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INTEGRATIVE REVIEW ARTICLE

ABSENTEEISM AMONG NURSING PROFESSIONALS: INTEGRATIVE REVIEW

ABSENTEÍSMO ENTRE PROFISSIONAIS DA ENFERMAGEM: REVISÃO INTEGRATIVA

ABSENTISMO ENTRE PROFESIONALES DE ENFERMERÍA: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: to review the Brazilian scientific literature on nursing absenteeism. ***Method:*** this is an integrative review article. We searched the databases of LILACS, BDENF and SciELO on June 2013. The sample consisted of 19 original Brazilian scientific articles published over the period 2008-2013. All study results have been descriptively synthesized and discussed. ***Results:*** absenteeism is mainly generated by the following illnesses: musculoskeletal diseases, and mental, behavioral and respiratory disorders. Some of the strategies suggested to reduce absenteeism include: improving the management and planning process, adjusting staff dimensioning and developing preventive policies. ***Conclusion:*** this study made it possible to identify important aspects of nursing absenteeism, which may aid in the implementation of preventive measures to improve the working conditions and reduce occupational risks of nursing professionals. ***Descriptors:*** Absenteeism; Nursing; Working Conditions; Occupational Diseases.

RESUMO

Objetivo: analisar as produções científicas nacionais sobre absenteísmo na enfermagem. ***Método:*** revisão integrativa, com pesquisa nas bases de dados LILACS, BDENF e biblioteca virtual SCIELO, realizada no período de junho de 2013. A amostra foi constituída de 19 artigos científicos originais nacionais, publicados no período de 2008 a 2013, os quais tiveram seus resultados sintetizados descritivamente e discutidos. ***Resultados:*** as principais doenças que geram o absenteísmo são: doenças osteomusculares, transtornos mentais, comportamentais e do aparelho respiratório. Melhorar o processo de gestão e planejamento com adequação no dimensionamento de pessoal e promover uma política preventiva foram as estratégias levantadas para a redução do absenteísmo. ***Conclusão:*** este estudo possibilitou conhecer aspectos importantes do absenteísmo na enfermagem, que poderão direcionar as medidas de prevenção que permitam melhorar as condições de trabalho e reduzir os riscos ocupacionais envolvendo profissionais de enfermagem. ***Descritores:*** Absenteísmo; Enfermagem; Condições de Trabalho; Doenças Ocupacionais.

RESUMEN

Objetivo: analizar la producción científica brasileña sobre el absentismo en Enfermería. ***Método:*** revisión Integrativa. Se investigaron las bases de datos LILACS, BDENF y Scielo, en junio de 2013. La muestra consistió en 19 artículos científicos brasileños originales, publicados en el periodo 2008-2013. Los resultados de los estudios fueron sintetizados de forma descriptiva y discutidos basados en la literatura sobre el tema. ***Resultados:*** las principales enfermedades que generan absentismo son: enfermedades musculoesqueléticas, trastornos mentales, del comportamiento y de las vías respiratorias. Como estrategias para reducir el absentismo, se citaron: mejorar el proceso de gestión y planificación, adecuar el dimensionamiento de personal y implementar políticas de prevención. ***Conclusión:*** la realización de este estudio nos posibilitó una visión más amplia de aspectos importantes del absentismo en enfermería, y podrá ayudar en la creación de medidas de prevención que permitan mejorar las condiciones de trabajo y reducir los riesgos laborales de los profesionales de enfermería. ***Descriptores:*** Absentismo; Enfermería; Condiciones de Trabajo; Enfermedades Profesionales.

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INTRODUCTION

Absenteeism is a challenge for health institutions and, when compared with other professional groups, the absenteeism rates found among nursing professionals working in hospitals is significantly high. Absenteeism refers to absences from work at times when they should be working normally.[1] It can be the result of absences (excused or unexcused), leaves (medical, maternity, paternity, mourning, etc.) and suspensions.[2]

Technological advances and the consequent changes in the work process, especially in the hospital context, negatively impact health professionals, causing mental and physical overload. In addition to this, nursing professionals also have to live with poor working conditions and low wages, which may trigger anxiety, dissatisfaction, stress and tension, and result in unexcused absences.[3]

Absenteeism may be related to working conditions, which impact work quality and productivity, as well as the worker's personal life. Health institutions, particularly hospitals, offer nursing professionals worse working conditions, when compared with other health care institutions.[4]

Nursing makes up the largest staffing category in hospitals. This professional group is subject to environmental health hazards and cost-cutting measures that favor absenteeism.

In the hospital environment, nursing professionals are exposed to occupational hazards related to physical, chemical and biological agents, and to ergonomic and psychosocial factors that may cause occupational accidents and diseases.[5]

Absenteeism not only negatively affects nursing professionals, it also reduces the quality of care to patients and compromises health services due to the overload of activities, the lack of motivation of active professionals, and the consequent increase in financial costs due to overtime expenses.[6]

Thus, studies on this subject are important because they help expand the understanding - especially of managers - of the characteristics and causes of absenteeism. This makes it possible to formulate strategies that are consistent with the reality of nursing professionals.

The aim of this study was to review the Brazilian scientific literature on nursing absenteeism.

METHOD

This is an integrative review article. We have collected and summarized the results of previous studies on a specific topic. This allowed us to identify gaps of knowledge, conceptual frameworks, key issues and the need for future studies. To conduct this review, the following steps have been taken: 1) 1) problem formulation, 2) data collection or definition of the search parameters, 3) data selection, 4) data analysis, and 5) presentation and interpretation of results.[7]

This study tried to answer the following question: What aspects are discussed in the scientific literature on nursing absenteeism?

Data collection took place in June 2013 and the following databases were searched: Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF) and Scientific Electronic Library Online (SciELO). We have associated the keywords "absenteeism" and "nursing" with each other, according to the search terms in Descriptors in Health Sciences (DeCS).

Inclusion criteria were: original Brazilian scientific article on nursing absenteeism, published over the period 2008-2013, with full-text abstracts in Portuguese available online. Exclusion criteria were: articles published twice in the same database or found in more than one database, and articles that were not related to the focus of the study.

We have elaborated an instrument to help select the study data. This instrument had to be completed with the following information: journal name, article title, authors' names, year of publication, location, objectives, study design, results and conclusions. The use of a data collection instrument allowed us to obtain detailed information about the articles, which proved to be very useful to select those articles that best suited the study purpose.

After reading the titles and abstracts, the selected studies were analyzed with the aid of an already validated instrument. The following data were then determined: identification of the original article, methodological characteristics of the study, assessment of methodological rigor and of the measured interventions, identification of the study results, author of the study and the level of evidence:[8] 1 - systematic reviews or meta-analysis of relevant clinical trials; 2 - evidence of at least one well-designed randomized controlled clinical trial; 3 - well-designed clinical trials without randomization; 4 - well-designed cohort and case-control studies; 5 - systematic review of descriptive

and qualitative studies; 6 - evidence derived from a single descriptive or qualitative study; 7 - opinionsof authorities or expert committees including interpretations that are not based on research evidence.[9]

We used content analysis technique and segmented the text into units (categories), according to systematic analogical regroupings.[10]

First we read the 19 articles selected, then we determined the units of meaning that make up the corpus of the study, trying to estimate the frequency of these units as segmentable and analog data. Next, these data elements were reanalyzed and three categories emerged: profile of professionals who miss work, diseases that result in absenteeism and strategies to reduce absenteeism. These categories enable the reader to assess the applicability of this integrative review, which was made in order to provide evidence for nursing practice.

RESULTS

43 articles were found in the LILACS database. However, 31 studies were excluded because 19 of them were outside the study's time window, 9 showed no associations with the topic analyzed, 2 were international studies and 1 was not available online. Thus, we selected 12 studies found in the LILACS database. Seven of the 22 articles found in the SciELO database were identical to the ones found in the LILACS database, six articles were outside the study's time window and five articles showed no associations with the topic analyzed. Thus, only four articles found in the SCIELO database were selected. 24 of the 27 studies found in the BDENF database were excluded because 12 of them were outside the study's time window, 7 studies showed no associations with the topic analyzed and 5 studies were identical to the ones found in the SciELO database. Thus, only 19 of the 92 articles found met the inclusion criteria and were included in the study, as shown in Figure 1.

Code	Journal	Authors:	Title	Year of publication	State where the study was conducted	*Design*	Level of Evidence
A1	UERJ Nursing Journal	Magalhães NAC, Farias SNP, Mauro MYC, Donato MD, Domingos AM	Absenteeism among nursing workers in the hospital context	2011	RJ	Descriptive, qualitative, exploratory and retrospective	VI
A2	Science, Care and Health	Carvalho LSF, Matos RCS, Souza NVDO, Ferreira REDS	Prevalent reason for health license among nurses	2010	RJ	Descriptive, quantitative, exploratory, documental	VI
A3	Semina: Ciências Biológicas e da Saúde	Fernandes RL, Haddad MCL, Morais AEP, Takahashi ITM	Absenteeism at a Medium Size Philanthropic Hospital	2011	PR	Quantitative, retrospective, descriptive and documental	VI
A4	Brazilian Journal of Nursing	Costa FM, Vieira MA, Sena RR	Disease-related absenteeism among nursing team members in a teaching hospital	2009	MG	Quantitative, descriptive, exploratory, documental	VI
A5	University of São Paulo Nursing School Journal	Laus AM, Anselmi ML	Absenteeism of nursing workers in a school hospital	2008	SP	Descriptive, retrospective and quantitative	VI
A6	Science, Care and	Abreu RMD, Simões ALA	Absences caused by	2009	MG	Descriptive, exploratory,	VI

	Health		illness in the nursing team of a university hospital			quantitative	
A7	Revista de Saúde Pública	Ferreira RC, Griep RH, Fonseca MJM, Rotenberg L	A multifactorial approach to sickness absenteeism among nursing staff	2012	RJ	Cross-sectional, qualitative and quantitative	VI
A8	Brazilian Journal of Nursing	Inoe KC, Matsuda LM, Silva DMPP, Uchimura TT, Mathias TAF	The absenteeism-disease of a nursing team in an intensive care unit	2008	PR	Descriptive, exploratory, quantitative	VI
A9	UERJ Nursing Journal	Carneiro TM, Fagundes NC	Absenteeism among nurses working at a university hospital intensive care unit	2012	BA	Descriptive, retrospective, quantitative	VI
A10	Science, Care and Health	Inoe KC, Matsuda LM, Silva DMPP	Absenteeism at the intensive care unit in a school hospital	2008	PR	Descriptive, exploratory, qualitative and quantitative	VI
A11	Acta Paulista de Enfermagem	Fakih FT, Tanaka LH, Carmagnani MIS	Nursing staff absences in the emergency room of a university hospital	2012	SP	Quantitative, observational, prospective	VI
A12	Acta Paulista de Enfermagem	Cucolo DF, Perroca MG	Absenteeism in the nursing team in surgical-clinical units of a philanthropic hospital	2008	SP	Descriptive, quantitative	VI
A13	University of São Paulo Nursing School Journal	Sancinetti TR, Gaidzinski RR, Felli VEA, Fugulin FMT, Baptista PCP, Ciampone MHT, Kurcgant P et al	Absenteeism-disease in the nursing staff: relationship with the occupation tax	2009	SP	Descriptive, quantitative, cross-sectional	VI
A14	Latin American Journal of Nursing	Beck SG, Oliveira MLC	Study on the absenteeism of nursing professionals in a psychiatric center in Manaus,	2008	MA	Documental, retrospective, qualitative and quantivative	VI

			Brazil				
A15	University of São Paulo Nursing School Journal	Sancinetti TR, Soares AVN, Lima AFC, Santos NC, Melleiro MM, Fugulin FMT et al	Nursing staff absenteeism rates as a personnel management indicator	2011	SP	Descriptive, exploratory, quantitative	VI
A16	University of São Paulo Nursing School Journal	Estorce TP, Kurcgant P	Sick leave and nursing personnel management	2011	SP	Descriptive, exploratory, quantitative	VI
A17	UERJ Nursing Journal	Giomo DB, Freitas FCT, Alves LA, Robazzi MLCC	Occupational accidents, occupational risks and absenteeism among hospital nursing workers	2009	SP	Descriptive, quantitative	VI
A18	Cogitare Enfermagem	Castro I, Bernadino E, Ribeiro ELZ	Nursing absenteism at neonatal ICU: professional's profile and absence reasons	2008	PR	Qualitative and quantitative	VI
A19	Revista Médica de Minas Gerais	Primo GMG, Pinheiro TMM, Sakura E	Sickness absenteeism in employees in a public university hospital	2010	MG	Cross-sectional, descriptive, quantitative	VI

Figure 1. Code of the article, journal, authors, title, year of publication, state where the study was conducted, design and level of evidence.

With regard to the places where the 19 studies have been conducted, we found that: seven (36.8%) studies have been conducted in the state of São Paulo, three (15.8%) in Rio de Janeiro, three (15, 8%) in Paraná, three (15.8%) in Minas Gerais, one (5.3%) in Bahia and one (5.3%) in Amazonas. As for the institutions where the studies have been developed: 18 (94.7%) studies have been conducted in public hospitals and only one (5.3%) study has been carried out in a public and private hospital.

Regarding the year of publication, we found that 2008 was the year with the highest number of articles published (31.6% of the studies), followed by 2009 and 2011 (21% each), 2012 (15.8%) and 2010 (10 5%).

We identified a total of ten journals which published these articles. During the period analyzed, the University of São Paulo Nursing School Journal published four articles (21%) on the subject, and the journals Science, Care and Health and UERJ Nursing Journal published three articles (15.8%) each.

With regard to gender, seven articles (36.8%) found that females predominated in cases of absenteeism due to illness. One of the articles has highlighted the reason as an occupational accident.

Three articles (15.8%) have shown a predominance of the married marital status group and two studies (10.5%) have found that most subjects had children. Eight articles (42%) have indicated that the age group with the highest number of leaves was formed by young adults (aged 20-40 years) and middle-aged adults (41-60 years).

We have found that, in all articles analyzed, nursing technicians and nursing assistants showed the highest rates of unexpected absenteeism.

With regard to inpatient units, the studies have shown that employees who work in more complex hospital units such as adult or neonatal ICU and emergency departments had higher rates of absenteeism.

Five articles (26.3%) have investigated the work shifts of nursing professionals who had

been absent from work for one or more days. Three of the studies have found that most professionals feel overloaded when working on the night shift.

Three studies (15.8%) have analyzed the fact that some workers held multiple jobs. Two of these articles have found that most professionals who had taken leaves had no only one work contract. However, one study has found that nursing workers who reported having two or more work contracts were more likely to miss work.

Seven studies (36.8%) have investigated the variable type of working contract. Four studies found have that workers who had statutory contracts were more often absent from work. In addition, five (26.3%) articles have found that workers who had a higher number of years working in the profession were more often and longer absent.

10 (52.6%) of the 19 articles selected have associated absenteeism with a specific disease, while nine studies (47.4%) have not specified the disease which led the worker to miss work. However, the latter have identified health problems as the main cause of absenteeism.

Seven studies (36.8%) have identified musculoskeletal diseases as the main causes of absenteeism among nursing professionals. Four (21%) studies have identified mental and behavioral disorders as the second main cause of absenteeism and one study has found it to be the first main cause. Three (15.8%) articles have found that mental and muskuloskeletal disorders were associated with longer and more frequent sick leaves.

Four (21%) studies have considered diseases of the respiratory as a cause of absenteeism. However, according to these studies, these diseases led to short-term leaves and affected mainly young adults.

One study has identified occupational accidents causing toe fractures, sprains, falls, and car and motorcycle crashes as the main cause of sick leaves.

Seven (36.8%) studies have pointed out the need to improve the management and planning process in health institutions, especially with regard to adequate nursing staff dimensioning. Three (15.6%) of these studies have evidenced the fact that there was an insufficient number of nursing professionals working at the study site.

DISCUSSION

♦ Professionals' profile

It is known that the nursing profession is historically determined by the predominance of female professionals due to various cultural factors that are still valid nowadays.[11] The association between female absenteeism and the married marital status may be due to the accumulation of roles by women (professional work, domestic chores and children´s care), which can lead to greater levels of physical and mental strain.[12]

Work absences among young adults may be due to the fact that most nursing professionals are women and of reproductive age. They usually miss work because of complications during pregnancy or in the postpartum period, or due to children's sickness.

Nursing technicians and nursing assistants have been found to have the highest unexpected absenteeism rates in hospitals. These results are similar to European studies. In addition, the authors have mentioned the tendency of these professional categories of being absent for longer periods of time, including taking sick leaves by the Brazilian Social Security Institute (INSS).[11,13-5]

This finding affects the national scene, because these professionals make up the majority of workers in hospitals.[11] It is important to mention that nursing assistants and technicians are exposed to greater physical and ergonomic wear-and-tear, when compared with nurses, who have more administrative tasks.[16]

We highlight the fact that there are higher absenteeism rates among professionals who work in certain hospital units. Professionals who care for critical patients and in high complexity units where new technologies are needed are more exposed to occupational risks (physical, chemical and psychological). They are at increased risk of health problems and, consequently, of disease-related absenteeism.[17]

As for the work shifts, it is known that night work alters the physiological processes of the body, due to lack of synchronism between the circadian rhythm and the extension of wakefulness, compromising the quality of sleep and causing fatigue, psycho-emotional stress[18] and increased cardiovascular risk.[19] Moreover, it also prevents the worker from sharing family life due of schedule incompatibility. This causes emotional and mental problems.[20]

With regard to the fact that many professionals held multiple jobs, it is necessary to consider that workers who have two or more jobs may have a higher frequency of absenteeism as a result of physical fatigue, mental stress and compromised rest.[21]

The fact that professionals with statutory contracts and longer tenure are more often

and longer absent could be explained because they have greater work stability, having passed the probationary period (3 years), have the right to take medical leaves of absence each year, suffer greater job dissatisfaction and lower competitive pressure.[22]

♦ Illnesses that generate absenteeism

In recent years, musculoskeletal diseases have become the most prevalent registered occupational disease, according to the insured workers statistics.[23]

In a hospital, there are several ergonomic factors that are associated with environmental and organizational problems, such as inadequate technological resources, including old furniture and lack of specific equipment to move patients. This causes the worker to be continuously and prolongedly exposed to risk factors.[23-4]

The nursing staff also has to perform multiple different tasks concurrently, is exposed to work overload, work rhythm acceleration, lack of human resources and adequate training. These working conditions result in physical and psychological disorders. These factors also affect the quality of care provided to patients and have the potential to cause occupational illness.[23]

Mental and behavioral disorders have been strongly emphasized by the analyzed studies. According to the European Community Commission, diseases considered as emerging, such as stress, depression and anxiety, together with diseases caused by violence at work, such as harassment and intimidation, account for 18% of work-associated health problems, and 25% of them are responsible for two or more weeks of absenteeism.[25]

Recent studies have shown that some psychosocial factors in the work environment can be associated with high absenteeism rates among nursing professionals. These are: imposed work reorganizations without the participation of workers, which may trigger anxiety, concern and insecurity; lack of autonomy; poor interpersonal relationships with physicians and managers. These predispose workers to burnout syndrome at work.[26]

Problems experienced in the work organization and social relationships lead to an imbalance in the health-disease process, causing physical and mental illness. As a consequence, workers feel tense and tired when performing their work activities. They suffer anxiety and depression, experience a lack of motivation, are inattentive, have lower productivity and are less accurate when carrying out a task.[27]

Sick leaves due to diseases of the respiratory tract - specially infections of the upper airways - were usually shorter and most commonly affected young adults.[22] These diseases are caused by a frequent exposure to biological and chemical agents in the hospital environment.[28]

It is also worth mentioning occupational accidents and hazards, to which nursing professionals are continuously exposed and the fact that these professionals often perform their work activities under inappropriate conditions and without using individual protection equipments. Moreover, nursing professionals commonly work double shifts, because of low wages, which puts them at an increased risk of iatrogenic complications and accidents.[29]

♦ Strategies to reduce absenteeism

High rates of nursing absenteeism have generated concerns and problems in the administration of nursing services, because they cause costs/damages to health institutions, staffing imbalance and work overload to other workers. This causes increased workload, and physical, psychological, social and spiritual wear-and-tear. As a consequence, it compromises the quality of care provided to patients and causes occupational illnesses.[30]

A key strategy to reduce absenteeism is to improve the management and planning process in health institutions through adequate nursing staff dimensioning. This management method allows the adequacy of staffing to meet the actual patient care needs, because it identifies and takes into consideration the absenteeism rates in each service unit, which supports the redesign of human resources management in nursing.[30]

This method may help reduce absenteeism. It protects the patient and increases worker safety because technical safety index is included in this calculation of estimated professionals to cover planned and unplanned work absences.[30]

Also noteworthy is the importance of a more humanistic and democratic management model, in which workers' active participation in the work processes are guaranteed and encouraged. This motivates workers and stimulates better inter-professional relationships at work, and reduces the psychological impacts which may be considered a responsible factor for workers' health problems.[31-2]

Several studies point to the need of making managers aware of the importance of preventive policies in health institutions, with the implementation of programs that minimize or eliminate occupational hazards and factors that generate stress and physical exhaustion, aiming at promoting the health of workers.[33-8]

However, it is first necessary to: make an assessment of the work process of each sector of the institution; monitor the rates/causes of absenteeism, through the use of a registration database, making it a management indicator; and further develop preventive measures that are compatible with workers' reality.[12]

Some studies suggest the implementation of measures such as the inclusion of work breaks during each shift; workplace exercise programs during working hours; meetings between the nursing staff and the psychology service team of the institution; monitoring of and interventions to professionals with health problems by the occupational health service; promotion of continuing education about occupational hazards; creation of a communication channel between the Internal Commission for Accident Prevention (CIPA), the occupational health service team and the units of the health institution.[39]

Thus, it is important that the formulation and implementation of strategies count with the participation of all those people who are involved in the work process, especially those who have the ability to recognize the real needs of professionals and support necessary changes.

FINAL CONSIDERATIONS

This study made it possible to identify important aspects of nursing absenteeism, such as the profile of professionals who were absent from work; diseases that generate absenteeism; and the main strategies for preventing and reducing absenteeism.

With regard to the profile of these professionals, we found that married females with children; young and middle-aged adults; nursing technicians and nursing assistants; professionals who work in more complex hospital units such as ICU and emergency departments; professionals who work night shift and have a statutory work contract have higher rates of absenteeism.

With regard to the diseases that generate absenteeism, we found that diseases of the musculoskeletal system, mental, behavioral disorders and respiratory, and occupational accidents were the most prevalent causes of absenteeism among nursing professionals.

In addition, the studies analyzed have highlighted important inclusion strategies which may reduce the problem of absenteeism in health institutions, such as changes in the management and planning process: especially adequate nursing staffing and more humane and democratic management practices.

It is important to emphasize the need for further studies on this topic. Our review revealed that most studies have been conducted in the state of São Paulo and in public and teaching hospitals. In addition, we found that, during the 2008-2013 period, the number of publications on the subject decreased.

Thus, we believe that, besides providing relevant knowledge on absenteeism, this study also allows managers and professionals who are responsible for the health and safety of workers to reflect, make better decisions and implement new strategies to reduce absenteeism, ensure the health of workers, increase workers' productivity and satisfaction, improve quality of patient care and reduce costs for health services.

We also found that the studies analyzed had been rated at the weakest level of evidence (Level 6). Therefore, we suggested that studies with stronger levels of evidence are conducted, to contribute to the improvement of nursing management and care based on scientific evidence.

REFERENCES

1. Fugulin FMT, Gaidzinski RR, Kurcgant P. Ausências previstas e não previstas da equipe de enfermagem das unidades de internação do HU-USP. Rev Esc Enferm USP. [Internet]. 2003 Dec [cited 2013 July 13];37(4):109-17. Available from: http://www.scielo.br/pdf/reeusp/v37n4/13

2. Gaidzinski RR. Dimensionamento de pessoal de enfermagem em instituições hospitalares [tese]. São Paulo: Escola de Enfermagem da Universidade de São Paulo; 1998.

3. Laus AM, Anselmi ML. Ausência dos trabalhadores de enfermagem em um hospital escola. Rev Esc Enferm USP [Internet]. 2008 Dec [cited 2013 July 15];42(4):681-9. Available from: http://www.scielo.br/pdf/reeusp/v42n4/v42n4a09.pdf

4. Reis RJ, La Rocca PF, Silveira AM, Bonilla IML, Giné NA, Martin M. Fatores relacionados ao absenteísmo por doença em profissionais de enfermagem. Rev Saúde Pública [Internet]. 2003 Jan [cited 2013 July 19];37(5):616-23. Available from:

http://www.scielo.br/pdf/rsp/v37n5/17477.pdf

5. Giomo DB, Freitas FCT, Alves LA, Robazzi MLCC. Acidentes de trabalho, riscos ocupacionais e absenteísmo entre trabalhadores de enfermagem hospitalar. Rev Enferm UERJ [Internet]. 2009 Jan [cited 2013 July 19];17(1):24-9. Available from: http://www.facenf.uerj.br/v17n1/v17n1a05.pdf

6. Barboza MMCN, Fernandes SD, Araújo MEA, Heckler SH. Absenteísmo na enfermagem: uma revisão integrativa. Rev Gaúcha Enferm on line [Internet]. 2010 Mar [cited 2013 July 20];31(1):160-6. Available from: http://www.scielo.br/pdf/rgenf/v31n1/a22v31n1.pdf

7. Crossetti, MGO. Revisão integrativa de pesquisa na enfermagem o rigor científico que lhe é exigido [editorial]. Rev Gaúcha Enferm on line [Internet]. 2012 June [cited 2013 July 21];33(2):8-9. Available from: http://www.scielo.br/pdf/rgenf/v33n2/01.pdf.

8. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto & contexto enferm [Internet]. 2008 Oct/Dec [cited 2013 Oct 20];17(4):758-64. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072008000400018.

9. Melnyk BM, Fineout-Overholt E. Making the case for evidence-based practice. In: Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: a guide to best practice. Philadelphia: Lippincot Williams & Wilkins; 2005 [Internet]. 2006 [cited 2014 Aug 3];3-24. Available from: http://download.lww.com/wolterskluwer_vitalstream_com/PermaLink/NCNJ/A/NCNJ_546_156_2010_08_23_SADFJO_165_SDC216.pdf

10. Minayo MCS. O desafio do conhecimento. 10th ed. São Paulo: Hucitec, 2007.

11. Magalhães NAC, Farias SNP, Mauro MYC, Donato MD, Domingos AM. O absenteísmo entre trabalhadores de enfermagem no contesto hospitalar. Rev Enferm UERJ [Internet]. 2011 Apr [cited 2013 July 21];19(2):224-30. Available from: http://www.facenf.uerj.br/v19n2/v19n2a09.pdf

12. Costa FM, Vieira MA, Sena RR. Absenteísmo relacionado à doenças entre membros da equipe de enfermagem de um hospital escola. Rev Bras Enferm [Internet]. 2009 Jan [cited 2013 July 24];62(1):38-44. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S00347167200900010006

13. Laus AM, Anselmi ML. Ausência dos trabalhadores de enfermagem em um hospital escola. Rev Esc Enferm USP [Internet]. 2008 Dec [cited 2013 July 26];42(4):681-9. Avaible from: http://www.scielo.br/pdf/reeusp/v42n4/v42n4a09.pdf

14. Estorce TP, Kurcgant P. Licença médica e gerenciamento de pessoal de enfermagem. Rev Esc Enferm USP [Internet]. 2011 Oct [cited 2013 July 28];45(5):1199-1205. Available from: http://www.scielo.br/pdf/reeusp/v45n5/v45n5a24.pdf

15. Ferreira RC, Griep RH, Fonseca MJM, Rotenberg L. Abordagem multifatorial do absenteísmo por doença em trabalhadores de enfermagem. Rev Saúde Pública [Internet]. 2012 Apr [cited 2013 July 27];46(2):259-68. Available from: http://www.scielo.br/pdf/rsp/v46n2/3189.pdf

16. Umann J, Guido LA, Leal KP, Freitas EO. Absenteísmo na equipe de enfermagem no contexto hospitalar. Cien Cuid Saúde [Internet]. 2011 Jan [cited 2013 July 28];10(1):184-90. Available from: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/11867/pdf

17. Tepas DI, Barnes-Farrell JL, Bobko N, Fischer FM, Iskra-Golec I, Kaliterna L. The impacto of night work on subjective reports of well-being: an exploratory study of health care workers from five nations. Rev Saúde Pública [Internet]. 2004 Dec [cited 2013 July 29];38(Supl):26-31. Available from: http://www.scielo.br/pdf/rsp/v38s0/a05v38s0.pdf

18. Pimenta AM, Kac G, Souza RRCS, Ferreira LMBA, Silqueira SMF. Trabalho noturno e risco cardiovascular em funcionários de universidade pública. Rev Assoc Med Bras [Internet]. 2012 Apr [cited 2013 July 29];58(2):168-77. Available from: http://www.scielo.br/pdf/ramb/v58n2/v58n2a12.pdf

19. Cucolo DF, Perroca MG. Ausências na equipe de enfermagem em unidades de clínica médico-cirúrgica de um hospital filantrópico. Acta Paul Enferm [Internet]. 2008 [cited 2013 July 28];21(3):454-9. Available from: http://www.scielo.br/pdf/ape/v21n3/pt_12.pdf

20. Hardy GE, Woods D, Wall TD. The impact of psychological distress on absence from work. Journal of Applied Psychology

[Internet]. 2003 Apr [cited 2013 July 28];88(2):306-14. Available from: http://www.ncbi.nlm.nih.gov/pubmed/12731714

21. Primo GMG, Pinheiro TMM, Sakura E. Absenteísmo por doença em trabalhadores de uma organização hospitalar pública e universitária. Rev Med Minas Gerais [Internet]. 2010; [cited 2013 July 28];20(Supl):47-58. Available from: http://rmmg.medicina.ufmg.br/index.php/rmmg/article/viewFile/261/244

22. Leite PC, Silva AS, Merighi MAB. A mulher trabalhadora de enfermagem e os distúrbios osteomusculares relacionados ao trabalho. Rev Esc Enferm USP [Internet]. 2007 June [cited 2013 July 27];41(2):287-91. Available from: http://www.scielo.br/pdf/reeusp/v41n2/15.pdf

23. Mergulhão BRR, Araújo EC, Vasconcelos EMR, Bezerra SMMS. Fatores de risco à saúde de profissionais de enfermagem relacionados com a condição de trabalho e ergonomia. Rev Enferm UFPE on line [Internet]. 2010 Apr-June [cited 2013 July 27];4(2):577-86. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/769/pdf_32

24. Comisión de las Comunidades Europeas. Como adaptarse a los cambios en la sociedad y en el mundo del trabajo: una nueva estrategia comunitaria de salud y seguridad (2002-2006). Bruselas [Internet]. 2002 [cited 2013 July 27];2-19. Available from: http://www.msssi.gob.es/ciudadanos/saludAmbLaboral/docs/estrategiaSalud.pdf

25. Manetti ML, Marziale MHP, Robazzi MLCC. Revisando os fatores psicossociais do trabalho de enfermagem. Rev Rene Fortaleza [Internet]. 2008 Jan-Mar [cited 2013 July 27];9(1):111-9. Available from: http://www.revistarene.ufc.br/revista/index.php/revista/article/view/530/pdf

26. Boller E. Estresse no setor de emergência: possibilidade e limites de novas estratégias gerenciais. Rev Gaúcha Enferm [Internet]. 2003 Dec [cited 2013 July 27];24(3):336-45. Available from: http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/viewFile/4481/2420

27. Silva DMPPD, Marziale MHP. O adoecimento da equipe de enfermagem e o absenteísmo doença. Ciênc Cuid Saúde [Internet] 2002 [cited 2013 July 27];1(1):139-42. Available from: http://eduemojs.uem.br/ojs/index.php/CiencCuidSaude/article/view/5683/3607

28. Giomo DB, Freitas FCT, Alves LA, Robazzi MLCC. Acidentes de trabalho, riscos ocupacionais e absenteísmo entre trabalhadores de enfermagem hospitalar. Rev Enferm UERJ [Internet]. 2009 Jan [cited 2013 July 19];17(1):24-9. Available fro http://www.facenf.uerj.br/v17n1/v17n1a05.pdf

29. Rogenski KE, Fugulin FMT. Índice de segurança técnica da equipe de enfermagem da pediatria de um hospital ensino. Rev Esc Enferm USP [Internet]. 2007 Dec [cited 2013 July 26];41(4):683-9. Available from: http://www.scielo.br/pdf/reeusp/v41n4/19.pdf

30. Beck SG, Oliveira MLC. Estudo do absenteísmo dos profissionais de enfermagem de um centro psiquiátrico em Manaus, Brasil. Rev Latino-Am Enfermagem [Internet]. 2008 Jan [cited 2013 July 28];16(1):109-14. Available from: http://www.scielo.br/pdf/rlae/v16n1/pt_16.pdf

31. Kristensen TR, Jensen SM, Kreiner S, Mikkelsen S. Socioeconomic status and duration and pattern of sickness absence: a 1-year follow-up study of 2331 hospital employees. BMC Public Health [Internet]. 2010 [cited 2013 July 25];10:643. Available from: http://www.biomedcentral.com/1471-2458/10/643

32. Carvalho LSF, Matos RCS, Souza NVDO, Ferreira REDS. Motivos de afastamento por licença de saúde dos trabalhadores de enfermagem. Cienc Cuid Saúde [Internet]. 2010 Jan [cited 2013 July 22];9(1):60-6. Available from: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/10530/5737

33. Fernandes RL, Haddad MCL, Morais AEP, Takahashi ITM. Absenteísmo em hospital filantrópico de médio porte. Semina Cienc Biol Saúde [Internet]. 2011 Jan [cited 2013 July 23];32(1):3-14. Available from: http://www.uel.br/revistas/uel/index.php/seminabio/article/view/3277/8804

34. Abreu RMD, Simões ALA. Ausências por adoecimento na equipe de enfermagem de um hospital de ensino. Cien Cuid Saúde [Internet]. 2009 Oct [cited 2013 July 25];8(4):637-44. Available from: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/9692/5410

35. Fakih FT, Tanaka LH, Carmagnani MIS. Ausências dos colaboradores de enfermagem do pronto-socorro de um hospital universitário. Acta Paul Enferm [Internet]. 2012 [cited 2013 July 29];25(3)378-85. Available from:

http://www.scielo.br/pdf/ape/v25n3/v25n3a10.pdf

36. Castro I, Bernadino E, Ribeiro ELZ. Absenteísmo na enfermagem em UTI neonatal: perfil do profissional e motivos das ausências. Cogitare Enferm [Internet]. 2008 July-Sept; [cited 2013 July 27];13(3):374-9. Available from: http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/12969/8764

37. Sancinetti TR, Soares AVN, Lima AFC, Santos NC, Melleiro MM, Fugulin FMT et al. Taxa de absenteísmo da equipe de enfermagem como indicador de gestão de pessoas. Rev Esc Enferm USP [Internet]. 2011 Aug [cited 2013 July 25];45(4):1007-12. Available from: http://www.scielo.br/pdf/reeusp/v45n4/v45n4a31.pdf

38. Carneiro TM, Fagundes NC. Absenteísmo entre trabalhadoras de enfermagem em unidade de terapia intensive de hospital universitário. Rev Enferm UERJ [Internet]. 2012 Jan-Mar [cited 2013 July 28];20(1):84-9. Available from: http://www.facenf.uerj.br/v20n1a15.pdf

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