

# Absenteeism in the nursing team in emergency services: implications in care

Absenteísmo na equipe de enfermagem em serviços de emergência: implicações na assistência  
Absentismo en el equipo de enfermería en los servicios de emergencia: implicaciones en la atención

Denise Ferro<sup>1</sup>

Fabiana Costa Machado Zacharias<sup>1</sup>

Luciana Aparecida Fabriz<sup>1</sup>

Tatiele Estefâni Schonholzer<sup>1</sup>

Silvia Helena Valente<sup>1</sup>

Sara Maria Barbosa<sup>1</sup>

Carolina Grigolato Viola<sup>1</sup>

Ione Carvalho Pinto<sup>1</sup>

## Keywords

Absenteeism; Health services research; Emergency medical services; Working conditions

## Descritores

Absenteísmo; Avaliação dos serviços de saúde; Serviços médicos de emergência; Condições de trabalho

## Descriptores

Absentismo; Investigación en servicios de salud; Servicios médicos de urgencia; Condiciones de trabajo

## Submitted

April 27, 2018

## Accepted

August 27, 2018

## Abstract

**Objective:** In this study, the objective was to analyze how the nursing team perceives the conditions that lead to absenteeism and its implications for care at emergency medical services.

**Methods:** Qualitative study, developed through individual, semistructured interviews based on a script composed of the dimensions: Human Resource Management Process; Teamwork Condition and Quality of Care Provided, involving 30 nursing team professionals, including baccalaureate nurse, auxiliary nurses and nursing technicians working at five emergency services in the city of Ribeirão Preto, São Paulo. To analyze the data, thematic content analysis was used.

**Results:** The participants reported that the inappropriate physical structure and bad-quality equipment and material, salary issues, lack of human resources and ineffective communication are potential conditions leading to absenteeism and influence the quality of care provided.

**Conclusion:** The managers play a fundamental role in creating conditions that guarantee professional growth and job satisfaction to the nursing workers, leading to less absenteeism and strengthening their commitment to care quality for the population attended in the Unified Health System. Therefore, this study is considered as a tool to understand the nursing team's perception of the conditions leading to absenteeism in emergency services.

## Resumo

**Objetivo:** Neste estudo o objetivo foi analisar a percepção da equipe de enfermagem sobre as condições geradoras de absenteísmo e suas implicações para a assistência em unidades de urgência e emergência.

**Métodos:** Estudo qualitativo, realizado por meio de entrevistas individuais, semiestruturadas, conduzidas a partir de um roteiro norteador composto das dimensões Processo de Gestão de Recursos Humanos; Condição de Trabalho em Equipe e Qualidade do Cuidado Prestado, com 30 profissionais da equipe de enfermagem, sendo esses enfermeiros, auxiliares e técnicos de enfermagem atuantes em cinco unidades de urgência e emergência, no município de Ribeirão Preto, São Paulo. Para análise dos dados, utilizou-se a análise de conteúdo, modalidade temática.

**Resultados:** Os participantes relataram que a estrutura física inadequada, equipamentos e materiais de má qualidade, questões salariais, déficit de recursos humanos e comunicação ineficaz são potenciais condições geradoras de absenteísmo e influenciam a qualidade da assistência prestada.

**Conclusão:** Os gestores têm papel fundamental de criar condições que assegurem ao trabalhador da enfermagem o seu crescimento profissional, satisfação com o trabalho, gerando menor absenteísmo e fortalecendo o seu compromisso com cuidado de qualidade à população assistida pelo Sistema Único de Saúde. Portanto, considera-se este estudo uma ferramenta para a compreensão da percepção da equipe de enfermagem sobre as condições geradoras de absenteísmo em serviços de urgência e emergência.

## Resumen

**Objetivo:** El objetivo del estudio fue analizar la percepción del equipo de enfermería acerca de las condiciones que generan el absentismo y sus implicaciones para la asistencia en unidades de urgencia y de emergencia.

**Métodos:** Estudio cualitativo, realizado por medio de entrevistas individuales, semi estructuradas, conducidas a partir de una guía de ruta compuesta por las dimensiones: Proceso de Gestión de Recursos Humanos; Condición de Trabajo en Equipo y Calidad de la Asistencia Médica Prestada, con 30 profesionales del equipo de enfermería, siendo estos enfermeros, auxiliares y técnicos de enfermería, actuantes en cinco unidades de urgencia y emergencia, en el municipio de Ribeirão Preto, São Paulo. Para el análisis de los datos, se utilizó el análisis de contenido, modalidad temática.

**Resultados:** Los participantes informaron que la infraestructura física inadecuada, equipos y materiales de mala calidad, cuestiones salariales, escasez de recursos humanos y comunicación ineficaz son posibles condiciones generadoras de absentismo e influyen en la calidad de la atención prestada.

**Conclusión:** Los directores poseen un papel clave en la creación de condiciones que aseguren al trabajador de enfermería su crecimiento profesional, satisfacción en el trabajo, generando un menor absentismo y fortaleciendo su compromiso con la atención de calidad a la población atendida por el Sistema Único de Salud. Por lo tanto, se considera este estudio una herramienta para entender la percepción del equipo de enfermería acerca de las condiciones generadoras de absentismo en servicios de urgencia y emergencia.

## Corresponding author

Denise Ferro

<http://orcid.org/0000-0002-7025-9080>

E-mail: [denise.ferro@usp.br](mailto:denise.ferro@usp.br)

## DOI

<http://dx.doi.org/10.1590/1982-0194201800056>



## How to cite:

Ferro D, Zacharias FC, Fabriz LA, Schonholzer TE, Valente SH, Barbosa SM, et al. Absenteeism in the nursing team in emergency services: implications in care. Acta Paul Enferm. 2018;31(4):399-408.

<sup>1</sup>Escola de Enfermagem, Universidade de São Paulo, Ribeirão Preto, SP, Brazil.  
Conflicts of interest: nothing to declare.

## Introduction

The absence of nursing professionals is a severe and common problem in Brazilian health services as well as internationally. To give an example, the annual cost of absenteeism for the UK national economy was estimated at about £ 1.5 billion in 2013.<sup>(1)</sup> Absenteeism interferes directly in the quality of care provided and overloads the other members of the team, however, this issue becomes more delicate in Emergency Medical Services (EMS), given their specificities and the few publications on the subject involving secondary health care and EMS.

The ECS services act as “open doors”, and face serious functional problems, such as: poor physical structure, insufficient technology, shortage of equipment and materials, scarce Human Resources (HR), in addition to situations related to the work routine, interpersonal relationship and competitive climate, which can cause occupational stress and interfere in the work performance.<sup>(2,3)</sup>

Absenteeism can be defined as non-attendance at the workplace by an employee previously scheduled to work and can be classified as voluntary - that is, for private reasons - and involuntary - when the worker is unable to attend -, the former referring to a decision of the employee and the second implying the employee's incapacity to be present.<sup>(4)</sup>

Thus, in this study, the proposal was to analyze the perception of the nursing team about the conditions leading to absenteeism and its implications for care in EMS.

## Methods

This is a descriptive study with a qualitative approach. Qualitative research is understood as research in which one seeks to understand the meaning or to interpret the social aspects of the phenomena under study, considering the broad universe of beliefs, values, aspirations, meanings, motives and attitudes that are inserted in the world of human relations and which are not perceptible in mean and statistical variables.<sup>(5)</sup>

The study was carried out in the city of Ribeirão Preto, SP, which is located in the Northeast of the state of São Paulo, Brazil. In 2014, the population of the city was estimated at 658,059 inhabitants, which turned it into the city with the highest growth among the largest cities in the state of São Paulo, with a population growth rate of 1.3%. Its Human Development Index (HDI) is 0.800, thus being considered high in relation to the country, ranking 22nd in the state.<sup>(6)</sup>

The research scenarios were the EMS regionalized in five health districts located in the city of Ribeirão Preto, which provide 24-hour care for the users, attending, in addition to emergency cases, occurrences that require non-urgent care, but which the users consider as priorities.

The nursing staff, at the time of the study, consisted of 53 baccalaureate nurses and 255 auxiliary nurses and nursing technicians who worked in the EMS of the five health districts in the city. The study participants were 30 nursing team professionals (baccalaureate nurses, auxiliary nurses and nursing technicians), who were intentionally selected as key informants and were receptive and open to dialogue during the initial approach. It was understood that these would be the best informants to respond to the study theme,<sup>(7)</sup> totaling two professionals from each category per EMS.

The criteria to include the participants were: belong to the permanent staff of the nursing team (baccalaureate nurse, auxiliary nurse and nursing technician) of one of the five EMS in the city; more than one year of experience at the service and not on vacation or leave of any kind during the data collection period.

Initial contact was established in the field of research at the five EMS, which the researcher visited, who held a B.Sc. in nursing at the time of data collection and was knowledgeable on qualitative methods - to discover the physical structure and the activities executed at these services, in addition to meeting with managers responsible for each service to present the project.

The data were collected from March to June 2014 through semi-structured individual interviews, lasting approximately 20 minutes each,

which were conducted and recorded by the researcher based on a guiding script, which is not a strict script as it follows a conversation mode, which aims to provide for a form of social relationship, valuing each participant's individual participation.<sup>(8)</sup> And in order to guarantee privacy and the minimum of discomfort, the interviews were conducted in a private and reserved place, at the participant's workplace, according to the availability of the consultation rooms at the time of the interviews. At the end of the 30 interviews, data saturation was observed, so that no further collection was necessary.<sup>(9)</sup> During these interviews, questions were asked on the HR management process, the teamwork condition and the quality of care provided, in accordance with the dimensions presented in chart 1.

**Chart 1.** Dimensions, their concepts and the potential conditions generating absenteeism

Dimension	Definition	Potential generating conditions
HR management process: political and organizational dimensions and their repercussions in nursing care	Set of basic practices, norms and policies to conduct HR management through recruitment, selection, training, benefits and performance assessment. <sup>(10)</sup>	<ul style="list-style-type: none"> <li>- Number of HR</li> <li>- Hour load</li> <li>- Work schedule</li> <li>- Turnover at the service</li> <li>- Communication</li> <li>- Continuing education</li> </ul>
Teamwork condition: ambience, work process, interpersonal relationships, communication flow, motivation, autonomy, health/disease, professional status	Set of characteristics including environment, safety, education and preparation, regulation and management, which in combination will determine the circumstances in which the workers will develop their tasks and the level of motivation to comply with the demands the service imposes. <sup>(11)</sup>	<ul style="list-style-type: none"> <li>- Appropriate facilities</li> <li>- Equipment</li> <li>- Available material</li> <li>- Employment contract</li> <li>- Career plan</li> <li>- Remuneration</li> <li>- Conflicts in the team</li> </ul>
Quality of care provided: (user dis)satisfaction, care quality assessment indicators.	Level of compliance with standards and targets set by the service, in view of guiding protocols and norms for actions and practices, besides current scientific-theoretical-practical knowledge. <sup>(12)</sup>	<ul style="list-style-type: none"> <li>- Self-assessment</li> <li>- Professional satisfaction</li> <li>- Perceived user satisfaction</li> </ul>

There was a pre-test with three professionals (two nursing technicians and one baccalaureate nurse), and these participants were not part of the study, keeping in mind that the pretesting of interview scripts may lead to modifications in the way of asking about certain subjects, and it is often necessary to give clearer explanations to the respondents about the contents that raise doubt.<sup>(13)</sup>

The interviews were transcribed and the data generated through a database using the software Atlas ti, version 7.0, through the creation of the Hermeneutic unit, which the interviews were in-

serted in. After a thorough reading of the interviews, the empirical material was coded, identifying the elements integrated in the object of study and creating categories.

The data were analyzed using thematic content analysis, with the following steps: data organization, considering the research objective and organizing the material to answer the validity questions regarding the completeness, representativeness, homogeneity and relevance; exploration of the empirical material, with skimming and scanning of the records, coding of the data, separation of fragments according to the convergences, divergences and unusual; and the classification and aggregation of data into thematic categories.<sup>(5)</sup>

In the analysis of the statements, the participants are presented as N (Nurse), NT (Nursing Technician) and AN (Auxiliary Nurse), identifying each participant with the initials in capital letters, followed by numbers considering the interview sequence. In relation to the services these professionals are allocated to, these will be presented as EMS1, EMS2, EMS3, EMS4 and EMS5, representing each of the districts in the city.

The Research Project received approval from the Research Ethics Committee of the University of São Paulo at Ribeirão Preto College of Nursing, on 2/12/2014 (CAAE Protocol: 20588813.0.0000.5393), in compliance with the Regulatory Guidelines and Standards for Research Involving Human Beings, approved by CNS Resolution 466/12.

## Results

Thirty nursing professionals were interviewed, 10 of whom were nurses (100% of the interviewees were female); 15 ANs, 14 (86.66%) female and one (13.33%) male; and five NTs, being three (60%) female and two (40%) male. The discrepancy between the number of interviewees in categories AN and TN is due to the fact that the Municipal Health Department (SMS) and the Nursing Division (DE) in the city hire more AN when compared to the category of nursing technicians assigned to the services where the study was performed.

Of the 30 professionals interviewed, six (20%) were hired and outsourced from a private institution in the city under the Consolidated Labor Laws (CLT), while the other 24 (80%) were tenured workers affiliated with SMS. This distinction of the employment relationship among the interviewees occurs because, among the five EMS in the city, one is the Emergency Care Unit (UPA), with outsourced HR.

In addition, of the participants interviewed, one (3.33%) was between 20 and 30 years old; 14 (46.66%) were between 31 and 40 years of age; six (20%) were between 41 and 50 years old; and nine (30%) were older than 50 years.

As for the length of experience at the service, 12 (40%) were working less than five years; 13 (43.33%) had between five and ten years of experience; and five (16.66%) had been working for more than ten years.

Within the proposed objective and after the analysis and interpretation of the data, four thematic categories were obtained: 1) communication as a tool to develop teamwork, manage conflicts and minimize absenteeism; 2) career plan and salary as stimulants for the development of nursing team work; 3) employment relationship - advantages and disadvantages for the reduction of absenteeism in the nursing team; and 4) influence of facilities, materials and equipment on care provided and absenteeism.

### **Communication as a tool to develop teamwork, manage conflicts and minimize absenteeism**

In the interviews, the tenured nurses pointed out that the absence of or deficiency in communication can generate an unfavorable climate among the staff and, consequently, lead the professionals to absenteeism, due to the discouragement related to the work process. Participants admitted that, sometimes, communication failures are present in the service, but always seek to solve them by managing conflicts, with the goal of providing qualified care, minimizing absenteeism and re-establishing the team's relationship.

*Communication is essential in teamwork. [...] I think that, for him [employee] to be absent, it's a*

*communication error, because if he's absent, he's taking it to the other side [...] I think there should be more effective communication, because there needs to exist responsibility here at the service. [...] but, about the existence of error [in communication], yes there is [...] We often get into conflict with staff, but we need to aim for what's best for the patient (N1-EMS1).*

For the tenured ANs and NTs, communication is also essential for the proper development of the work and some employees admit that they have already been absent due to unmanaged conflicts in the team.

*I have already been absent after an employee had verbally assaulted me. I got depressed and remained absent from work for two weeks [...]. Today, I talk to that person normally but, of course, this [conflicts] does make you take leave (AN1-EMS1).*

As regards the outsourced nurses' opinion, the communication problems can influence the work environment, making the employee feel dissatisfied, but they reported good communication with the team. In those cases where conflicts occur, these are managed rapidly so as not to entail harm for the user.

*When there truly exists some disagreement, the person ends up feeling dissatisfied in the [work] environment... the disagreements are never positive aspects and do end up influencing care. I think that's where the hierarchy should enter, in terms of nursing coordination [...]. Some disagreements have happened, except that, before things get bigger, we sit down and try to solve it. We do not let things get better (N10-EMS5).*

The NTs hired at EMS5 strengthened the nurses' opinion on the existence of effective communication and reported that, often, conflicts occur that are not taken further and, despite the existence of conflicts, these do not interfere in the work process or in absenteeism.

*I think that conflicts do not influence the absence because work is work and we are here to work [...]. Because work is work and colleague is colleague (NT4–NT5).*

### Career and wage plan as stimulants in the development of nursing teamwork

The absence of a career and salary plan was evidenced as a potential generator of absenteeism, due to the fact that, when asked about the existence of the plan, the interviewees referred to its absence, resulting in discouragement to develop the work.

*To this day we are awaiting a career plan. [...] it is very sad because we get discouraged (AN6-EMS2).*

*There is none [career and wage plan]. [...] you have no incentive to take a course, to get a master's degree. Here, people who hold a doctoral degree earn exactly like me, so what's the difference of me doing a doctorate? (N6-EMS3).*

In relation to the salary, the tenured workers considered that this was high in relation to other institutions in the city. Nevertheless, it represents a potential generator of absenteeism, considering that a lag remains in relation to the professional category. For CLT professionals, there was a feeling of injustice regarding the benefits given to tenured workers.

*I see a certain injustice towards us because it is an outsourced service, but we end up working for the network. And we do not get so much recognition, we have no benefit ... it's our salary and that's it [...] (N9-EMS5).*

*[...] is reasonable [the salary]. It's even a bit better than the hospital. Even our ticket is good, then, adding up the salary and the meal coupons it's quite reasonable actually, it's not so bad compared to the other hospitals, although I still think we are rather neglected. It's a lot of responsibility for little money (AN9-EMS3).*

### Employment bond - advantages and disadvantages for the reduction of absenteeism in the nursing team

Concerning the employment relationship for the nursing team, there are advantages and disadvantages in reducing absenteeism. For tenured employees, the benefits lie in the fact that they have a number of benefits, mainly stability, but the disadvantages are related to the difficulty of nurses to manage a team of employees considered “stable”, being supported by a statute, and the process of conduct in cases of absence or failure becomes bureaucratic. That way, many servers end up missing work without justification and this results in overworking other employees.

*There are people who are one [act in a way] and work in a private hospital and there they are other completely different people [have another conduct]. Here, they are completely sloppy, uncommitted and at work outside is completely compromised (AN15-EMS4).*

*Being statutory and having stability is very legal [...]. At the same time, [...] I have an employee here who enters the time that wants and leaves the time that wants and when you position yourself, you say that it is not so, we have time to enter, to leave, that we take care of patient, that we have a responsibility ... “I am a civil servant, I do what I want”. This is very bad, very negative (N4-EMS2).*

### Influence of physical structure, materials and equipment on care provided and absenteeism

When questioned about the influence of physical structure, materials and equipment on the care provided and absenteeism, it was evidenced that such factors directly influence the quality of care and are potential conditions generating absenteeism, being positive when the institution has appropriate facilities, good equipment and quality material; and negative when the physical structure is precarious or unplanned, the equipment is scarce and/or requires a lot of maintenance and the inputs are not of good quality and/or are insufficient.

For the nursing team allocated to EMS1, the facilities are considered good but need important adaptations, such as the installation of air conditioning. Regarding the available materials, they considered that most of the inputs are of poor quality and negatively affect the care.

*They influence 100% [facilities, materials and equipment], for example, a UBDS of this size and without air conditioning [...]. Punctured port ... it happens that we get lots of horrific materials, or expensive material, good brand, but it is a syringe that, as soon as you push the plunger, then it no longer aspirates, it is lost ... (AN1-EMS1).*

*Equipment, sometimes we see difficulty in quality. We have material difficulties ... (N1-EMS1).*

For the participants allocated to EMS2, the infrastructure of the unit is good, however, it is organized in a way that makes it difficult to perform the care. Regarding materials, furniture and equipment, the participants converged with the EMS1 team, referring to low-quality products and, when they are good-quality products, no training for their use.

*[...] we have to work with bad material [...] [the facilities] are not bad, no. Some rooms are badly organized, then it hinders. [...] the equipment may even be good, but when we don't know how to use them... and there's bad-quality equipment too, like the serum supports, which are horrible, the beds are very bad... (AN5-EMS2)*

Regarding the potential generators of absenteeism, the findings of EMS1 and EMS2 corroborate the statements of the interviewees from EMS3, where recent changes in the service structure were reported, although the modifications did not address the workers needs. In addition, the poor conditions and the lack of maintenance for equipment and furniture were mentioned, as well as the insufficient staff to provide care to the population.

*There has been a change recently, there is a place for nursing notes, medical prescription, at the observation room, that you do not see the patient, you cannot work in the emergency area. [...] We had a lack of energy here, during the night, and there was no generator to turn on, it was broken. I mean, how is the equipment? And pressure apparatus, when was the last check? There is no date ... electrocardiogram, monitor ... not even serum support, wheelchair, stretcher ... (N6-EMS3).*

*If you have large facilities where patients circulate in the middle of your work, it bothers. It should be all separated. They circulate among us ... you are preparing medication, they are talking to you, asking questions, asking for information ... of course it bothers. It takes away your attention ... (AN9-EMS3).*

At EMS4, the respondents reported that the service facilities of the unit have undergone several reforms over time and, like at the others, lack of motivation and dissatisfaction as potential generators of absenteeism are related to these modifications, referring to the lack of safety to work, because there are many entrance doors in the service, in addition to not having appropriate infrastructure and flow-chart for the service, patients end up influencing and interfering in the care.

*I think there are points at the service that could be improved. First, we are a very open service, we have three inputs, so anyone can enter here ... thinking about our safety as professionals .... This issue of the flow in here, I think it is a bit complicated [...] (N8-EMS4).*

On the other hand, for the interviewees from EMS5, the potential generators of absenteeism were not very present in the discourse, showed satisfaction with the work and considered that care is of quality. Small problems were mentioned.

*noting that we are differentiated, that the service is punctually different from other places and then we get very satisfied, that is where we get the return of*

*our work. We have been able to visualize customer satisfaction (N10-EMS5).*

*[...] I think the physical structure is well organized. If [the equipment] breaks, it goes to maintenance, we have equipment for replacement .... Very difficult some situation in which it broke and there's no other [...]. I think what could improve here is the structure of the medication, which is small for the demand of patients that we have (NT3-EMS5).*

## Discussion

Effective communication was pointed out as essential for the development of teamwork, and its absence can lead professionals to absenteeism, due to the discouragement related to the work process. In the same sense, in studies developed in hospitals in Brazil, it was evidenced that communication can have effects in the interpersonal relationship process, being positive when present or negative when absent; in addition, effective communication contributes to caring, permitting the creation of bonding between the user and the service.<sup>(14,15)</sup>

In public services, in addition to problems related to impaired physical structure and technology, limited HR, long workdays and a turbulent environment, each day, the nursing professionals experience problems related to the absence of communication, bonding difficulties, non-cooperation among workers, hierarchical organizations, resulting in the rupture of continuity and quality of care. These problems have to be addressed in such a way that access to health is guaranteed to users.<sup>(14,16)</sup>

Nurses play a leading role in health care, management and education and this leading role needs to be very clear inside the nursing team with a view to high-quality care for the users.<sup>(17)</sup> One of the essential characteristics to lead a team is having good communication. Some authors consider that a good leader can influence his or her staff with thoughts and values through communication, in order to achieve goals and objectives effectively.<sup>(18)</sup> In addition, supervision of this communication and its effectiveness is necessary. Otherwise, the work be-

comes disjointed and valuing the care provided becomes unfeasible, thus increasing professional dissatisfaction and absenteeism.<sup>(19)</sup>

The absence of a career and wage plan and the salary, as compensation, were evidenced as potential generators of absenteeism in the nursing team. In a study developed in Brazil to assess the impact of compensation on people's motivation to perform at work, it was evidenced that the best remuneration can contribute for the workers to perform their function better, and also serves as an incentive to achieve or overcome the organizational targets.<sup>(20)</sup>

Nowadays, one cannot discuss quality of working life and work management in the Unified Health System (SUS) without relating them with the Career, Function and Wage Plans (PCCS). In that sense, in 2004, the Health Department (MS) created the guidelines of the PCCS-SUS (Decree GM 626, issued April 8th, 2004), recommending the elaboration of career plans for states and cities, advancement and promotion, qualification and professional assessment. It is also observed that the existence of the PCCS was a condition for the establishment of the Health Covenant in 2006.

In relation to the city of Ribeirão Preto, the function and wage plan of the municipal service was set up in 2012, for the tenured health professionals, characterized by universal access, public examination being the only form of access for all the workers; the continuing education policy, with a vocational qualification program under the Municipal Health Department's control; the existence of an institutional performance evaluation program; the advancement every two years in cases where the server has no penalties and obtained average scores over 70% on performance and bonus assessments for some workers.<sup>(21)</sup>

The PCCS-SUS excels at valuing the professional career, however, although the city of Ribeirão Preto legally possessed a Function and Wage Plan, the study participants pointed out that it is not effective, existing only "on paper"; in addition, productivity and performance were not mentioned and bonuses were considered as not comprehensive to all employees, demonstrating that the plan is not

consolidated yet, and that management needs to seek strategies for its effective application and revision of the regulatory document, with a view to the inclusion of rights not addressed, aiming to stimulate and qualify these workers.

The salary becomes a motivating factor in the performance of the work performed. It is fundamental that the services have structured function and wage plan policies because their absence interferes negatively in the efficiency and effectiveness of the activities developed.<sup>(22)</sup> Within this logic, in research, it is verified that lagged wages generate dissatisfaction and, considering the contemporary reality, lead workers to engage in more than one employment bond, causing work overload, stress and impact on quality of life, as well as, in many cases, illness and leave from professional functions.<sup>(23,24)</sup>

After the creation of the Secretariat of Health Work and Education Management (SGTES) in 2003, the MS is active in the creation and execution of the Basic Operational Standard of Human Resources (NOB / RH-SUS), which guides the development of HR policies in the SUS, in the three (municipal, state and federal) management spheres; and is divided into four dimensions, namely: Work Management in SUS, SUS Worker Development, SUS Occupational Health and Social Control of Work Management in SUS. In a study, it is reported that the Work Management dimension has three indicators and that, in one of these indicators, Quality of the Bond, tenured workers have greater guarantees and job benefits, being exposed to less job insecurity.

By virtue of the constitution, stability is guaranteed to the public servant and he can only be made redundant through an administrative or judicial proceeding. It is proven in research that public servants feel safe when they enter the career, and stability is considered one of the main attractions to become a public servant, as it generates tranquility in financial and social life,<sup>(26)</sup> favoring absenteeism due to bureaucratic penalties. In this same perspective, auxiliary nurses and nursing technicians reported that these unjustified absences result in a work overload for the other servants.

The participants appointed the facilities, materials and equipment as potential generators of absenteeism and demonstrated direct influence on the quality of care provided. These findings corroborate studies in which physical structure, materials and equipment of good quality, together with qualified and motivated professionals, produce health and are capable of transforming inputs into results, optimizing work and providing a better quality of life.<sup>(27)</sup> In other studies in which inappropriate physical structure, absence of materials and equipment, lack of HR and lack of institutional stimulus were also found, these factors lead to improvisations and reduce the quality of care provided.<sup>(23,28)</sup>

The results of this research converge with a study developed in South Africa, in which the authors also showed that the reasons for absenteeism in nursing are related to professional (long working hours, low pay, insufficient number of professionals, etc.), personal (family reasons, disease, etc.) and organizational aspects (lack of materials, equipment, etc.) and, in this process, the managers play an important role in the reduction of absenteeism.<sup>(29)</sup>

These data were collected in a transition period as, after the ANs and NTs conquered the 30-hour working week, outsourcing was announced in the hiring of professionals for the EMS with tenure. Thus, the tenured professionals working at those services would be reallocated to other services in the network. This situation is considered a limitation in this research, as this announcement caused frustration among the employees, which may have influenced the interviews.

## Conclusion

Considering the objective of this study, which was to analyze the perception of the nursing team about the conditions generating absenteeism and its implications for care in EMS, the research reveals the importance of effective communication for conflict management and improvement of the care provided and the need to consolidate the function and wage plan, aiming



at the valuation of the worker, because, in this way, they would feel motivated to specialize and seek new knowledge, resulting in improvements in the care provided and reducing associations to other employment bonds. As for the infrastructure and inputs available, the city needs to invest further, these being fundamental elements in care, which interfere in occupational health and safety. It is also important to emphasize the importance of institutional investments in the performance evaluation of these workers, which would serve as an instrument to evaluate the professional performance in terms of the proposed institutional objectives, to identify the need for new training courses and to prevent factors that may cause absenteeism. Thus, managers have the fundamental role of creating conditions that guarantee the nursing workers' professional growth, permitting their satisfaction with the work and strengthening their commitment to quality care for the population attended by the SUS.

## Acknowledgements

To FAPESP/SES-SP/MS/CNPq for funding the project "The Impact of Absenteeism on the Care Provided by Nursing Professionals in the Health Districts of the City of Ribeirão Preto/SP"; approved by the Research Program for the SUS; shared management in Health PPSUS SP FAPESP/SES- SP/MS/CNPq process: 2012/51236-1.

## Collaborations

Ferro D, Zacharias FCM, Fabriz LA, Schonholzer TE, Valente SH, Barbosa SM, Viola CG and Pinto IC declare that they contributed to the study design, data analysis and interpretation, writing of the article and approval of the final version for publication.

## References

- Coggon D, Ntani G, Vargas-Prada S, Martinez JM, Serra C, Benavides FG, et al.; Members of CUPID Collaboration. International variation in absence from work attributed to musculoskeletal illness: findings from the CUPID study. *Occup Environ Med*. 2013;70(8):575–84.
- Velt KB, Cnossen M, Rood PP, Steyerberg EW, Polinder S, Lingsma HF; CENTER-TBI investigators. Emergency department overcrowding: a survey among European neurotrauma centres. *Emerg Med J*. 2018;35(7):447–8.
- Bezerra FN, Silva TM, Ramos VP. Occupational stress of nurses in emergency care: an integrative review of the literature. *Acta Paul Enferm*. 2012;25(2):151–6.
- Baydoun M, Dumit N, Daouk-Öyry L. What do nurse managers say about nurses' sickness absenteeism? A new perspective. *J Nurs Manag*. 2016;24(1):97–104.
- Minayo MC. O desafio do conhecimento: pesquisa qualitativa em saúde. 13a ed. São Paulo: Hucitec, 2013.
- Instituto Brasileiro de Geografia e Estatística [homepage Internet]. Estimativa da população de Ribeirão Preto em 1º de junho de 2014 [citado 2017 Ago 31]. Disponível em: <http://www.ibge.gov.br/home/estatistica/populacao/estimativa2014/default.shtm>
- Mayan MJ. Una introducción a los métodos cualitativos: módulo de entrenamiento para estudiantes y profesionales [Internet]. México: Qual Institute Press: International Institute for Qualitative Methodology [Internet]. 2001 [cited 2018 Jul 3 2018]. Available from: < <http://www.ualberta.ca/~iiqm/pdfs/introduccion.pdf>
- Minayo MC. [Sampling and saturation in qualitative research: consensuses and controversies]. *Rev Pesq Quali*. 2017;5(7):1–12.
- Fontanella BJ, Luchesi BM, Saidel MG, Ricas J, Turato ER, Melo DG. [Sampling in qualitative research: a proposal for procedures to detect theoretical saturation]. *Cad Saude Publica*. 2011 Feb;27(2):388–94. Portuguese.
- Kurcgant P, Lima AF, Tronchin DM, Fuginin FM, Freitas GF, Peres HH, et al. Gerenciamento em enfermagem. 3a ed. Rio de Janeiro: Guanabara Koogan; 2016.
- Núcleo de Educação em Saúde Coletiva. Saúde do trabalhador [Internet]. Belo Horizonte: Nescon; 2015. [citado 2018 Abr 4]. Disponível em: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/3861.pdf>
- Carpinetti LC. Gestão da qualidade: conceitos e técnicas. 3a ed. São Paulo: Atlas; 2016.
- Minayo MC, Assis SG, Souza ER. Avaliação por triangulação de métodos: abordagem de programas sociais. 4a ed. Rio de Janeiro: Fiocruz; 2014.
- Araújo MP, Medeiros SM, Quental LL. Interpersonal relations among nursing staff: fragilities and strengths. *Rev Enferm UERJ*. 2016;24(5):1–5.
- Broca PV, Ferreira MA. Communication process in the nursing team: a based on the dialogue between Berlo and King. *Esc Anna Nery*. 2015;19(3):467–74.
- Duarte ML, Boeck JN. [Teamwork in nursing and the limits and possibilities of the family health strategy]. *Trab Educ Saúde*. 2015;13(3):709–20. Portuguese
- Montezeli JH, Peres AM. [Nurse's managerial competence: knowledge published in Brazilian periodicals]. *Cogitare Enferm*. 2014;14(3):553–8. Portuguese.
- Araszewski D, Bolzan MB, Montezeli JH, Peres AM. The exercising of leadership in the view of emergency room nurses. *Cogitare Enferm*. 2014;19(1):41–7.
- El Hetti LB, Bernardes A, Gabriel CS, Fortuna CM, Maziero VG. Educação permanente/continuada como estratégias de gestão no Serviço de Atendimento Móvel de Urgência. *Rev Eletr Enf*. 2013;15(4):973–82.

20. Silva JA. Remuneração como fator motivacional: tem razão a teoria da expectativa. *FOCO: Rev Adm Faculdade Novo Milênio*. 2013; 6 (1): 1-14.
21. Ribeirão Preto (cidade). Lei Complementar nº 232/2012. Dispõe sobre a estruturação do plano de classificação de cargos, vencimentos e carreiras do serviço público municipal da administração direta e autárquica, institui nova tabela de vencimentos, e dá outras providências. Ribeirão Preto (SP); 2012. [citado 2018 Abr 10]. Disponível em: <https://www.ribeiraopreto.sp.gov.br/J321/pesquisa.xhtml?lei=34078>
22. Araújo LCG, Garcia AA. Gestão de pessoas: estratégias e integração organizacional. 2a ed. São Paulo: Atlas; 2014.
23. Somense CB, Duran EC. Hygiene and motivation factors of nursing work in a cardiology Ward. *Rev Gaúcha Enferm*. 2014;35(3):82-9.
24. Versa GL, Matsuda LM. [Job satisfaction of intensive nursing staff of a teaching hospital]. *Rev Enferm UERJ*. 2014;22(3):409–15. Portuguese.
25. Ferreira SS. NOB-RH Anotada e Comentada – Brasília, DF: MDS; Secretaria Nacional de Assistência Social; 2011.
26. Santini SM, Nunes EF, Carvalho BG, Souza FE. [From 'human resources' to work management: a review of the literature on work in the unified health services]. *Trab Educ Saúde*. 2017;15(2):537-59. Portuguese.
27. Fontoura DS, Teixeira R, Piccinini VC. [Public employment in times of crisis - a study with career servants in the Federal Revenue of Brazil]. *Pensamento & Realidade*. 2016;31(2):90-108. Portuguese
28. Novac BC, Silva JR, Dornelles C, Amestoy SC. [The difficulties experienced by nursing professionals in prehospital]. *Rev Gestão Saúde*. 2017; 8(3): 453-467. Portuguese.
29. Mudaly P, Nkosi ZZ. Factors influencing nurse absenteeism in a general hospital in Durban, South Africa. *J Nurs Manag*. 2015;23(5):623–31.