

## Nursing staff Absenteeism and Presenteeism in Public Sector Hospitals in Mumbai

*M. Mariappan*

### **Abstract**

**Background:** Hospital is a complex organisation where the role of nurse is highly complex due to its dual in nature. It is expected that nursing staff should care for the patients 24x 7 hours. Also she is a prominent member of family and plays much significant role at home. In this case if the nursing staff work in the hospital in spite of their family and personal requirement will lead to presenteeism. On the other hand she unable to present for the work will be treated as absenteeism. In most situations, the nursing staff get involved with absenteeism and presenteeism. It is important to understand how the environment factors that affect the nursing staff absenteeism and presenteeism.

**Objective:** To explore the factors contributing to absenteeism and presenteeism in public sector hospitals and to describe the relationship of absenteeism and presenteeism in the public sector hospitals

**Methods:** The research study was conducted in five Municipal hospitals in Mumbai. The sampling method was complete enumeration. The total nurses participated in the study was 317 out of 421. The data was collected by administering a structure interview schedule through interview method. The collected data was analyzed with the help of SPSS.

**Results:** The study reveals that there are two main reasons for absenteeism among nurses such as personal and family reasons and Health related issues of self and family. With regard to presenteeism, there are two main factors contributing for the same such as shortage of staff and attending emergency duties. It is noted from the finding of the study that there has been lack of appropriate guidance to manage such problems.

**Conclusion:** The concludes that there is a need for policy at the organisational level to support the nursing staff in terms of offering solution to maintain the work life balance so that the nursing staff shall able to manage not only their work but also their family. This approach shall be helping the nurses do the best job whereby the country will be having healthier and productive population.

**Key words:** Absenteeism, Presenteeism, work life balance, quality of work, reasons for absenteeism and presenteeism.

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*About Authors : \*Associate Professor and Chairperson*

*Centre for Hospital Management, School of Health Systems Studies, Tata Institute of Social Sciences  
Post Box No.8313, V N Purav Marg, Deonar, Mumbai – 400088*

### **Introduction**

Oxford Dictionary defines the word absent is an objective, it means one is not presenting or existing, the word absence is a noun, it means a person being away, and the word absenteeism is a noun, it means oneself being away from work. In the work place the word absent is very popular. However the word

absenteeism shall be the appropriate term to be used in the context of work setting. Absenteeism is very much common in hospitals due to various reasons. The study of absenteeism becomes necessary because the hospital is basically a human oriented organisation where the presence of providers is very critical to patient care. Further the hospital is functioning throughout

the year without having any break where the nursing staff presence becomes compulsory. On the other hand the nursing staff need some break or need quality time to meet their personal and family requirement. It is important for the nursing staff to take care of many other aspects related to management of family (Hackett, Bycio, & Guion, 1989; Stumpf & Dawley, 1981) and health aspects of self and family (Hackett et al., 1989). Hence absenteeism is become inevitable according to nursing staff point of view, but it is viewed as loss from the hospital. The loss could be productivity, costly laborer and other opportunity costs. In addition to that absenteeism draws major attention in terms of maintaining discipline from both hospital management and nursing staff.

It is observed that there are many situations the nursing staff use to work in the hospital without taking leave or break to meet the patient requirement. Sometime the nursing staff may be sick, or family or personal commitment which require their time at home, in this situation still the nurses committed to the work and they present for the work in spite of their illness. This situation may lead to presenteeism. Presenteeism means the employee make her presence for the duties in spite of her ill health or sacrificing their personal commitments with great difficulty (Stumpf & Dawley, 1981). It is to be noted that both absenteeism and presenteeism affects the hospital and staff. Absenteeism affects the hospital work and patient care but presenteeism affects the nursing staff welfare and their well being. Hospital management takes various steps to ensure absenteeism under control by bringing fair rules related to attendance and nursing staff are expected to follow the standard related to the attendance. At the same time the nursing staff want to ensure their privileges are exercised. In such situation right policy which is acceptable to both will be very helpful. Since absenteeism

provides an opportunity to employees in terms managing their personal work and fulfilling their personal commitment hence, it is viewed as work life balance issue (Davey, Cummings, Newburn-Cook, & Lo, 2009).

Organisational responsibilities are not only maintaining attendance, reducing the absenteeism and creating disciplined environment but also ensure that the employees are maintaining their work life balance by utilizing adequate number of days for their personal use. Controlling absenteeism shall be relieving the work pressure of existing employees. It is observed that most of the healthcare organization particularly hospitals in India usually do not have right approach towards balancing absenteeism and presenteeism. This is because lack of conceptual understanding and insufficient policies with regard to absenteeism and presenteeism in place hence the hospitals are failing to safeguard the interest of the employees in terms of providing leaves and other benefits on the other hand failing to achieve productivity from the organisational point of view. Therefore the aim of study is to understand the factors that contribute to absenteeism as well as presenteeism and drawing the attention of administrators and scholars towards these significant variables.

#### **Absenteeism**

Absenteeism is very common in public hospitals in India. The reasons could range from personal to organisational. The personal reasons could be like accident, illness of individual and family (Røed & Fevang, 2007; Vegchel, Jonge, & Landsbergis, 2005; Väänänen et al., 2004), work related tension and other personal commitments (Davey et al., 2009). The organisational related reasons for absenteeism are ineffective job designing, work schedule, shift systems, (Judith, Linda, Donna, Chris, & Michael Steven, 2003; Rosenfeld, 2007) lack of support from the management and co-workers,

and lack of motivation among the staff (Steel, Rentsch, & Van Scotter, 2007). Poor job satisfaction adds to higher level of absenteeism (Davey et al., 2009; Goldberg & Waldman, 2000). Higher work load and irrational distribution of work among the staff is also cause absenteeism (Unruh, Joseph, & Strickland, 2007). Further the organisational work environment factors like physical environment such as musculoskeletal injury and the socio-psychological aspects such as work stress (Parikh, Taukari, & Bhattacharya, 2004), burnout and work group relationship also contributes for absenteeism (Halbesleben & Buckley, 2004; Judith et al., 2003; Siu, 2002). The effect of nurse absence on the hospitals can be significant, in terms of adding to work pressure to co-workers, higher costs to hospitals, chances of care quality deterioration, poor productivity, lack of continuity of care, and higher time of supervisors to cover up the situation. It is observed that the nursing administration is very much concerned with the issue. Absenteeism is considered as one of the indicators affecting quality of work life of the staff because employee absence is often a response to adverse work environment (Pearson et al., 2007). Therefore hospital management take appropriate interventions like providing adequate workforce (Van den Heede et al., 2010), frequent interactions and feedback with employees, providing opportunities to participate in organisational activities, decision making (Wright & Bretthauer, 2010) and other social functions like tour, annual parties etc. (Michie, Wren, & Williams, 2004) to bring the absenteeism under control (John, Andrew, & Amanda, 2011).

#### **Presenteeism**

On the other hand presenteeism is an act that employees work during their illness or the kind of situation where they suppose to relax but the present for the work. While presenteeism is

often defined as attending work while sick, scholars have provided various other descriptions of the concept. Presenteeism is major concern for the employees. It is happening due to various reasons. The main reasons could be the work is perceived as major component in employee life. Employee takes the ownership and commitment on the job to be offered to the patients (Brenda & Elizabeth, 2009). But there are other versions that the management ensures that the employee present for the work by applying various rules and regulations such as salary deduction, making them work compensate on the day leave taken or even to work extra days. In such situation the employees are being forced to work during their holidays or the physical and mental well being is not in good condition (Aaron & Efrat, 2009). Here the issue is due to work pressure, work motivation or any other factor which drive towards it. It becomes necessary to examine presenteeism a matter of driving negative or positive impact on the productivity or employee performance in the organisation (Paul, 2010).

#### **Relationship between Absenteeism and Presenteeism**

Absenteeism is being away from the work with reasons or without reasons and with permission or without permission. Presenteeism means the employees work during their illness or they suppose to avail relaxation. In both the cases it is an act of employee. The more absenteeism would affect the organisational functioning whereas presenteeism shall affect the employee health and lead to work life balance issues (Aaron & Efrat, 2009). If more effort is directed towards reducing the absenteeism it would contribute presenteeism. Furthermore, (Johns 2010) described the notion that some believe that factors that reduce absenteeism will increase presenteeism. It is possible that both absenteeism and presenteeism would complement each other in many

organisations. Interestingly one of the major causes for absenteeism and presenteeism is sickness of the employees (Kivimäki et al., 2001). It is observed that in India presenteeism is not drawn major attention because the approach of the management was to ensure that the work is carried as per scheduled and providing leave to employees is not their responsibilities and utilize employees' service as much as possible.

Literature provides information related to presenteeism that the effect or severity of the presenteeism is depends on the nature of employment also. If the employee work as temporary positions have less privilege of leaves and other working conditions hence they have to work and make up their attendance to ensure that they get monthly pay full where as the permanent employees are concerned they usual privileges including leaves (John et al., 2011). They would consider their variety of options to skip their work schedule without affecting their monthly pay (Derek, Scott, Sabrina, & Aditi, 2010). In healthcare organisation settings there are various factors that influences on presenteeism such as employment conditions, work environment, opportunities of replacement of staff, substitute for work duties, staff commitment, workload, work demand, Workaholism, self esteem and work performance and employee health condition (Paul, 2010; Samsinar, Murali, & Izhairi, 2010).

### **Objectives**

To explore the factors contributing to absenteeism and presenteeism in public sector hospitals and to describe the relationship of absenteeism and presenteeism in the public sector hospitals

### **Methodology**

The study was conducted in five Municipal Hospitals in Mumbai. The primary

unit of analysis was nursing staff which include both staff nurses and sisters in-charge who have completed three years in the same organisation or similar set up. A structured interview schedule was designed and a pilot test was done at two hospitals. It was decided to interview all the nursing staff totaling of 421 from all five hospitals that falls within the inclusion criteria which is above three years of experience in the same hospitals or similar Municipal hospitals. The sample drawn was a complete enumeration of the population. However it was possible to interview 317 (75 percent) nursing staff in both categories. The remaining 25 percent of the nursing staff could not be included due to their long leave and exclusion criteria. The completed questionnaires were entered statistical package (SPSS) and analysed by using simple statistical tool like percentage, chi square test etc.

### **Results**

The study shows that large number of nursing staff took many days leave with or without permission which adds to absenteeism largely. Usually the nursing staff absent with permission however there are some occasions they remain absent without any information to their supervisors. In such situation the supervisors find difficulty in managing the schedule tasks. This situation is managed by asking the existing staff to continue the shift this lead to doing double duty. Some of the nursing staff find so difficult and they have no way to avoid double duty, this result in poor work life balance. In addition to the above, double duty is compensated by allowing the staff to take duty off this adds to more pressure among the existing staff. At the same time the organisation may ensure that the allowed number days of absenteeism as per law shall be encouraged based clear plan. It is quite possible the organisation able to know the total number of days all the staff can avail leave during the year

accordingly the leave management can be done. Hence overall situation of managing the absenteeism is depending on the total number of days availed by nursing staff as holidays during the year. Table 1 indicates the number of days that staff members were absent in the course of last one year.

**Table 1** : Percentage of Absenteeism and Reasons for the same work during the year

Absenteeism number of days during the year (N=317)	Frequency	%
No absenteeism	19	6.0
1-20 days	164	51.7
21-40 days	117	36.9
41-60 days	12	3.8
61 & above days	5	1.6
Total	317	100
<b>Major reasons for Absenteeism (N=298)</b>		
Personal and family reasons	161	54.0
Health related problems of self and family members	55	18.5
Social reasons like attending functions, festivals and others	21	7.0
Work related tension, tardiness, work stress and others	10	3.4
Don't feel like to attend the work due to lack of support	14	4.7
Leave travel concession	26	8.7
Children's education	11	3.7
Total	298	100

According to table 1 it is important to note that almost 94 per cent of the staff absented themselves from work on one or the other occasion during the year and only 6 per cent had never been absent during the year. Please note that weekly day off is not considered as part of the absenteeism. Nearly 51 per cent of staff remained absent for 1-20 days in a year and 37 per cent for 21-40 days in a year. The mean number of days for absenteeism is 22 days in a year and the standard deviation is 12.9. The hospital has a policy whereby the nursing staff can take leave 11 days earned leave at a time and for a maximum of three times a year. This condition forces the nursing staff to restrict their vacation to a short duration. Furthermore, the nurses face many problems is getting their leave sanctioned the second or third time in the same

year unless they have strong justifications for their request. On the other hand, the hospital already faces an acute shortage of the nursing workforce, hence it is impossible to sanction more days off from work for the nursing staff. Even some of the staff mentioned that they were not being permitted to utilise their casual leave is due to the shortage of staff. This shows that the hospital management tries to manage the

situation by using the existing workforces by compromising the leave benefits of the staff.

One of the major reasons for absenteeism among the respondents is a personal and family reason which is 54 per cent followed by 18.5 per cent health issues of concerning themselves and their family members. Nearly 7 per cent of the staff had taken leave for social reasons like attending functions, festivals and others. In this case the nursing staff have already reported that there is little scope for getting time off for the same. Other than these reasons the nursing staff also remained absent for like work related tension, tardiness, work stress, not wanting to attend work on a particular day, children's education, etc. that though amount to a marginal percentage, however, it is an issue for the hospital to look into.

There are situations when the nursing staff have to work despite of their own illness or some such reason. They do not have any way to avoid work or remain absent in such situations. The details are presented in Table 2.

**Table 2 :** Presenteeism among the nursing staff

management placed compulsory duty for the staff. Further the nursing staff worked in spite of their illness or family commitment due to the reasons that these nursing staff shown greater interest in disaster related work, due to their work commitment, for emergency work, feeling better when on duty, feeling responsible to the

<b>Nursing staff work during the last year despite an illness or injury (N=317)</b>	Frequency	%
No	201	63.4
Yes	116	36.6
Total	317	100
<b>Reasons for Presenteeism (N=116)</b>		
Double day salary deduction	3	2.6
Due to own commitment to the work	4	3.4
Attending work due to emergency	12	10.3
Feel happy after attending the work	6	5.1
I would like to work even I am an sick	5	4.3
Refusal to grant leave by administration	8	6.9
Shortage of nursing staff in the hospital	71	61.2
To save my casual leave	7	6.2
Total	116	100

*N=317*

Table 2 shows that nearly 37 per cent of the staff have worked in the hospital despite illness or injury in the hospital. There are number of reasons for this problem. It includes fear of losing double day salary (the administration may deduct double day salary for single day absenteeism). There is a huge staff shortage where the hospital has to have nurses during the shift therefore the nursing staff are expected to do double duty or do extra duty. Since the problem have been affecting so severely to the patient care the authorities have refused to sanction leave to the nursing staff. Further it was seen from the table that some of the reasons for presenteeism were the nursing staff already used up all the leaves where they had to work. Sometime the hospital

department, interested in seeking as well taking work responsibility, do not want to be in list of absentees, interested in patient care, since the staff stay in quarters nursing administration calls them to replace the absentee, to save their own casual leaves, etc. Some the reasons have been highlighted in table 2 of nursing staff presenteeism. It was seen from table, there were two main reasons emerging for presenteeism one was staff shortage and another was attending emergency duties.

**Table-3** : Demographic Variables with Absenteeism and Presenteeism

Variables	Absenteeism N= 298		Presenteeism N=116	
	Frequency	%	Frequency	%
<b>Age of Nursing staff</b>				
Below 30 years	26	8.7	5	4.3
31-40 years	105	35.2	45	38.8
41-50 years	109	36.6	37	31.9
51 and above years	58	19.5	29	25.0
Total	298	100.0	116	100.0
<b>Current marital status</b>				
Unmarried	18	6.0	4	3.4
Married	274	91.9	108	93.1
Others	6	2.0	4	3.4
Total	298	100.0	116	100.0
<b>Present years experience</b>				
Less than 10 years	89	29.9	34	29.3
11-20 years	148	49.7	56	48.3
21-30 years	57	19.1	26	22.4
31 and above years	4	1.3	0	0.0
Total	298	100.0	116	100.0
<b>Number of children in the family</b>				
1 Child	80	39.6	35	47.3
2 children	112	55.4	36	48.6
3 + children	10	5.0	3	4.1
Total	202	100.0	74	100.0

Table-3 indicates that there has been higher absenteeism as well as presenteeism among the age group between 31 to 50 years. Absenteeism is much less in young age as well as old age. The issues absenteeism and presenteeism start when the family is established and children start growing where the nursing staff need to spend quality time with family and also during this stage their friends and relatives circle become widen and relatives. The absenteeism as well as presenteeism among the married is high compare with other categories, however the other categories are much less, it may not hold significant because the number of married nurses are very high than other categories. The table clearly reveals that the nursing staff years of experience 11-20 years showing nearly 50

percent absenteeism and 49 percent presenteeism. Similarly those who have two children showing higher absenteeism (55.4 percent) and higher presenteeism (49 percent), on the other hand those who have one child showing higher presenteeism than absenteeism. It is important to note that many demographic variables have direct link with absenteeism and presenteeism. The family responsibilities have been linked with them very strongly hence they have many issues with work life balance.

**Discussion**

The possible reasons for absenteeism could be lack of appropriate organisational policies and poor implementation of such policies, work practice particularly work schedule and allocation of staff, work culture, work ethics, employees' personal problems and issues, lack of clarity or poor administrative ability of supervisors, etc. Many studies have been confirming that absenteeism has direct correlation with employee motivation, job satisfaction, and organisational citizenship behaviour. The major outcomes of absenteeism are productivity loss, poor performance, inefficiency in the work place, poor patient satisfaction, negative impact on the organisational image and culture. It can be said that the major causes for absenteeism would be work environment and employee dissatisfaction. As noted earlier elsewhere in the paper, in BMC hospitals some of the non-specific personal reasons and health related issues of self and family members are the major causes for the absenteeism. In normal circumstances it can be expected that there is some percentage of absenteeism among the nursing staff in the hospitals. However there is no prescribed limit for number of days of absenteeism, it varies from organisation to organisation. It is important to note that absenteeism should be minimal in healthcare organisation; it is because healthcare services are vital, need based and associated with emergency conditions, therefore the absence of key professionals like nursing staff may have direct impact on clinical and non-clinical aspects.

Absenteeism cannot be treated lightly because; it is a matter of indiscipline. If the staff members have been continue to be absent without citing any reasons, there may be some organisational issues as well as employee related issues. The absenteeism may hamper the patient

care process and subsequently leads to poor patient satisfaction. One of the main reasons the adverse effect of absenteeism is that many patients try to look for familiar staff during their subsequent visit to the hospital, it means they would be happy to interact or get help from the staff whom they have already interacted or knew in the past. In such situation if the staff is not available the patient may get some sort of disappointment. It is very important that the presence of employees may enhance the patient communication and better relations which will result in fast recovery and also increase the patient confidence level.

Presenteeism is one of the very dominating factors in organisation especially in hospitals. Unfortunately this issue was not addressed in detail in many hospitals, it is because is not directly affecting the organisation and it is only a matter of concern to the employees. As it was noted absenteeism is lined to work life balance issues, similarly the presenteeism also linked to work life balance. It is arising due to poor organisational policies particularly the leave management, workforce shortage, lack efforts and proactive approach from the managers. Presenteeism serves long-term consequences for the employees particularly it affects their health and severely to the family problems. Sometime the employee did not pay attention to the family requirement due to strong work commitment or work pressure, it may heavily hamper their personal life, and in fact it may break the marriage at any age. At the outset absenteeism and presenteeism ends with one point that is work life balance. Therefore organisations should pay much attention on the work life balance of the employees. The efforts placed towards solving work life balance issues shall naturally take care of organisational absenteeism and presenteeism issues.



### Conclusion and Implication of the study

Absenteeism and presenteeism are the key variables which has very clear and strong relationship with each other. Both variables emerge from the act of employees. They are directly linked with employee behavior. It is to be noted that nursing staff are being very important professional in the hospital, who provides service 24 hours to sick patients, and highly responsible person in the family in terms of playing multiple roles like wife, mother, or any other roles with more responsibility and challenges. When she tries to be a dedicated professional at the work place she is likely to ignore the family to the some extent, similarly when she tries to be a dedicated member of the family she likely to ignore the work to the some extent. This has become routine and inevitable. She has always this dilemma in her career. Unfortunately there has been no clear experience to show as example or evidence for her to follow as role model. It is also to be noted that the superior officials never realize or understand these limitations of nursing staff, however things moving continuously without addressing these issues. Further there is no sense of urgency to tackle this matter in the organisational environment particularly in the Municipal Hospitals. At this point in time, it is important to make a policy at the organisational level to support the nursing staff in terms of offering solution to maintain the work life balance so the nursing staff shall able to maintain their quality of work life. We shall be having healthier and productive population with the help of nursing staff in the community.

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