

# Survey on the Reasons for Poor Attendance to The Monthly Catholic Doctors Meeting by Catholic Doctors in Abakaliki Diocese, Ebonyi State, Nigeria

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## **Abstract:**

**Introduction:** The Association of Catholic Medical Practitioners of Nigeria (ACMPN) unites all Catholic medical doctors and dental surgeons in all the 56 dioceses across the Nigerian country. It works to promote personal and group evangelization, foster professional excellence and Catholic medical ethics. However, it is faced with membership challenge and poor attendance to meetings. In Abakaliki Diocese, the association started in 2006 and is still faced with this same problem. Hence, the need to identify the causes and proffer solutions.

**Methodology:** A Google form was created and circulated on the association's whatsapp platform for 7 months. Information on the knowledge of the association, membership registration, last attendant to monthly meetings, reasons for not attending meetings and suggested ways of improvement were gotten and analyzed manually.

**Result:** The knowledge of ACMPN among catholic medical practitioners in Abakaliki diocese was not in doubt. However majority didn't attend meeting within the last one year with reasons centered on venue, timing and day. Most persons didn't specify reasons for non-attendants to monthly. Need for more sensitization, Follow up of members through visitation, shifting the time, change in day, prayers and departmental hosting/membership drive were mostly suggested as ways for improvement.

**Conclusion:** The knowledge of the association among supposed members are not in doubt, so there is need for intensified sensitization and mobilization, home visitation and consideration of time shifting downward to see if it will improve attendance.

**Keywords:** Medical Staff, Meeting attendance, Poor attendance, Improving attendance

## I. INTRODUCTION

The Association of Catholic Medical Practitioners of Nigeria (ACMPN) unites all Catholic medical doctors and dental surgeons in all the 56 dioceses across the Nigerian country<sup>1</sup>. The Association works to promote personal and group evangelization; and to foster professional excellence and Catholic medical ethics<sup>1</sup>. In 1986, the Ibadan diocesan guild of Catholic physicians was inaugurated as the pioneer branch and named the Catholic Association of Medical Practitioners (CAMP) under the leadership of Prof. MC Asuzu<sup>1</sup>. In October

1992 the Association organized a national conference at the University of Ibadan<sup>1</sup>. In 2006 the first national scientific conference and annual general meeting of the association was held at Ibadan sponsored by Dr. Bazuaye<sup>1</sup>. Subsequently, annual conferences preceded by annual retreats have been held in various dioceses<sup>1</sup>. This has been used as a medium either to try to start a local guild or to strengthen some of those local ailing centres.<sup>1</sup> However all these efforts has some mitigating factors affecting none or poor attendance to meeting by supposed members.

Various writers have outlined reasons for poor attendance to meetings and these includes: when the purpose of the meeting is not established and communicated, when meetings are routine and ineffective, when there is no outcome from previous meetings or there is no agenda at all for the meeting, when actions from the previous meetings are not documented or followed up, when meeting organizers have no authority to make decisions, lack of early planning on stakeholders mobilization, when previous meetings are viewed as time wasting, when there are too much criticism of one another's point of view, lack of preparation on the individual to attend the meeting and when members feels that the meeting is unnecessarily prolonged.<sup>2,3,4,5,6</sup> Scholars has proposed way to mitigate against this like hold fewer meetings at intervals, having a schedule for meetings months in advance, making the agenda known beforehand, reinforcing attendance requirements, organizing refreshment for meeting attendees, Including a "mission moment" like a personal testimonies or a video excerpt from recent performance and finally, rotating responsibility for chairing or facilitating the meeting. When participants know their turn is coming, they'll show up to watch how others manage the process and learn from their peers.<sup>2,6</sup>

Based on this, the target of the national body currently is to encourage everyone to identify with, and be active at their diocesan branch or institutional chapter closest to them<sup>1</sup>. In Abakaliki Diocese, the association started in 2006 under the chairmanship of Dr. MI Anozie but its membership was not long sustained. However in 2012 it was revived and a new chairman Prof OUI Umeora was elected. Currently is faced with poor attendance to meeting. Meetings are held every first Sunday of the month at the Bishops court Abakaliki, but

meetings have been cancelled because of not forming quorum and when held attendance is poor. Various methods like departmental hosting, parish/departamental representatives/coordinators and regular bulk SMS have been tried but still attendance and commitment to meeting is poor. Hence the need to identify the causes and proffer solutions.

II. METHODOLOGY

Following the February 2019 meeting of the association with a mandate to get feedback from members on the best way of improving membership. A Google form was created and circulated on the whatsapp platform of doctors within Abakaliki Diocese for 7 months. Information on the knowledge of the association, once recognition that he/she is a catholic doctor, membership registration, last attendant to monthly meetings, reasons for not attending meetings and suggested ways of improvement were gotten and analysed manually.

III. RESULT

Out of the 124 persons on the whatsapp page, 55 filled the form which represents 44.35% response rate. Table 1 showed that 52(94.5%) had the knowledge of ACMPN while 3(5.5%) were not aware of the association and all the respondents were catholic doctors. 36(65.5%) were registered while 19(34.5%) were not registered. Table 2 showed that majority 21(38.2%) of the respondent attended meeting more than a year ago and the next with second higher response rate 17(30.9%) was at the meeting a month prior to filling the form, 7(12.7%) within 6 months, 5(9.1%) within 7 - 12 months, 3(5.5%) within 2months and 2(3.6%) within 2months. Table 3 showed that most respondents 37(67.3%) didn't specify reasons for non-attendants to monthly meeting, however 3(5.5%) said venue was not ideal, 8(14.5%) noted day not convenient and 7(12.7%) noted timing as a problem. Comparing the last attendant to the monthly meetings with reasons for non-attendance as seen in table 4, thought majority had no specific reasons for non attendance, among those that had reasons, most that were at the meeting more than a year ago had issues with venue, timing and day, while those that came a month prior to filling the form has issues with only timing and day. Table 5 noted the suggested ways of improvement with need for more sensitization 20(33.9%), Follow up of members through visitation 6(10.2%), shifting the time (3.4 – 6.5%), change in day 3(5.1%), prayers 3(5.1%) and departmental hosting/membership drive 3(5.1%).

Tables

Table 1: Knowledge and Membership Of Acmpn

VARIABLES	YES N (%)	NO N (%)	TOTAL N (%)
KNOWLEDGE OF ACMPN	52 (94.5%)	3 (5.5%)	55(100%)
ARE YOU A CATHOLIC DOCTOR?	55 (100%)	0 (0%)	55 (100%)
MEMBERSHIP BY REGISTRATION	36 (65.5%)	19 (34.5%)	55 (100%)

Table 2: Last Attendant to The Monthly Meetings

	N	%
1 MONTH	17	30.9
2 MONTHS	2	3.6
3 – 5 MONTHS	3	5.5
6 MONTHS	7	12.7
7 – 12 MONTHS	5	9.1
> 12 MONTHS	21	38.2
	55	100

Table 3: Reasons for Non Attendant To Monthly Meetings

	N	%
VENUE NOT IDEAL	3	5.5
DAY NOT CONVINENT	8	14.5
TIMING	7	12.7
NOT SPECIFIED	37	67.3
	55	100

Table 4: Comparing the Last Attendant To The Monthly Meetings With Reasons For Non Attendant To Monthly Meetings

	VENUE		TIMIN G		DAY		NON SPECIFI C		TOTAL	
	N	%	N	%	N	%	N	%	N	%
1 MONTH	0	0	4	23.5	1	5.9	12	70.6	17	100
2 MONTH S	0	0	0	0	0	0	2	100	2	100
3 – 5 MONTH S	0	0	0	0	1	33.3	2	66.7	3	100
6 MONTH S	0	0	0	0	0	0	7	100	7	100
7 – 12 MONTH S	0	0	1	20	2	40	2	40	5	100
> 12 MONTH S	3	14.3	2	9.5	3	14.3	13	61.9	21	100

Table 5: Suggested Ways Of Improvement

		N	%
VENUE	1. Change venue	1	1.8
	2. Determined by the hosting department	1	1.8
DAY	1. Change day	3	5.1
	2. Any other day but Sunday	1	1.8
TIMING	1. Change time (not specified)	3	5.1
	2. 4pm	4	6.5
	3. 5pm	2	3.4
	4. Quarterly meetings	2	3.4
	5. Chapter/Parish meetings with central meetings reduced	2	3.4
	6. Bimonthly	1	1.8
	7. More Regular meeting	1	1.8
	8. Review meeting frequency downward	1	1.8
NON SPECIFIC	1. More sensitization	20	33.9
	2. Meeting last unnecessarily too long	1	1.8
	3. Prayers	3	5.1
	4. None	1	1.8

5.	Follow up of members through visitation	6	10.2
6.	Departmental hosting and membership drive	3	5.1
7.	Create whatsapp forum	1	1.8
8.	Mentorship	1	1.8
9.	Intermittent sharing of flyers	1	1.8
		59	100

#### IV. DISCUSSION

Poor attendance to meeting is not limited to religious gathering<sup>2-6</sup> and the knowledge of ACMPN among catholic medical practitioners in Abakaliki diocese is not in doubt as shown in the study. However, the response rate was poor compared to the number of supposed members in the whatsapp platform, this shows poor members commitment towards the organization. Majority of respondents did not specify the reason for none attendant to meeting which still portrays lack of commitment among the respondents. This may not be far from reason cited in literatures like when meetings are routine as ours is held monthly starting from the month of February and ends in the month of November. When actions from the previous meetings are not followed up, as there have been repeated call for committees report in multiple meetings before they are presented and some not presented with new people being re-assigned to do the work. Lack of preparation on the individual to attend the meeting because if members are motivated to attend they are more likely to prepare and when members feels that the meeting is unnecessarily prolonged, this presumed is the reason why some come late or don't come at all.<sup>2,3,4,5,6</sup> Lesser percentage viewed timing, day and venue of the meeting as reasons for none attendance.

More sensitization and follow up of members through visitation were the highest suggested ways of improving participation to the monthly meeting from the study. This is in line with scholars who proposed stakeholders mobilization,<sup>2</sup> a schedule for meetings months in advance and making the agenda known before hand<sup>2,6</sup>. These were applicable to us prior to this study. Also proposed by members as ways of improving membership were reducing the duration of meetings, putting members in prayers, departmental hosting and membership drive, creating various subunits whatsapp forum, mentorship and intermittent sharing of flyers. Also changing of time of meeting, reduction in the yearly frequency of meeting and change of venue were also highlighted by respondents. Most of these were in line with various scholars proposal on way of improving meeting

attendance like hold fewer meetings at intervals, reinforcing attendance requirements, organizing refreshment for meeting attendees, rotating responsibility for chairing or facilitating the meeting<sup>2,6</sup>. The last point was our latest move on improving membership drive prior to this study.

#### V. CONCLUSION

The knowledge of ACMPN among catholic medical practitioners in Abakaliki diocese is not in doubt. However majority didn't attend meeting within the last one year with reasons centered on venue, timing and day. Most persons didn't specify reasons for non-attendants to monthly. Need for more sensitization, Follow up of members through visitation, shifting the time, change in day, prayers and departmental hosting/membership drive were mostly suggested to improve attendance.

#### Limitation

More than 50% of members on the whatsapp platform did not respond and so may not represent the majority.

#### VI. RECOMMENDATIONS

1. The PRO should put more effort on sensitization
2. Committee should be formed for home visitation
3. Venue should be retained
4. Time should be shifted
5. Day may be changed to Saturday
6. Guideline for meetings should be modified to keep to the shortest possible time
7. Reward for regular attendance should be strongly considered.

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