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ORIGINAL ARTICLE

ABSENTEISM REASONS IN AN AMBULATORIAL NURSING TEAM

MOTIVOS DO ABSENTEÍSMO EM UMA EQUIPE DE ENFERMAGEM AMBULATORIAL

MOTIVOS DEL ABSENTEÍSMO EN UN EQUIPO DE ENFERMERÍA AMBULATORIAL

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ABSTRACT

Objective: to identify the reasons for absenteeism due to the medical licenses of ambulatory workers. ***Method***: this is an exploratory study with a quantitative approach, carried out in the ambulatory of a large teaching hospital, with 30 professionals from the nursing team. The data were collected with a questionnaire and tabulated in a Microsoft Excel® version 2010 worksheet presented in tables. ***Results***: the results were presented considering the reasons of absences from the professional nurses such as musculoskeletal disorders, psychiatric disorders, cardiovascular disorders, infectious diseases, and surgeries. Most of the work's leaves were due to musculoskeletal disorders (52.1%), followed by psychiatric disorders (26%), cardiovascular disorders (13%), infectious diseases (4.3%) and surgeries (4.3%). ***Conclusion***: the findings of this research may be related to several factors such as burden in the work dynamics directly related to the diseases found in this study. ***Descriptors***: Absenteeism; Nursing Team; Sick Leave; Worker's Health.

RESUMO

***Objetivo*:** identificar os motivos dos absenteísmos por licenças médicas dos trabalhadores do ambulatório. ***Método*:** estudo exploratório, de abordagem quantitativa, realizado no ambulatório de um hospital de ensino de grande porte, com 30 profissionais da equipe de enfermagem. Os dados foram coletados com um questionário, tabulados em planilha do Microsoft Excel® versão 2010 e apresentados em tabelas ***Resultados*:** os resultados foram apresentados considerando os motivos dos afastamentos dos profissionais enfermeiros, tais como distúrbios osteomusculares, distúrbios psiquiátricos, distúrbios cardiovasculares, doenças infectoparasitárias e cirurgias. Constatou-se que a maioria dos afastamentos do trabalho é devido aos distúrbios osteomusculares (52,1%), seguidos por distúrbios psiquiátricos (26%), distúrbios cardiovasculares (13%), doenças infectoparasitárias (4,3%) e cirurgias (4,3%). ***Conclusão*:** os achados desta pesquisa podem estar relacionados a diversos fatores, inclusive cargas presentes na dinâmica do trabalho que estão diretamente relacionadas às doenças encontradas neste estudo. ***Descritores*:** Absenteísmo; Equipe de Enfermagem; Licença Médica; Saúde do Trabalhador.

RESUMEN

***Objetivo*:** identificar los motivos de los absenteísmos por licencias médicas de los trabajadores del ambulatorio. ***Método*:** estudio exploratorio, de enfoque cuantitativo, realizado en el ambulatorio de un hospital de enseñanza de grande porte, con 30 profesionales del equipo de enfermería. Los datos fueron recogidos con un cuestionario y tabulados en planilla de Microsoft Excel® versión 2010 presentados en tablas. ***Resultados*:** los resultados fueron presentados considerando los motivos de las ausencias de los profesionales enfermeros tales como: disturbios osteomusculares, disturbios psiquiátricos, disturbios cardiovasculares, enfermedades infectoparasitárias y quirúrgias. Se constató que la mayoría de las ausencias del trabajo son debido a los disturbios osteomusculares (52,1%), seguidos por disturbios psiquiátricos (26%), disturbios cardiovasculares (13%), enfermedades infectoparasitárias (4,3%) y quirúrgias (4,3%). ***Conclusión*:** los resultados de esa investigación pueden estar relacionados a los diversos factores, inclusive cargas presentes en la dinámica del trabajo que están directamente relacionadas a las enfermedades encontradas enn ese estudio. ***Descriptores*:** Absentismo; Personal de Enfermería; Licencia Médica; Salud de Los Trabajadores.

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INTRODUCTION

The dynamics of work in hospital institutions include daily working hours, total working hours, breaks for lunch and snacks, foreseen absences (such as holidays, vacations and leave), but it is possible to observe recurrent absences in hospital organizations. This phenomenon is called absenteeism, the term used to denote the employee's absence from work in a given period.[1] The rate is obtained by calculating absences, unplanned hours, and hours worked.

The increase in absenteeism rates should be an important issue to be considered, since it is an organizational problem interfering with the dynamics of work in various sectors of health institutions, and may be related to occupational diseases. In the hospital absenteeism of the nursing team, it influences the quality of care provided, making it less productive, at the moment the demands are raised, and the burden on the staff members.[1]

For this reason, considering the patient classification system (PCS), which classifies patients according to their care complexity[2-3], the nurse manager or in charge of supervising the sector calculates and divides the services and functions according to the number of existing professionals, planning the actions and building a scale of work to minimize idleness or overload. This administrative ability of nurses is acquired through academic training and professional experience, optimizing the nursing service, meeting the organizational needs of human resources, and meeting the needs of professionals and patients.[4]

The absenteeism of the professionals directly affects the nursing team, considering that this professional category represents the largest number of workers within the health units.[5] Nursing activities include actions of lower and greater complexity such as the performance of hygiene until invasive procedures. These particularities cause nursing personnel to be exposed to occupational risks in the hospital environment, with the possibility of physical, mental and social damages.[6]

The performance of nursing in unsanitary or inadequate conditions with the accomplishment of strenuous tasks, individualism, and competitiveness, insecurity generated by job instability, work shifts, productivity gains, enhances team exposure, favoring wear and tear of the worker[7-8], leading to illness and facilitating accidents.[8]

In this sense, it is questioned, what are the reasons that led the employees of the nursing team from the outpatient clinic to absenteeism by medical leave? The purpose of this study was to identify the reasons for absenteeism due to a medical leave of ambulatory workers.

METHOD

This is an exploratory study with a quantitative approach, performed in the ambulatory of a large teaching hospital, with 400 beds. The population consisted of 90 professionals from the nursing team (25 nurses, 22 technicians, and 43 nursing assistants).

The sample consisted of 30 professionals, with nine nurses, thirteen nursing technicians, and eight nursing assistants. Quota sampling was used.

The professionals who were part of the nursing team, statutory, who exercised their activities in the outpatient clinic were inclusion criteria adopted. Professionals of the nursing team who were on contract, vacation, leave or leave at the time of data collection were the exclusion criteria adopted.

The ambulatory assists patients in the morning and afternoon shifts and the data collection took place during the afternoon shift because it is the least ambulatory schedule. The professionals were approached in their free time, rest hours or snack breaks, with prior authorization from the nursing coordinator of the outpatient clinic. The collection instrument consisted of a closed questionnaire, applied by one of the researchers, from March to April 2013.

The questionnaire contained the following items: age, gender, professional category and time of service. Besides the questions regarding the activities performed by the team over the years of service, the medical licenses presented and their time of leave, the reason for the license, the sector where the professional carried out the activities, the physical and mental loads exposed, and which sector is identified as more exhausting, both physically and emotionally.

Data were tabulated in Microsoft Excel® version 2010 worksheet and presented in tables. Data analysis was performed by grouping the responses into categories and analyzed according to the frequency distribution. This research was submitted and approved by the ethics committee under the opinion: 212.654, dated 03/01/2013. Certificate of presentation for ethical evaluation (CAAE): 12391313.9.0000.5243.

RESULTS

Thirty interviews were conducted with different members of the outpatient nursing team: nine (36%) nurses, 13 (59%) nursing technicians and eight (18.6%) nursing assistants. Regarding age, seven (23%) participants were between 45 and 50 years old; 13 (43%) were between 51 and 56 years old; five (17%) were in the age group of 57 and 60 years old and five (17%) were older than 60 years old.

Regarding gender, 27 (90%) were female and three (10%) were male. The questions raised about medical licenses showed that 23 (77%) were on medical leave at any time and seven (23%) said they had never been on medical leave.

Regarding the diseases the professionals reported being responsible for medical licenses, 12 (52.1%) participants had musculoskeletal disorders; six (26%) presented psychiatric disorders, three (13%) had cardiovascular disorders; one (4.3%) reported infectious diseases, and one (4.1%) reported leave for a surgery.

Table 1. Reasons for leaves of nursing professionals in the outpatient clinic**. Florianópolis (SC), Brazil, 2013.**

Variables	n	%
Musculoskeletal Disorders	12	52.5
Psychiatric Disorders	6	26
Cardiovascular Disorders	3	13
Diseases and Conditions	1	4.3
Surgeries	1	4.1
Total	23	100%

The number of leave was mentioned by 23 (76%) professionals, who stated that they had been on leave at least once. As for the time of leave with medical licenses, 10 participants (43.4%) were less than one month apart, five (21.7%) for one month and eight participants (34.7%) were separated for a period longer than one month.

There were 16 of these professionals (53.3%) who answered that they had some limitation of activity attested by the occupational physician, 14 (50%) had no limitations. It is considered that such activity limitations may have been developed over the years of services rendered in other sectors of the hospital, hindering the full exercise of professional activities.

The mentioned limitations were difficulty in lifting weight or remaining many hours standing or in the same position, difficulty in handling chemicals and lack of direct contact with the patient.

Table 2. Types of activity limitations. Florianópolis (SC), Brazil, 2013.

Variables	n	%
They cannot lift weight or stand for many hours at a time.	13	81
They cannot have contact with patient	2	12.5
They cannot handle chemicals	1	6.5
Total	16	100

Regarding the performance of the functions, 14 (87.5%) of the professionals answered that they always performed functions related to their limitation, 1 (6.2%) reported that they sometimes performed functions related to their limitation and 1 (6.2%) said he would never carry out activities related to his activity limitation.

The types of loads the professionals are exposed during the work are related to the weight they need to lift, the quality of the sleep, the standing time, the number of hours worked, the lighting in the work environment, the stressors experienced by patients, as shown in Table 3.

Table 3. Workload to which professionals are exposed. Florianópolis (SC), Brazil, 2013.

Variables	Always		Sometimes		Never	
	n	%	n	%	n	%
Weight lifting	23	76.6	6	20	1	3.3
Poor sleep	13	43.3	10	33.3	7	23.3
Long hours standing	26	86.6	4	13.3	0	0
Working more than 12 hours in a row	17	56.6	10	33.3	3	10
Performing procedures in poor lighting	16	53.3	5	16.6	9	30
Experiencing work-related conflicts	9	30	11	36.6	10	33.3
Experiencing stressful situations with patients	23	76.6	7	23.3	0	0

Regarding the accumulation of jobs, 40% of respondents said they had already worked in more than one job and 60% said they did not accumulate jobs.

Among those who accumulated, it was verified that 6 (50%) remained for up to 10 years in two jobs, two (16.6%) maintained a double bond for more than 10 years, 3 (25%) for more than 20 years and 1 (8.3%) were in this condition for more than 30 years.

Nursing professionals worked in different sectors over the years, highlighting the high complexity sectors (ICU, neo-ICU), emergency care (Adult and Pediatric Emergency), medical clinic (male and female), surgical clinic, Pediatrics and maternity, and the low complexity sectors (outpatient, core of hospitalization and regulation, hemodynamics and surgical center).

The trajectory of the professionals within the hospital shows that some sectors are considered more stressful than others, both physical and emotional aspects. The emergency was considered the most exhausting sector (33.3% of respondents). Then the medical and surgical clinics (30%), units of high complexity (16.6%), low complexity sectors (16.6%) and surgical center (3.3%).

DISCUSSION

Absenteeism has become an organizational problem. Its causes are linked to multiple factors, making it complex and difficult to manage. Age is an important factor when discussing certain characteristics of work, commonly causing absenteeism.

In this research, most of the nursing team was older than 51 years old. The Department of Labor in the United States[9] considers an older worker to work someone who is 55 and older, demonstrating possible difficulties in the performance of duties.

Aging is a significant factor in the individual's work activity, since there is gradual decline of the physical components, physiological changes, molecular changes, in which the result is a progressive reduction of the body's capacity to respond adequately to internal and/or external stressors, besides the pre-disposition to the development of chronic diseases, alterations in the cardiorespiratory functions, besides the loss of resistance and muscle strength, decline of flexibility, coordination and balance.[10] These factors associated with a strenuous work activity can favor the process of illness and worker's removal.

Although aging has a negative aspect to work due to changes in physical and cognitive function, it does not necessarily mean that the worker has poor performance and productivity. Because of his or her experience, an older worker can perform his or her tasks as effectively as the younger ones, as long as job strategies are developed that build on their strengths and protect their vulnerabilities.[11]

As for medical licenses, most workers said they had already been on sick leave at least once. Medical licenses are granted to employees who have diseases that prevent them from performing their duties whenever necessary, issued by the doctor who evaluates the conditions of the employee return to work activities. When there is no possibility of return, the doctor grants the license that will vary on the time needed for the recovery of this employee, considering rest, access to therapies or the removal of certain aggressive agents.

In a study[12] that surveyed the medical licenses of all the professionals of a hospital, nursing had the highest percentage of days of leave, generating the highest rate of absenteeism due to the illness of the whole hospital, due to the absence of Work-Related Osteomuscular Disorders (WROD). This expressive number of leaves demonstrates that nursing is the profession that most suffers deteriorations related to the activities performed at work. Providing a deficit in the direct and indirect assistance to the patient, generating an increase in costs and being able

to increase the distances due to the overload compared to other professionals.

With regard to diseases referred by the nursing team, musculoskeletal disorders are the most common cause of removal. One study[13] showed that from 80 to 93% of the musculoskeletal disorders are associated with the nursing work conditions in the hospital. The regions most affected were the cervical, shoulders, and knees, with the lumbar region being the most evident.

Musculoskeletal disorders affect approximately 27 million Brazilians and may disrupt an active part of the population, causing a great impact on the economy and life of these people.[14] These disorders become an aggravating factor for health professionals, who represent a risk group, increasing the number of leaves from the nursing team.[15]

Psychiatric disorders were the second major cause of leave reported by the workers in this study. The difficulties of working in the hospital environment are related to several factors that can lead to suffering. Studies[16] emphasize that depression, anxiety, and stress are among the most prevalent diseases. Because they are diseases of a psychological nature, they bring with them stigmas that corroborate even more to the sickness of this worker, due to the already well-demystified but still present prejudice related to mental disorders. According to the World Health Organization (WHO), there are an estimated 350 million people with depression, and in 2020, depression will be the second largest cause of incapacitation to work.[17]

Many work-related illnesses require immediate removal due to the severity of illness or only to discontinue exposure to the risk factors present in the work environment. Once the causal link between illness and work has been identified, caregivers must ensure that they are away from work or occupational exposure, among other things, but there is no consensus on the time taken to leave certain diseases, having continuing revaluations. The decision to dismiss the worker becomes complex, since they must be removed until clinical improvement in cases of total and/or temporary incapacity, or a change in function and removal from the risk situation.[18]

Some diseases vary in the time needed for recovery, but respecting this time is essential for the complete improvement of the worker, even if this time is prolonged or causes a deficit in the work scale. The research shows that there was a variation of the periods of dismissal of these workers, in which most professionals were away for a period of time less or equal to one month and the rest were away for long periods, representing deficits in work scales.

For the reduction of absenteeism preventive measures must be taken, both in the environment as well as in the workload, reducing the worker's exposure to the vulnerability and risk factors, so leaves do not continue to occur. Studies show that the return of work activities becomes more difficult, depending on how often the worker has moved away or remained estranged, because the worker is perceived less productive and less inserted in society, consequently less professionally performed and idler.[19-20]

The workloads faced in nursing practice are numerous and expressive.[21] However, the most prevalent in this study were standing for many hours at a time, lifting excessive weight and experiencing patient-related stress situations.

These burdens are similar and related to the causes of activity limitations presented by the professionals interviewed, which are a reflection of poor ergonomic management,[22] which can cause occupational accidents, occupational diseases, a decrease in productivity and loss of worker physical integrity. Likewise, the limitations of activities need to be respected by the worker, colleagues, and managers. However, setting a limit on the performance of some workers and ensuring they are respected is an arduous task, since in some sectors there is a reduced staff. Considering the team has limitations of activities, the other part of them can become overwhelmed, causing discomfort and suffering for those who need to work double to fill this gap, generating more sickness.

During the work, the nursing is exposed to various loads that compromise the health and well-being of the worker. Sometimes tasks performed require more than the physical capabilities of the team, for example, the transport of patients to perform examinations or surgeries, in the absence of a nurse, the lifting of equipment and materials, the bathing of patients in the bed, a procedure that requires a lot of physical effort to mobilize the patient. Performing daily activities still requires professionals to stay for long periods in the same position, generating painful processes and physical fatigue. Also, the professional needs to be aware of possible changes in the vital signs of patients, risk of falling, and be careful with tubes, probes, accesses, drains that can be externalized during the movements, generating stress and insecurity in performing the procedure.[23]

It should also be considered that the performance of a procedure is not limited to a single time during the work shift, but, depending on the number of professionals, the same professional can perform the bath in the bed in several patients, with extreme overload in the professional, related to the development of musculoskeletal disorders.[18]

The nursing profession requires day and night work hours, characterized as an aggravating factor in the development of occupational diseases. In relation to rest, night work is detrimental to the worker and represents specific ergonomic risks, in addition, shift work allows more than one job to accumulate, in some cases, workers accumulate up to three employment bonds.[24] Night work, the accumulation of jobs, and the prolongation of the work shift leave sequels to workers such as physical and mental exhaustion, premature aging, low immunity, and chronic fatigue.[18]

Accumulating more than one job is a common reality in nursing, and poses a health risk to patients and workers. Tired professionals are prone to error, accumulating more than one job, and having few hours available for rest, translating into one of the main factors of physical and mental exhaustion, since all loads in 12 hours of work are multiplied, overloading the worker.[25] The professional must be alert to perform his work, but when there is a sleep disorder characterized by night work, it can lead to impairments in physical and mental performance, as well as reduction of concentration.[26]

Nursing night work has its own characteristics in some institutions hindering to perform the rest, such as reduced staffing, the absence of medical staff, precarious places or absence of places suitable for rest, and in some cases, even prohibition of resting, forcing professionals to keep their shifts at intervals.

Conflicts in the workplace are common to most nursing professionals in this study, and managing such conflicts is not a simple task, especially for the head nurse on duty who needs to have a firm and impartial stance, generating wear for the nurse manager. These conflicts are psychic burdens that contribute to professional exhaustion and suffering, so the nurse must lead the team lightly, establishing relationships and mediating conflicts.

The Intensive Care Unit, Intensive Care Center, Emergency, Medical Clinic, Surgical Clinic, Pediatrics, and Maternity were considered the most demanding sectors. In any hospital sector, the nursing work has its peculiarities and stressful characteristics, but in units of high complexity, this issue is accentuated, because they present patients with greater severity and dependence of care.

High complexity sectors are places where complex and invasive procedures are performed. Several patients are at risk of imminent death and use numerous drugs that require constant monitoring and must be exchanged with high regularity, with the requirement of professionals with good technical and scientific knowledge, and also require speed and agility in the processes and decision making.[25] All these characteristics make these sectors the most difficult and tense to work.

It is possible that the highly complex sectors are considered to be so exhausting, due to the intense performance of the team, especially the nurse who has the implicit function of making the service flow and function.[27] Secondly, the clinics due to prolonged patient stay agreed, presenting painful processes, constant complaints, patients in palliative care which requires much of the professional.

CONCLUSION

Regarding the characteristics promoting absenteeism in nursing, it was verified that the mismatches regarding the quality of work in the outpatient clinic are numerously related to both the employer as well as the worker. An experienced team, with a high workload and little concern for ergonomically developing activities, can lead to increased distances, illness, and nursing dissatisfaction.

Absenteeism is a multifactorial phenomenon, so it needs to be investigated in each work organization to identify the origins and causes, as well as to prevent future departures from work environment professionals. It is necessary that there is an investment in ergonomics increasing the productive time of the worker, generating savings in the costs generated by the retirements. At the same time, the outworking needs to be reinstated to work, without reprisal, respecting his limits and assigning him tasks that he can perform without risk to health.

The involvement of an outpatient unit is considered as limitations of this study, with a small number of participants, hindering to generalize the findings.

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