

## The nursing professional and their perception of absenteeism

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### ABSTRACT

Absenteeism in nursing is a situation that is difficult to resolve in healthcare organizations, as it is recognized as multifactorial and complex. This study analyzed the perception of absenteeism among nursing professionals at a University Hospital. It is a qualitative cross-sectional study, guided by two questions: "What are the consequences of nursing professional absenteeism?", and "What attitudes can be adopted to reduce absenteeism among members of the nursing staff?". The results were analyzed based on the technique of content analysis. The participants consider that absenteeism is related to overload, compromising of care and loss of benefits, proposing strategies such as better working conditions, motivation and incentives to minimize absenteeism. Based on the present study, it has been shown that absenteeism constitutes a serious factor of unpredictability for the organization, provoked by human behavior, being associated with the organizational atmosphere and satisfaction.

**Descriptors:** Absenteeism; Occupational Health; Nursing Staff; Nursing.

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Received: 04/11/2017.

Accepted: 05/03/2018.

Published: 12/31/2018.

### Suggest citation:

Furlan JAS, Stancato K, Campos CJG, Silva EM. The nursing professional and their perception of absenteeism. Rev. Eletr. Enf. [Internet]. 2018 [cited \_\_\_\_\_];20:v20a39. Available from: <https://doi.org/10.5216/ree.v20.46321>.

## INTRODUCTION

In the hospital environment, Nursing consists of a group of workers frequently exposed to biological, physical and psychological risks. This group is also marked by its performance of activities commonly characterized by a rigid hierarchy, task sharing, fulfillment of protocols and insufficient scheduling of personnel, which are factors that may provoke a high rate of absenteeism<sup>(1)</sup>.

According to current studies on absenteeism, in a broad sense, this consists of the absence of the worker for a period of two or more days<sup>(2-3)</sup>. The concept can also be understood as the sum of the periods in which the workers of an organization are not present at work, excluding foreseen absences such as annual vacation, work accidents or other motives that depend on the organization itself<sup>(2-3)</sup>.

A study carried out in Croatia analyzed the elements associated with absenteeism, reporting that said problem represents a real challenge for nursing departments, as it can increase costs, cause adverse health events and impact on the quality of care provided<sup>(4)</sup>.

There are five types of absenteeism: absenteeism through sickness (absence justified by health and safety leave); absenteeism through professional pathology (workplace accidents and/or professional illness); legal absenteeism (protected by law, such as maternity leave, compassionate leave, wedding leave, blood donation or military service); compulsory absenteeism (suspension imposed by a superior, prison or another impediment to being at work); and voluntary absenteeism (unjustified personal reasons)<sup>(5)</sup>. When related to Nursing, absenteeism through sickness is the most common, this being the main cause of unforeseen absences, thus affecting the running of the workplace, generating work overload for those who are present and harming the quality of care being provided<sup>(6)</sup>.

A study in Norway and Denmark investigated attitudes in relation to absenteeism through sickness. From the nursing perspective, the social commitment to the patients influenced the attitude of being absent or not. In other words, in this study attitudes in relation to sick leave were social and morally determined on a personal level, regardless of the country<sup>(7)</sup>.

In France, a study indicated that there is little evidence as to what measures could balance out the effects of absenteeism. It was proposed that a plan be formulated to reduce absenteeism in nursing, taking into account the strategies used to lessen its impact, whereby administrators should consider, for example, work load or substitution of personnel<sup>(8)</sup>.

Considering this reality, the present study aimed to investigate the perception of professionals from the nursing staff of a University Hospital regarding absenteeism.

Contributions of the study may serve as a base for improvements in hospital administration, improving the quality of life for professionals and standards of patient care. The results may also encourage reflections enabling lower rates of absenteeism in healthcare institutions.

## METHODOLOGY

This is a descriptive qualitative study carried out in 2014 at a General University Hospital, for public research and teaching, and high complexity treatment, in the state of São Paulo (SP-Brazil), linked to the Unified Health System (SUS). The institution has a capacity of 411 beds. In 2014, the Nursing Department had a staff of 1,550, including auxiliary nurses and nursing technicians, nurses and nursing directors<sup>(9)</sup>.

The study population included nurses, nursing technicians and auxiliary nurses that were available to respond to a questionnaire during their shift, including the morning, afternoon and night shifts of the different treatment units of the hospital being studied. Nurses in administrative positions were excluded, as it was chosen to study absenteeism among nursing staff providing direct care to patients.

After authorization from the Research Ethics Committee and the hospital governors, with decision nº 1424261, the researcher delivered the questionnaires to the units, collecting them after two hours. The sample was composed of the data from 240 professionals. The sample calculation was estimated in a previous study, of a quanti-qualitative nature, which justifies the uncommon sample size for qualitative studies<sup>(10)</sup>.

The questionnaire contained questions of a personal nature and two open-ended questions guiding the present study which were: "What are the consequences of nursing professional absenteeism?", and "What attitudes can be adopted to reduce absenteeism among members of the nursing staff?".

The subjects answered the questions by completing the questionnaire in their own hand. Subsequently, exhaustive reading of the responses was conducted. Through this procedure, it was possible to construct a table of analysis. To analyze the content, it was understood as a set of research techniques whose objective is to find the meaning of a document<sup>(11)</sup>.

Bardin<sup>(12)</sup> was used as a reference, respecting the phases of thematic content analysis: pre-analysis, exploration of the material, interpretation and inference. As such, the analysis units were composed into categories, defined based on the common repetition of content by the majority of the respondents. The central aspects were identified, which enabled selection of 14 analysis units of greater relevance for discussion. Each analysis unit received a code number, corresponding to the number of the question and the number of the questionnaire; for example, in reference to question 13 of questionnaire 192, the code was 13-192.

## **RESULTS AND DISCUSSION**

Of the interviewees, 85.95% were female, 54.39% were married, 40.77% worked the morning shift, 43.16% had studied until high school, 65.37% worked as nursing technicians, and there was a mean age of 37.03, with a minimum age of 19 and a maximum of 67. The average length of service at the institution was 6.20 years. This average is in accordance with the previous study<sup>(10)</sup>. Data analysis led to the construction of the following thematic categories: category 1, which enabled analysis of opinions that the nursing professionals attribute to consequences of absenteeism; categories 2, 3 and 4, which contributed through analyzing, from the viewpoint of nursing professionals, which measures they believe to be valid for minimizing absenteeism.

### **Category 1: Work overload, compromise of patient care and loss of benefits**

It was observed in the answer set that nursing professionals participating in the study were concerned about the team and about the quality of care provided to the patient, and they were conscious that patients require the same care, regardless of the number of staff on duty.

They perceive that an absence compromises the service, as they report that they already work in limited numbers and, at the moment that an absence occurs, especially when it is unexpected, the onus of the work increases significantly, as the activities have to be shared among those present, as explained below:

*13-092 - It harms the team, because if my position is not filled in my absence the team will be overworked and this will prejudice the care we provide.*

*13-116 - When I'm off, my colleagues need to work for me, because the service continues.*

*13-176 - As we work with limited numbers, an absence overloads the whole team, harming the care given to the patients.*

In nursing, the consequences of absence may compromise care provided to the patient by demanding agility in the execution of a higher number of tasks from those that are present. Absenteeism of a professional, without taking the reason into consideration, causes immediate repercussions, reducing the quality of care and possibly leading to illness in the overworked member of staff<sup>(13)</sup>.

The nursing team also perceives loss of benefits, like losing out on a day off for good attendance, receiving a salary deduction or in relation to service time for retirement as a consequence of unjustified absence. They also demonstrate concern in relation to their posture in the eyes of management, which would no longer trust their work.

Work is the spending of energy or effort for a purpose, and this effort is an integral part of the work of the nursing professional; as such, they expect to be rewarded for their contribution, through salary, benefits and good interpersonal relationships. This is demonstrated in the following excerpts:

*13-107 - It gets deducted from the monthly salary, from holidays, from the thirteenth salary, from the service time count, then there's the first verbal warning and the evaluation process.*

*13-044 - ...it interferes in when you can retire, it's not well seen by the bosses, who then can't count on you 100%.*

*13-232 - It's deducted from the payroll when you don't have a doctor's note, you lose the day off for good attendance.*

Professionals from healthcare institutions dedicate hours of their day to their work, in exchange for monthly payment, which demonstrates, therefore, an exchange of worker rights, commitment of the member of staff and responsibilities of the institution. Payment should be appropriate and fair in compensating their contribution to the objectives of the organization. If this does not occur, it may come to generate dissatisfaction and the worker may not maintain assiduity and commitment to their work<sup>(14)</sup>.

Remuneration is not always only in the form of salary, it is also composed of social benefits, such as paid holiday, thirteenth salary, pension, transport, meal vouchers and bonuses, among others. These are indispensable in the maintenance of satisfaction and productivity at work<sup>(14)</sup>.

Despite the institution offering such benefits, absenteeism still constitutes a serious factor of uncertainty and unpredictability for the organization, given the dependence on human behavior<sup>(15)</sup>.

Reliability is associated with development of an institutional atmosphere and stimulation of cooperation. This promotes strengthening of internal relationships within the organization, fosters proactivity and favors integrated work as a team<sup>(16)</sup>.

### **Category 2: Better working conditions, increased number of professionals on the staff and reduction in the working day**

This category highlights the proposals of the participants to reduce absenteeism, in respect to preventive measures in the work environment. The nurses presented a suggestion of quantitative readjustment of nursing personnel according to patient complexity, increasing high quality equipment and supplies acquired by the institution, as well as reducing the weekly working hours. This can be seen in the excerpts below:

*14-232 - Improving working conditions, like more staff, working material, professional recognition.*

*14-192 - Reducing weekly working hours and improving the professional's conscience of their physical and mental limits. (There are colleagues with two or three jobs).*

*14-143 - Maintenance of an appropriate service schedule, a more adequate quantity of professionals for the complexity of patients and services.*

To carry out their activities, the nursing team requires a healthy workplace, with an appropriately sized staff, with good physical conditions, counting on sufficient, well-kept supplies, so that performance of their tasks is not compromised<sup>(3)</sup>.

In most hospital environments the work is often risky and insalubrious. Given such unfavorable conditions, the workers seek ways of neutralizing their distress, taking a defensive position. The environment may transform them into people disinterested in the progress of work, choosing to absent themselves through leave, or doctor's notes, or unjustified absences, harming the dynamic of the service<sup>(2)</sup>.

All these factors are accompanied by socioeconomic difficulties confronted by nursing professionals in Brazil, since they receive low salaries, promoting them to work double shifts out of the necessity to provide for the family and have a respectable life. It is known that people with more than one job are subject to greater physical and mental strain than those that opt for just one job. However, the salaries of nursing professionals are considerably higher than those of other institutions with lower known rates of absenteeism in the region <sup>(2,10,17-18)</sup>.

During the data collection period, the hospital being studied was subject to manifestations for a regulation of 30 hours; as such, reduction of working hours appeared in numerous responses as a measure for the reduction of absenteeism. The following year, new working hours were established in this institution. This study was not conducted under this new configuration, so it would be necessary to conduct a further study to verify if there was a reduction in absenteeism.

### **Category 3: Motivational activities, incentives e flexibility of the work schedule**

The study subjects made recommendations for mediating absenteeism, such as necessity of the institution to offer psycho-emotional support that provides motivational activities that may help the professionals confront demotivation in the hospital environment and, also, to match the job vacancy to the profile of the professional. They also report the necessity to receive incentives and be recognized by management, as can be seen in the extracts below:

*14-044 - Periodical meetings with people that miss work, with the presence of a psychologist, to try and motivate and diagnose the reason for lack of motivation. Sometimes the member of staff only receives orders from the management and is never recognized for what they do right. Offer incentives to the workers.*

*14-149 - I believe in the right person in the right place. Partnership with psychology professionals to outline an admission profile for those interested in working in HC, specifically.*

The participants ask for psychological support to motivate the team. Demotivation and instability at work can generate spontaneous absences, justified by dissatisfaction and/or lack of appreciation of the professional<sup>(19)</sup>.

One way of satisfying the professional, among many others, is to give them the opportunity to apply for a desired position, prior to beginning an external recruitment process; that is, to foster transfer between sectors within the institution itself. It is a powerful source of motivation for the employees as internal reallocation opportunities favor constant self-improvement and self-assessment<sup>(14)</sup>.

Another perspective raised by the study participants is related to devaluation of the professional in relation to low salaries and other forms of benefit. The interviewees indicate that flexibility in swapping days off would be important for the prevention of unjustified absences. This situation is determined by the impediment to offering extra days off or allowing shift swapping. Moreover, discontent was observed in relation to absentees that do not receive any kind of punishment for their absence, as shown below:

*14-107 - Professional valorization through participation in assessment processes and better salaries, incentive awards, courses...*

*14-080 - Malleable and understandable supervision that makes it possible to swap days off or use the bank of hours for occasional necessities, fulfilling preferences for days off etc.*

*14-092 - For unjustified, recurrent absences the professional should be evaluated when applicable, warning, paying attention to absentees who request extra hours and don't turn up for shifts.*

It is known that people look to complete their tasks to receive better rewards and that incentives enhance improvement. All organizations have a system of incentives to stimulate their professionals, besides a system of punishments and penalties to cover certain types of behavior<sup>(14)</sup>.

If an individual is admitted, it is assumed that they accepted the rules of the institution and have committed themselves to following those rules, in exchange for their monthly payment. In compensation for remuneration, the organization expects that its employee is efficient and productive, otherwise, it will not invest in benefits for them<sup>(14)</sup>.

However, policies aimed at increasing rewards for assiduity (bonus) are inconsistent, as stress and tensions present in the work environment that are not minimized, lead to physical and psychological exhaustion of the employee. Hence, absenteeism remains<sup>(19)</sup>.

Staff that are not habitually absent request more attentive management that punishes absences. As such, the staff should know what the consequence of their absence would be, it being the responsibility of the organization to develop a progressive discipline policy, for example, applying oral or written warnings, payroll deductions or even dismissal of the recurrent absentee. However, studies show that there is still not sufficient legislation to deal with problems like excessive absences through the year, justified by doctor's notes obtained from unnecessary consultations, thus hindering managerial actions<sup>(14)</sup>.

Within this perspective, one of the strategies to reduce absenteeism is, for example, the elaboration of work schedules discussed in partnership with the staff, within the perspective of relative autonomy allied to accountability for humanized care<sup>(3)</sup>.

#### **Category 4: Commitment to the team and professional valorization by the supervisors/management**

The participants mention enhancing the responsibility of the professional with the team as a measure for minimizing absenteeism. They also consider managerial support and appreciation as a strategy for the reduction of absences. They indicate that the nursing supervisors and directors should recognize that the professionals have other tasks outside the workplace, demonstrating discontent as to the relationship established with management, according to that explained by the statements below:

*14-205 - Greater commitment/responsibility with the service on the part of the absentee professional ...*

*14-153 - Respect, the management should see that we also have a personal life outside of work...help between work colleagues, work recognition, appreciation.*

*14-216 - I believe that when there is managerial cooperation we have stimulus to work...remembering that a lot of absenteeism is pure shamelessness.*

Reciprocal commitment is natural from professionals that collaborate in a single proposition established by the team. One of the biggest challenges for organizations is making people committed to achieving collectively established targets. One way consists of transformation through continued education, in which a shared commitment to care of the infirm is established with the team<sup>(14)</sup>.

Organizations present difficulties in differentiating causes of absenteeism, for example, when it is down to sick leave and/or perpetrated absence (non-justifiable), being commonly expressed by simulation of illness, thus demonstrating a certain cynicism on the part of the worker, which can be highlighted in the following extract: "a lot of absenteeism is pure shamelessness"<sup>(20)</sup>.

As such, the conciliation of staff interests and expectations with the wishes of the organization is a complex issue. One way of valuing the professional is participative democratic administration, in which there is valorization of the professional's abilities that could contribute to solving collective problems<sup>(20-21)</sup>.

The studied subjects propose frequent meetings, in which difficulties found in the work environment can be discussed, as a way of mediating internal conflicts through open dialogue in an atmosphere of understanding, help and trust in which they come to share cooperation and common rules. As such, an ethic would be instituted in which foundations of reciprocal commitment between those involved would be established<sup>(15)</sup>.

It is considered that questions from another study being used is a limitation of the present study; whereby, if there had been construction of another instrument specific to this investigation, more profound data could have been obtained. The excerpts did not enable discrimination of nursing categories, since there could be differences between responses of auxiliaries, technicians and nurses.

## FINAL CONSIDERATIONS

It was found that, in the perception of nursing professionals, the main consequences resulting from absenteeism are work overload and compromising of patient care, besides loss of remuneration and benefits. The measures proposed to minimize absenteeism were salubrious environment, reduction in the working day and an increase in the number professionals, as well as the existence of psycho-emotional support, increased incentives, flexibility in the working schedule, punishment of absentees, valorization of the professional and a team committed to their work.

The results of this study endorse absenteeism as a common phenomenon in nursing, requiring administrative attention and decisions from human resources. It was deemed necessary to stimulate critical thought of professionals in regard to absence. It was also noted that, regardless of professional category, a high rate of absenteeism causes disorganization in nursing activities and compromises the quality of care.

It was clear from the references that absenteeism is widely studied in a quantitative fashion, bringing a singular aspect to this qualitative study, by viewing the phenomenon from the perspective of the nursing professionals involved, considering the relevant points of view, indicating that, despite an institution offering incentives to collaborators, absenteeism constitutes a serious factor of uncertainty and unpredictability for the organization, provoked by human behavior, it being associated with the organizational atmosphere and satisfaction.

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