

Outpatient work organization as perceived by nursing professionals with presenteeism behavior

Organização do trabalho ambulatorial na percepção da enfermagem com comportamento presenteísta

Organización del trabajo ambulatorio en la percepción de profesionales de enfermería con conducta presentista

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ABSTRACT

Objective: to analyze the perception of Nursing professionals with presenteeism behavior regarding outpatient work organization in university hospitals from Rio de Janeiro, Brazil. **Method:** a cross-sectional study with Nursing workers from university outpatient clinics in the city of Rio de Janeiro, with presenteeism behavior as determined by the Stanford Presenteeism Scale and who answered the Work Organization Scale. **Results:** among all 198 participants, inadequate physical space, insufficient work resources and lack of professionals stood out as presenting the highest psychosocial risk for the “Division of Tasks” factor; in turn, participation in decisions about work, evaluation of work in relation to production and autonomy in carrying out tasks prevailed in “Social Division of Labor”. **Conclusion:** work organization was perceived as with medium risk for the “Division of Tasks” and “Social Division of Labor” factors, suggesting possible direct implications for Nursing professionals’ health and possibly increasing the presenteeism behavior risk among them.

Descriptors: Occupational Health; Nursing; Presenteeism; Occupational Risks; Hospital Administration.

RESUMO

Objetivo: analisar a percepção do profissional de enfermagem com comportamento presenteísta quanto à organização do trabalho ambulatorial de hospitais universitários no Rio de Janeiro, Brasil. **Método:** estudo transversal com trabalhadores de enfermagem de ambulatórios universitários na cidade do Rio de Janeiro, com comportamento presenteísta determinado pela Escala de Presenteísmo de Stanford, que responderam à Escala de Organização do Trabalho. **Resultados:** entre 198 participantes, espaço físico inadequado, escassez de recursos de trabalho e falta de profissionais se destacaram com maior risco psicossocial para o fator “Divisão das Tarefas”; e participação nas decisões sobre o trabalho, avaliação do trabalho em relação à produção e autonomia na realização das tarefas para “Divisão Social do Trabalho”. **Conclusão:** a organização do trabalho foi percebida como risco médio para os fatores Divisão das Tarefas e Divisão Social do Trabalho, sugerindo possíveis implicações diretas na saúde dos profissionais de enfermagem e podendo aumentar o risco de comportamento presenteísta entre eles.

Descritores: Saúde do Trabalhador; Enfermagem; Risco Ocupacional; Presenteísmo; Organização e Administração Hospitalar.

RESUMEN

Objetivo: analizar la percepción de profesionales de enfermería con comportamiento presentista sobre la organización del trabajo ambulatorio en hospitales universitarios de Rio de Janeiro, Brasil. **Método:** estudio transversal con trabajadores de enfermería de ambulatorios universitarios de la ciudad de Rio de Janeiro, con comportamiento presentista determinado por la Escala de Presentismo de Stanford, que respondieron a la Escala de Organización del Trabajo. **Resultados:** entre 198 participantes, el espacio físico inadecuado, la escasez de recursos de trabajo y la falta de profesionales se destacaron como los mayores riesgos psicosociales para el factor “División de Tareas”, mientras que la participación en las decisiones sobre el trabajo, evaluación del trabajo en relación con la producción y autonomía en la realización de tareas prevalecieron en la “División Social del Trabajo”. **Conclusión:** la organización del trabajo fue percibida como de riesgo medio para los factores “División de Tareas” y “División Social del Trabajo”, con posibles implicaciones directas sobre la salud de los profesionales de enfermería y potencial aumento del riesgo de comportamiento presentista entre ellos.

Descriptores: Salud Laboral; Enfermería; Presentismo; Riesgos Laborales; Administración Hospitalaria.

INTRODUCTION

The Public Health service in Brazil is made up of 75,319 institutions, mostly outpatient care units, of which 75.3% offer care essentially in basic specialties and 24.7% do so in multiple specialties such as clinics and polyclinics, in addition to Diagnostic and Therapy Support Services (*Serviços de Apoio de Diagnóstico e Terapia, SADT*)¹. Outpatient clinics play a crucial role in the provision of medium- and high-complexity services in many health systems around the world. This organization encompasses a series of aspects, from management of human and material resources to optimization of patient care processes.

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From this perspective, outpatient Nursing professionals face a series of difficulties in their routines, having to work in unfavorable environments most of the time. It is understood that these environments are complex and underestimated as places where workers face significant workloads and stress².

Health and Nursing work reproduces the technological and organizational progress inherent to the Capitalist production mode. However, some characteristics of the charitable and rudimentary work from the past are preserved, which translate into contradictions and mental distress for workers³, sometimes causing absenteeism or even presenteeism, defined as presence of a worker in the work environment, despite feeling ill⁴⁻⁶.

Unlike absenteeism, presenteeism is rarely noticed by the professionals themselves or by their peers around them. Due to physical and/or psychological problems, people find it difficult to perform their activities in presenteeism, which limits productivity not only in terms of quantity, but also of quality⁷.

In this line of thought, investigating work organization means analyzing the way in which tasks are defined, divided and distributed, in addition to how prescriptions are idealized and the way in which supervision, control, order, direction and hierarchy are operationalized⁸.

In the literature, it is constantly acknowledged that healthcare workers (especially Nursing teams) experience stressful situations in their jobs⁹⁻¹¹. In addition, they are involved in organizational models that oftentimes do not enhance their capabilities and/or fail to promote healthy environments conducive to well-being, with the consequent possibility that work may be seen as a distress source¹².

The diverse influence of health work organizational elements reveals that contexts with worse working conditions, disorganization and conflicting socio-professional relationships are associated with physical, emotional and social problems¹³. When actions are planned and distributed among all professionals, teams are satisfied and decisions are made and shared, conferring greater autonomy to Nursing¹⁴. However, there is a mismatch between what is prescribed and the Nursing work reality, which contributes to workers being affected in different ways by the work situation and reacting in various ways¹⁵.

The organizational context exerts a decisive effect on presenteeism, which is prevalent in places where the tasks performed are extremely influential on other people and on one's own primary needs^{4,16}. It is necessary to clarify that healthy working conditions are associated with individual, group and organizational performance and productivity¹⁷.

In Brazil, outpatient Nursing teams work in specialized sectors, which frequently require learning the specialty quickly to ensure quality of the services provided. However, the professionals do not always master the specialty to which they are assigned, and acquiring knowledge and integrating with the team working in the sector takes time, which can cause stress and distress. In addition, the professionals may not adapt to the service and not have the opportunity to change sectors⁷.

In many cases, only the need for the service is taken into consideration, which can lead to dissatisfaction among professionals and discomfort among the team. For the most part, the care provided requires technical knowledge and the ability to guide the assistance that will be followed by the users. Therefore, the outpatient service is always educational and prospective, as it always deals with patients with medium- and high-complexity chronic diseases⁷.

Considering all these issues, it is understood that only with the workers' participation in controlling their own work (a central element in constructing the approach to occupational health) will the relationship between outpatient work environments and management be effective. To support this discussion and articulate it across the various Nursing sectors, it is necessary to develop research studies that evidence the relationship between illness, exhaustion and distress on the one hand, and work on the other.

This study aimed at analyzing the perception of Nursing professionals with presenteeism behavior regarding outpatient work organization in University Hospitals from Rio de Janeiro, Brazil.

METHOD

This study is part of the PhD thesis development by one of the researchers, who, based on his professional experience in outpatient units from the public university network, identified Nursing professionals that are physically present, but whose effectiveness at work can be questioned.

With data collection conducted between July and December 2018 in 11 specialized outpatient medium- and high-complexity units located in public universities with different administration levels (federal and state) from the city of Rio de Janeiro, Brazil, the study population included all Nursing professionals who were working during the period under

study (n=604). The inclusion criteria were being a nurse, nursing assistant or technician and working directly in Nursing care (n=483). A total of 121 professionals who did not work in care were excluded. There were 95 losses during data collection. Thus, the final population consisted in 388 participants, which represented 80.0% of the total population considered.

The target population was identified as participants who had been absent from work in the last 30 days due to health problems and who responded to the Stanford Presenteeism Scale (SPS-6), allowing identifying those that were present but with impaired work effectiveness. The participants that failed to answer SPS-6 were excluded from the analysis, resulting in 198 professionals (51.0%), who were identified as with presenteeism behavior.

The instrument used for data collection is part of the Protocol for the Assessment of Psychosocial Risks at Work (*Protocolo de Avaliação dos Riscos Psicossociais no Trabalho*, PROART), used in measuring and research studies involving workers from various areas, including Nursing professionals⁸. This protocol consists in a five-point Likert-type frequency scale ranging from 1 (Never) to 5 (Always) and is based on critical and clinical approaches to work. Its main objective is to map psychosocial risks in the workplace through scales that address various dimensions of the relationship between workers and work organization¹⁸.

Called the Work Organization Scale (WOS), the scale used has 19 items distributed into two factors: "Division of Tasks" and "Social Division of Labor". The first factor aims at assessing various aspects related to workers' tasks, such as the conditions offered for their completion, deadlines, work pace or variability of activities, as well as autonomy and freedom to act professionally, in addition to communication about work. The second factor seeks to evaluate standards, communication, assessment, autonomy and participation in the work environment. The main focus is work organization. All items are formulated in a positive way; in other words: the higher the score, the lower the work-associated psychosocial risks.

The database was created by checking amplitude and consistency of the data entered in the *Statistical Package for the Social Sciences* (SPSS), version 23.0. To assess the instruments' internal consistency, the researchers used Cronbach's α coefficient, which reflects the covariance degree between the items of a scale and is widely used to assess reliability in Likert-type tools.

The guidelines set forth in Resolution No. 466/12 of the Brazilian National Health Council (*Conselho Nacional de Saúde*, CNS) were followed. The research protocol was approved by the Ethics Committee of the proposing institution and by nine ethics committees responsible for the 11 institutions researched. All subjects who agreed to participate in the study read and signed a Free and Informed Consent Form (FICF) in two copies, one for the participant and the other for the researcher.

RESULTS

A total of 198 Nursing professionals took part in the study, with the analysis results according to the Work Organization Scale presented in Table 1. After calculating the mean and standard deviation for each item that makes up the Work Organization Scale (WOS), the items that presented the highest and lowest risks per factor were highlighted separately, aiming at better understanding the results.

The mean score on the global WOS scale was $\mu=3.49 (\pm 0.7)$, characterizing an "Medium psychosocial risk in the workplace" classification. This suggests the need for short- and medium-term interventions. Regarding the "Division of Tasks" factor, the mean score was $\mu=3.24 (\pm 1.2)$, revealing variety of answers and indicating medium psychosocial risk. The "Social Division of Labor" factor presented a mean score of $\mu=3.69 (\pm 1.1)$, indicating variability in the participants' answers and also representing medium risk to the workers' health.

Regarding the frequency of answers related to the first WOS factor (Division of Tasks), it is observed that, considering the psychosocial risk diagnosis protocol, 14.6% of the Nursing professionals identified that work organization (specifically the Division of Tasks) represented a high risk to health, indicating the need for immediate protective measures. For 54.0% of the professionals, it was evaluated as medium risk, suggesting short- and medium-term interventions, while 31.3% of the participants classified the risk as low.

Table 2 shows the items with the highest and lowest psychosocial risks in the workplace, along with their corresponding means and standard deviations for the "Division of Tasks" factor.

Among the items that presented higher psychosocial risks at work, the following stood out: "The physical space available to do the work is adequate" ($\mu=2.94 \pm 1.4$), "There are sufficient work resources to perform the tasks" ($\mu=3.04 \pm 1.0$) and "The number of workers is sufficient to perform the tasks" ($\mu=3.08 \pm 1.2$). All these items were associated with medium risk, in line with the mean obtained in the "Division of Tasks" factor ($\mu=3.24 \pm 1.2$).

Regarding the second factor (Social Division of Labor), the frequency of answers indicated that only 4.0% of the participants classified the psychosocial risks associated with work organization as high, requiring immediate protective

measures; 47.5% considered the risk to be medium, requiring short- and mid-term interventions; while the majority (48.5%) of the participants classified the risk as low, therefore favorable to workers' health.

Table 1: Mean and risk assessment results according to the Work Organization Scale for Nursing professionals with presenteeism behavior (n=198). Rio de Janeiro, RJ, Brazil, 2018.

WOS domains and items	Mean(SD)	Risk assessment
Division of Tasks	3.24(1.2)	Medium
The number of workers is sufficient to perform the tasks	3.08(1.2)	Medium
There are sufficient work resources to perform the tasks	3.04(1.0)	Medium
The physical space available to do the work is adequate	2.94(1.4)	Medium
The equipment is suitable to perform the tasks	3.06(1.1)	Medium
The work pace is adequate	3.45(1.1)	Medium
The deadlines to complete the tasks are flexible	3.72(1.1)	Low
I have adequate conditions to achieve the expected results of my work	3.41(1.1)	Medium
Social Division of Labor	3.63(1.1)	Medium
The tasks are clearly defined	3.83(1.1)	Low
The tasks are fairly distributed	3.58(1.1)	Medium
The employees participate in decisions about work	3.20(1.2)	Medium
The communication between bosses and subordinates is adequate	3.77(1.0)	Low
I have autonomy to perform tasks as I see fit	3.58(1.0)	Medium
Communication between employees is good	3.67(1.1)	Medium
The information I need to perform my tasks is clear	3.83(1.0)	Low
The evaluation of my work includes aspects beyond my production	3.32(1.2)	Medium
The rules to perform tasks are flexible	3.53(1.0)	Medium
The instructions given to me to perform the tasks are coherent	3.69(1.0)	Medium
The tasks I perform in my job are varied	3.84(1.1)	Low
I am free to give my opinion about my work	3.79(1.2)	Low
Global Scale (19 items)	3.49 (0.7)	Medium

Note: SD – Standard Deviation

Table 2: Psychosocial risks in the workplace according to data obtained in the Work Organization Scale (WOS) for Factor 1 - Division of Tasks (n=198). Rio de Janeiro, RJ, Brazil, 2018.

Items	Mean	SD
Highest risks		
The physical space available to do the work is adequate	2.94	1.4
There are sufficient work resources to perform the tasks	3.04	1.0
The number of workers is sufficient to perform the tasks	3.08	1.2
Lowest risks		
The deadlines to complete the tasks are flexible	3.72	1.1
The work pace is adequate	3.45	1.1
I have adequate conditions to achieve the expected results of my work	3.41	1.1

Note: SD – Standard Deviation

Table 3 displays the items with the highest and lowest psychosocial risks in the workplace, along with their corresponding means and standard deviations for the “Social Division of Labor” factor.

Table 3: Psychosocial risks in the workplace according to data obtained in the Work Organization Scale (WOS) for Factor 2 - Social Division of Labor (n=198). Rio de Janeiro, RJ, Brazil, 2018.

Items	Mean	SD
Highest risks		
The employees participate in decisions about work	3.20	1.2
The evaluation of my work includes aspects beyond my production	3.32	1.2
I have autonomy to perform tasks as I see fit	3.58	1.0
Lowest risks		
The tasks I perform in my job are varied	3.84	1.1
The tasks are clearly defined	3.83	1.1
The information I need to perform my tasks is clear	3.83	1.0

Note: SD – Standard Deviation

Among the items that presented higher psychosocial risks in the work environment, the following stood out: “The employees participate in decisions about work” ($\mu=3.20 \pm 1.2$), “The evaluation of my work includes aspects beyond my production” ($\mu=3.32$; $SD=1.2$) and “I have autonomy to perform tasks as I see fit” ($\mu=3.58 \pm 1.0$), in which the items determined medium risk, corroborating the mean obtained in the “Social Division of Labor” factor ($\mu=3.63$; $SD=1.1$).

DISCUSSION

The results of this study indicated moderate psychosocial risk related to the work organization factor in a global assessment and its specific components (“Division of Tasks” and “Social Division of Labor”), a finding corroborated by a number of research studies involving public employees^{2,19}.

The growing attention to studies on psychosocial risks in the workplace reflects the rapid transformations that have taken place in work dynamics since the 1980s. In this sense, some authors emphasize that work-associated risks should never be considered acceptable within organizations, highlighting the importance of effectively managing and monitoring them²⁰.

From this perspective, it is important to consider that constant changes in the work environment can result in prolonged exposure to stress, with its impact varying depending on each country's or region's reality. In this sense, intervention strategies should be based on local experience, considering the public policies and psychosocial support available to the general population. Therefore, it is essential to manage occupational risks in order to prevent harms to workers' health.

Among the Work Organization Scale (WOS) elements examined, the “Division of Tasks” aspect aims at assessing the pace, deadlines and conditions provided for performing activities¹⁹. The aspects that presented the highest risks included physical space inadequacy, lack of work resources and insufficient number of professionals available to carry out the tasks, among other psychosocial risk factors identified in the work environment^{21,22}.

Working in environments that lack adequate infrastructure and recognition and with extended working hours exerts a negative impact on workers' health, rendering them more susceptible to diseases²³. Despite this, there is a clear increase in the number of health institutions that ignore or minimize the importance of factors such as qualitative and quantitative lack of material resources, insufficient staffing and shortage of employees, among others. These aspects impair professional performance or even make it unfeasible, resulting in productivity losses^{24,25}.

Stated by the aforementioned authors, this institutional behavior was clearly corroborated by a study that revealed the challenges faced by health services (including hospitals, universities and various organizations) in the successful implementation of mental health support and welcoming strategies for individuals and society in general²⁶. Health professionals should be included in this group of people.

After analyzing the results of this study, it was observed that the highest psychosocial risk factors for the participants were linked to non-participation in work-related decisions, work evaluation based on production and limited autonomy in performing tasks.

A previous study revealed that the main occupational stress triggers among Nursing professionals include interpersonal dynamics within the team, relationships between patients and family members, role ambiguity and non-recognition²⁷. This devaluation of the profession is a historical issue in Nursing, with the World Health Organization (WHO) itself acting as an advocate for the category, arguing that it is essential to invest in Nursing to provide accessible health services to all, thus exerting a significant impact on global health and well-being²⁸.

A study conducted in Malta revealed that, during presenteeism periods, 75% of the Nursing professionals indicated that the main cause of this behavior was of an organizational nature²⁹. It is possible to infer that the presenteeism situation may have been exacerbated in recent years, especially considering events such as the 2020 pandemic.

Another extremely important aspect in relation to presenteeism is the ability to make decisions. This ability provides autonomy to nurses' work, reducing the centralized management model and allowing professionals to clearly understand their role in the organization³⁰.

Nursing professionals are essential members of healthcare institutions, playing a fundamental role in multidisciplinary teams and with a focus on professional growth and development. Many of them have the opportunity to gain experience in various sectors throughout their careers, enhancing their knowledge over the

years. However, in certain circumstances (such as due to institutional needs), they may be transferred to outpatient settings.

To illustrate this issue, Baruki argues that there is a significant increase in the psychosocial risks found work environments, many of which are related to acceleration of organizational processes, constant changes in work and rapid technological evolution. In addition to the need to be multifunctional, other factors such as turnover, pressure for productivity, demand for knowledge and use of technologies that require training also contribute to Nursing professionals' physical and mental illness³¹.

Presenteeism among Nursing professionals has been associated with several negative impacts on these workers' physical and mental health. Some studies indicate that the practice of working despite being sick can lead to deterioration of already existing health conditions, increased stress and development of common mental disorders such as anxiety and depression³². In addition, presenteeism can result in reduced ability to concentrate and perform at work, directly affecting quality of the care provided³³. Persistence of this practice can make diseases chronic, compromising the professionals' life expectancy and quality³⁴.

Presenteeism not only affects individuals, but also teamwork and patient safety. Professionals who work while sick may experience impaired communication, reduced collaboration with peers and increased errors, such as failure to administer medications and document the care provided³³. These factors compromise team cohesion and assistance quality and can result in negative outcomes for the patients³⁵. Furthermore, an organizational culture that values physical presence over workers' health can perpetuate the presenteeism cycle, affecting the entire work environment³⁶.

These data indicate that, when associated with inadequate work organization, presenteeism can represent a much higher cost for organizations than absenteeism. This is because when a given professional takes time off for treatment, they usually returns to work with their health problem solved. However, in the case of presenteeism, the professional remains in the workplace, facing health problems that can vary between improvement and worsening periods. This directly interferes with their ability to perform their duties and exerts negative impacts on productivity.

The findings of this study provided significant insights, especially considering that work overload and team presenteeism are emerging as increasingly relevant issues in the contemporary organizational scenario. The growing demand for productivity and efficiency oftentimes leads to an excessive burden of responsibilities on professionals, which can result in physical and emotional exhaustion.

In this scenario, presenteeism emerges as an additional concern, where employees are physically present at work but face health problems that compromise their ability to perform. This persistence at work even under adverse conditions not only harms individual well-being but also exerts negative impacts on work quality and on effectiveness of the team as a whole. Therefore, it is crucial that organizations recognize and address these issues by fostering a culture that supports employees' mental and physical health, implementing appropriate time and workload management policies, as well as strategies to effectively prevent and address presenteeism.

Study limitations

This cross-sectional study does not establish causal relationships, but associations and, for having been conducted in 11 outpatient clinics (which have a different work dynamics from other sectors in the health area), its conclusions can only be applied to the outpatient care context from which the participants were recruited.

Furthermore, it is highlighted that using the instrument in the last 30 days aims at mitigating possible failures or forgetfulness; however, there is a potential memory bias and the participants may not have remembered some episodes.

CONCLUSION

Regarding the research objective, the results revealed that the Nursing professionals' perception about work organization showed medium risk for the "Division of Tasks" and "Social Division of Labor" factors. This finding suggests possible direct implications for these professionals' health and may increase the presenteeism behavior risk among them.

The results obtained allow concluding that some workers have a negative perception regarding the institution, which can harm both quantitative and qualitative productivity in the provision of services to the population and

users, as well as organizational performance. This suggests the possibility of losing significant productive hours in everyday work.

The results of this study are extremely important for Nursing managers, aiming to broaden their understanding about issues that exert a direct influence on institutional performance and are closely related to the health of the professionals who comprise the teams. In addition, these results favor devising strategies to improve working conditions, promoting not only adjustments in the physical environment but also in strengthening interpersonal relationships between professionals and managers, seeking a horizontal and fair approach.

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Outpatient work organization as perceived by nursing professionals with presenteeism behavior*".