month and very few had been taking more than 2 days. Conversely, a greater number of the public sector respondents used 2 or more days of leave and even 4 days off were reported by 5 percent of the respondents. This confirms the assumption that the issue of absenteeism is more common in the government sector which could possibly be attributed to the lack of control, employment security, and

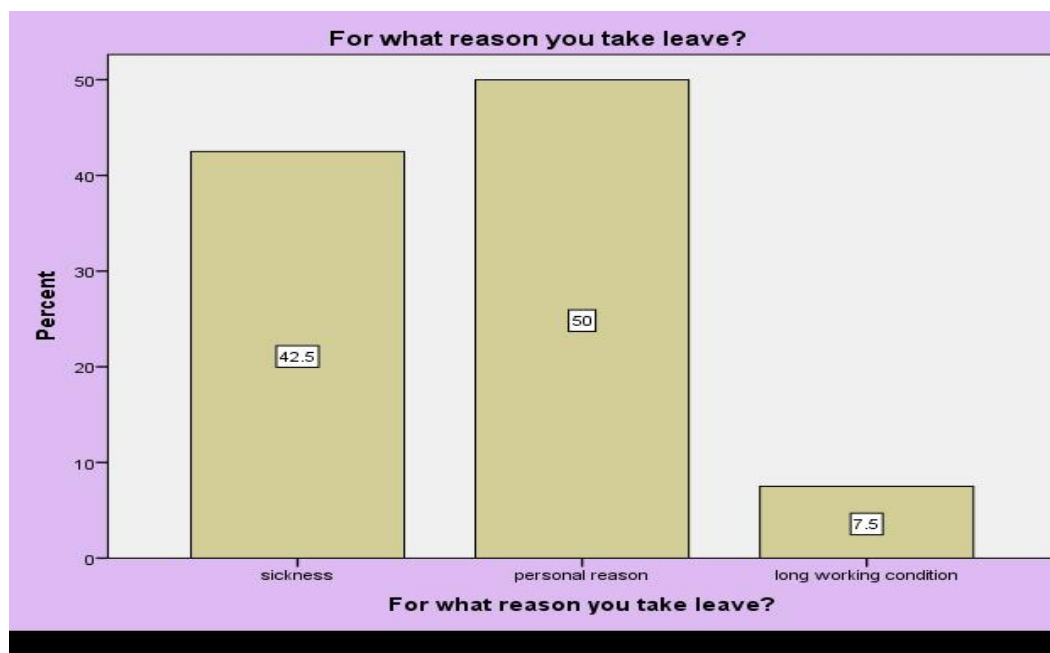
pressure to perform [(Mastekaasa, 2019); (Serneels et al., 2008)]. Nevertheless, based on statistical analysis, it was evident that the difference in leave days is insignificant providing that further research on other variables (e.g. motivation, health, family obligations) is required.

Figure 3: For What Reason you take leave?

Private sector



Public sector

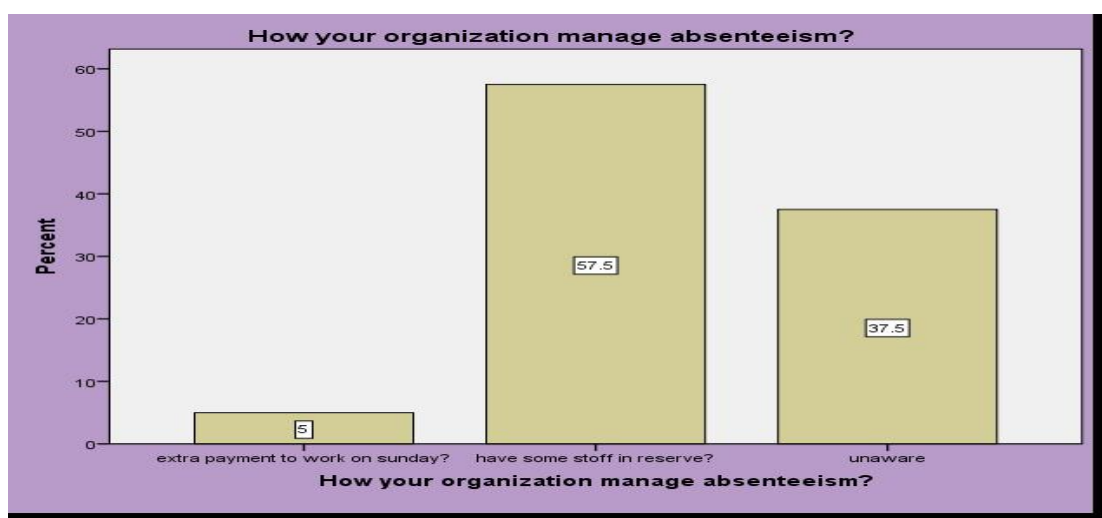


The statistics reveal that employees working in the public sector in Chitral mentioned the health-related factors and family responsibilities as the primary causes of absenteeism. This implies that it relies on institutional laxity and lack of close supervision usually allows workers to work at their own convenience and when they feel they need to spend time off to attend to personal issues. On the contrary, staff at the

private sector were more likely to attribute leave-taking behavior to stress, burnout, and workload demands.

This concurs with the fact reported by Naidoo et al. (2016) who stated that the issue of absenteeism in public health institutions such as hospitals is usually caused by the managing chronic illness and system failure in the management of long-term incapacity. Such workers are also likely to view absenteeism as just a coping strategy to unmet health or social needs. Conversely, the strain in the performance of the private sector workers might present work stress and burnout as its outcomes, often preceding short-term leave-taking in highly demanding workplaces [(Naidoo et al., 2016).

Figure 4: How your Organization Manage Absenteeism:
Private sector



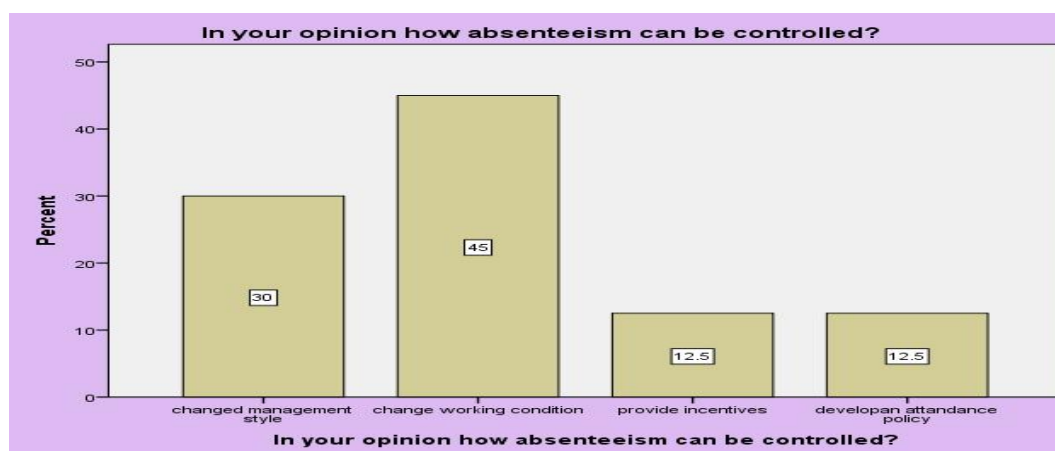
Public sector



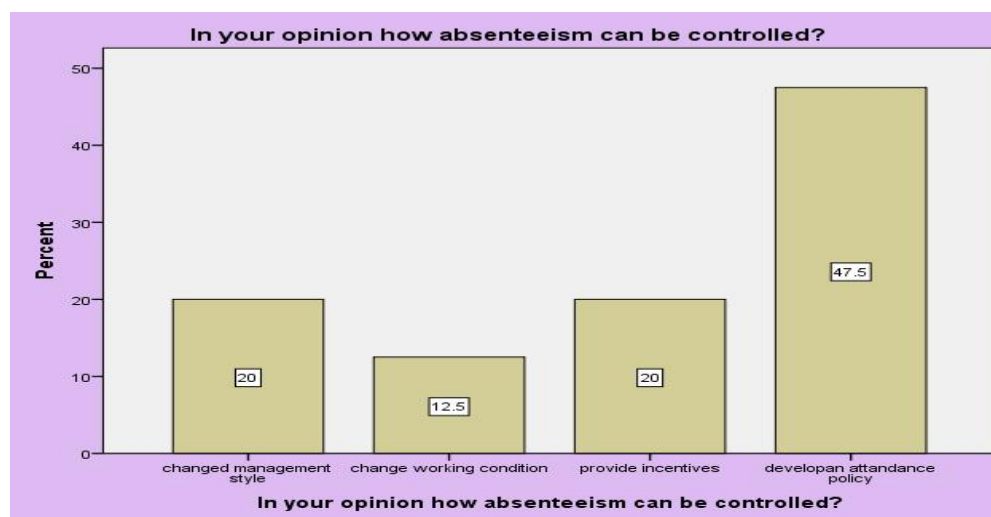
The sectors differ significantly in the industry with regard to managing absenteeism. The participants of the private sector stated that they had implemented organized filing processes of leave, which was associated with performance appraisals and incentives based on attendance. Such processes aim at discouraging incidental absenteeism and provoking frequent attendance. At the same time, workers in the public sector were talking of their systems as either non existent, ad hoc or not well enforced indicating a wider problem of the inertness of bureaucracies. These results reflect the findings of Kisakye et al. (2016) who observed that the regulation of absenteeism in most of the low-and-middle-income health systems is hampered by poor human resource practices and the weak institutional support. On the same note, Jirjahn (2008) reasons out that where effective monitoring is done in an organization, the level of absenteeism is minimal particularly in those organizations where surveillance is coupled by organizational support. Without such mechanisms, a permissive culture towards absenteeism takes place at the public sector institutions by default [(Kisakye et al., 2016); (Jirjahn, 2008)].

Figure 5: In your Opinion How Absenteeism can be controlled?

Private sector



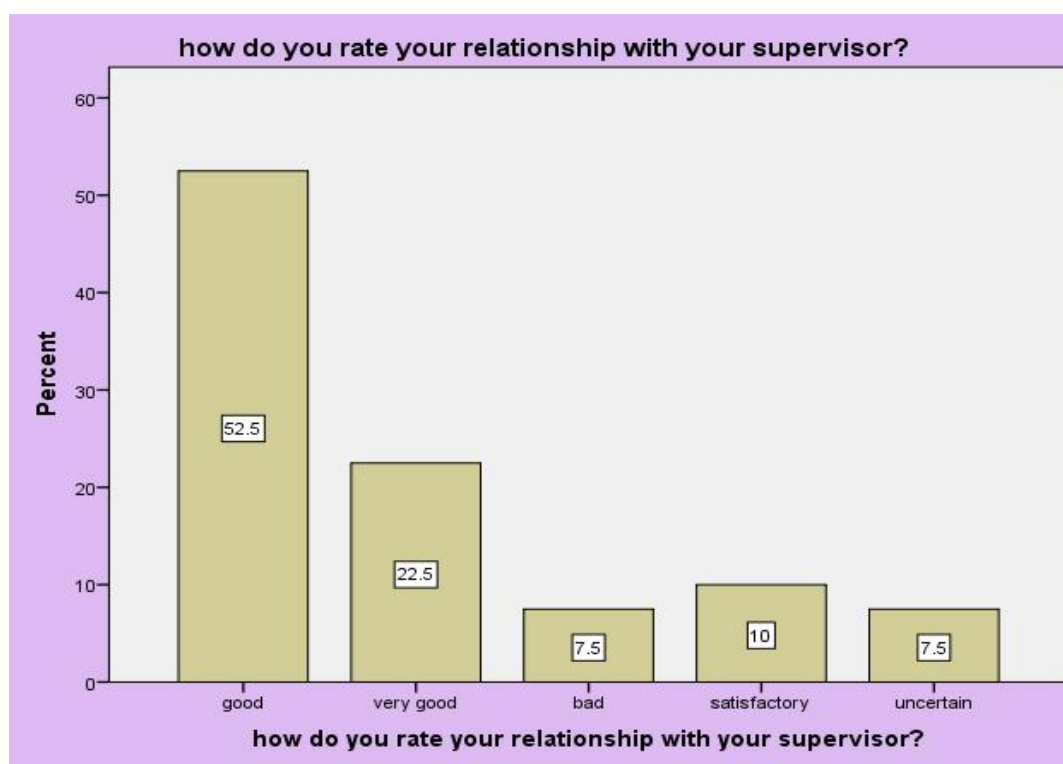
Public sector



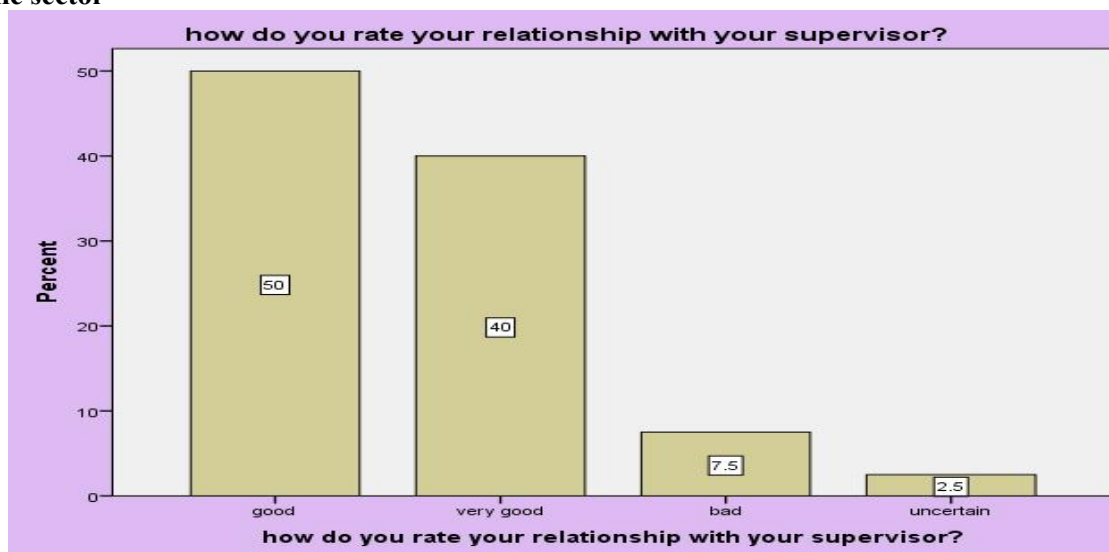
Requesting the respondents how absenteeism can be regulated, both the same sample of the population and the sample of the population associated with the current sector of work responded in great number by indicating non-punitive, organic-level interventions. Among them there were the following suggestions: the motivation to attend the classes, flexible hours, communication enhancement, mental health services, and leadership involvement. This agreement favors contemporary management theories which give more concentration on scholarly reward and the redesigning of structures as opposed to administrative actions. There is a particular management approach based on the principle of Total Absence Management (TAM) or addressing absenteeism through a three-pronged package of wellness programs, flexible work policies and manager-employee involvement, which is highlighted by Ferguson et al. (2001). Besides, the experience of the NHS discussed by Mashta (2011) showed that even small modifications (i.e., wellness days or systems of recognition) could result in quantifiable levels of staff absences. Therefore, the way to excellence in management of absence lies not so much in the enforcement, but rather in the establishment of a very friendly and responsible environment [(Ferguson et al., 2001); (Mashta, 2011)].

Figure 6: How do you rate your relationship with your supervisor?

Private sector



Public sector

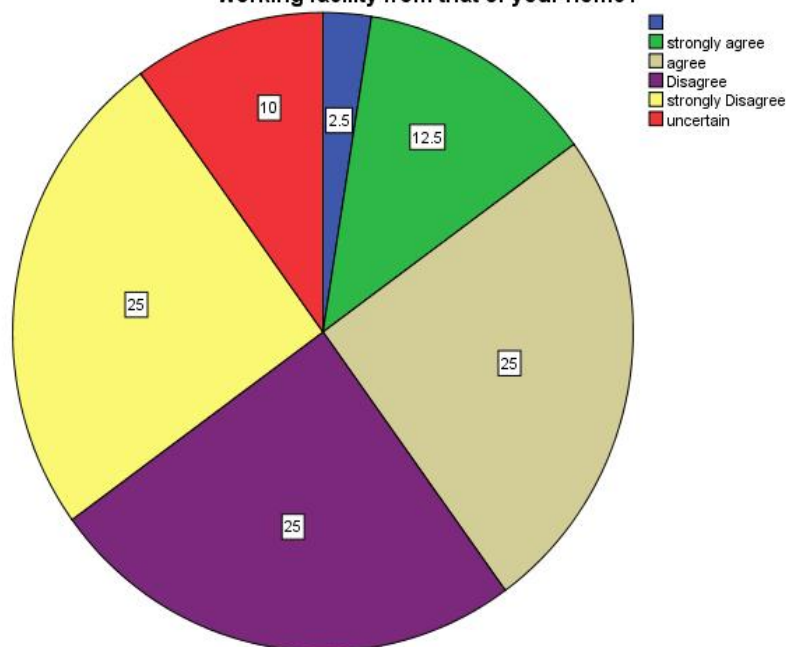


The employees in Chitral (active in the private sector) noted having better interpersonal relationships with their supervisors which are marked with free access to communication, frequent feedbacks and emotional support. Conversely, the relationship between workers with their supervisors was characterized as more hierarchical, informative, or rigid by respondents in the public sector, which is that of traditional bureaucracy. This is a fundamental difference since Biron and Bamberger (2007) also discovered that strong peer norms can be combined with effective supervisor relations in reducing absenteeism considerably. The workers that consider their leaders sympathetic and open are more apt to be psychologically committed to attend to work. On the other hand, a leadership approach that is tough or lacks support leads to another form of engagement or disengagement in the form of absenteeism. Therefore, it is important to instill the leadership styles that are founded on trust and cooperation in the effort to push down the rate of absence [(Biron & Bamberger, 2007)].

Figure 7: Is Distance of Location is a reason for your Absenteeism?

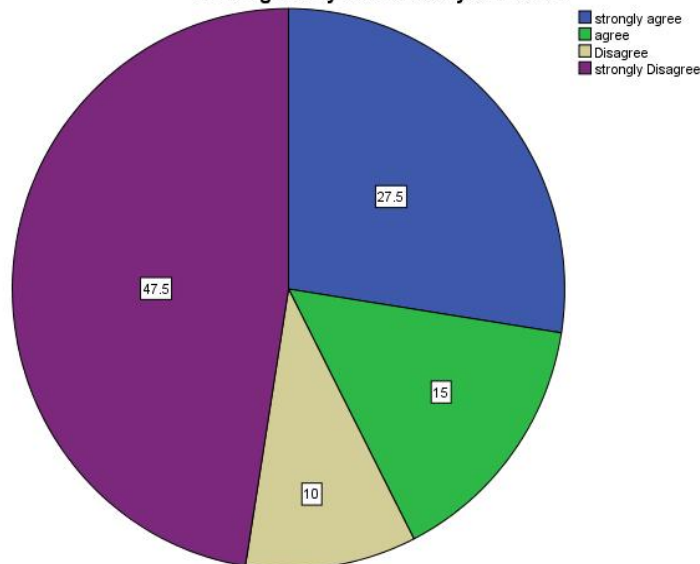
Private sector

one of the reasons that result in absenteeism for you is distant location of your working facility from that of your home?



Public sector

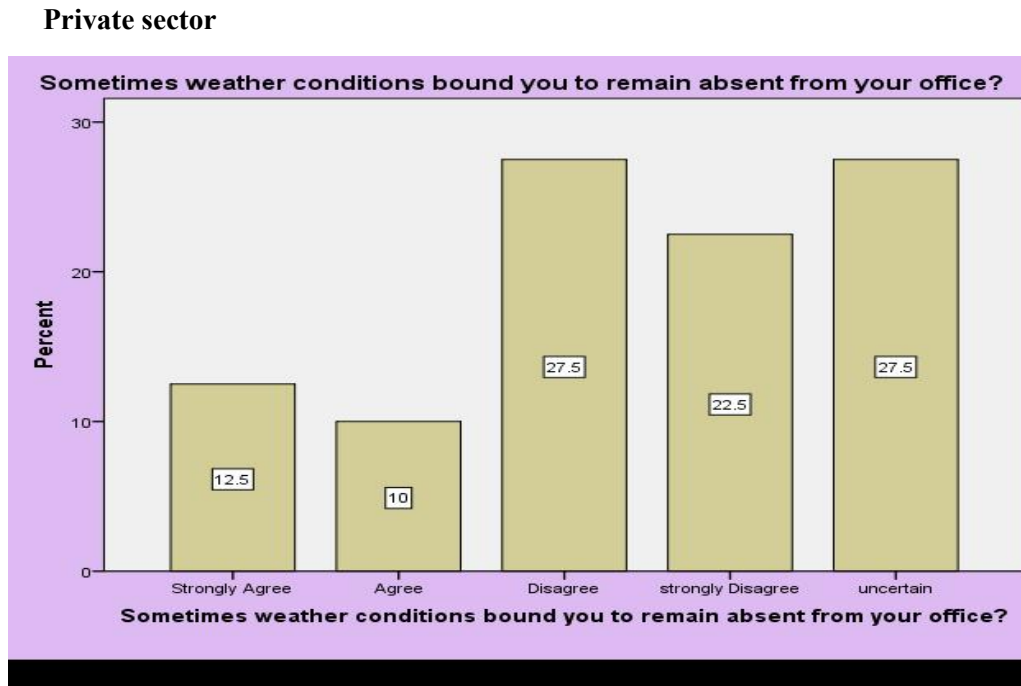
one of the reasons that result in absenteeism for you is distant location of your working facility from that of your home?



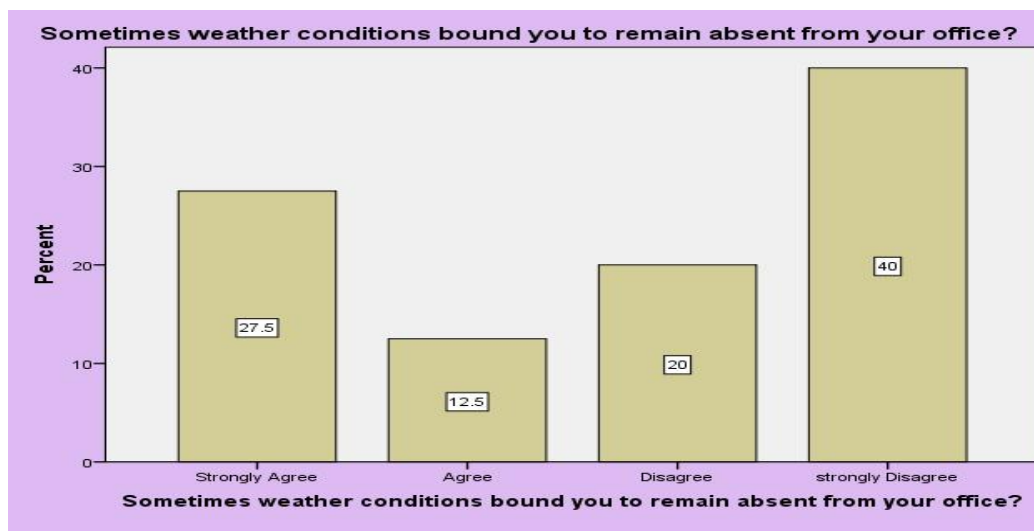
The workers within the government sector especially those located in the remote or hilly regions of Chitral said that, due to geographical and climatic conditions (e.g. snow, landslides, poor roads), they find it difficult to work regularly. The latter conditions were not as commonly referred to as the ones used in the private sector, perhaps since most of the private centres are concentrated in the more accessible and semi-urban regions.

Bednarczuk (2024) highlights that the aspect of absence in the geographically exposed areas is not frequently discussed in the policy arena although it has a concrete effect on the dependability of the workforce. The remote posts experience physical and psychological unavailability to attendance such as long commute hours, transport infrastructure deficiency and isolation due to weather. It means that attendance interventions have to be context-specific, particularly in such regions as Chitral where climatic and landscape conditions create special circumstances [(Bednarczuk, 2024)].

Figure 8: Is Weather condition bound you remain absent?



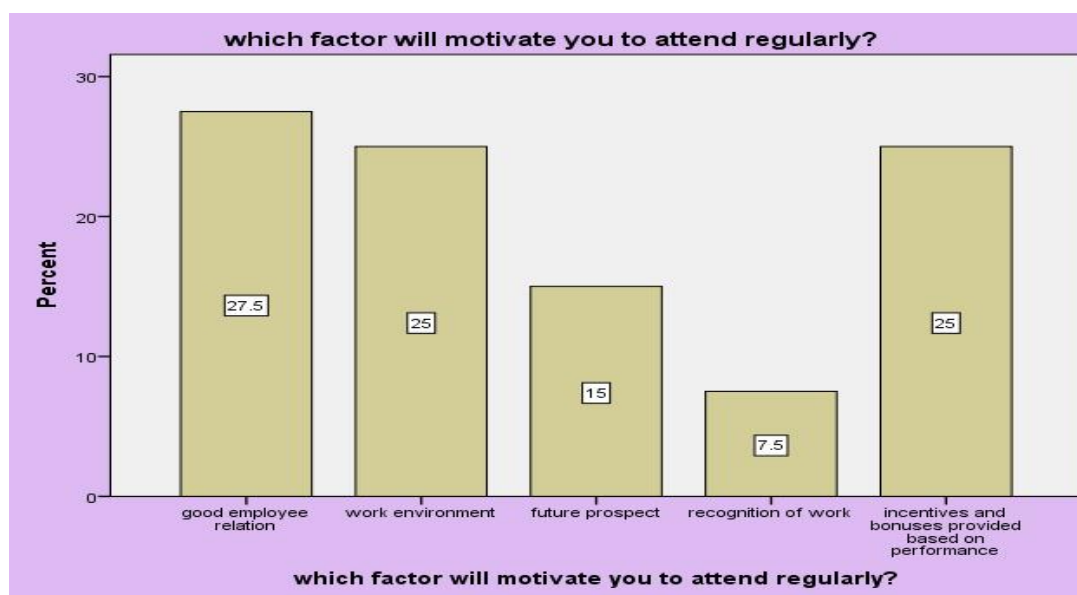
Public sector



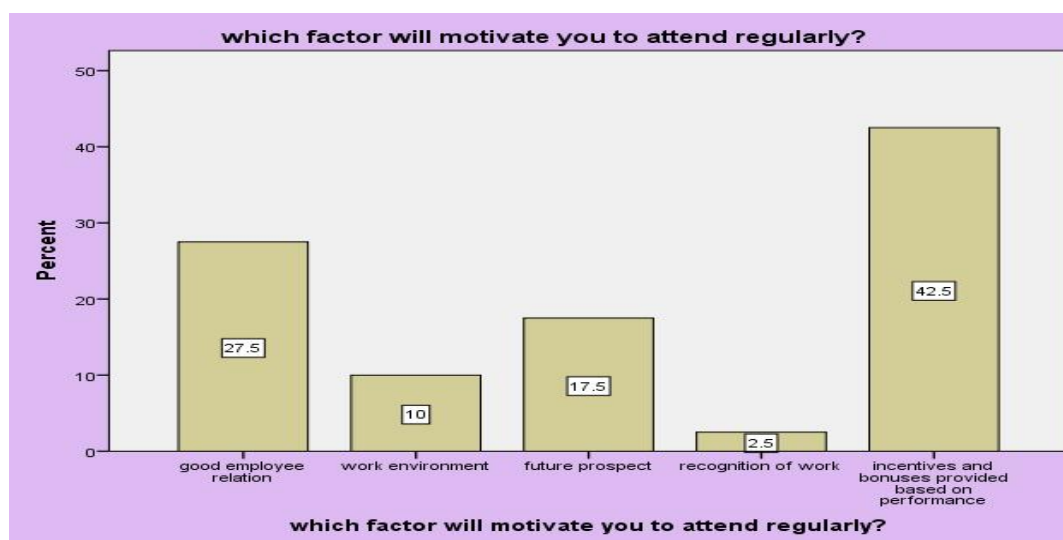
Pas Government employees, especially those who are posted at remote areas, or mountainous regions, of Chitral attributed geographic inaccessibility and harsh weather (e.g. snow, land-slides, rough roads) as a major impediment to regular attendance. These conditions were less common to note in the private sector, probably because most of the congested private facilities are concentrated in semi-urban or more connected localities. It is important to note, underlines Bednarczuk (2024), that the issue of absenteeism in geographically insecure areas is deemed to be under-represented in policy circulation because of its material influence on the stability of work-force. Some physical constraints such as the long commuting hour, the absence of transport infrastructure, and conditions brought about by the weather are the physical barriers to attendance in the remote posts. Mental barriers include the inconveniences that the employees may face during days of absence in the remote posts. Therefore, the attendance interventions should be context-sensitive particularly in regions such as Chitral where there are unpredictable climatic conditions and rugged terrains (Bednarczu 2024).

Figure 9: Factors motivating you to come to office

Private sector



Public sector



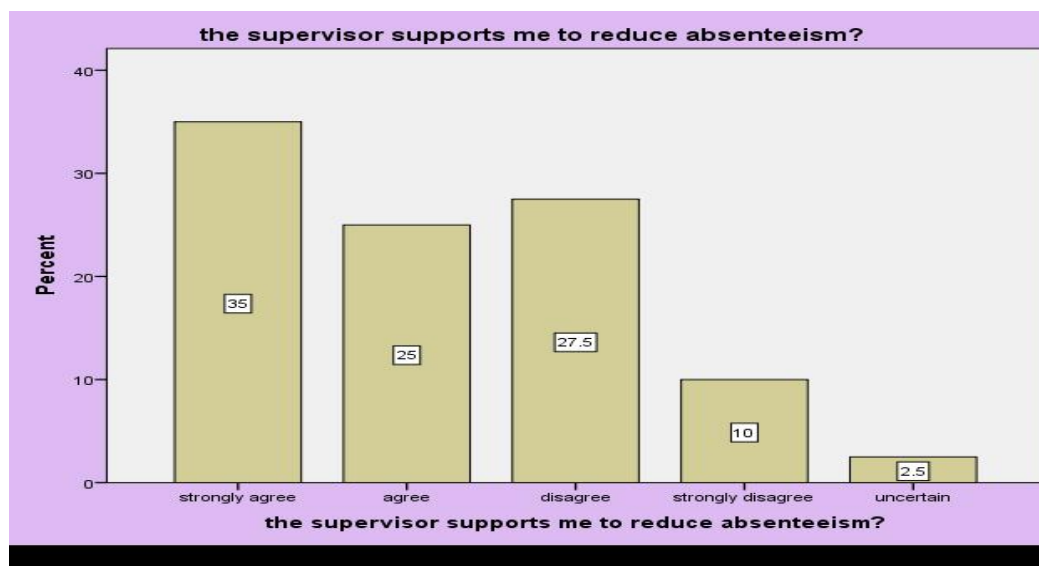
The emotional forces that led to workplace attendance had major differences between sectors. The offered career development, monetary rewards, recognition and the feeling of professional responsibility were set as the main motives by the employees of the private sector. Public sector workers placed more emphasis on work-life balance, pension security and work stability. According to the human capital theory, the differences are in line with the fact that employees base their behavior in terms of work (including attendance) on the perceived returns of their investment of time, effort, and education [(Pfifer, 2010)]. In the cases where the employees in the private sector expect the reward of good attendance (e.g. promotions or bonuses), the choice of extrinsically reinforcing their motivation is made. On the other hand the public sector workers who enjoy the benefit of permanent contracts may not be aware of direct performance impacts of absenteeism and therefore rely on intrinsic or security-related influences [(Pfifer, 2010)].

Figure 10: Supervisor Support to reduce Absenteeism?

Private sector



Public sector



The analysis of the similarities and differences between the views of the employees of the private sector and the public one shows that employees have different aspects of supervisor support in the decrease of the absenteeism. On the side of the private sector, 30 percent of the employees concurred and 27.5 percent strongly concurred with the idea that their superior cares about them, which shows a total of 57.5 percent positive answers. Nonetheless, the same percentage (27.5%) did not agree, of which 7.5 agreed strongly, a significant difference in the perceptions. Employees in the public sector on the other hand had a more positive showing with 35 percent strongly agreeing and 25 percent agreeing (60 percent total), and fewer having an uncertain (2.5 percent) and strongly disagree (10 percent). These results are consistent with the studies that show the significant role of perceived support of the supervisor to minimize absenteeism and enhance organizational commitment (Eisenberger et al., 2002), (Zhou et al., 2022). This is an indication that support by supervisors, especially in the private sector, can be used to reduce the levels of absenteeism.

DISCUSSION

The review of the absenteeism trends regarding chitral healthcare employees in both the public and the private sectors demonstrates the complexity of the process ruled by gender, age, education, job satisfaction, institutional framework, and external environmental factors. The starkest contrast came in terms of gender distribution with the majority of the employees in the private sector being female (57.5 percent) as opposed to only 70 percent in the case of the public sector being dominated by the male gender. Such gender gap portrays an institutional norm in employment: more women will be employed in the private institutions like Aga Khan Health Services, owing to the trend of global feminization in healthcare professions [(Nyathi, 2008); (Ndhlove, 2012)]. Conversely, jobs in the rural areas in the government sector are usually not open to women because women cannot travel distances, have certain cultural obligations, and other infrastructural impediments [(Lokke & Eskildsen, 2007)].

Age distribution in the two sectors revealed the prevalence of the employees in the categories above 30 years, showing the prevalence of experienced and possibly stable staff. The turnover or competitive

headhunting was one possible reason that the private sector had slightly younger staff. Brady et al. (2023) specified the long-term security offered by the public sector employment and the fact that it retains older employees. Implications of an aging workforce concern the more experienced workforce with the possibility of difficulties in settling into newer performance-oriented models.

There was another difference in structure in educational qualifications. There was also a higher education level of employees in the private sector since 60 percent and 20 percent had graduate and postgraduate qualifications respectively as compared to 45 percent and 15 percent respectively in the public sector. This learning difference can possibly be because of more exacting job requirements and ongoing professional improvement in the personal area [(Prottas, 2007); (Kristina, 2007)]. There could also be a link between higher education levels in the private sector and reduced absenteeism as well as higher quality patient care [(Pfifer, 2010)]. On the satisfaction aspect of work, more satisfaction was recorded in the public sector (97%) as against the 80% in the private sector. These may be attributed to the benefits of the job provided by the public sector, namely, safety in employment, pension, and lax supervision [(Garcia-Moran & Ehlert, 2022); (Murphy, 2008)]. However, in conditions associated with a poorly organized system of accountability, the relationship between the satisfaction level and the level of the absenteeism is not clearly established [(Chaudhury et al., 2008)].

Most aspects of work environment were positively rated in both sectors even though there was a difference in that the employees in the private sector were more likely to score their work environment as very good possibly due to the advantages of infrastructure or support networks. The good work environment has been firmly associated with reduced absenteeism and increased retention in healthcare places of work [(Vaananen et al., 2003); (Biron and Bamberger, 2007)].

The regularities of leave-taking behavior tell that the number of days frustrated by the employees at the public sector is a bit higher than those which were taken by the employees of the private sector, because in the former case 5 out of 100 employees took even four days, whereas in the latter case most of the workers (7 out of 10) took just one or two days. Although it confirms assertions of prevalence of absenteeism in the government sector [(Mastekaasa, 2019); (Serneels et al., 2008)], the insignificance of the statistical variation shows that non-policy factors, including inspiration or external agitation, may be involved.

Analyzing causes of absenteeism, public employees expressed more often problems in their family and health, and the employees of the private sector more often referred to burnout and experience in the workplace. Such sectoral differences lie within the guidelines of Naidoo et al. (2016) who identified the systemic inefficiencies and prolonged health issues as the root causes of absenteeism in the public sector, with the performance-related stress as the driving force of the absence in the sphere of the private sector employment.

Strategy in management was also dissimilar as in the private institutions, there were strict policies on absenteeism as they would get performance-related but in the public systems, there was usually no enforcement. This is comparable to the report by Kisakye et al. (2016) who highlighted that effective HR systems play a key role in regulating absenteeism, at least in resource-poor contexts [(Kisakye et al., 2016); (Jirjahn, 2008)]. Interestingly, the two sectors also preferred less-punitive mechanisms to cut down on absenteeism such as wellness programs and incentives - as used under Total Absence Management (TAM) model [(Ferguson et al., 2001); (Mashta, 2011)]. Employees felt that, positive systems would serve better than negative actions.

Supervisor relationships were also a significant divider in respect of quality. There were perceived differences in relationships with their managers between employees in the private sector as compared to the employees in the government where the latter described the relationship as detached or inflexible. High supervisory support has been very well established to be a kind of bulwark against absenteeism [(Biron & Bamberger, 2007)]. Lastly, geographic and weather issues were also major causes of absenteeism in the public sector since staffs were posted remotely. Such external barriers have been under-prioritized in the health policy making processes [(Bednarczuk, 2024)], and they can make a significant difference in the attendance in certain isolated mountainous areas such as Chitral. In short, structural, relational, and contextual variables affect the manifestations of absenteeism in the healthcare system of the Chitral region as well as in respective sectors. The long-term reduction of absenteeism will require a multidimensional intervention plan based on education, supportive leadership, official policies, and on the local solutions.

CONCLUSION AND IMPLICATIONS

The conclusions of the current study reiterate that absenteeism is a complex and multidimensional concept entrenched in the healthcare sectors in Chitral (both the public and the private sectors). Although the two industries experience the problem of absenteeism, there are fundamental factors underlying it. Absenteeism in the public sector is mainly motivated by the structural flaws that include lack of tracking, bureaucracy and naturalistic conditions like isolation and inclement weather among others [(Bednarczuk, 2024); (Kisakye et al., 2016)]. On the contrary, the private sector, more organized and performance-based, is struggling with stress and burnout caused by busy schedules and the lack of employment security [(Naidoo et al., 2016)]. This is indicated by the evidence which indicates that absenteeism cannot be properly handled by the punitive consequences. In its place, the two industries would become better served by non-punitive and comprehensive approaches, which encompass better supervisor-employee relations [(Biron & Bamberger, 2007)], formal leave policies [(Jirjahn, 2008)], and models employee-focused, like flexible schedules, wellness courses, and appreciation programs [(Ferguson et al., 2001); (Mashta, 2011)]. Notably, the intervention should also be gender sensitive as well as geographically responsive especially in rural areas where attendance is significantly influenced by cultural and logistics problems [(Lokke & Eskildsen, 2007)].

The lessons of exceeding importance are the suggestions of the study in the fields of health policy formations, workforce calendars and institutions in need of change in rural and resource-limited areas such as Chitral. To begin with, policy makers ought to realise the aspect that absenteeism is not just an individual behaviour problem but is a structural and organisational challenge. In the government itself, better monitoring systems, investment in human resource management, and decentralization of the administrative power may facilitate the enforcement of accountability without the demoralization of the employees. On the job, occupational stress and possibilities of career development in the private sector could improve short-term retention and minimise absenteeism. Second, there must be sector specific strategies. The state sector would appreciate the investments in gender-sensitive infrastructure, better commutation to commuters living in distant locations, and climate-friendly work policies. In the meantime, the supportive leadership practices must be institutionalized in the private institutions, as well as the system of leaves must be formalized under the themes of employee well-being, but not performance indicators only.

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