

Absenteeism and its implications for nursing care in emergency services

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ABSTRACT

The aim of this study was to identify the frequency of absenteeism among nursing teams and its determinants in healthcare emergency services. A cross-sectional study was carried out by means of secondary data from records of a coordination of human resources. Occurrences with 208 nursing professionals were identified. Univariate analysis was carried out with frequency calculation of the variables age, gender, professional category, workplace, and days and reasons for absenteeism. Fisher's exact test was applied, fixing the error type I in 5%. The mean age of the participants was 47.2 years, with a prevalence of the female gender (79.8%). A total of 5,778 occurrences of absenteeism were found (mean of 28 per professional), and illness was the main determinant for absenteeism (2,671 occurrences; 46.2%). There was a prevalence of short-term absenteeism (3,020 occurrences; 52.3%). The findings observed in emergency services were similar, with a potential impact on planning, workforce, and quality of care.

Descriptors: Absenteeism; Nursing Care; Emergency Medical Services.

INTRODUCTION

Nursing care based on knowledge, competence, and skills will only occur with the existence of human resources in qualitative and quantitative terms compatible with its performance⁽¹⁾.

Currently, absenteeism is presented as a determining factor and, many times, as an obstacle for health management to keep the quality of care⁽²⁾.

Absenteeism, or absence from work, is considered a serious

problem faced by managers of human resources (HR), and refers to a temporary leave of professionals from their work duties due to several reasons, leading to losses for production, increase in care costs, and work overload for other workers⁽³⁾. Knowing the variables that influence and determine absenteeism is of utmost importance, since it affects the quality of care.

Nursing professionals are responsible for the constitution of most part of the healthcare services' staff, and are exposed to continuous interpersonal interactions, attributions, and requirements of intellectual nature, in addition to poor work conditions, HR deficit, insalubrity, and double work shifts⁽⁴⁻⁵⁾. Furthermore, work conditions in the nursing area involve long working hours in stressful shifts, with multiple duties, excessive work rhythm, anxiety, repetitive physical effort, and non-ergonomic positions, thus leading to accidents, illnesses, and absenteeism⁽⁶⁻⁷⁾.

Inadequate nursing teams and work overload have been pointed out as aspects that impact significantly the occurrence of adverse events in nursing care⁽⁸⁻⁹⁾. An adequate nursing staff constitutes an indicator of quality of healthcare services, which will influence indicators associated with nursing care⁽¹⁰⁾.

In a literature review guided by the question "How has absenteeism among nursing teams been approached by the scientific literature?", articles that bring high rates of absenteeism in several areas of the hospital net were found, especially in intensive care units. In addition, the articles highlight the reasons that lead to the absence of workers, regardless of being planned or unplanned absences. Only two articles focused on the theme in the primary health care context, which suggested a gap for research and the need to seek new knowledge on the theme.

The literature has evidenced important deleterious effects on human health caused by inappropriate planning concerning workforce in healthcare services. Therefore, studies that may help to improve work processes and the quality of care are increasingly necessary⁽¹¹⁻¹²⁾.

Based on this, the objective of this study was to identify the frequency of absenteeism and its determinants in emergency services.

METHODS

A cross-sectional study was carried out in a city located in the Southeast of Brazil, which in 2014, had an estimated population of 658,059 inhabitants⁽¹³⁾. In the healthcare area, the city is divided into five districts, each one with a District Primary Healthcare Unit (UBDS, as per its acronym in Portuguese), and providing emergency care (EC). In 2012, a UBDS had its EC service deactivated, and an independent emergency care unit (ECU) was established in this district.

The participants in the study were nurses, nursing technicians, and nursing aides who worked in four of the five emergency services in the city, totaling 208 individuals. The inclusion criterion adopted was participants who worked in the abovementioned emergency services from January 2010 to December 2013. Thus, the ECU was excluded.

The data were collected by means of documents and records from the coordination of human

resources (HR) of the districts and the Municipal Health Department (SMS, as per its acronym in Portuguese) concerning the period from 2010 to 2013. The variables raised by means of an instrument previously developed were gender, professional category, workplace, employment relationship, days, and reasons for absenteeism.

Absenteeism was classified according to standards or legal aspects provided by the healthcare organization studied as follows: voluntary (any fact that leads workers to be absent, without specific evidence); due to illnesses (every and any illness that is not associated with work); due to occupational diseases (every and any illness classified by the Ministry of Health and Ministry of Social Welfare as an occupational disease or that is associated with work); legal (provided for in the labor legislation, such as vacation, leaves, jury, accompaniment of family for health treatment); and compulsory (national representation, preventive leave, detention in flagrante delicto or preventive detention, strike)⁽¹⁴⁾, as presented in Chart 1.

Chart 1: Absenteeism's classification according to justifications or descriptions for occurrences, Ribeirão Preto, São Paulo, Brazil, 2010-2013.

Absenteeism's classification	Justification*
Voluntary	Unpaid leave
	Absences
	Part-time absence (1/2)
	Absences 1/3
Legal	Leave for family illness (up to 90 days)
	Warranted absence
	Temporary disability leave
	Marriage leave
	Bereavement leave
	Premium pay on leave
	Maternity leave
	Education leave
	Extension of 60 days of maternity leave
	Vacation
Compulsory	Disciplinary suspension
Due to illness	Article 151, law 3181/76—paid sick leave (first 15 days)
	Article 151, law 3181/76—paid sick leave (as of the 16th day)

	Article 156, law 3181/76–paid sick leave (first 15 days)
Due to occupational disease	Occupational accident (up to 15 days)
	Occupational accident (as of the 16th day)

Source: *HR of the Municipal Government of Ribeirão Preto, 2014.

For analysis of the data provided by the SMS, codification of the variables was carried out, and a data dictionary was prepared with these codifications. These data were entered in Microsoft Excel 2013 with double typing, in order to minimize random errors. Univariate analysis was carried out, with frequency calculation of the variables age, gender, professional category, workplace, days, and reasons for absenteeism, followed by bivariate analysis with cross-checking of the dependent variable absenteeism (reason for absenteeism categorized or days of absenteeism) with the variables gender and professional category. For this association, the Chi-Square test and Fisher's exact test were applied, with the Yates correction when required. For this stage, SPSS Advanced Statistics was used. Type I error was established at 5%.

The study was approved by the research ethics committee of the Ribeirão Preto College of Nursing at the University of São Paulo, under CAAE (certificate of presentation for ethical consideration) no. 20588813.0.0000.5393, in accordance with Resolution 466/12 of the Brazilian National Research Ethics Committee (CONEP, as per its acronym in Portuguese) and other bodies.

RESULTS

Of the 208 participants in the study, 167 (80.3%) were nursing aides, 29 (13.95%) were nurses, and 12 (5.8%) were nursing technicians. Regarding gender, 166 (79.8%) were women, with prevalence in all categories. With regard to employment relationship, all participants in the study had statutory working regimes. The mean age of the participants was 47.2 years, with standard deviation (SD) of 9.6.

Regarding workplace, it was observed that, in one of the EC services, only one nurse met the study's inclusion criterion, which was working in the service from 2010 to 2013, suggesting a high staff turnover in the unit mentioned.

The results showed absenteeism due to illness in the first 15 days as that of highest frequency, followed by vacation and unjustified absences.

Table 1: Frequency of absenteeism according to reasons and gender of the nursing professionals in emergency services from 2010 to 2013, Ribeirão Preto, São Paulo, Brazil.

Leaves	Female	Male	Total	<i>P value</i>
Compulsory	15 (100%)	0	15 (100%)	0.0001

Due to illness	1,998 (74.8%)	673 (25%)	2,671 (100%)
Legal	1,269 (85.1%)	222 (14.9%)	1,491 (100%)
Due to occupational disease	8 (23.5%)	26 (76.5%)	34 (100%)
Voluntary	1,160 (74%)	407 (26%)	1,567 (100%)
Total	4,450 (77%)	1,328 (23%)	5,778 (100%)

The professional category with the highest number of occurrences of absenteeism was nursing aides, with a frequency of 5,091 (88.1%) of the 5,778 total absences from 2010 to 2013 (Table 2).

Table 2: Frequency of absenteeism according to reasons and nursing professional categories in emergency services from 2010 to 2013, Ribeirão Preto, São Paulo, Brazil.

Leaves	Nursing aides	Nurses	Nursing technicians	Total	<i>P</i> value
Compulsory	0	15 (100%)	0	15 (100%)	0.0005
Due to illness	2,436 (91.2%)	63 (2.4%)	172 (6.4%)	2,671(100%)	
Legal	1,153 (77.3%)	244 (16.4%)	94 (6.3%)	1,491 (100%)	
Due to occupational disease	30 (88.25%)	0 (0%)	4 (11.75%)	34 (100%)	
Voluntary	1,472 (93.9%)	12 (0.8%)	83 (5.3%)	1,567 (100%)	
Total	5,091	334	353	5,778	

With regard to absence days, regardless of the reasons for which the leave occurred, absences of only one day were those with the highest frequency with 3,020 (52.3%) occurrences, followed by absences of 15 days with 852 (14.75%) occurrences, leaves of two days with 391 (6.8%) occurrences, and leaves of 20 days with 389 (6.7%) occurrences.

Table 3 presents the mean number of days of absenteeism by professional category regarding those who had an illness as justification. Short-term absenteeism (one to three days) was the most frequent type in all professional categories, totaling 1,763 (66%) occurrences of absenteeism.

Table 3: Distribution of occurrences of absenteeism due to illness according to the number of days away from work by professional category in emergency services from 2011 to 2013, Ribeirão Preto, São Paulo, Brazil.

Days away from work	Professional category			Tot %	P value
	Nurs es	Technici es	Aid al		
					>0.0001
1 to 3	35	143	85	63	6.00
4 to 14	16	26		483	525 9.66
15 to 45	12	3		368	383 4.34
				2,4	2,6 1
Total	63	172	36	71	00.00

DISCUSSION

Based on the study's purpose of identifying the frequency of absenteeism, its determinants in emergency services, limitations in the use of secondary sources, and the power of generalization of the study, it was observed that 97.7% of the overall absenteeism occurred due to illnesses. Nursing aides and technicians were the categories that presented the highest frequency of absenteeism, and these findings are corroborated by several studies⁽¹⁵⁻¹⁷⁾.

This fact may be analyzed due to the division of the nursing work, in which the categories mentioned perform mostly physical work and are closest to the direct care provided to patients, causing stronger physical and emotional overload in these categories, thus leading to physical and mental illnesses⁽¹⁸⁾.

The female gender was prevalent among cases of absenteeism due to illness, which corroborates a study that attributes this fact to the constitution of the professional category, which is mostly made up of women. In addition, the great majority of women presents double work shifts, both formal and informal, which directly affects these nursing workers' health.

The findings show that absenteeism due to illness is mostly short (one to three days). These results are similar to those found in hospitals of the area of Triângulo Mineiro, in the state of Minas Gerais⁽¹⁹⁾, and may

be explained due to the fact that shorter sick leaves, in accordance with the Brazilian labor legislation, do not bring neither encumbrance to workers nor deductions in their wages, in addition to not requiring medical evidence.

In this study, it could be observed that unjustified absences, which are found in the category of voluntary absenteeism, present an important frequency of occurrences with 27.1% of the total of absenteeism found. This result may be associated with the fact that the sample of professionals had a statutory work regime, corroborating studies that show a positive association between these two variables, due to a greater professional stability linked to this type of relationship⁽¹⁷⁾.

Statutory work regimes may be an explanatory factor for the occurrence of absenteeism, because stability is ensured to public servants and can only be dismissed through administrative or judicial procedure, according to the Brazilian Federal Constitution. Studies show that public servants feel safe when they start their careers. Stability is considered one of the main advantages to become a public servant, since it generates financial and social security^(17,20).

Another issue that hangs over the study is the organizational dynamics of the healthcare units, which may lead to workers' lack of motivation and dissatisfaction. In addition, the lack of strategical planning and management shared between nurses and their teams may maximize the occurrence of absenteeism.

Furthermore, emergency services are complex units that require wide knowledge and technological skill from nursing teams, as well as quick reasoning and immediate care, which leads to great stress and difficult interpersonal relationships⁽²¹⁾. In addition, it is a service that operates 24 hours a day, with "open-doors", serving a high number of patients, who are often not educated to seek the service appropriately, thus causing work overload, low quality of care, and professional dissatisfaction⁽²²⁾, that is, factors that lead to absenteeism.

Professionals who work in the SMS of the city of Ribeirão Preto do not have a current plan career, and when the Brazilian Pact for Health was implemented in 2006, one of its requirements was the creation of the Plan of Careers, Positions and Salaries (PCCS, as per its acronym in Portuguese) by the cities. When it comes to satisfaction and quality of life at work, it is impossible to describe them without their correlation with the PCCS, since this encourages workers to seek new knowledge and learnings to provide a more qualified care⁽²³⁾. Therefore, the lack of a career plan in the city may discourage workers, and this may be considered a factor for the increase in the rate of absenteeism in the emergency services studied.

CONCLUSIONS

Just like in the hospital setting, absenteeism in urgency and emergency services is considered a worrying factor for the quality of care provided to the population, since it is presented in high frequencies and is mostly composed of the modality absenteeism due to illness, which is an aggravating factor when considering the work conditions imposed to nursing teams and their illnesses due to their work activities.

The present study presented limitations. Because it was a cross-sectional study, it was not possible to

measure the cause-effect relationship, and the use of secondary data made some information incomplete, which may have generated some bias to the study.

The study contributes to knowledge when enabling a situational diagnosis of absenteeism in the daily life of nurses in emergency services, bringing their illnesses as a clear issue, which may be associated with psychological and environmental conditions of the daily work routine of these professionals, requiring further studies to verify the issue of stress and other occupational diseases, specifically in areas that require a greater work overload and more energy from nurses.

In addition, the present study may also be used as a management instrument of HR policies, considering that absenteeism is an aspect that often needs to be monitored in the planning of actions that may help improve work processes, quality of care, and professional satisfaction.

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