NURSING PROFESSIONALS' SICK LEAVE: CHARACTERISTICS AND ACTIONS ADOPTED BY NURSE MANAGERS*

Josimerci Ittavo Lamana Faria[1], Paulina Kurcgant[2]

[1]Nurse. Ph.D in Fundamental Nursing. Medicine Faculty of São José do Rio Preto. São José do Rio Preto-SP-Brazil.
[2]Nurse. Ph.D in Nursing. University of São Paulo. São Paulo-SP-Brazil.

ABSTRACT: This study aimed to understand the perception of the nurse manager in relation to the event of Absence from work due to Sick Leave, the managerial actions he adopts, and the impact caused by these actions. This qualitative research involved the Chief Nurses of four inpatient units in a Teaching Hospital. The statements were analyzed using Bardin's proposal for content analysis. The study subjects perceive episodes of sick leave as a managerial problem, and managerial actions are adopted regarding the episodes of sick leave, aiming: to avoid harm to the professional's health; to monitor sick leave; to adapt the schedules of activities to the situations caused by the lack of personnel; and to adjust the duties of those professionals who return from periods of sick leave with restrictions for work. No effective change was considered in the contributors' narratives inherent to the managerial actions adopted.
DESCRIPTORS: Nursing team; Medical leave; Absenteeism; Quality indicators in health care; Administration of human resources in hospitals.

LICENÇAS SAÚDE DE PROFISSIONAIS DE ENFERMAGEM: CARACTERÍSTICAS E AÇÕES ADOTADAS PELOS ENFERMEIROS-CHEFE

RESUMO: Este estudo teve como objetivos compreender a percepção do enfermeiro gerente com relação ao evento Afastamento por Licença Saúde, as ações gerenciais por ele adotadas e o impacto causado por estas ações. A pesquisa de natureza qualitativa teve os dados coletados por meio de entrevista com enfermeiros chefes de quatro unidades de internação de um hospital universitário e foram analisados segundo proposta de análise de conteúdo. Os participantes percebem as licenças saúde como um problema gerencial e as ações gerenciais adotadas frente às licenças saúde objetivaram evitar agravos à saúde do profissional; monitorar as licenças saúde; adequar as escalas de atividades às situações causadas pelo déficit de pessoal; e readaptar os profissionais que retornam das licenças saúde com restrições para o trabalho. Nenhuma mudança efetiva foi considerada nas narrativas dos colaboradores inerente às ações gerenciais adotadas.
DESCRITORES: Equipe de enfermagem; Licença médica; Absenteísmo; Indicadores de qualidade em assistência à saúde; Administração de recursos humanos em hospitais.

VULNERABILIDAD EN EL DESARROLLO DEL NIÑO: INFLUENCIA DE LA JUVENTUD Y CONDICIONES DE SALUD MATERNAS

RESUMEN: Investigación exploratoria cualitativa cuyo objetivo fue conocer la comprensión del enfermero acerca de la vulnerabilidad en el desarrollo del niño. Fue realizada con 39 enfermeros actuantes en Unidades Municipales de Salud con Estrategia Salud de la Familia en Curitiba, Paraná, Brasil. Los datos fueron obtenidos por entrevista semiestructurada, y para el análisis fue utilizada la hermenéutica dialética, siendo respetados los princípios éticos. Los resultados apuntan que el enfermero comprende la juventude y las condiciones de la salud materna como situaciones adversas al desarrollo infantil e indican la necesidad de perfeccionarse tecnologías de cuidado para promover salud de las gestantes adolescentes, incentivar adecuadamente la alimentación infantil y articular una apropiada red social de apoyo a las madres que están en situación de enfermedad. La comprensión de la vulnerabilidad en el cuidado del niño posibilita la reorientación del modelo asistencial, lo cual sea direccionado a las necesidades del niño y de su familia fundamentándose en los principios de integralidad y equidad.
DESCRIPTORES: Vulnerabilidad en salud; Desarrollo infantil; Adolescente; Relaciones madre-hijo; Enfermería.

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Corresponding author:
Josimerci Ittavo Lamana FariA
Faculdade de Medicina de São José do Rio Preto
Av. Brig. Faria Lima, 5416 - 15090-000 - São José do Rio Preto-SP-Brasil
E-mail: josifaria@famerp.br

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INTRODUCTION

The construction and validation of indicators for evaluating health services have processual character and must be supported by

> supporting references, from the perspective of which, the different constitutive elements of the institutional structures, of the work processes and of the results of the care given are retrieved and analyzed[1:235].

The concept of quality in the context of health, according to the World Health Organization[2], is composed of a set of attributes which encompass a level of professional excellence, the efficient use of resources, minimal risk to the service user and a high degree of client satisfaction.

In the managerial ambit, the indicators are adopted as an important resource in the evaluation and monitoring of the quality of the health services, directing the professionals' attention toward specific results, allowing the construction of scenarios which can facilitate the facing of the organizational future[3].

The adoption of quality indicators for evaluating health services presupposes the recognition of the human dimension of the professionals and their potential as essential elements for achieving the institutional goals. Therefore, the consideration of the workers' anxieties, expectations and satisfaction is essential in the these proposals' implementation[4]. According to this proposal, the discussion of the Absence due to Sick Leave (SL) indicator is undertaken in the light of the framework of quality of life, which covers the individual's life both in society and at work[5].

In Nursing, the professionals' rate of absence due to SL deserves attention from managers and directors, as the provision of nursing care with quality and safety depends, among other factors, on there being staff numbers which are appropriate to the nursing care demands of the patients[6].

Legally speaking, SL is considered from one day of absence from work, through to 15 days. When extra time is necessary, the professional receives a medical report, through the Brazilian National Institute of Social Security (INSS, in Portuguese), and the leave is thereafter considered INSS leave[6]. The absence of professionals caused by SL is classified as unforeseen absence[7]and studies have shown that this is one of the main components of this type of absence[6,8-9].

Although many studies evidence the diagnosis of nursing workers' high rates of SL, which influence the quality of the management of Human Resources (HR) in this area, in the literature there are knowledge gaps related to this issue. Regarding this context, the question is asked: What have the nursing managers in the hospital area undertaken, in relation to the SL occurring in their work team? What results were observed?

The present study's objectives were: to understand the perception of the nurse manager regarding the event of Absence due to Sick Leave, the managerial actions he adopts, and these actions' impacts.

METHOD

This qualitative, field study was approved by the Committee for Ethics in Research involving Human Beings of the Teaching Hospital in question(HU-USP) (SISNEP/CAAE: 085.0.198.196-10) and was undertaken in the same institution. The Department of Nursing (DN) is subordinate to the Superintendence, which, in conjunction with the Executive Board constitutes the Senior Management of the HU-USP. It is made up of the Divisions of Clinical Nursing, Surgical Nursing, Mother-and-Child Nursing, and Outpatients; it has 698 professionals and 39 staff vacancies (in the period studied).

The study was initiated following the identification of the two inpatient units with the highest rates of absence due to SL (Surgery and Internal Medicine) and of the two with the lowest (Adult Intensive Care Unit and the Neonatal Unit), in the years 2009 and 2010. The units were managed by male nurses and these were invited to participate in this study.

Semi-structured interviews were held with the four subjects of this study, in the units where they worked, in the months of February and March 2011. The guiding questions were: How do you perceive the absence due to SL in the unit where you work? Which actions have you adopted regarding the absences which occurred? What results have you perceived with the actions adopted? The interviews lasted for about 30 minutes. The

recorded content was transcribed and organized, with the confidentiality of the information and the anonymity of the participants being ensured. It was later submitted to Bardin's Thematic Analysis[10].

RESULTS

The analysis of the narratives' content allowed the construction of two categories: the first, A– Absence due to SL: the view of the nursing manager, was made up of the Units of Meaning (UM): SL: Managerial problem, Characteristics of the Absence due to SL and Reasons for the Absence due to SL; the second, B - Management of human resources in nursing and the absences due to SL, which harboured the UM: Managerial actions regarding SL: implementation and limits and Impact caused by the managerial actions regarding absences due to SL.

Absence due to SL: the view of the nursing manager

In the statements of this study's subjects, one finds the understanding of the nurse managers regarding the occurrence of SL, which is emphasized as an important and recurrent problem in the hospital inpatient units, and which has been increasing over the years (UM - 'SL: a managerial problem'):

The absences have increased, I notice. (Nurse 1)

We have a large number of staff who go on leave. (Nurse 3)

This is a big (emphasizes) problem [...].(Nurse 4)

The accounts below endorse the idea that the frequent occurrences of these absences cause an increase in the workload for the other workers, generating stress and feelings of dissatisfaction and professional non-valorization:

The absences are bad because they harm the unit, they cause 'o-oo-overload'. (Nurse 1)

It's an event which causes stress for the team. (Nurse 2)

When there is a more critical situation, they mention dissatisfaction, that they do not feel valued and recognized, and feel overloaded [...]. (Nurse 3)

Another issue brought up in the discourses is the concern related to the ease which the health professional has in obtaining sick notes, which can aggravate the situation described above in addition to creating conflicts, as may be seen in the accounts below:

Because they can ask for a sick note from other doctors [...] *from private health schemes. And the institution accepts them indiscriminately* [...] *and I see an increase in the number of absences.* (Nurse 1)

*And I don't have any way of questioning it [*the sick note]. (Nurse 3)

Also, you can't confirm [...] *that it wasn't really leave for medical reasons.* (Nurse 4)

The reports show aspects referring to the unpredictability and to the duration of the episodes of leave: long and short (UM - 'Characteristics of the Absences due to SL'). The short periods of SL are often related to routine health needs, and the long, to the work and to quality of life, as may be seen below:

The difficult thing is, these periods of leave are not foreseen [...] *It varies widely* [...]. *The episodes of leave of a few days, or of up to 15 days, some of them, are related to the professional herself, such as for dental treatment. Others are related to the workload* [...]. (Nurse 4)

The long-term periods of leave, the INSS leave, worsen due to the condition of the individual's life (Nurse 2)

The high frequency of SL among mid-level professionals, and of the intermediate age range, is identified in the accounts:

We have a very good work force of nurses [...] *The ones who go off* [SL] *are the mid-level staff.* (Nurse 4)

I have members of staff over 50 years old. But are they are not the ones who get the most sick notes, that is the younger staff members. (Nurse 3)

The workload is observed in the reports as a factor with a strong impact on the nursing staff's illness (UM - 'Reasons for the Absences due to SL'):

He often goes off [SL] *because of some pain, in the dorsal region, pain in his ankle, pain in his back. It is from the assistance itself which he does here.* (Nurse 4)

At the moment, there are more absences for physical reasons, but the psychologist is also included. (Nurse 2)

The statements reveal reasons which impact on the nursing professionals' workload, such as the increase in life expectancy and the increase in the number of workers with health restrictions for work:

They are older and require much more nursing care. (Nurse 2)

Regarding the staff members with restrictions,[...] *we help them a lot in the sense of not letting them physically strain themselves* [...] *But that way there is the other person* [who has no restrictions] *who is overloaded.* (Nurse 4)

Other reasons identified are to do with the living conditions and the lack of care for one's health, and to some professionals' frequent need to take leave due to illness:

*Today, the majority [of the mothers and fathers] go to work [*therefore leaving their adolescent children unsupervised] [...] *Some have adolescent children with problems with drugs and violence.* [...] *This causes extreme strain.* (Nurse 2)

Many work two shift, have children, and the housework. (Nurse 3)

Management of human resources in nursing and the absences due to SL

Actions which aim for the prevention of damage and/or harm to the professional's health are identified in the nurse managers' accounts (UM - 'Managerial actions regarding SL: implementation and limits'):

We went together to the administration for them to provide equipment [...] *In this way we reduced the staff member's physical load.* (Nurse 2)

What I always ask them to do is not to undertake physical activities alone. (Nurse 3)

The hoist is used to help to get the patient out of the bed. (Nurse 4)

Another action brought up in the accounts is permitting the person to go home from the service:

Sometimes they go to the doctor and he won't give the sick note. So what I have to do is send them home [...] *I give them time off* [...]. (Nurse 3)

Routine measures related to the reorganization of the daily and monthly work schedules, to the undertaking of overtime, to the prioritizing of essential care and to following up absence through dialog with the staff member are identified in the statements below:

Sometimes too, already knowing, for example, that we will be one person short on the afternoon shift, we do all the prescribed actions in the morning. (Nurse 1)

I reorganize the care according to the team which I have available at a local level, and I check in the other units, to see if I can borrow some staff (Nurse 2)

I try to converse with them 'Why did you take sick leave, what happened?' (Nurse 4)

Actions adopted in relation to long-term SL are directed at communication, and seek solutions in conjunction with the superior hierarchical level:

When I have problems, I communicate them to the director responsible for the division [...]. (Nurse 3)

We have shown the increase in the occupancy rate, that the complexity has increased, to see if we can get a better staff level in the light of these absences. (Nurse 1)

Actions for the re-adaptation of the professionals who return from SL with physical and/or psychological restrictions for the work are identified in the following narratives:

Many return with the psychiatrist's authorization that [...] *they can carry out their activities, it's just that you* [...] *can see that he doesn't have the conditions to undertake these activities.* (Nurse 2)

The high dependency patients remain under the care of the other members of the team. (Nurse 3)

Another element which makes up the UM - 'Managerial actions regarding SL: implementation and limits' has to do with the limits of the nursing manager's autonomy for resolving the phenomenon of absence due to SL. The manager argues for the importance of the existence of programs/services for the prevention of illnesses and the monitoring of the worker, but understands that he does not have the autonomy to establish changes:

Nowadays, we have difficulty in referring people for psychological monitoring. This makes things very difficult because we get left holding the hot potato. (Nurse 2)

There was a time when we could do temporary contracts [...]. (Nurse 1)

Regarding the results arising from the managerial actions implemented by the nurse managers relating to the event of Absence due to SL, UM - 'Impact caused by the managerial actions regarding the absences due to SL', it may be observed in the statements that the measures adopted lead to divisive and stressing situations, as well as overloading the professionals present in the unit:

Not everybody feels able to do what is specific to each unit. [...] *they feel insecure.* (Nurse 1)

We end up overloading the other people [...].*And then, it might be that, as a consequence, they also go on sick leave in the future, or a little closer.* (Nurse 4)

It may be observed that in the study participants' understanding, there was no positive impact on the rate of absence from work due to SL, as it did not reduce; on the contrary, it is increasing, and the professionals continue to feel dissatisfied, as the narrative illustrates:

As to the impact which results from these actions, I don't see much change, the absences continue, the work overload, the dissatisfaction. (Nurse 1)

DISCUSSION

The current statistics reflect concerning data regarding illnesses related to work activities in nursing. The professionals' frequent exposure to the workloads triggers processes of strain which compromise their health and quality of life, indicating the need for interventions in this context[11].

One study undertaken in the HU-USP, the same scenario as the present study, showed a growing increase in the number of episodes of SL during the period 2003 – 2007. The quantity of days lost through SL tripled when compared to 2003, with different percentages of increase between the professional categories[8].

Studies seek to correlate evidence between individual and organizational characteristics[12-13], such as poor working conditions[13] and physical and psychological strain(11), which contribute to the absenteeism which, in its turn, integrates the absences due to SL in the nursing team. One of these studies[12] reveals factors related to the absenteeism, such as: inadequate group cohesion and delegation of autonomy, ambiguity of functions, inefficacious work routine, and the effect of the workload on the professional environment.

One study undertaken[14] in the same locus as this study showed that, in relation to the nursing workforce, the mid-level professionals were responsible for 80.1% of the SL taken. Other studies corroborated these results[8,13,15], indicating the probable association of the SL with

the professional activities, in particular, the direct care to the patient. Regarding age range, one study[14] concluded that the age does not affect the absences due to SL.

The work conditions cause physical and mental suffering in the worker[16]. One study undertaken in Brazilian hospitals regarding the articulation between the processes which cause strain and the forms of work, through these workers' exposure to psychological burden in the performance of their activities, evidenced that

> the psychological burdens, in addition to being attributed to some work conditions, increase and are increased by the majority of other burdens[11:7].

The relationship between the increase in the workload and the increase in absenteeism through illness was found in research undertaken and the authors explain that work overload can significantly contribute to occupational health problems[17]. One study in a hospital evidenced that the monthly rate of absenteeism through illness was inversely proportionate to the occupancy rate, that is to say, the professionals can bear the more intense load during periods in which the rhythm of the assistance provided is more accelerated, and afterwards, many go on sick leave due to the consequent illness[14].

Due to the fact that the nursing workforce is mainly composed of women, it is important to underline the doubling of the work day inherent to this gender, as a result of the domestic tasks which take place, without weekly days off or paid holidays, this being an aspect which is negative for self-esteem, which can lead to chronic fatigue and to physical and mental exhaustion. Guilt due to not being able to offer attention to one's children, as a result of the work, is another strain suffered, in particular by women, which triggers psychosomatic symptoms and compromising of their own, and close family members', quality of life[11]. In this way, for many nurses, quality of life depends on a balance between work and domestic life[18].

One of the issues which interferes in the inpatient units' workload, and in the staff members' quality of life, is the inadequate size of the workforce. The impact on the nursing team, caused by the absences due to SL, whether of long or short duration, is beyond dispute and is endorsed by many academics of sickness-absenteeism[8,13-14].

The composition of the nursing workforce in the health services, with professionals who cannot fully carry out their duties, entails overload for their colleagues in the team, in particular of those whose physical and psychological conditions are apparently preserved. The increased work can be reflected in absence from work and sick notes due to the work overload suffered[9].

In relation to the actions adopted due to the absences from SL, two distinct aspects are important for the managerial process of the SL phenomenon: the first is to do with the frequency of the absences, which determines the need for applying managerial measures immediately, such as the redistribution of the daily care activities among the professionals who are present, among others. The second, inherent to longer absences, requires actions which involve negotiation with the nurse managers of other units and/or with superiors, in order to cover the period of leave or contract a temporary worker[8]. The impact of the routine actions adopted regarding the situations caused by the absence of the professional in the inpatient unit due to the SL, and the return of the professional from SL, restricted to light work, in conjunction with work overload, insecurity, conflict and stressing situations, result in dissatisfaction in the nursing team.

In the light of these statements, it is important to remember that there is a close relationship between professional satisfaction or dissatisfaction and absences due to SL, both indicated as being quality indicators in the management of human resources in nursing[1]. The increasingly stressful work environment allows the increase in SL, which provides more work for those present and, consequently, causes work overload, which in its turn raises the stress, which can contribute to the occurrence of more absences due to SL. This situation is reminiscent of that described in a study with the title of 'Cycle of Shortages in Nursing Supply'[19].

Nursing's poor work conditions and the impact on the quality of life of nursing professionals are well known. Although the target of concerns of health service managers and academics studying this issue, the interventions are weak and have not resulted in a transformation of this context. It

should be emphasized that

> if the means of the work and the product of the self-same work is the human being, who suffers, becomes worn out, falls ill and dies, then he must be the reason for which the service is structured – as much in its physical aspects as in the personal and hierarchical relationships[11:7].

Studies which evidence the actions which cause a positive impact on the rate of SL need to be undertaken. It is important to highlight the need, on the part of nursing professionals, to reflect on the situation raised, and to create spaces for greater participation in the human resource policies in the health institutions.

The phenomenon of absence due to SL, multifaceted and complex, creates situations which are difficult to resolve. The control of absence due to SL and its consequences, like the increase of satisfaction in work, will only be successful if multidisciplinary, wide-ranging strategies are developed, which take into account the physical, psychological and psychosocial conditions of the work[17].

FINAL CONSIDERATIONS

In the view of the nurse managers, the complex phenomenon of 'absence due to SL' is a serious managerial problem associated with working conditions, in particular the workloads, which result in professionals falling ill, principally those of the medium level.

The managerial actions adopted by the nurses regarding absences due to SL involved guidance to minimize the physical workload and avoid harm to the health of the worker, related to; the work process; the monitoring of SL; the covering of the absences due to SL through re-allocating staff or working extra hours or additional shifts; and to the prioritization of care to be provided to the patients, among others. Actions undertaken for the re-adaptation of professionals who return from SL with restrictions for the work cover the guidance and supervision of the work activities and the raising of the nursing team's awareness regarding the situation.

The managerial actions adopted in relation to staff shortages, provoked by the absence of the professional in the work unit, resulted in overload of work and increases in the professional's stress and dissatisfaction; these are aspects which lead to a poor quality of life and work and which can contribute to the increase of SL and to a consequent drop in the quality of the care.

No positive impact was identified, that is to say, no effective change was considered in the narratives of the study's collaborators, as the rates, in spite of the actions adopted, continued to rise, year on year. These findings show urgent need to demand changes in the Policies for Human Resources in Health, such that these should take into consideration the nursing workers' profile and needs, with significant proposals for the improvement of the nursing professionals' quality of life.

This study contributes to knowledge in the area of quality indicators in the management of HR in Nursing, in particular, in relation to the phenomenon of 'Absence due to SL'. It allowed the identification of managerial actions adopted by nurses in relation to SL and the impact that these cause. It is believed that further studies should be undertaken on this issue, seeking a better understanding of the phenomenon and of the managerial actions which lead to reduction in the rate of absences due to SL, allowing the advance of evidence-based managerial practice.

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