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INTEGRATIVE REVIEW ARTICLE

NURSING OF WORK RELATED TO ABSENTEEISM PREVENTION BY DISEASES IN HOSPITAL CONTEXT: INTEGRATIVE REVIEW

ENFERMAGEM DO TRABALHO RELACIONADO À PREVENÇÃO DE ABSENTEÍSMO POR DOENÇAS NO CONTEXTO HOSPITALAR: REVISÃO INTEGRATIVA

ENFERMERÍA DEL TRABAJO RELACIONADA A LA PREVENCIÓN DE ABSENTISMO POR ENFERMEDADES EN EL CONTEXTO HOSPITALARIO: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to identify in the literature of the working nurse acting to minimize problems that cause absenteeism to the nursing staff at the hospital. **Method:** integrative review, with the guiding question: How is nursing care to the worker of his hospital staff to prevent absenteeism in the literature? There were searches in databases LILACS and BDNF and virtual library SCIELO in the period 2009-2013, with the descriptors: nursing of work, worker health and absenteeism. It was used a structured form for extracting data items. **Results:** out of the 14 articles analyzed, three (21.42%) suggested ways to reduce health problems as a change in the personnel, personal protective equipment use, proper posture during procedures, complete vaccination schedule and breaks during the journey. **Conclusion:** few publications show nursing care to the worker. The published research restricted to describe diseases that cause absenteeism. **Descriptors:** Labour Nursing; Worker's Health; Absenteeism.

RESUMO

Objetivo: identificar na literatura a atuação do enfermeiro do trabalho para minimizar agravos que causam absenteísmo à equipe de enfermagem no hospital. **Método:** revisão integrativa, com a questão norteadora: como se configura na literatura o cuidado de enfermagem voltado ao trabalhador de sua equipe hospitalar para prevenção de absenteísmo? Realizaram-se buscas nas bases de dados LILACS e BDNF e na biblioteca virtual SCIELO, no período de 2009-2013, com os descritores: enfermagem do trabalho, saúde do trabalhador e absenteísmo. Utilizou-se formulário estruturado para extração dos dados dos artigos. **Resultados:** dos 14 artigos analisados, três (21,42%) sugeriram formas de reduzir agravos como mudança no dimensionamento do pessoal, uso de equipamento de proteção individual, postura correta durante os procedimentos, esquema vacinal completo e pausas durante a jornada. **Conclusão:** poucas publicações retratam cuidado de enfermagem ao trabalhador. As pesquisas publicadas restringem-se a descrever doenças que causam absenteísmo. **Descritores:** Enfermagem do Trabalho; Saúde do Trabalhador; Absenteísmo.

RESUMEN

Objetivo: identificar en la literatura la actuación del enfermero del trabajo para minimizar problemas que causan absentismo al equipo de enfermería en el hospital. **Método:** revisión integradora, con la pregunta guiadora: ¿Cómo se configura en la literatura, el cuidado de enfermería dirigido al trabajador de su equipo hospitalario para prevención de absentismo? Se realizaron búsquedas en las bases de datos LILACS y BDNF y en la biblioteca virtual SCIELO, en el período de 2009-2013, con los descriptors: enfermería del trabajo, salud del trabajador y absentismo. Se utilizó formulario estructurado para extracción de los datos de los artículos. **Resultados:** de los 14 artículos analizados, tres (21,42%) sugerían formas de reducir problemas como mudanza en el dimensionamiento del personal, uso de equipamiento de protección individual, postura correcta durante los procedimientos, esquema de vacuna completo y pausas durante la jornada. **Conclusión:** pocas publicaciones retratan cuidado de enfermería al trabajador. Las investigaciones publicadas se restringen a describir enfermedades que causan absentismo. **Descriptor:** Enfermería del Trabajo; Salud del Trabajador; Absentismo.

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INTRODUCTION

Occupational diseases are an important risk that should be evaluated constantly. In the hospital environment, the nursing staff represents the largest number of employees, and these professionals are highly relevant in the development of patient care, despite the amount of them, the team is not enough to meet the heightened demand, making an overloaded and exhausting work.¹

Absenteeism has been a major problem due to work related accidents in hospitals. The word means the absence of the employee to work caused by several factors.² In the hospital context by various infectious diseases existing from different patients and for being an environment that constantly performs procedures that offer great risks to the illness of its employees, it is considered highly unhealthy.³ Thus, the role of the occupational health nurse in the prevention of occupational diseases is directly related to workers exposed to such risks.

Absenteeism becomes a problem for nursing staff when reflecting in the quality of care provided to patients. This absence from work promotes overload on other professionals, causing physical, social and mental changes and as result there is a vicious cycle of disease where healthy ones get sick generating new absences.⁴⁻⁵

The nurse in occupational health area has as an important assignment and educator responsibility to contribute to the improvement of working conditions and, therefore, the employee's quality of life. This task is carried out to the awareness of workers about the risks they are exposed making them participate in self-care and eliminating or reducing occupational risks as well as hospital costs.⁶

The health team must establish their actions through individual or collective identification of risks, needs, living and working conditions of the population group so they can associate certain forms of illness and death of workers.⁷

The study aims to identify in the literature the working nurse acting to minimize

problems causing absence from the nursing staff at the hospital.

METHOD

Integrative literature review, which allows to summarize previous research and provide general conclusions to review the scientific knowledge on the subject to be investigated.⁸ It is the most comprehensive methodological approach regarding to reviews, allowing the inclusion of experimental and non-experimental studies for a complete understanding of the analyzed phenomenon.⁹

This study was organized into six steps that are closely interrelated: the first step was the development of guiding research question. In the second step, there were established criteria for inclusion and exclusion of studies in the literature and in the third step the information be extracted was defined from studies. In the fourth step the studies included were evaluated, in the fifth step the interpretation of results and discussion of the data were carried out and in the sixth step the integrative review or synthesis of knowledge were presented.^{8,10}

The guiding question of the study was: "How is nursing care to the worker of his hospital staff to prevent absenteeism in the literature?"

The researched literary references, which served as theoretical basis in this study were found in publications by databases: Latin American and Caribbean Health Sciences (LILACS) and Data Bases in Nursing (BDENF). It sought to the Brazilian Electronic Scientific Journals Library (SCIELO) and Ministry of Health standards, with time period of 2009-2013.

The criteria for selection of the samples were articles specifically about to this research, in Portuguese, English or Spanish, through descriptors in Health Sciences (DECS) grouped with Boolean indicators: "absenteeism" AND "nursing work" "absenteeism" AND "worker's health" and "nursing work" AND "worker's health".

Data analysis was performed by the descriptors in pairs association, which results in several research, as Table 1.

Table 1. Scientific articles found in Scielo Database.

Virtual Library Database				
Descriptors	BDENF	LILACS	SCIELO	Total
Absenteeism AND Nursing work	10	8	02	20
Absenteeism AND Worker's health	20	70	15	105
Nursing work AND Worker's health	92	101	14	207

After consultation and refinement there were 332 articles found, 20 of them were from the association between absenteeism and nursing work, 105 from absenteeism and worker's health and 207 between nursing work and worker's health.

At first, a brief reading was held of the selected articles and then a critical reading and selection of contents proposed for the study, excluding articles that did not fit with the theme, those who did not have full texts in addition to the publications that were repeated in databases.

In the searching there were 122 articles found in BDEF. Out of them, two had already been found in the first associations and 109 were not in accordance to the theme or did not have the complete article, being used only 11 for analysis. In the LILACS, out of the 179 found, 16 were equal to articles found in BDEF and 161 were not in agreement with the theme or had incomplete text, remaining 2 articles. In SCIELO, out of the 31 articles, 3 were equal to previous research and 27 had no agreement with the theme, getting 1 article for the study.

Out of the 332 articles found, 14 were used for research. They were according to the theme and proposed inclusion criteria.

It is known that the clinical experience of the researcher contributes in determining the validity of the methods and results, and helping to determine its usefulness in practice.^{8,11} Thus, aiming to expand the scope of research, minimizing possible bias in that stage of development of integrative review process, this step was carried out by two researchers individually.

For extracting data from the selected articles, a collection form validated in another study¹¹ was used, including identification of the original article (year of publication, title, lead author, place of publication), methodological characteristics of the study (type of analysis, study design, sample or selected subjects, the research question), assessment of the methodological rigor of measured interventions and findings and recommendations of the authors of each study.

With regard to the assessment of methodological quality and levels of evidence, a production of scientific knowledge nursing classification was used (Evidence based practice in nursing & healthcare), classifying studies in 7 levels. In this study, the articles were classified as level 4 (evidence from cohort studies and well-designed case-control), Level 5 (evidence originating systematic review of descriptive and

qualitative studies) and Level 6 (evidence derived from a single descriptive or qualitative study).¹²⁻³

A critical analysis of the articles was conducted, comparing them with the literature. The presentation of results and discussion of the data was done descriptively to characterize the study found. Then the categorical analysis was held, according to themes carried out during the separation of the text, according to analysis of content¹⁴, sharing the results and discussion on two themes: major diseases causing absenteeism and absenteeism reduction actions.

RESULTS AND DISCUSSION

According to the location of research analyzed, there were four (28.57%) performed in the state of Rio Grande do Sul, four (28.57%) in Rio de Janeiro, two (14.28%) in Minas Gerais, one publication (7.14%) in Fortaleza, Salvador, São Paulo and Recife, and all research were held in public hospitals.

As the research design, the methodology adopted by the 14 articles analyzed were: 10(71.42%) used a quantitative approach, 3(21.42%) the literature review and 1(7.14%) qualitative approach. As the year of publication, it was observed that in 2009 there were 5(35.71%) publications on the subject, followed with 3(21.42%) in 2010, 4(28.57%) publications in 2011 and only 2(14.28%) publications in 2012.

A study to identify and analyze the scientific production in national nursing journals, ranked by Higher Education Personnel Improvement Coordination as Qualification B and C, in the last 20 years noted that the Brazilian Journal of Nursing presented predominance in the publications. Out of published articles, 94% were from dissertations and theses, slightly more than half with a quantitative approach and had the largest number of productions at the five-year period of 2003-2007. They concluded that the publications have been growing over the years with regard to quality and evaluation.¹⁵

This study corroborates with some characteristics of the articles found in this study, except for qualitative approach, where it was found predominance of quantitative studies. The Northeast region is still with less percentage in publications.

The research work does not end with their development, but with the dissemination of results to the scientific community and they are subjected to criticism and incorporated into work processes. This problem also extends to the area of nursing, although it has always existed informal control to measure

the quality of care, there are few jobs in these areas. Clinical nurses, especially, often do not have the resources and the knowledge to change the traditional nursing culture to one that is based on evidence, to support the daily practice.¹⁶⁻⁷

After analyzing the works the following thematic focuses were enclosed: main diseases causing absenteeism and absenteeism reduction actions.

♦ Thematic 1: Main diseases causing absenteeism

Observing the research related to absenteeism, it was possible to diagnose that for identification it is necessary to analyze the activities of the exercise environment, the work performed in the unit and the professional staff in the provision of care, checking that the lack of these factors are essential to the illness of members of the nursing staff.⁵

Out of the 14 articles analyzed, seven (46.66%) were related to absenteeism relating to a specific disease explicitly, and seven (46.66%) did not tell quantitative values relating to diseases affecting the professionals, but only quoted that attributed some aggravations health.

Among the selected articles, many associated occupational diseases with sociodemographic aspects, and these diseases were observed more in females, possibly due to their prevalence in the nursing profession, with advanced age professionals and in those who were married and had children.^{2,18-27}

Regarding the work features the professional category of technicians and nursing assistants have more absenteeism by as many contracting and repetitive activity engaged in the work sector employees who exercise their functions in more complex areas, such as, operating room and ICU have a higher number of removals and those who have night journey because they change their family and social relationships.^{2,18-27}

The heavy workload and many employment relationships are other issues that favor the removal of professionals since they are more exposed to organizational pressure to meet the daily activities causing both physiological and psychological problem.^{2,18-27}

The occurrence of absenteeism by sociodemographic and working conditions refute with Oliveira findings (2014). In his findings, changes in physical and mental health caused by stress and fatigue caused by workplace interfere with their family and social relationship getting professional conducive to illness.²⁸

The absences caused by musculoskeletal disorders and connective tissue were the most frequent among the selected studies, totaling 12 (85.71%) articles.^{2,4-5,18-25} The nursing staff is always exposed to physical efforts and ergonomic issues in the workplace. The activities require the transport of patients, repetitive movements, exchange of equipment and materials, working hours in which to remain standing is required, along with poor posture causing health damage to these workers.²¹ The authors of the articles relate the musculoskeletal diseases with ergonomic problems in the physical space of work of professionals. However, the workplace tends to be a risk factor for illness, leading to the removal of the nursing team.⁴ When the environment is not conducive to exercise of their activities, it promotes the increase in absenteeism rates within the hospital context.^{4,22}

Nine (64.28%) articles informed that mental and behavioral disorders are causing absenteeism in the nursing team.^{2,4,5,18,20,21-25} The professional nursing call attention to the hospital to be a great support group, where most are women who provide patient care 24 hours a day, which in addition to requiring great physical effort, generating too fatigue and psychological stress.³ Also by constantly dealing with delicate situations like death, pain, suffering and the regression of the health status of the patient, even after the effort of their assistance to the patient gets better, they feel frustrated because they often do not reach the idealized goal, thus generating psychological stress. Situations as frequent lack of materials, poor working conditions and high absenteeism rate among other coworkers causing overload to those who remain in care, are also critical for possible mental and/or behavioral disorders.²⁰

Respiratory diseases were cited in seven (50%) of the selected research.^{4-5,18-7,22-3,25} Absenteeism caused by these pathologies are related to the daily contact of professionals with chemicals through inhalation, infectious particles present in the work environment that promote disease and performing procedures that require personal protective equipment (PPE).⁴

The other diseases listed by each of the articles by absenteeism were: infectious and parasitic diseases^{4,22} (14, 28%), genitourinary unit^{4-5,25} (21, 42%), circulatory unit^{5,19,22} (21, 42%), ophthalmic^{5,22} (14, 28%) digestive apparatus^{5,23} (14, 28%).

One (7, 14%) article points out that the nursing coordination has no data on diseases that cause most removals from professionals

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because of medical certificates are not forwarded to the sector. Thus, coordination is not aware of the problems that affect nursing teams.²⁷

♦ Thematic 2: Absenteeism reduction actions

Absenteeism caused by disease can cause a reduction in the professional quality of life, reflecting the quality of care provided to patients. These problems bring harm to workers, the employer, family, patients and society. In order to have adequate work environment, health conditions of workers favorable and satisfactory service to customers is necessary to use parameters that minimize factors that promote removals of nursing professionals.¹⁸

From the analyzed research, only three (21.42%) suggested ways to reduce absenteeism in the hospital context.^{3-4,27} The other only cited the need to adopt prevention programs by management and the importance of professional training, but they did not inform how this implementation could be made by the institution for the nursing staff.

Among the three research, the authors emphasized changes in the staff dimension and suggested strategies for prevention in an attempt to minimize absenteeism within the hospital environment.

The hospital is considered an unhealthy place for having numerous disease agents not only chemical and biological as well as physical, ergonomic, psychological and social.²⁵ According to the authors, the hospital context for nursing staff can be considered an environment responsible for professionals getting sick, and consequently, the absenteeism.

By the results acquired from selected articles, it is observed the need to implement preventive actions within institutions, encouraging the participation of the most active Occupational Health Service within the hospital environment so they can diagnose the main causes of absenteeism in the nursing team. The health of the worker is not emphasized as important issue among managers of the institutions, since many of them do not follow what is established by labor laws, highlighting the creation of SESMT (Specialized Safety Engineering and Occupational Medicine) making the implementation of prevention programs and a more effective evaluation.³

In this context, the nurse of work can act on observation and intervention in the wrong environment that teams are inside the hospital, speaking as an educator for the

teams, providing lectures and training, such as, how to avoid certain health problems guidelines with the correct use of PPE and correct posture during procedures performed daily. The development of strategies to minimize absenteeism can also be discussed and made by the occupational health nurse with the other SESMT professionals and managers of the institution so that activities like gymnastics, pause between the work shift and the creation of an ombudsman for suggestions of complaints from employees, so that they might not be identified, are agendas of these discussions. In this way there would be an improvement in working conditions and help employees before the adversities that the environment they work imposes.

Among the preventive measures highlighted by authors^{3,27}, there were cited: the training of professionals in relation to Personal Protective Equipment use (PPE), creation of ombudsman in which workers can make complaints, give opinions and suggestions to improve the environment work and the quality of care, encouraging the importance of having the complete vaccination scheme debating on diseases that can be prevented, implementation of gymnastics and breaks during the working day, encouraging the formation of groups by multidisciplinary teams to discuss improvements in working conditions, providing link between workers, occupational health service and care units.

The sizing of staff was another point highlighted by authors^{4,27} in order to minimize absenteeism. Through the removals within the nursing staff, it is possible to reduce absences by adding the professional staff IST (Technical Safety Index). Thus, the amount of nursing staff is sufficient to perform the necessary activities for 24 hours. This planning supports the institution in case of lack of professionals within the team, avoiding work overload and inefficiency in patient care.^{4,27}

It was quite relevant in the research the need for better sizing of the nursing staff to reduce absenteeism among them. Thus, they would be prepared before the occurrence of lack of staff and the overloading of professionals would not be necessary to have an adequate number of them to assist the patients, favoring both the quality of care as well as health professionals.

CONCLUSION

It was necessary the management of hospitals that receive the nursing staff services to be attentive to high rates of absenteeism and worry not only a loss to the same cause, but also pay attention to the

quality of life of the employees, so that it does not pass more severe damage the health of the employees leading to possible early retirement with permanent sequelae.

Action must be taken so that these situations between the nursing staff and all other are less commonplace, including the most efficient performance of all professionals involved in SESMT hospitals so that measures are implemented to prevent and reduce health risks of workers and possible accidents. When employees have already been affected by the disease to request the intervention of the occupational health service is necessary, for this professionals with problems in health and promote prevention of new cases of illness.

This study was the prospect of assist on the problem that generates absenteeism in a hospital, the health of employees and adequate service to patients, emphasizing the nursing staff, to be the most extensive and the most daily contact with patients. It is necessary more research is carried out and solutions found for this situation, so that absenteeism is no longer a problem that affects not only the hospital but also for society in general.

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