

# Nursing staff absenteeism rates as a personnel management indicator

TAXA DE ABSENTEÍSMO DA EQUIPE DE ENFERMAGEM COMO INDICADOR DE GESTÃO DE PESSOAS

TASA DE AUSENTISMO DEL EQUIPO DE ENFERMERÍA COMO INDICADOR DE GESTIÓN DE PERSONAS

Tânia Regina Sancinetti<sup>1</sup>, Alda Valéria Neves Soares<sup>2</sup>, Antonio Fernandes Costa Lima<sup>3</sup>, Nanci Cristiano Santos<sup>4</sup>, Marta Maria Melleiro<sup>5</sup>, Fernanda Maria Togeiro Fugulin<sup>6</sup>, Raquel Rapone Gaidzinski<sup>7</sup>

## ABSTRACT

Absenteeism in nursing is a difficult problem for health organizations; hence it is an indicator that must be monitored. The objective of this study was to analyze the absenteeism rate of nursing professionals in a public hospital. Absenteeism data were collected monthly, from January to July 2008, and calculated by means of an electronic program. The mean absenteeism index for nurses varied from 5.6% to 9.7% for technicians/nursing aides. Sick leaves were the most prevalent reason for absences. The data revealed the major cause of absenteeism and pointed at the need to change policies for hiring nursing professionals, in addition to reviewing the working processes in order to improve the workers' health conditions.

## DESCRIPTORS

Absenteeism  
Nursing  
Nursing staff, hospital  
Indicators of health services

## RESUMO

O absenteísmo dos profissionais de enfermagem é um problema complexo para as organizações de saúde, constituindo-se um indicador que necessita ser monitorado. Este estudo objetivou analisar a taxa de absenteísmo dos profissionais de enfermagem em um hospital público de ensino. As ausências por absenteísmo foram coletadas a partir das escalas mensais, no período de janeiro a julho de 2008, e calculadas por meio de planilha eletrônica. Constatou-se um índice médio de absenteísmo de 5,6% para os enfermeiros e de 9,7% para técnicos/auxiliares de enfermagem. As ausências que mais contribuíram para esses índices referiram-se aos afastamentos por doença. Os dados obtidos evidenciaram o principal motivo de absenteísmo e sinalizam a necessidade de mudanças nas políticas de contratação dos profissionais de enfermagem, além da revisão dos processos de trabalho, visando favorecer melhores condições de saúde a esses profissionais.

## DESCRITORES

Absenteísmo  
Enfermagem  
Recursos humanos de enfermagem no hospital  
Indicadores de serviços

## RESUMEN

El ausentismo de profesionales de enfermería es un problema complejo para las organizaciones de salud, constituyéndose en un indicador que necesita monitoreo. Este estudio objetivó analizar la tasa de ausentismo de profesionales de enfermería en hospital público de enseñanza. El ausentismo fue analizado a partir de escalas mensuales, en período de enero a julio de 2008, y calculadas mediante planilla electrónica. Se constató un índice medio de ausentismo para enfermeros del 5,6% y del 9,7% para técnicos/auxiliares de enfermería. Las ausencias que más engrosaron tales índices se relacionaron con licencias de salud. Los datos obtenidos evidenciaron el principal motivo de ausentismo y señalan la necesidad de cambios en las políticas de contratación de profesionales de enfermería, además de la revisión de los procesos de trabajo, apuntando a favorecer mejores condiciones de salud para tales profesionales.

## DESCRIPTORES

Absentismo  
Enfermería  
Personal de enfermería en hospital  
Indicadores de servicios

<sup>1</sup>Ph.D. in Nursing. Director, External Patient Nursing Division, Hospital Universitário, University of São Paulo. São Paulo, SP, Brazil. tania@hu.usp.br <sup>2</sup>Ph.D. in Nursing. Director, Maternal-Infant Nursing Division, Hospital Universitário, University of São Paulo. São Paulo, SP, Brazil. aldavns@hu.usp.br <sup>3</sup>Ph.D., Professor, Professional Orientation Department, University of São Paulo School of Nursing. São Paulo, SP, Brazil. tonifer@usp.br <sup>4</sup>M.Sc. in Nursing. Head, Pediatrics Section, Hospital Universitário, University of São Paulo. São Paulo, SP, Brazil. nancics@hu.usp.br <sup>5</sup>Ph.D., Professor, Professional Orientation Department, University of São Paulo School of Nursing. São Paulo, Brazil. melleiro@usp.br <sup>6</sup>Ph.D., Associate Professor, Professional Orientation Department, University of São Paulo School of Nursing. São Paulo, SP, Brazil. ffugulin@usp.br <sup>7</sup>Ph.D., Full Professor, Professional Orientation Department, University of São Paulo School of Nursing. São Paulo, SP, Brazil. raqui@usp.br

## INTRODUCTION

Absenteeism refers to the frequency or duration of the working time lost when professionals do not attend work and corresponds to absences when they were expected to be present. It comprises absences, leaves, leaves of absence to participate in training and development programs, among others<sup>(1)</sup>.

Different authors acknowledge the multifactorial etiology of absenteeism, which contributes to increase its complexity. They appoint that it derives from one or more classes of causal factors, such as: work, social, cultural, personality and disease factors; geographical, organizational and individual factors; physical, psychic and social factors: diseases, occupational and social causes; environmental, organizational factors, individual and personality characteristics. These classes of causal factors are modified depending on the author or type of study<sup>(2-6)</sup>.

It should be taken into account that the causes of absenteeism are not always linked with the professional, but with the institution, with deficient work processes through repeated activities, lack of motivations, unfavorable conditions in the work environment, precarious integration among employees and the organization and psychological impacts of a deficient management that does not aim for a prevention and humanistic policy<sup>(7)</sup>.

In Nursing Service Management, human resource allocation is frequently based on outdated parameters, in which aspects related to these professionals' absenteeism are not considered very relevant. Nurse managers' apparent lack of interest may be related with its complexity, involving management and workers, work conditions and organization, as well as institutional policies.

Knowledge on professionals' behavior regarding this variable and the establishment of ratios compatible with each reality determines how many professionals should be added to the total number of professionals in a given professional category to cover those absences, as well as the measures needed to contain the ratios found<sup>(8)</sup>.

In this perspective, it is fundamental for nurse managers to monitor nursing professionals' absenteeism ratio, as a human resource management indicator, and use additional staff to cover for these absences, avoiding work overload and, consequently, increased worker absenteeism, which directly interfere in care safety and quality.

An indicator can be defined as a measurement unit for an activity which it is related with or a quantitative measure that can be used as a guide to monitor and assess care quality and activities developed at a service<sup>(9)</sup>.

Indicators are considered signs aimed at identifying or calling attention to specific outcomes in a health organization, and should be periodically reconsidered. The continuous use of indicators will improve and innovate health unit assessment, planning, organization and management<sup>(10-11)</sup>.

This study was carried out in view of these considerations and the relevance of monitoring indicators in health service management.

## OBJECTIVE

To analyze the absenteeism ratio of nursing professionals at a public teaching hospital.

## METHOD

A descriptive and exploratory quantitative research was carried out to analyze absenteeism among nursing professionals working at the University Hospital of the University of São Paulo (HU-USP). Institutional Review Board approval was sought and obtained for data collection and analysis.

The HU-USP is affiliated with the University of São Paulo (USP) and serves teaching, research and community service purposes, offering comprehensive multidisciplinary and medium-complexity care, based on the epidemiological profile of the Teaching Health District Butantã. It is a regional hospital, part of the public state-level network, which delivers care to the USP population – students and workers and their dependents, and the population in the Teaching Health District Butantã.

The Hospital has 247 beds, distributed across medical, surgical, obstetric and pediatric specialties.

The study population comprised 613 nursing professionals (nurses, nursing technicians and auxiliaries) from HU-USP.

The nursing heads collected data on nursing professionals' absenteeism between January and July 2008 by consulting the monthly work schedules and inserted them in an electronic worksheet available on the website of the Observatory of Human Resources at the University of São Paulo School of Nursing - EEUSP ([www.ee.usp.br/dipe](http://www.ee.usp.br/dipe)). Reasons for absenteeism were considered as days of absence related to: absence, medical leave, maternity leave, leave due to occupational accident, other leaves (bereavement, marriage, paternity) and leave of absence for participation in Training and Development (T&D) programs.

The above types of absence serve as random variables, as they can occur any time of the year. To assess this indicator, every month, the nursing heads identified the number of these absences per professional category and

...it is fundamental for nurse managers to monitor nursing professionals' absenteeism ratio, as a human resource management indicator, and use additional staff to cover for these absences...

calculated the absenteeism rate of active professionals at the respective care units.

As absenteeism represents the sum of different absences mentioned above, it can be represented through the following equation<sup>(12)</sup>:

$$A_k \% = \left( \frac{\sum_i a_{k,i}}{D - \sum_i a_{k,i}} \right) \cdot 100$$

Where:

$A_k \%$  = percentage of unforeseen absences, according to professional category (nurse, technician/auxiliary);

$\sum_i a_{k,i}$  = sum of unforeseen days according to types of absence i (absences, leaves and suspensions) per professional category k (nurse, nursing technician/auxiliary);

D = days of the year, 365 days.

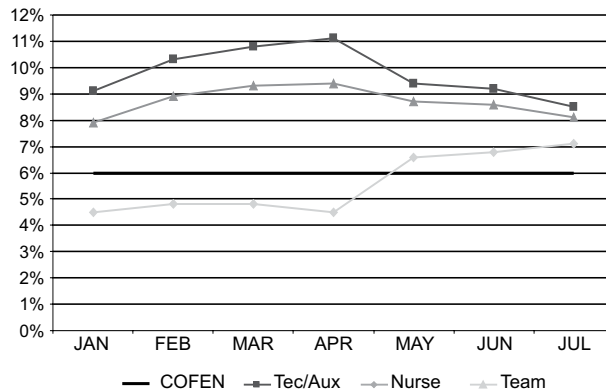
It should be highlighted that the construction of the electronic worksheet aimed to facilitate calculations and continuous monitoring of nursing professionals' absenteeism ratio. For the sake of comparison, the 6% absenteeism ratio set in Federal Nursing Council Resolution No 293/04 was adopted as expected parameter<sup>(13)</sup>.

## RESULTS AND DISCUSSION

Among the 148 clinical nurses, 96% were women, with a mean age of 38.2 years (CI= 95% from 36.9 to 39.6 years), minimum age of 23 and maximum 62 years. Out of 465 nursing technicians/auxiliaries, 89% were female, with a mean age of 42 years (CI= 95% from 42.1 to 42.9 years), minimum age of 20 and maximum of 64 years.

During the study period, the absenteeism ratio corresponded to an average 8.7% for the nursing team: 5.6 % for nurses and 9.7% for nursing technicians/auxiliaries.

Figure 1 shows the monthly distribution of the absenteeism ratio, using the 6% ratio determined in COFEN Resolution No 293/2004<sup>(13)</sup> as the parameter for comparison.



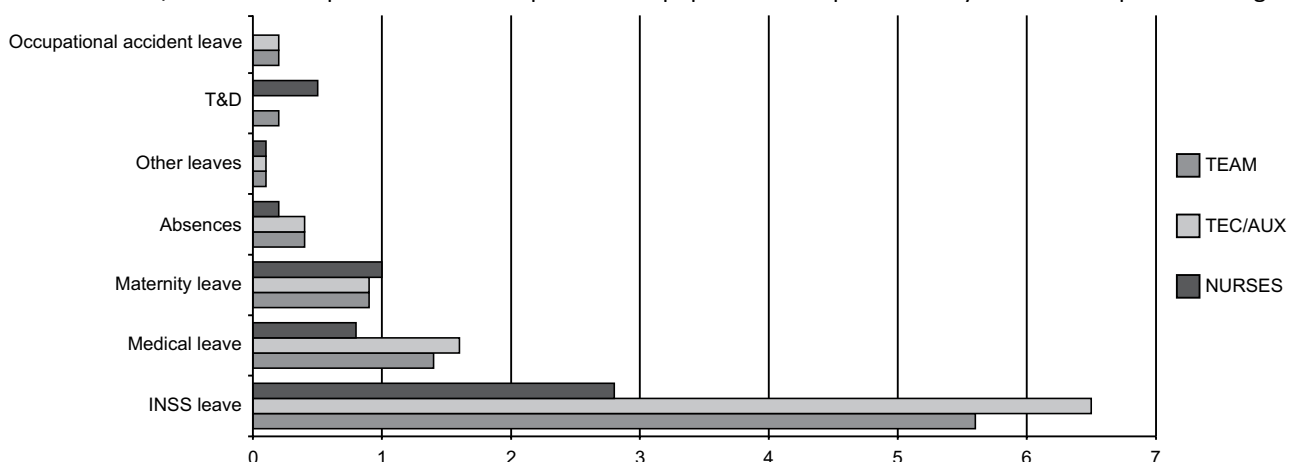
**Figure 1** – Absenteeism rate of the nursing team, nurses, nursing technicians/auxiliaries in relation to the recommended COFEN rate – Jan. till Jul./2008 – HU-USP – São Paulo – 2008

As observed, the absenteeism ratio for nurses remained within the standard recommended in this Resolution, while monthly ratios for the nursing technician/auxiliary category and for the team as a whole remained considerably high.

Various authors have found that more absences from work occur among secondary-level professionals<sup>(8,14-21)</sup> and some have related this with the hierarchical position occupied (the responsibility the function entails demands more constant presence) and with the nature of the job (tasks requiring greater physical effort, execution of repetitive and monotonous activities)<sup>(19-20)</sup>.

Independently of the professional category, high absenteeism ratios disorganize the service, generate dissatisfaction and overload among professionals who are present, bring down production, increase operational costs and can jeopardize the quality of patient care<sup>(7)</sup>.

Figure 2 shows the distribution of HU-USP nursing professionals' absenteeism according to the types of absence. Medical leaves represented the highest percentage of absences in both professional categories. The relevance of other types of absence for this indicator is low, including absences due to maternity leave, although the study population comprises mostly women of reproductive age.



**Figure 2** – Absenteeism rate of the nursing team, nurses, nursing technicians/auxiliaries according to type of absence – Jan. till Jul./2008 – HU-USP – São Paulo – 2008

The collected data are in line with other study results<sup>(14-18)</sup> that indicated medical leave as the mean reason of nursing team absenteeism, which deserves health service managers and researchers' attention, as it is appointed as a high occurrence level.

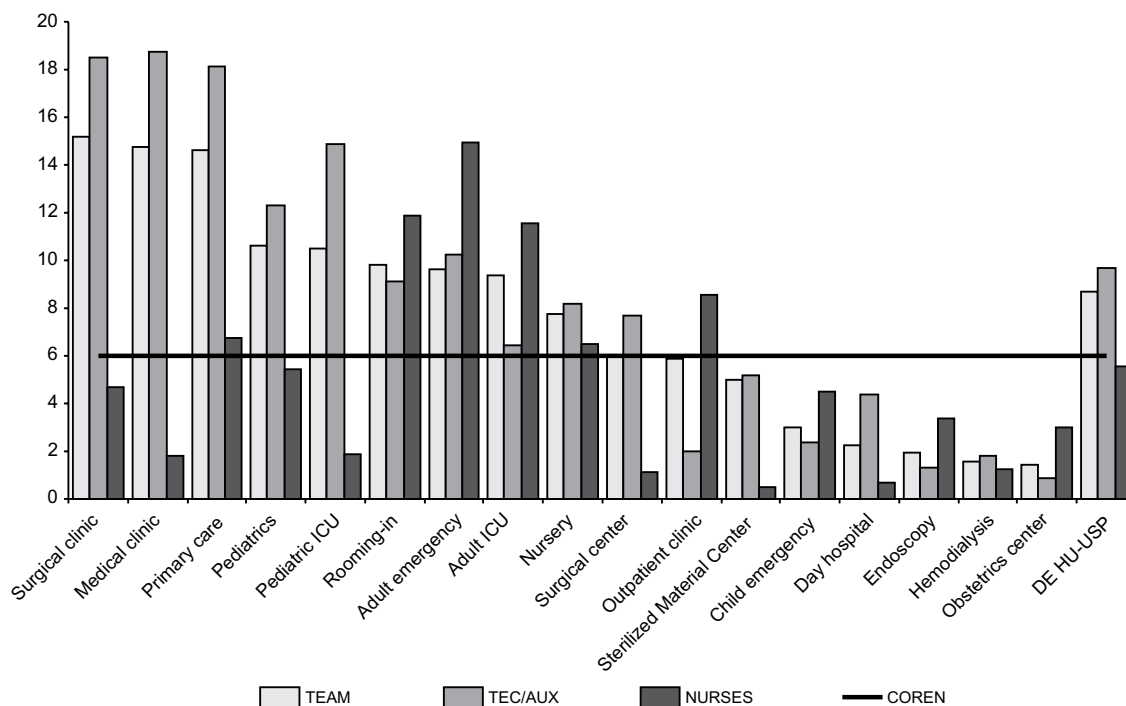
The characteristics of nursing professionals' work process, which determine their exposure to different, mainly psychic and physiological burdens, cause physical and mental exhaustion, often leading to workers' absence due to disease.

Nursing team absenteeism at the HU-USP units between January and July 2008 represented 10,452 lost working days, 1,672 days (16%) of which corresponded

to nurses and 8,777 days (84%) to nursing technicians/auxiliaries.

This team's absence due to medical leave amounted to 8,387 days (80.3%), 6,723 (64.3%) related to absences granted by the National Institute of Social Security (INSS), with replacement of absent professionals without cost for the institution.

The distribution of the absenteeism ratio according to the care units the nursing professionals were allocated to evidenced eight units with ratios within expected standards<sup>(13)</sup>. At seven units, the absenteeism ratio exceeded the adopted standard, attributed to the nursing technician/auxiliary category and, at only three, this surplus was due to the nurse category (Figure 3).



The following care units registered the highest absenteeism ratios: Surgical Clinic (15.2%), Medical (14.7%) and Primary Health Care Unit (14.6%), followed by Pediatrics (10.6%), Pediatric Intensive Care (10.5%), Rooming-in (9.8%), Adult Emergency (9.6) and Adult Intensive Care (9.4%).

When comparing the nursing team's absenteeism at HU-USP, as identified in this study, with the ratios found in a previous study<sup>(21)</sup>, accomplished at the same institution between 2001 and 2005, an upward trend in this team's absenteeism ratio is observed across all care units.

These results indicate the need for further studies to check what variables may be involved in the ratios found.

The need for nurse managers to adopt and monitor the absenteeism ratio indicator is highlighted, with a view to permitting continuous improvement in the management process of the staff they coordinate, reviewing work

processes and conditions, and also contributing to obtain arguments in favor of public nursing staff hiring policies, mainly regarding the replacement of professionals on a social security (INSS) leave.

## CONCLUSION

Monitoring the absenteeism ratio is an important staff management tool, which allowed the Nursing Department at HU-USP to get to know the institutional reality in terms of nursing professionals' absence.

These study results showed that nursing team absenteeism rates are high (8.7%), mainly due to medical leaves (80.3%). These data evidence the need for further research at the care units, with a view to checking the specific reasons for the medical leaves and intervening adequately in each context.

Knowledge on this reality will contribute to the proposal and practice of management strategies to review care processes and reformulate human resource policies, with a view to increasing investments in the health and quality of life of nursing professionals.

In view of the above, the researchers believe that this study not only provides support to the decision-making process on nursing human resource management, but also permits comparisons with absenteeism rates at other similar hospital institutions, enhancing the establishment of acceptable standards for the absenteeism indicator.

## REFERENCES

- Chiavenato I. Recursos humanos. São Paulo: Atlas; 2000.
- Couto HA. Absenteísmo: uma visão bem maior que a simples doença. In: Couto HA. Temas de saúde ocupacional. Belo Horizonte: Ergo; 1987. p. 9-34.
- Organizacion Internacional del Trabajo (IOT). Absentismo, causas y control. In: Enciclopedia de Salud y Seguridad en el Trabajo. Madri; 1989. v.1, p. 5-12.
- Quick TC, Lapertosa JB. Análise do absenteísmo em usina siderúrgica. Rev Bras Saúde Ocup. 1982;10(40):62-7.
- McEwan IM. Absenteeism and sickness absence. Postgrad Med J. 1991;67(794):1067-71.
- Borofsky GL, Smith M. Reduction in turnover, accidents and absenteeism: the contribution of a pre-employment screening inventory. J Clin Psychol. 1993;49(1):109-16.
- Silva MPP, Marziale MHP. Absenteísmo de trabalhadores de enfermagem em um hospital universitário. Rev Latino Am Enferm. 2000;8(5):44-51.
- 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. 2003; 37(4):109-17.
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Characteristics of clinical indicators. QRB Qual Rev Bul. 1989;15(11):330-9.
- Bittar OJ. Indicadores de qualidade e quantidade em saúde. Rev Adm Saúde. 2001;3(12):21-8.
- Bittar OJ. Indicadores de qualidade e quantidade em saúde. Rev Adm Saúde. 2004; 6(22):15-8.
- Gaidzinski RR, Lima AFC, Gomes AVNS, Fugulin FMT, Sancinetti TR, Castilho V. Gestão de pessoal de enfermagem e o Sistema de Assistência de Enfermagem. In: Gaidzinski RR, Soares AVN, Lima AFC. Diagnósticos de enfermagem na prática clínica. Porto Alegre: Artmed; 2008. p. 47-61.
- Conselho Federal de Enfermagem (COFEN). Resolução n. 293/04, de 21 de setembro de 2004. Fixa e estabelece parâmetros para o dimensionamento do quadro de profissionais de enfermagem nas Unidades Assistenciais das Instituições de Saúde e semelhantes [Internet]. Rio de Janeiro; 2004. [citado 2010 mar. 15]. Disponível em: <http://site.portalcofen.gov.br/node/4329>
- Sancinetti TR, Gaidzinski RR, Felli VEA, Fugulin FMT, Baptista PCP, Ciampone MHT, et al. Absenteísmo-doença na equipe de enfermagem: relação com a taxa de ocupação. Rev Esc Enferm USP. 2009;43(n esp 2):1277-83.
- Becker SG, Oliveira MLC. Estudo do absenteísmo de enfermagem de um centro psiquiátrico em Manaus, Brasil. Rev Latino Am Enferm. 2008;16(1):109-14.
- Rogenski KE, Fugulin FMT. Índice de segurança técnica da equipe de enfermagem da pediatria de um hospital de ensino. Rev Esc Enferm USP. 2007;41(4):683-9.
- Matsushita MS, Adami NP, Carmagnani MIS. Dimensionamento do pessoal de enfermagem das Unidades de Internação do Hospital São Paulo. Acta Paul Enferm 2005;18(1):9-19.
- 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. 2003; 37(5):616-23.
- Costa FM, Vieria MA, Sena RR. Absenteísmo relacionado a doenças entre membros da equipe de enfermagem de um hospital escola. Rev Bras Enferm. 2009;62(1):38-44.
- Inoue KC, Matsuda LM, Silva MPP, Uchimura TT, Mathias TAF. Absenteísmo-doença d equipe de enfermagem em unidade de terapia intensiva. Rev Bras Enferm. 2008;61(2):209-14.
- Rogenski KE. Tempo de assistência de enfermagem: identificação e análise em Instituição Hospitalar de Ensino [dissertação] São Paulo: Escola de Enfermagem, Universidade de São Paulo; 2006.