



# Leave of Absence during the COVID-19 Pandemic: Drivers and Policies

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## Dear Editor

The worker shortage is a critical and multifaceted challenge in the health systems (1, 2). Nevertheless, after the outbreak of the COVID-19 pandemic in 2019, the demand for healthcare workers in the hospital and healthcare sector has become more intense; the worker shortage has reached a warning threshold (3). The imbalance between supply and demand workers in health systems, on the one hand, and the increasing requests for leave of absences, a behavioral response to COVID-19, on the other hand, have exacerbated the crisis. Evidence shows that the demand for leave has increased among healthcare workers (4). Since the COVID-19 pandemic, in addition to the usual reasons for requesting leave, some risks have exacerbated this behavior; these risks include fear of contracting infectious diseases and transmission of the virus to their family and friends, risk of increase in the patient violence (5), risk of experiencing guilt following the death of a patient (6), and risk of excessive work demand.

While such leaves lead to a break in the chain of COVID-19, as a hidden aspect of absenteeism, they can result in individual and organizational costs such as productivity losses, turnover, presenteeism, economic cost of providing paid sick leave, and reduction of the quality of health services. Increasing demand for leave has intensified the nursing shortage in healthcare and that creates an undesirable and stressful workplace environment (7).

Leave of absence, as a right for workers, is recognized in most countries, not only when the economy is open, but also during a lockdown (8). Despite the conflict between the need to reduce the spread of the COVID-19 and the need for human contact, especially in healthcare and hospitality sector, it is necessary to identify these factors; there are key policies that can benefit both.

Regardless of the type of leave (paid/unpaid) and the reasons it (a worker's physical or mental health problems, etc.), it is complex and explained by individual, occupational and organizational factors (3, 4, 9-13). The main aim of this letter to editor is to introduce the most important drivers of leave of absence and suggest critical policies to manage them. For this purpose, the research literature was reviewed. Table 1 shows the factors affecting the number of workers' leave and policies to manage them.

## Conclusion

During the COVID-19 pandemic, the cost of working while unwell has emerged more clearly. Although reducing the risks of leave and worker shortage is challenging, it is necessary during the COVID-19 pandemic. Development of comprehensive and well-designed leave policies that cover all workers not only ensures the workers' physical or mental health and reduces the costs of the risks of workers' leave, but also guarantees to perform professional responsibilities for the community health.

**Table 1:** Leave of Absence During the COVID-19 Pandemic: Drivers and Policies

Drivers	Policies to Manage
<p><b>Individual Factors:</b> Demographic variables include gender, work experience, personality traits, age, income level, history of sick leaves) Psychological or mental health variables include depression, anxiety, burnout and emotional exhaustion, ongoing exposure to traumatic incidents.</p> <p><b>Occupational Factors:</b> Occupational factors include job title, job role/duties, workplace (e.g., department of infection diseases, emergency department), shift work, job strain, job satisfaction, unplanned shifts.</p> <p><b>Organizational Factors:</b> Organizational factors include the organization culture, leadership support, ergonomics, regulations and procedure, organization type (e.g., governmental/ nongovernmental or profit/nonprofit)</p>	<p><b>Develop comprehensive and well-designed leave policies to a) prevent an increase in the leave requests and b) reduce the risks of them by:</b></p> <ul style="list-style-type: none"> <li>• Using scheduled supervision to ensure the safety and supported organizational culture</li> <li>• Improving the health and wellbeing support systems for workers and their families (e.g., a daily check of workers' health)</li> <li>• Using flexible and floating schedule for working hours and vacation and paid time off (PTO) (e.g., working at home, short break at work)</li> <li>• Developing and implementing a compensation system (financial and non-financial incentives) to return to work</li> <li>• Improving the working environment and workplace ergonomics</li> <li>• Building and developing effective communication and relationships networks between workers and management to share work experience and reduce stress at work (e.g., risk of patient violence and experiencing guilt following the death of the patient)</li> <li>• Investing in training for supervisors and managers to help them support their workers and identify and address the early signs of stress</li> <li>• Empowering and training of multi-skilled workers to replace the workers when their co-worker is on leave.</li> <li>• Increasing teamwork skills to coordinate at times of worker shortage.</li> </ul>

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## References

1. Shamsi A, Peyravi H. Nursing shortage, a different challenge in Iran: A systematic review. *Med J Islam Repub Iran*. 2020;34:8. doi: 10.34171/mjiri.34.8.
2. Haddad LM, Annamaraju P, Toney-Butler TJ. Nursing Shortage. In: Treasure Island. Treasure Island: StatPearls; 2021.
3. Gohar B, Lariviere M, Nowrouzi-Kia B. Sickness absence in healthcare workers during the COVID-19 pandemic. *Occup Med (Lond)*. 2020;70(5):338-42. doi: 10.1093/occmed/kqaa093.
4. Ham S. Explaining gender gaps in the South Korean labor market during the COVID-19 pandemic. *Feminist Economics*. 2021;27(1-2):133-51. doi: 10.1080/13545701.2021.1876902.
5. Bhatti OA, Rauf H, Aziz N, Martins RS, Khan JA. Violence against Healthcare Workers during the COVID-19 Pandemic: A Review of Incidents from a Lower-Middle-Income Country. *Ann Glob Health*. 2021;87(1):41. doi: 10.5334/aogh.3203.
6. McCallum KJ, Walthall H, Aveyard H, Jackson D. Grief and nursing: Life and death in the pandemic. *J Adv Nurs*. 2021;77(5):2115-6. doi: 10.1111/jan.14815.
7. Greenslade M, Paddock K. Working conditions of nurses: a cause for concern. *Health Policy Res Bull*. 2007;13:1-46.
8. Heymann J, Raub A, Waisath W, McCormack M, Weistroffer R, Moreno G, et al. Protecting health during COVID-19 and beyond: A global examination of paid sick leave design in 193 countries. *Glob Public Health*. 2020;15(7):925-34. doi: 10.1080/17441692.2020.1764076.
9. Hatch DJ, Freude G, Martus P, Rose U, Muller G, Potter GG. Age, burnout and physical and psychological work ability among nurses. *Occup Med (Lond)*. 2018;68(4):246-54. doi: 10.1093/occmed/kqy033.
10. Ostby KA, Mykletun A, Nilsen W. Explaining the gender gap in sickness absence. *Occup Med (Lond)*. 2018;68(5):320-6. doi: 10.1093/occmed/kqy062.
11. Gohar B, Lariviere M, Lightfoot N, Wenghofer E, Lariviere C, Nowrouzi-Kia B. Meta-analysis of nursing-related organizational and psychosocial predictors of sickness absence. *Occup Med (Lond)*. 2020;70(8):593-601. doi: 10.1093/occmed/kqaa144.
12. Mirahmadizadeh A, Rezaei F, Sahebi R, Hosseini Marvast SR, Azadian F, Alinezhad S, et al. Adherence to Physical Distance and Mask Wearing from Civil Servant's Viewpoints during COVID-19 Pandemic, between the 2nd and 3rd Peaks in Southern Iran, 2020: An Online-based Survey. *Health Management & Information Science*. 2021;8(4):248-54. doi: 10.30476/jhmi.2022.92903.1102
13. Zanganeh Baygi M, Peyvand M. The Crisis of Covid-19: The Best Opportunity for Paying Attention to the Principle of Inter-Sectoral Coordination in the Health System. *Journal of Health Management & Information Science*. 2020;7(3):135-6.