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Factors associated with absenteeism in elderly nursing workers

Fatores associados ao absenteísmo em trabalhadores idosos de enfermagem

Factores asociados al absentismo en trabajadores de enfermería de edad avanzada

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ABSTRACT

Objective: To analyze the factors associated with absenteeism in elderly nursing workers.

Methods: Cross-sectional study with 233 elderly nursing workers carried out in six hospitals in Recife, Pernambuco, Brazil. The data were analyzed using univariate analysis and multivariate regression.

Results: Of the 233 elderly nursing professionals interviewed, self-reported absenteeism was present in 34.3% (80) participants. 20.1% (47) of them reported having missed a few days and 14.2% (33) having done so in many days. After adjusted analysis, only work hours and satisfaction with health influenced absenteeism.

Conclusion: Absenteeism is a complex phenomenon which, among elderly nursing professionals, had a low prevalence and was associated with a workload of more than 40 hours a week and dissatisfaction with health. Therefore, further research is needed in the field to provide quality of life and better working conditions for nursing professionals and regulate their workload.

Keyword: Absenteeism. Aged. Nurse practitioners.

RESUMO

Objetivo: Analisar os fatores associados ao absenteísmo em trabalhadores idosos de enfermagem.

Métodos: Estudo transversal com 233 trabalhadores idosos de enfermagem realizado em seis hospitais do Recife, Pernambuco – BR. A análise de dados foi univariada e regressão multivariada.

Resultados: Dos 233 profissionais de enfermagem idosos entrevistados, o absenteísmo autorreferido esteve presente em 34,3% (80) dos participantes. From them, 20.1% (47) reported having missed few days, while 14.2% (33) stated to have missed many days. Na análise ajustada, apenas as horas trabalhadas e a satisfação com a saúde influenciaram o absenteísmo.

Conclusão: O absenteísmo é um fenômeno complexo e entre os profissionais de enfermagem idosos apresentou baixa prevalência e esteve associado a carga horária de trabalho acima de 40 horas semanais e a insatisfação com a saúde. Portanto, se faz necessário novas pesquisas na área para fornecer qualidade de vida e melhores condições de trabalho aos profissionais de enfermagem e regulamentação de sua carga horária.

Palavras-chave: Absenteísmo. Idoso. Profissionais de enfermagem.

RESUMEN

Objetivo: Analizar los factores asociados al absentismo en trabajadores de enfermería ancianos.

Métodos: Estudio transversal con 233 trabajadores de enfermería de edad avanzada realizado en seis hospitales de Recife, Pernambuco, Brasil. Los datos se analizaron mediante análisis univariado y regresión multivariada.

Resultados: De los 233 profesionales de enfermería ancianos entrevistados, el ausentismo autonotificado estuvo presente en el 34,3% (80) de los participantes. De estos, el 20,1% (47) informó haber perdido algunos días y el 14,2% (33) muchos días. En el análisis ajustado, solo las horas trabajadas y la satisfacción con la salud influyeron en el absentismo.

Conclusión: El absentismo es un fenómeno complejo y entre los profesionales de enfermería ancianos tuvo baja prevalencia y se asoció con una carga de trabajo de más de 40 horas a la semana y la insatisfacción con la salud. Por lo tanto, más investigaciones sobre el tema son necesarias para traer calidad de vida y mejores condiciones laborales a los profesionales de enfermería y regular su carga de trabajo.

Palabras clave: Absentismo. Anciano. Enfermeras practicantes.

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INTRODUCTION

Since ancient times, work is seen by society as a guarantee of survival, as the conquest of everything one hopes for, and occupies a large part of the lifetime of any human being. Nevertheless, the same work that dignifies, that fulfills objectives, can bring about issues that compromise not only labor performance, but also health[1].

Absence from work, regardless of its motives, is called absenteeism, and can be classified as planned (free days and holidays/vacations) and unplanned (medical leave, disciplinary suspension, unjustified absence, and others)[2].

The causes of absenteeism are many. They can be related to the organization of work itself, to diseases and/or to personal issues. For interventions regarding absenteeism to be made, health services must know the quantitative dimension of the issue, and then, identify its causes[3].

The profession of nursing is regulated in Brazil by Law No. 7.498/86 and its work process has been going through changes. It is seen as a very versatile profession, which allows its practitioners to work in both direct or indirect patient care[4]. Nursing work depends on the joint action of team members, each of whom must carry out their activities adequately to provide quality assistance[5].

Regarding hospital work, nurses are the largest workforce, responsible for many activities, from administrative duties to activities directly related with the client. Therefore, ti becomes clear that the absence of this workers compromises he quality of care and the organization of the work itself[5].

Nursing work often is often associated with elevated workloads, work in shifts, and unpleasant work conditions, which can have a negative impact on the quality of life and lead to diseases. These factors, associated with the aging of the worker, lead to fatigue, which may compromise their wellbeing and the assistance they can provide[6,7].

Population aging leads to significant changes in the state of the world, both in developing and developed countries. This process is a result of demographic transition, characterized by the reduction of birth, fertility, and death rates, coupled with the increase of life expectancy[8]. In Brazil, this transition was radical and accentuated. It was marked, at first, by a reduced mortality rate, followed, throughout the years, by a reduction in the birth rate, leading to changes in the age-sex pyramid[9].

Studies estimate that, in 2020, Brazil will have the sixth largest population of elders in the world; however, reviews in the field show that there has been no investment in this regard, nor are methodologies being developed to include this public in society without harm to the economy[9]. According with the National Policy for Elders, Law No. 8842, sanctioned in 1994, all individuals who are 60 years old or older in developing countries are considered to be elder[10].

Work conditions are a challenge for the elder to keep good occupational performance. Still, the prevalence of elders is growing in the job market[9]. This has also been observed in the field of health, especially in nursing, in an attempt to guarantee better economic conditions and quality of life[8].

Research carried out by the Federal Nursing Council (COFEN), in 2010 Brazil had 102,433 nursing workers from 56 to 65 years old and 25,564 above 65 years old, with the southeast of the country showing the highest concentration of nursing workers above 65 years old. This data corroborates the research carried out by the Oswaldo Cruz Foundation (FIOCRUZ), which reiterates how large the number of elders still in the job market is, a total of 103 thousand workers above 60 years old[11].

The continuous aging of a population has a number of implications that directly impact the spheres of social, economic, and political organization. In some fields, such as health, the consequences of this phenomenon are clearer and more immediate[8]. As such, it becomes necessary for elders to be able to work integrally, with no harm to their health.

Information on the causes of absenteeism is expected to subsidize the improvement of the work of elder nursing workers, contributing for the development of actions to change the current health state of those who are responsible for providing care. As a result, this study aimed to analyze factors associated with absenteeism in elder nursing workers.

METHOD

This is a cross-sectional, quantitative study, whose participants are derived from the research "Work Ability and Quality of Life of Elder Nursing Professionals", carried out in six hospitals from the Single Health System (SUS), in the city of Recife, Pernambuco, Brazil, from August to December 2018.

The sample population was formed by 60-year-old or older nursing workers from both sexes who worked at the following hospitals: Hospital Restauração (HR), Hospital das Clínicas da Universidade Federal de Pernambuco (HC), Hospital dos Servidores do Estado (HSE), Pronto Socorro Cardiológico de Pernambuco Prof. Luiz Tavares (PROCAPE), Hospital Osvaldo Cruz (HUOC), and Centro de Saúde Integrado Amaury de Medeiros (CISAM).

The sample was selected by convenience and formed by the eligible population. It was homogeneous and considered the number of workers of the hospitals, which was previously inquired: 48 at the HC, 28 at the PROCAPE, 28 at the CISAM, 5 at the HUOC, 45 at the HSE, and 108 in the HR, to a total of 256 individuals. 23 refused participation, leading

to a final sample of 233 elder nursing workers. The workers were addressed during their duties and the interview was carried confidentially, in a private area.

The inclusion criteria used to form a homogeneous sample were: elder nursing workers, 60 years old or older, who had technical and/or higher education in nursing. Were excluded participants on any type of leave, vacation, those who were not located in the sector after three attempts, and who had died before the interview. A preliminary survey from the first semester of 2018 found 256 nursing workers who fit the inclusion criteria. After the exclusion criteria were applied, the sample included 233 participants.

Data collection took place after the Research Ethics Committee at the Universidade Federal de Pernambuco (UFPE) approved it. It was carried out in private rooms to minimize the interference of third parties in the response and the possibility of any form of discomfort or constraint. The instruments used were: a) World Health Organization Quality Of Life – Abbreviated Version (WHOQOL-Brief), question 02 (self-reported satisfaction with health); b) Work Ability Index, item 5, question 6, (absenteeism); c) sociodemographic questionnaire. Sociodemographic, clinical, and work variables were investigated.

The Work Ability Index is a self-applicable questionnaire that is quite simple to handle and aims to evaluate work ability from the perspective of the worker. It was developed by Tuomi et al. and translated from the English original into Portuguese by a multidisciplinary group of workers, after what it was adapted for Brazilian Portuguese. It was published, in Portuguese, by the Finnish Institute of Occupational Health in 1997, and later, by EDUFSCAR, in 2005.

This instrument allows for an evaluation of how well the worker is or will be in the near future, and how capable they are of executing their work, considering the requirements of their health state and their physical and mental ability. It is formed by seven items, each of which can be evaluated by one or more questions. The index is calculated by adding up the score of each of the seven domains that form the questionnaire. This research considered the question regarding absenteeism, whose possible answers are: no absence; from 10 to 24 days; from 25 to 99 days; and from 100 to 365 days. In this study, however, we used the categories few days and many days.

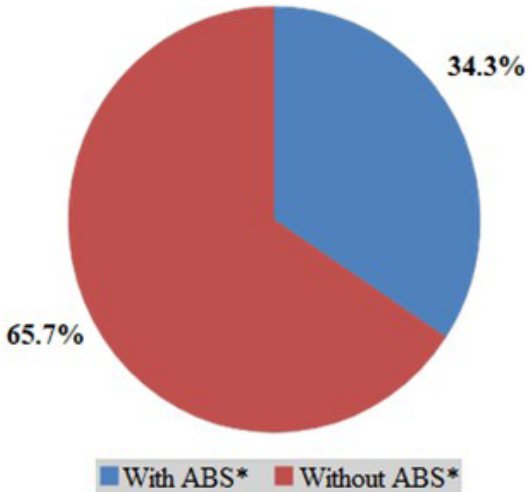
Data was double input in Excel for Windows® spreadsheets and double-checked using VALIDATE, a module of the Epi-Info 6.04 software. After wards, it was analyzed using the Statistical Package for the Social Sciences (SPSS) for Windows, version 18.0. The variables were described as absolute and relative frequencies. Pearson's Chi-Squared test or Fisher's Exact Test were used to analyze the comparison of relative frequencies, adopting a significance level of $p < 0.05$. A multivariate analysis was carried out using Poisson's model and Walds Test, and a hierarchical logistic regression model was carried out using the "enter" method to trace the relationship between the dependent variable and the independent ones. All independent variables from the univariate analysis with $p \leq 0.20$ were included. A significance of $p<0.05$ was used to determine the permanence of the variable in the final model. Results were interpreted using the Prevalence Ratio (PR) and the respective 95% confidence intervals.

The This study was developed according with national and international norms for ethics involving human beings, according with Resolution 466/12 from the National Council of Health. It was also approved by the Research Ethics Committee at Universidade Federal de Pernambuco (CEP/UFPE), under opinion 2.806.012.

RESULTS

From the 233 elder health workers interviewed, 34.3% (80) self-reported absenteeism (Graph 1). From them, 20.1% (47) reported having missed few days, while 14.2% (33) stated to have missed many days.

Regarding the characteristics of the population, most were from 60 to 72 years old, female (94.8%), without a partner (63.9%), with complete high school (51.1%), individual income from 1 to 2 minimum wages (41.6%), self-declared as mixed-race (49.4%), and mostly reported to be satisfied with their health (71.2%). Absenteeism was associated with age (p=0.049) and satisfaction with health (p=0.001) (Table 1).



Graph 1 – Absenteeism in elder nursing workers. Recife, Pernambuco, Brazil, 2018
Source: Elaborated by the authors, 2021.

Table 1 – Absenteeism according with the socioeconomic and clinical variables of elder nursing workers. Recife, Pernambuco, Brazil, 2018

Variable	Absenteeism			p-value
		Yes	No	
	n (%)	n (%)	n (%)	
Age (years)				
60 ⊢64	136(58.4	55(40.4)	81(59.6)	0.049[2]
64 ⊢68	67(28.8)	19(28.4)	48(71.6)	
68 ⊢ 72	30(12.9)	6(20.0)	24(80.0)	
Sex				
Male	12(05.2)	4(33.3)	8(66.7)	0.604[2]
Female	221(94.8)	76(34.4)	145(65.6)	
Marital status				
No partner	149(63.9)	46(30.9)	103(69.1)	0.138[1]
Has a partner	84(36.1)	34(40.5)	50(59.5)	
Educational level				
Elementary school	29(12.4)	11(37.9)	18(62.1)	0.460[1]
High school	118(50.6)	36(30.5)	82(69.5)	
Higher Education	86(36.9)	33(38.4)	53(61.6)	
Individual monthly income (in minimum wages)				
1 ⊢2	97(41.6)	31(32.0)	66(68.0)	0.558[1]
2 ⊢3	48(20.6)	15(31.3)	33(68.8)	
≥ 3	88(37.8)	34(38.6)	54(61.4)	
Ethnicity				
White	71(30.5)	30(42.3)	41(57.7)	0.160[1]
Black	47(20.2)	17(36.2)	30(63.8)	
Mixed-race	115(49.4)	33(28.7)	82(71.3)	
Satisfaction with health				
Dissatisfied	13(05.6)	8(61.5)	5(38.5)	0.001[1]
Not satisfied nor dissatisfied	54(23.2)	27(50.0)	27(50.0)	
Satisfied	166(71.2)	45(27.1)	121(72.9)	

[1]Pearson's Chi-Squared; [2]Fisher's Exact Test
Source: The author, 2018.

Regarding work variables, 186 (79.8%) were nursing technicians/auxiliaries, and 47 (20.2%) were nurses. Most had a single formal work bond (76.4%), worked up to three days a week (58.8%), for 30 to 39 hours per week (68.2%), during the day shift (72.1%), and had been working for the current hospital from 21 to 40 years (69.5%), with a mean of 27.29 years (SD ± 9.7). The number of bonds (p=0.047) and the number of hours per week (p=0.030) were associated with absenteeism (Table 2).

Table 2 – Absenteeism according with the work variables of elder nursing workers. Recife, Pernambuco, Brazil, 2018

Variable	Absenteeism			p-value
		Yes	No	
	n (%)	n (%)	n (%)	
Professional category				
Nurse	47(20.2)	18(38.3)	29(61.7)	0.522[1]
Nursing technician/auxiliary	186(79.8)	62(33.3)	124(66.7)	
Number of formal work bonds				
1 bond	178(76.4)	55(30.9)	123(69.1)	0.047[1]
2 or more bonds	55(23.6)	25(45.5)	30(54.5)	
Work shift				
Day	168(72.1)	56(33.3)	112(66.7)	0.702[2]
Night	61(26.2)	22(36.1)	39(63.9)	
Day and night	4(01.7)	2(50.0)	2(50.0)	
Work hours/week				
0 ⊢ 40	162(69.5)	47(29.0)	115(71.0)	0.030[1]
40 ⊢ 60	37(15.9)	16(43.2)	21(56.8)	
60 ⊢90	34(14.6)	17(50.0)	17(50.0)	
Time working in the institution (years)				
0-10	10(04.3)	5(50.0)	5(50.0)	0.527[1]
11 ⊢21	47(20.2)	15(31.9)	32(68.1)	
21 ⊢31	80(34.3)	31(38.8)	49(61.3)	
31 ⊢41	82(35.2)	26(31.7)	56(68.3)	
41-50	14(06.0)	3(21.4)	11(78.6)	
Ward				
ICU	10(04.3)	2(20.0)	8(80.0)	0.771[2]
Emergem	22(09.4)	6(27.3)	16(72.7)	
Pediatrics	12(05.2)	5(41.7)	7(58.3)	
Surgical center	13(05.6)	6(46.2)	7(53.8)	
CME	24(10.3)	9(37.5)	15(62.5)	
Other	152(65.2)	52(34.2)	100(65.8)	

[1]Pearson's Chi-Squared; [2]Fisher's Exact Test
Source: The author, 2018.

Regarding hospital sectors, there were several different ones, which was justified by the several medical specialties, coupled with managerial roles. 65.2% (152) of participants were in the clinical, surgical, outpatient, worker health, teaching, and other wards (65.2%, 152); 10.3% (24) were CME workers; 9.4% (22) were emergency workers; 5.6% (13) worked in the surgical center; 5.2% (12) in pediatrics; and 4.3% (10) in the ICU (Table 2).

In the multivariate model, the hierarchical analysis considered as relevant the variables hours worked per week and satisfaction with health. Regarding satisfaction with health, those who reported to be "dissatisfied" or "not satisfied nor dissatisfied" have a 152% and 91% higher risk, respectively, for absenteeism, when compared to those who reported satisfaction with health (Table 3).

When evaluating absenteeism according with the number of days of absence, only the variable "satisfaction with health" influenced the result, considering that workers who reported to be satisfied with their health missed less work than those dissatisfied with their health. On the other hand, work hours/week had no influence on the number of days of absence (Table 4).

Table 3 – Adjustments in the Poisson model for absenteeism in elder nursing workers. Recife, Pernambuco, Brazil, 2018

Variables	PR	CI 95%(PR)	p-value
Work hours/week			
0 ⊢ 40	1.00	-	-
40 ⊢ 60	1.56	1.01 – 2.42	0.047
60 ⊢90	1.89	1.25 – 2.86	0.003
Satisfaction with health			
Dissatisfied	2.52	1.47 – 4.34	0.001
Not satisfied nor dissatisfied	1.91	1.34 – 2.73	<0.001
Satisfied	1.00	-	-

PR = prevalence ratio; CI = confidence interval, [1]p-value of Wald's test
Source: The author, 2018.

Table 4 – Absenteeism (number of days of absence) according with work and clinical variables. Recife, Pernambuco, Brazil, 2018

Variable	n (%)	Few days	Many days	p-value
		n(%)	n(%)	
Work hours/week				
0 ⊢ 40	47(58.8)	26(55.3)	21(44.7)	0.752[1]
40 ⊢ 60	16(20.0)	10(62.5)	6(37.5)	
60 ⊢90	17(21.3)	11(64.7)	6(35.3)	
Satisfaction with health				
Dissatisfied	8(10.0)	1(12.5)	7(87.5)	0.011[2]
Not satisfied nor dissatisfied	27(33.8)	15(55.6)	12(44.4)	
Satisfied	45(56.3)	31(68.9)	14(31.1)	

[1] Pearson's Chi-Squared;[2] Fisher's Exact Test
Source: The author, 2018.

DISCUSSION

Absenteeism is a complex process that is influenced by several factors, making it necessary to analyze it from different perspectives. Other studies have also addressed the relationship between absenteeism with health and the work process[5,7,12].

In the work environment, the causes for absenteeism can be associated with the activities themselves, since it compromises performance and can lead to the relocation of workers into other sectors, overloading the other members of the team. This situation can generate a vicious cycle whose consequences can contribute for absenteeism[7,13].

The causality of absenteeism found in this study had a relation with the age of the workers. Younger elders were more often absent than the older ones, corroborating the study by Varges and Barbosa (2017)[12], where, in a population that varied from 28 to 59 years old, the absenteeism was also lower between the older age group when compared to the younger members of the study[5].

Nonetheless, it is with aging that the risks for chronic diseases increase, and with it, the likelihood of work absence increases. This contributes for the perspective that older people tend to miss work more often[5].

Considering the above, we can notice that society still falls for the stereotype that the elder is unable to carry out their work due to their senescence. However, absenteeism is influenced by many factors, including emotional aspects that go beyond age groups and can contribute for professional disinterest[13].

The marital status had no effect over absenteeism in the elder nursing workers. Other studies consider this variable as a strong influence on absenteeism due to the difficulties in conciliating work with domestic chores and child care, in people from 29 to 53 years old[5,6].

For the elder, absenteeism is mostly related with their satisfaction with their own health, and although younger elders present higher absenteeism rates, this may be related with domestic chores or family care for partners or grandchildren.

Still, considering the scarcity of studies in literature about the topic, it becomes necessary to dive deeper into the topic to be able to devise better interventions to improve the quality of life of the elders and their performance at work. Another important element is the need for studies about the influence of home chores on work overload and the factors that associated it with absenteeism, since most nursing workers are female.

Self-reported health satisfaction shows the importance of worker wellbeing for the performance of work activities. In this study, it was found to be related with absenteeism. In nursing ,work conditions can lead to several health issues, contribute for work accidents, and thus, interfere in the self-perception of satisfaction with health. Furthermore, the level of health dissatisfaction can lead to absence and increase the number of days of absence[5,13].

The professional category showed no relationship with absenteeism. However, another study has showed that high school workers are more often absent when compared with higher education workers. This could be justified by the nature of the work, which is defined by a professional hierarchy where nurses are team leaders and administrative workers, while the work of nursing auxiliaries and technicians exposes them to disease and contamination and requires more physical effort[7].

Only the number of formal work bonds and the weekly work hours had an influence on absenteeism. Nonetheless, other elements, such as inefficient interpersonal relationships, mental and physical work overload, lack of organization at work, lack of psychosocial support, stressful routines, not having their work recognized, having two formal work bonds, and having no support for professional improvement are pointed out as causes of disease and, consequently, of absenteeism[6].

The number of work bonds contributed for absenteeism, and can be justified by physical and psychic exhaustion, anxiety, stress, and by the tension caused by the complex activities carried out within hospitals. Furthermore, the dissatisfaction of workers with two or more jobs stands out[5].

The weekly workload had influence on absenteeism, but it seemed to have no impact on the number of days missed. It could be related with individual reactions of elder nursing workers to the stressors in the environment[14].

Those who work more than 40 hours a week presented more absenteeism than those who worked up to 30 hours. A workload above 36 hours per week can lead to overload, increasing the odds of disease and the likelihood of absenteeism[15]. Considering this, Bill No. 2.295/2000 has been proposed to the Brazilian Lower House, establishing that nurses, nursing technicians and auxiliaries should work for periods of no more than 30 hours per day, in an attempt to minimize the effects of work overload on the quality of life of these professionals[16].

It stands out that illnesses corroborates the high rates of absenteeism, and can be related with work activities. Considering the above, it is necessary to recognize the relationship between work conditions and absenteeism in the search of strategies to improve these conditions and regulate work hours to reduce worker overload.

In this study, the elder nursing workers who work from 40 to 59 hours and from 60 to 90 hours per week are 56% and 89% more likely to be absent from work, respectively, than those who work from 0 to 39 hours a week.

The most common cause of absenteeism in nursing workers according with both this study and literature, was health dissatisfaction, although its etiology is recognized as multi-factorial[6,12]. Therefore, health and its determinants should be considered crucial factors for absenteeism rates, which can lead to a continuous cycle of absences and compromise the nursing work process. Therefore, absenteeism affects the organizational dynamics, the work environment, and the assistance itself, which demands its causes to be identified so strategies to intervene can be devised[7].

As a result, putting public policies in effect that are aimed at improving worker health and work safety is the best way to overcome the issues caused by the absence of nursing professionals from work. Since many workers have stayed long periods in the same institution and considering the aging process, the presence of older workers in the work market is increasingly noticeable. Thus, it is necessary to guarantee that elder workers can exercise their professions integrally, especially for nurses, who are caring for lives.

CONCLUSION

Absenteeism is a complex phenomenon that was not very prevalent in older nursing workers. It was found to be associated with the number of work hours per week and the with dissatisfaction with one's health. Putting into effect public policies for workers' health and work safety is the best way to improve current conditions.

Therefore, new research in the field is necessary to reiterate the importance of providing quality of life to the elder workers who are a large part of the active working population, as well as to provide better work conditions to the nursing workers and regulate their work hours, thus reducing their overload.

Considering the above, it is paramount to develop strategies that enable an increase in satisfaction with health through the improvement of work conditions, regulation of work hours, and reduction of worker overload.

Among the limitations of this study, stand out the fact that the data was self-reported by the workers, meaning that it is subject to memory or information bias and can imply on the underestimation or overestimation of the data. Other limitations include the non-causality and the loss of some participants during data collection

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