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INTEGRATIVE REVIEW ARTICLE

ABSENTEEISM WITH FOCUS ON THE HEALTH OF THE NURSING TEAM WORKER ACTING IN INTENSIVE CARE: INTEGRATIVE REVIEW

ABSENTEÍSMO COM FOCO NA SAÚDE DO TRABALHADOR DA EQUIPE DE ENFERMAGEM ATUANTE NA TERAPIA INTENSIVA: REVISÃO INTEGRATIVA

ABSENTISMO CON FOCO EM LA SALUD DEL TRABAJADOR DEL EQUIPO DE ENFERMERÍA ACTUANTE EN LA TERAPIA INTENSIVA: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to identify the causes of absenteeism in the nursing team; to discuss the implications of absenteeism for the worker's health; to describe motivational interventions for reducing the absenteeism rate. **Method:** integrative review in the databases Lilacs, Medline and Bdenf based on the question << How can the registered nurse intervene to motivate CTI workers aiming to reduce absenteeism as a management tool, in view of the causes and consequences of absenteeism in the nursing team? >>. **Results:** sixteen bibliographic productions were analyzed. In the sequence, readings and analysis were proceeded, raising three categories: 1. Causes of absenteeism; 2. Consequences of absenteeism; and 3. Motivational interventions. **Conclusion:** absenteeism in the nursing team is due to sick leave for illness of the worker exposed to risks of the work process itself. **Descriptors:** Absenteeism; Nursing team; Worker's Health.

RESUMO

Objetivos: identificar as causas do absenteísmo da equipe de enfermagem; discutir as implicações do absenteísmo para a saúde do trabalhador; descrever intervenções motivacionais para a diminuição do índice de absenteísmo. **Método:** revisão integrativa nas bases de dados Lilacs, Medline e Bdenf, a partir da questão << Como enfermeiro do trabalho pode intervir para motivar os trabalhadores do CTI visando diminuir o índice de absenteísmo como uma ferramenta gerencial, tendo em vista as causas e consequências do absenteísmo da equipe de enfermagem? >>. **Resultados:** foram analisadas 16 produções bibliográficas. Em seguida, foram realizadas leituras e análise, emergindo, assim, três categorias: 1. Causas do absenteísmo; 2. Consequências do absenteísmo; e 3. Intervenções motivacionais. **Conclusão:** o absenteísmo da equipe de enfermagem é decorrente de licenças médicas pelo adoecimento do trabalhador exposto aos riscos do próprio processo de trabalho. **Descritores:** Absenteísmo; Equipe de Enfermagem; Saúde do Trabalhador.

RESUMEN

Objetivos: identificar las causas de absentismo del equipo de enfermería; discutir las implicaciones del absentismo para la salud del trabajador; describir intervenciones motivacionales para la disminución del índice de absentismo. **Método:** revisión integradora en las bases de datos Lilacs, Medline y Bdenf, a partir de la pregunta << ¿Cómo el enfermero de trabajo puede intervenir para motivar a los trabajadores del CTI con el objetivo de disminuir el índice de absentismo como una herramienta gerencial, teniendo en cuenta las causas y consecuencias de absentismo del equipo de enfermería? >>. **Resultados:** fueron analizadas 16 producciones bibliográficas. En seguida, fueron realizadas lecturas y análisis, surgiendo así, tres categorías: 1. Causas del absentismo; 2. Consecuencias del absentismo; y 3. Intervencion motivacional. **Conclusión:** el absentismo del equipo de enfermería es decurrente de licencias médicas por enfermedades del trabajador expuesto a los riesgos del propio proceso de trabajo. **Descriptores:** Absentismo; Grupo de Enfermería; Salud Laboral.

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INTRODUCTION

Absenteeism among nursing workers constitutes a major challenge both for management and for the health team, influencing the quality of care provided. In this sense, this is a common problem with interrelated multifactorial etiology that generates other hazards in the workplace, especially with regard to the worker's health.

It is noteworthy the absenteeism is the sum of the periods in which employees were absent from work, either for no-show, delay or any intervening cause.¹ Thus, the absence of professional in his workplace, regardless of the reason, is characterized as absenteeism. According to the factors that motivate professionals to miss work, the classification of absence as planned and/or legal or unplanned is established.¹

The term absenteeism is very broad and can have several classifications, according to the approach adopted. However, this article will consider absence from work specifically related to illness.

This issue is extremely important for nursing, as this work is carried out by a team and absences disrupt the work, causing stress and work overload to some members of the team.² Likewise, consequently, there are effects on the care provided by this team because

the quality of nursing care is directly related to human resources, which must be quantitatively and qualitatively adequate.^{2:296}

It stands that the present research aims to address, specifically, the absenteeism of nursing staff in the setting of Intensive Care Unit (ICU). Notably, this sector has some peculiarities that are inherent to the complexity of the clinical condition of admitted patients. The process of work in this context requires that professionals, besides being specialized and endowed with specific skills and expertise, be on constant alert for sudden changes that may be relevant to the severity of the sick patient and, further, that the professional be able to adapt to the accelerated routine of intensive care.³

The Convention n° 161 of the International Labour Organization (ILO) states in its Article 15 that health services at work must be informed about the diseases and on the absence of their employees so that any relationship between the causes of illnesses, or absence from work, and the risks to health in the workplace can be identified. The purpose is to contribute to know the

dimensions, the causes of absenteeism, beyond the implications, and propose motivational interventions to reduce absenteeism.⁴

The absence of a worker means that the incomplete nursing staff will have to cover the tasks of the professional who is missing. Moreover, the nursing management will need to provide (if conditions permit) other specialized professional with competencies and skills needed to assist critical patients. However, managerial interventions to minimize the problem, that is, the absenteeism of the nursing staff working in the ICU, are necessary in order to promote a proper working environment, minimizing occupational diseases and consequently, improving the quality of care provided in this sector.

The objectives of this study are:

- identify the determinant causes of the absenteeism of the nursing team working in ICU;
- discuss the implications of absenteeism for workers' health;
- describe the motivational interventions to reduce the rate of absenteeism as a management tool.

Method:

Integrative review based on six steps: identification of the theme and selection of hypothesis or research question; establishment of criteria for inclusion and exclusion of studies/sampling or literature search; definition of the information to be extracted from selected studies/categorization of studies; evaluation of studies included in the integrative review; interpretation of results; and presentation of the review/synthesis of acquired knowledge.⁵

For the first step, the theme absenteeism among professionals was established and the research question raised was: How does the registered nursing can intervene in order to motivate CTI employees to reduce absenteeism, as a management tool, in view of the causes and consequences of the absenteeism in the nursing team?

In the second step, the following inclusion criteria were established: publications from 2009 up to the present year; in scientific format; published in Portuguese, English or Spanish; and related to the subject of the study, that may respond the objectives proposed in the research.

The third step was to perform an *online* search for national and international scientific publications on the subject. The search

happened between October and November 2013 and was done in the following databases: Lilacs, Medline and Bdenf, in the last five years.

The following descriptors were used: absenteeism (A), nursing staff (NS) and intensive care (IC).

Database	Associated descriptors		
	A/NS	A/IC	A/NS/IC
LILACS	42	1	7
MEDLINE	17	12	2
BDENF	15	2	2
TOTAL	74	15	11

Figure 1. Number of bibliographic productions in relation to databases with associated descriptors.

In the fourth step, all collected material was analyzed through a critical, careful and systematic reading in order to identify the content and the main aspects listed in the articles, using the objectives of the study as guideline.

In the fifth step, the interpretation and discussion of the results took place. This made possible, after reading and analyzing articles, the creation of three theme axes: 1) causes of absenteeism; 2) consequences and implications of absenteeism to the workers' health; and 3) motivational interventions for reducing the absenteeism rate.

In the sixth step, the review and synthesis

of the main causes, consequences/implications of absenteeism, as well as motivational interventions to reduce high levels of this, were presented.

The level of evidence highlights the quality of information and the degree of recommendation to the conclusions of a given study. However, the classification of levels of evidence is no consensual, not even static. However, for classification of articles, we adopted the authoring model of the University of Oxford of 2001.⁶

Oxford	A	Level Treatment/Prevention - Etiology/Damage
Level of recommendation		1A Meta-analysis (with homogeneity) of randomized controlled clinical trials. 1B Controlled and randomized clinical trial with narrow confidence interval. 1C Therapeutic results of the type "all or nothing"
	B	2A Systematic review (with homogeneity) of cohort studies 2B Cohort study 2C Observational study 3A Systematic review (with homogeneity) of case-control studies
	C	4 Case reports, Case Series: descriptive account
	D	5 Subjective opinion without critical evaluation, based on consensus, physiological studies with biological material or animal models, and especially in the clinical expertise and experience.

Figure 2. Classification of level of evidence according to Oxford.

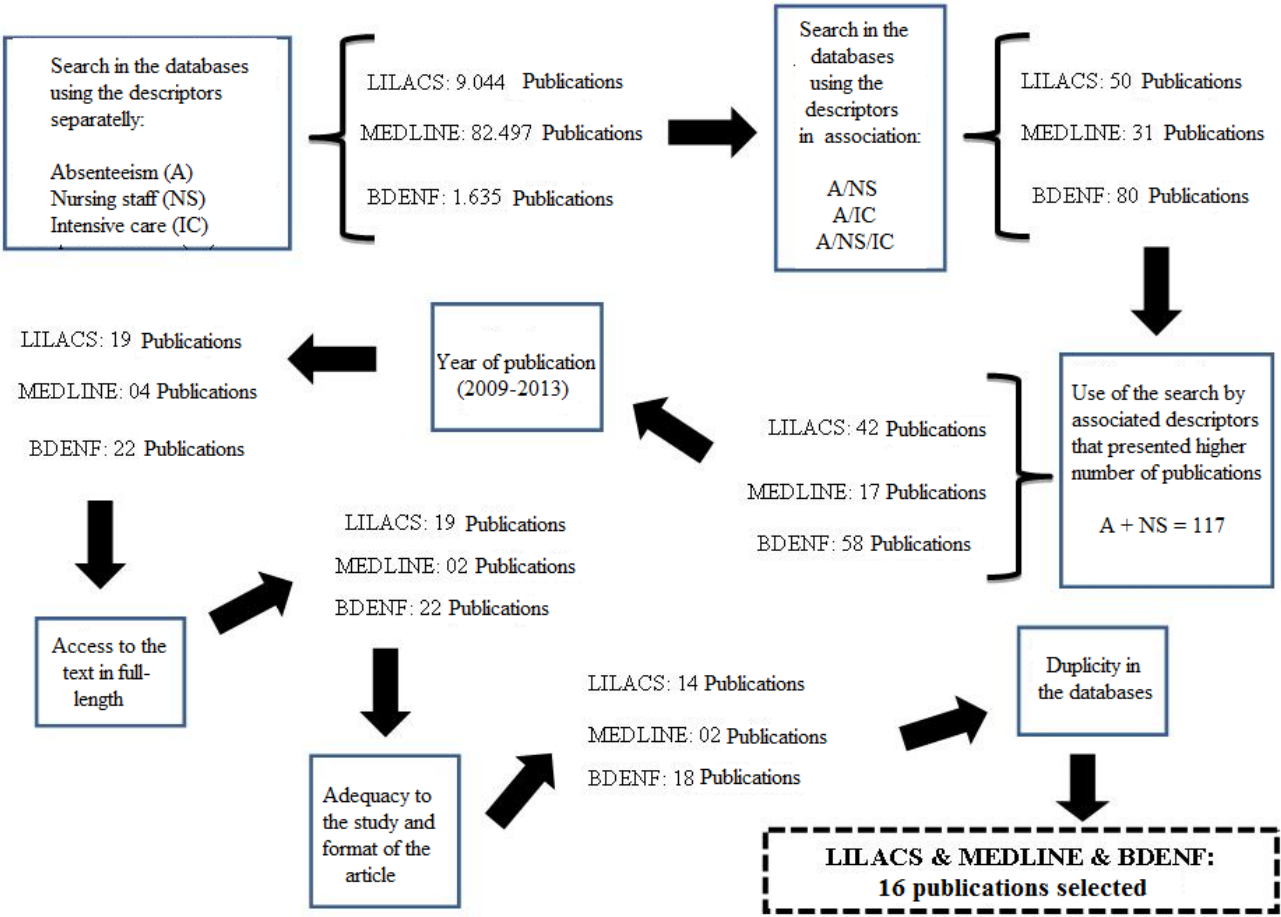


Figure 3. Flowchart of the methodological path followed for selection of publications to be analyzed

RESULTS

During the reading of articles, a matrix analysis was performed. The matrix facilitated the synthesis of the main thematic axes addressed in this study.

Figure 1 shows the articles selected for the study, the journal, year of publication, in which the database was found, title, type of research, level of evidence and a summary of the main results already categorized.

Journal		Year	Title	Research type	Main results
		Database		Level of Evidence	
1	Journal Science, Care and Health7	2009 LILACS	Absence due to illness in the nursing team of a teaching hospital.	Descriptive Exploratory	Causes: sick leaves, unexcused absences, birth leave, dizzy leave, blood donation, gala leave.
				Descriptive statistics 5D	Consequences: Not mentioned. Motivational interventions: Not mentioned.
2	Nursing Journal of UERJ8	2012 LILACS BDENF	Absenteeism among nursing staff in the intensive care unit of a university hospital.	Descriptive Documentary analysis Descriptive statistics 5D	Causes: sick leaves, preference for take leave during school holidays. Consequences: need for overtime to cover duty; greater cost to organization; problems in the safety of the care provided; compromised health of workers and clients; quantitative imbalance of staff; increased workload; wear of workers; increasing absenteeism; dissatisfaction of assiduous workers. Motivational interventions: intervention of the occupational health service for monitoring professionals with health problems and preventing new illnesses; meetings among the nursing staff and the psychologist of the service of personnel development with the focus on interpersonal relationships and similar.
3	Journal of Nursing9	2009 LILACS MEDLINE BDENF	Absenteeism related to illness among members of the nursing staff of a hospital school.	Descriptive Documentary analysis Descriptive statistics 5D	Causes: licenses and medical certificates Consequences: Not mentioned. Motivational interventions: Not mentioned.
4	Journal of the USP School of Nursing	2011 LILACS BDENF	Sick leave and management of nursing staff.	Descriptive Exploratory Descriptive statistics 5D	Cause: sick leave Consequences: redistribution of assiduous professionals in the schedule; exercise of the care process by the head nurse; temporary use of employees from other sectors; review of monthly schedule; temporary hiring. Motivational interventions: improving human resource policies, prevention program to the health of workers and improving the quality of working life.
5	Journal of the USP School of Nursing11	2011 LILACS MEDLINE BDENF	Absenteeism rate of nursing staff as people management indicator.	Descriptive Exploratory Quantitative 5D	Causes: sick leave, INSS leave, maternity leave, absences, leave for work accidents. Consequences: disorganization of service; dissatisfaction and overload among assiduous professionals; reduction of productivity; increased operating costs; compromised quality of patient care. Motivational interventions: continuous improvement in people management process, review of processes and working conditions, reformulation of nursing professionals hiring policies.
6	Acta Paulista Nursing12	2012	Absences of nursing staff in the	Observational	Causes: planned absences (days off and holidays), maternity leave,

7	Electronic Journal of Nursing13	LILACS	emergency room of a teaching hospital.	Documentary analysis	unplanned absences (sick leave and absences).	
		Quantitative 2C		Consequence: work overload.		
		2009		Absenteeism of nursing staff from an emergency room of a university hospital.	Exploratory	Motivational interventions: Not mentioned.
					Descriptive	Causes: planned absences (vacations and holidays), unplanned absences (sick leave).
8	Journal of the USP School of Nursing14	LILACS	Absenteeism-disease in the nursing staff: relationship with the occupation rate.	Quantitative 5D	Consequences: impairment of the functioning of the service; it directly affects the team and the patient; work overload; poor nursing care; increased cost to the organization; impact on workers' quality of life.	
		BDENF			Motivational interventions: Not mentioned.	
					Descriptive	Causes: sick leaves (accidents and diseases) and leaves granted by the head.
					Quantitative 5D	Consequence: work overload.
9	Nursing Journal of UERJ15	2009	Accidents at work, occupational risks and absenteeism among hospital nursing staff.	Descriptive	Motivational interventions: Not mentioned.	
		LILACS		Descriptive statistics	Causes: risk of occupational accidents, ergonomic risks (medical leave), accidents on the road.	
				5D	Consequence: impairment of quality of care.	
				10	Journal Science, Care and Health16	2011
Causes: diseases, health problems in the family, occupational accidents, pregnancy leave.						
Consequences: interference in the quality of care provided to the user, the quality of life of workers, job satisfaction, health condition of the workers; problems in the organization of work; work overload.						
11	Gaúcha magazine of nursing17	2010	Absenteeism in nursing: an integrative review	Integrative Review	Motivational interventions: research focused on the perception of professionals about their health or affected condition for work.	
		LILACS		Descriptive 5D	Causes: illness and maternity leave, occupational accidents.	
		BDENF			Consequence: loss in customer service and health as a whole.	
					Motivational interventions: preventive policies to improve working conditions.	
12	Journal Science, Care and health18	2011	Production of knowledge about the health and disease in the nursing staff in the hospital care.	Descriptive	Cause: diseases.	
		LILACS		Exploratory	Consequences: Not mentioned.	
		BDENF		Documentary research 5D	Motivational interventions: Not mentioned.	
					Sectional study	Causes: disease, double job, type of job bond and working conditions.
13	Journal of Public Health19	2012	Multifactorial approach to sickness absenteeism among nursing workers.	Quantitative 2B	Consequences: increase of the financial expenditures; decreased job satisfaction; reduction of nursing care quality.	
		LILACS				

14	Magazine of the Northeast Nursing Network20	2011 LILACS BDENF	Absenteeism of nursing workers in a university hospital in the state of Pernambuco	Descriptive Exploratory Descriptive statistics 5D	Motivational interventions: Not mentioned. Causes: illnesses (sick leaves), family support, justified absence. Consequences: interference in the actions related to patient care; drop in quality of care and in the health of workers.
15	Latin-Am. magazine Nursing21	2010 BDENF	Financial expenditure caused by medical justified leaves of health professionals in public hospitals in the State of Rondônia, Brazil.	Analytical and retrospective Qualitative and quantitative. 5D	Motivational interventions: health promotion and improvement in working conditions. Causes: illnesses (sick leaves). Consequences: encumbrance on the payroll and impact on productivity
16	Journal Science, Care and Health22	2010 BDENF	Reasons for absenteeism by sick leave of nursing workers	Exploratory, Descriptive Documentary Quantitative 5D	Motivational interventions: health promotion and improvement in working conditions. Causes: Factors influencing the health status and contact with health services; diseases (sick leaves). Consequences: Not mentioned. Motivational interventions: measures against and prevention of risks to the health of workers.

Figure 4. Selected and systematized articles.

According to the table above, the articles were featured in the three thematic areas: causes of absenteeism found in articles 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13 14, 15 and 16; consequences of absenteeism reported in articles 02, 04, 05, 06, 07, 08, 09, 10, 11, 13, 14 and 15; and motivational interventions discussed in articles 02, 04, 05, 10, 11, 14, 15 and 16.

DISCUSSION

◆ Causes of Absenteeism in the nursing team

Selected articles mention sick leaves or health problems, pregnancy leave, no replacement of staff, occupational accidents, reasons related to family duties, multiple jobs, funeral leave and unjustified absences, as the causes for unplanned absenteeism in the nursing team. Authors cite, as causes for planned absenteeism, day-offs, paternity leave, gala leave, childbirth and postpartum leave and vacations. However, sick leaves are in the top of the *ranking*, as they were cited by all analyzed articles.⁷⁻²²

According to the articles, leaves and releases for health problems occur mostly due to diseases of the musculoskeletal and connective system, psychological problems and respiratory diseases. On smaller scale, digestive diseases, cardiovascular/circulatory system diseases, infectious and parasitic diseases, diseases affecting the sense organs

and affecting the reproductive system, were also cited.^{7,9,11-2,14,17,19,22}

Most evident diseases of psychic nature in the articles were mental and behavioural disorders, stress, depression, anxiety, mood disorders and neurotic disorders. All articles relate these disorders to working conditions in nursing and to some aspects of the profession, such as difficulty dealing with the suffering of others.^{12,16}

The authors were unanimous in stating that working conditions in nursing are triggering of health problems and also that they contribute to occupational accidents.¹² Therefore, the high rate of absenteeism, in short, is due to the work process itself. Thus, workers exposed to poor working conditions are more likely to develop diseases and, hence, be absent from work.

In addition, prolonged worker exposure to risk factors (such as ergonomic risk) favors the emergence of diseases that can lead to temporary or permanent incapacity for work.¹⁷ The musculoskeletal disease results from exposure to ergonomic risk and is a major cause of absenteeism in nursing. These musculoskeletal disorders are directly related to biomechanical factors that contribute to the onset of the disorder.²³

In nursing, various aspects, such as inadequate, repetitive and vicious postures, work disorganization, fast pace and constant need to use the system of levers, cause the

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onset of symptoms of these diseases.^{12,14} According to studies, some hospital departments such as Intensive Care and Emergency have the highest prevalence of absenteeism due to musculoskeletal disorders. This is because of the need for the professional to conduct mobilization techniques in patients of are dependents, small physical area and few team workers in these sectors.^{7,9}

In the work process in these sectors, incorrect body postures are common, as well as over-activity, long-stay standing and inadequate furniture. Added to these factors are the transport and movement of patients and equipment, leading to too much physical stress.^{12,15}

Other aspects, not less important, cited by authors of the articles concern the organizational/managerial composition of the nursing work. Inadequate material resources were mentioned, as well as the fragmentation of tasks, lack of autonomy of the professional team, conflictual relations with supervisors, turnover of sectors and authoritarianism in management.^{14;15}

Therefore, in addition to physical stress, the mental strain was reported as a predictor of mental and behavioral disorders and absenteeism inducer.^{11,15} The mental strain is due to the lack of motivation to work, dissatisfaction and low self-esteem. However, many of these symptoms come from an authoritarian management, where the worker has no opportunity to express himself and have no voice, about the overload of activities and stress generated in the environment work.^{12,14,19}

Absenteeism can also be the result of lack of professional interest, especially encouraged by some aspects of the health work, which is the difficulty to contain the emotions and express weaknesses before the patient.^{14-5,19} There is also the daily control of the feeling of helplessness before the suffering of others, especially in terminal patients. These issues bring a personal dissatisfaction causes distance between the nursing professional and the caregiver, triggering insecurity, anxiety and fear, impacting directly on the work to be done.^{14;16;19}

The psychological imbalance caused by adverse working conditions and work variables reflects possible imbalances of professionals towards the organization and the own working conditions. Psychological distress is attributed to decreased worker autonomy, influencing the productivity and also the quality of care.¹⁵⁻⁶

One study called attention to the informality of information provided in the sick leaves. Health certificates were not sent to the leadership of Nursing, which, in consequence, was not aware of the health state of workers. Absenteeism, however, was justified verbally with pain complaints and other health complications self-reported by the professionals.⁸

The difficulty in establishing judicious justification for unplanned absences triggers the practice of absenteeism by members of the nursing team. It is necessary that leaves justified with medical licenses be documented and formalized with the health certificate in the coordination/management and in the department of human resources.

Occupational accidents were cited in several studies as one of the causes for absenteeism/release for longer than 15 days. Occupational accidents were associated with poor working conditions. Because of these conditions, workers had to be absent from work due to temporary injuries. The occurrence of accidents was associated with falls, fractures of toes, twisting of various parts of the body and vehicle collisions.^{11,15,17}

Planned absences also caused a major impact on the staff. Among them, the most evident were holidays, maternity leave and days off. Days off, particularly, were the focus of attention, because these cause a reduction in weekly working hours but are not taking into account in the staff dimensioning calculation.¹² This contributes to deficit of personnel in the nursing team.

It is important to mention that several studies revealed that nursing technicians have the highest rate of absenteeism compared to other categories. Authors believe that this occurs because the nurse is the manager of the team manager nursing technicians are majority and have more repetitive activities that require more effort, generating greater job dissatisfaction.⁹

◆ Consequences/Implications of absenteeism

The analyzed articles identified as consequences of absenteeism those related to patient care, work process and the workers' health.

The consequences related to assistance were: compromised quality of care; impairment of functioning of the service; interference in the actions related to patient care; and problems in the safety of the care provided.^{7,11,15-7,19-20}

In relation to the work process, the listed consequences were: redistribution of scale

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between assiduous team members; exercise of the care process by the head nurse; use of employees from other sectors; review of monthly schedule; temporary hiring; disorganization of service; reduction of productivity; increased operating costs; impairment of the functioning of the service; work overload among assiduous professionals; increase in the financial expenses; quantitative imbalance of staff; and increased absenteeism rate.^{9,11-4,16,19,21}

The consequences related to the health of workers were: dissatisfaction with the work; impact on workers' quality of life; decline in the quality of health of workers; increased wear of workers; and dissatisfaction of assiduous workers.^{13,16,20}

Absenteeism is a complicating factor in any profession, but when it comes to nursing, being absent from work compromises the whole team work and in this case, there will be direct consequences to the health and lives of patients.^{15;19;22} Also, the other team workers are overburdened, absorbing the work of the missing professional. This has direct implications on the health of nursing workers.^{12,15}

The multifactorial nature and complexity of absenteeism should be analyzed from the standpoint of the labor process, making it easy to understand and minimize the its consequences.¹⁸ The lack of a worker in nursing service means the absence of an important pillar in the construction of teamwork, making it necessary to replace the missing person whenever possible.

The relocation of employees to cover absences in staff from other hospital sector to another is very common, but it is necessary to understand that this mechanism generates extreme dissatisfaction to relocated professionals. In turn, dissatisfaction with the work and the lack of professional autonomy are predictors of absenteeism.¹⁰

Thus, absenteeism is a vicious cycle, initiated by the work process and generating the consequences on it. These consequences are hardly mitigated because the lack of work often requires increased overtime to cover shifts, also increasing the cost to the institution.^{8,22}

Thus, absenteeism is an important problem that needs to be minimized or eliminated. Absenteeism rates, when high, result in imbalance in the amount of personnel and increase the workload for the assiduous professionals, leading them to get fatigues. Then, absenteeism comes from dissatisfaction or diseases resulting from physical and mental

exhaustion caused by work.¹⁷ This interferes also, although indirectly, in quality of care provided to patients.²⁴

♦ Motivational interventions to decrease the rate of absenteeism

Most analyzed studies highlight some strategies to reduce absenteeism of nursing staff, but these strategies are not motivating. This means that actions are, in most cases, managerial, seeking the reorganization of staff aiming to cover the deficit generated by absenteeism.

Motivational strategies mentioned were: the promotion of the workers' health; improvement of working conditions; investigation of absenteeism by the perception of professionals addressing the health and work conditions; continuous improvements in the process of personnel management; review of the work processes; reformulation of nursing professionals hiring policies; preventive programs aiming to improve the workers' health; improved quality of working life; interventions of the occupational health service aimed at monitoring professionals with health problems; preventing new illnesses; and meetings with the nursing team and the psychologist.^{7,9,11,16-7,20-2}

These are considered motivational interventions because all of them enhance the worker's welfare and health and favor the perception of the worker as an individual endowed with desires, experiences and inserted into a socio-economic and cultural context. Therefore, these interventions render value to the professional, generating job satisfaction and contributing to the reduction of absenteeism.

It is important to note also the need for monitoring absenteeism rates together with turnover rates, workers' compensation rates and bed occupancy, in order to review the working processes and conditions, as well as reformulate the management of people as a management action.¹⁰ Thus, knowledge on the reality of each sector is essential because it contributes to managerial strategies aimed at quality of work life and patient care.^{11,16}

Preventive programs and health promotion were cited in some articles as a way to promote proper working conditions and put the worker as the main focus of the work process.^{16-7,18,22} In this regard, the investment in integrative management is valid because it motivates the worker, making him feel part of the decision-making process of the institution and increasing his personal satisfaction, facilitating participation. This will have

repercussions in the daily performance of work activities.¹⁶

The valorization of human resources is essential to the success of the health institution. In this perspective, Specialized Services in Safety Engineering and Work Medicine (SSSWM) should be committed to promote health in the workplace, as the nursing team is the "gear" of health services.¹⁵

In this sense, other studies reaffirm the need to develop care strategies with nursing workers in order to reduce absenteeism rates due to illness, improving the quality of the care and the level of job satisfaction. By intervening in promoting worker's health and proper sizing of the nursing staff, it is believed that the economic and social costs of public health care will decrease.²⁵

The use of absenteeism as a management tool can facilitate both the approach of the workers' health and the working conditions as well as can contribute to the knowledge of the perception that workers have about their work. Added to absenteeism, the study of the productivity and quality of care can be useful as a strong indicator of labor problems that directly reflect on the worker's health.^{16-7,21-2}

Worker's illnesses, as well as absenteeism for sick leave, may be reduced if the personnel department provides support, avoiding work overload, as well as adopting preventive policies and good interpersonal relationships at work.¹⁷ Providing a healthy work environment may contribute both to the physical aspect, but also for the mental aspect, understanding that the workers must enjoy full health to perform well their activities, which in this case, involve the health and lives of others.^{17,19,21-2}

CONCLUSION

According to the analyzed productions, reasons that lead to absenteeism consist in work overload, inadequate working conditions, worker wear and inadequate size of staff, that is, factors of the work process itself that contribute to the illness of the worker or to occupational accidents, and consequently, the absence of the worker.

Thus, nursing staff absenteeism rates can offer a systematic assessment tool of working conditions by the possibility of identifying the causes of absences, by specifying and evaluating them. Therefore, it promotes the health of workers, in addition to providing basis to the improvement of working conditions and quality of care in a safe, autonomous and participatory way.

Work absences constitute a complex and costly management problem, but that can be solved with the participation of own Nursing team. The absence of a person brings many consequences for the performance of work and should be discussed taking into account the perceptions of workers. This contributes to a participatory management and integrates the professional to his work, including pointing to individual dependability as a structural component of teamwork.

The study leads to the conclusion that nursing management should monitor absenteeism rates and redo the calculations for the technical safety index, which in many sectors is insufficient, as well as flawed. It is necessary, still, to monitor and investigate absenteeism, since it is necessary to ensure that the patient is treated in all its complexity, and, thus, healthy working conditions for the staff are indispensable.

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