Roster Flexibility on Work Absence Behavior among Nurses in a Government Hospital

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ABSTRACT

This quantitative study used a descriptive-correlational design to examine roster flexibility, work absence behavior, and their association with selected profile variables among 234 nurses in a government hospital during the first quarter of 2026. Standardized questionnaires were utilized, and data were analyzed using frequency, percentage, mean, standard deviation, chi-square test, and Pearson r correlation. Results indicated generally high roster flexibility and responsible absence behavior among nurses, with significant relationships identified between selected variables. Roster flexibility was also found to be significantly correlated with work absence behavior. These findings underscore the importance of effective roster management in supporting workforce stability. A roster optimization and absence management enhancement plan is proposed to improve scheduling practices and promote nurse well-being.

Keywords: Absence Behavior; Descriptive-Correlational Design; Nurses; Roster Flexibility; Workforce Management.

INTRODUCTION

The healthcare system, both globally and in the Philippines, continues to face increasing demands as hospitals strive to maintain quality patient care despite workforce shortages, heavy workloads, and unequal staffing distribution, challenges further intensified by the COVID-19 pandemic (World Health Organization, 2023). In the Philippine context, public hospitals, particularly Level 2 government facilities, carry a significant burden of healthcare delivery while dealing with limited resources and high patient volumes (Department of Health, 2019). Nurses in these settings are exposed to long shifts, unpredictable workloads, and insufficient support systems, which directly affect their well-being and capacity to deliver safe and effective care. As hospital operations rely heavily on shift-based staffing, scheduling practices play a crucial role in sustaining workforce stability and ensuring continuous service delivery. Within this context, roster flexibility has emerged as an important strategy, as it allows nurses some level of control over their schedules, which has been associated with improved job satisfaction, reduced burnout, and better staff morale, although existing studies are largely based on high-resource settings and may not fully reflect the realities of Philippine government hospitals (Ukachukwu, 2024; Fan et al., 2021; Origo & Pagani, 2014).

Alongside roster flexibility, work absence behavior remains a critical concern, encompassing both planned and unplanned absences such as sick leave, tardiness, and emergency leave (Bae, 2023). In many Philippine hospitals, especially those with rigid scheduling systems, absences tend to increase during peak periods when personal and family responsibilities are not adequately considered. These absences disrupt workflow, increase workload among remaining staff, delay patient care, and strain hospital resources. Evidence suggests that absenteeism is often linked to fatigue, stress, dissatisfaction with scheduling, and workload intensity, all of which are prevalent in resource-limited government hospitals. Despite its importance, local research on work absence behavior in Level 2 hospitals remains limited. Furthermore, existing international and local studies reveal theoretical, methodological, and contextual gaps, as most research is conducted in high-resource environments,

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examines variables separately, or focuses on tertiary and private hospitals, leaving Level 2 government hospitals underrepresented despite their distinct workforce conditions.

In response to these gaps, the present study examines the relationships among nurses' demographics, roster flexibility, and work absence behavior in a Level 2 government hospital in Surigao City, aiming to contribute to the development of more responsive and sustainable scheduling systems that support nurse well-being, reduce absenteeism, and strengthen hospital operations in alignment with SDG 3 and SDG 8. The study also highlights its practical significance in improving workforce management, enhancing staffing stability, and supporting better patient care outcomes through more adaptable scheduling practices.

Research Questions

This study was to assess the interrelationship among profile roster flexibility and work absence behavior among nurses in Surigao City, Surigao del Norte, Philippines

The study specifically answered the following queries:

1. What was the profile of the nurse respondents in terms of:

   1.1 age;
   1.2 sex;
   1.3 civil status;
   1.4 rank;
   1.5 years of experience;
   1.6 area of assignment;
   1.7 work schedule;
   1.8 educational level; and
   1.9 employment status?

2. What was the level of roster flexibility among nurses in terms of:

   2.1 shift swapping;
   2.2 rest day selection;
   2.3 supervisor support; and
   2.4 flexible scheduling options?
3. What was the work absence behavior of nurses in terms of:

   3.1 frequency of absence;
   3.2 number of days absent; and
   3.3 reasons of absenteeism?

4. Was there a significant relationship between profile and roster flexibility among nurses?
5. Was there a significant relationship between profile and work absence behavior among nurses?
6. Was there a significant relationship between roster flexibility and work absence behavior among nurses?
7. Was roster optimization and absence management plan could be proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: There was no significant relationship between profile and roster flexibility among nurses.

H_{o2}: There was no significant relationship between profile and work absence behavior among nurses.

H_{o3}: There was no significant relationship between roster flexibility and work absence behavior among nurses.

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REVIEW OF RELATED LITERATURE AND STUDIES

Roster Flexibility among Nurses. Roster flexibility is increasingly recognized as an essential factor in managing the nursing workforce, as it allows nurses to have control over their schedules, including shift swapping, leave requests, and negotiation of assignments to balance professional and personal responsibilities. Research consistently shows that flexible scheduling is associated with improved job satisfaction, reduced fatigue, and better staff retention, as it helps address work–life conflicts and supports nurses' well-being (Holton et al., 2024; Gray et al., 2024). Studies highlight that participatory approaches such as self-rostering promote fairness, transparency, and autonomy, leading to increased morale, organizational commitment, and workforce stability (Bailyn et al., 2007; Hung, 2002). Moreover, flexible rostering systems contribute to better recovery, reduced fatigue, and improved performance, while rigid schedules are linked to burnout, disrupted sleep, and dissatisfaction (Garde et al., 2012; Stimpfel et al., 2012). Evidence further indicates that scheduling flexibility enhances nurse retention and reduces turnover, making it a critical strategy for sustaining healthcare workforce capacity (Dall'Ora et al., 2015).

Recent developments emphasize the role of technology and structured approaches in implementing flexibility, with electronic rostering systems improving transparency and trust, although careful management is required to ensure fairness (O'Connell et al., 2024; Emmanuel et al., 2024). The concept of "bounded flexibility" highlights the need to balance staff preferences with organizational requirements to maintain patient safety (Zhang et al., 2025). In the Philippine context, studies show that nurses value flexible scheduling due to competing demands such as family responsibilities, continuing education, and economic pressures, with evidence linking flexibility to higher morale, reduced conflict, and improved retention (Almazan et al., 2022; Manzo & Estrella, 2023). Overall, the literature demonstrates that roster flexibility is not merely a workplace benefit but a critical management strategy that influences nurse well-being, job satisfaction, workforce stability, and healthcare system effectiveness.

Work Absence Behavior among Nurses. Work absence in nursing, including absenteeism, presenteeism, and leaveism, has become a significant concern due to its impact on healthcare delivery, as these behaviors are often driven by illness, fatigue, stress, and workload demands. Studies show that extended working hours, particularly shifts beyond twelve hours, increase the likelihood of sickness-related absence, reflecting the physical and psychological strain experienced by nurses (Needleman et al., 2025; Sabzi et al., 2023). Presenteeism is also prevalent, with nurses continuing to work despite illness due to professional obligation, staffing shortages, or fear of negative evaluation, which may compromise productivity and patient safety (Gerlach et al., 2024). Research further indicates that absenteeism is influenced by a combination of personal, organizational, and environmental factors such as burnout, job dissatisfaction, heavy workload, and irregular shifts, all of which contribute to fatigue and health problems (Johns, 2010; Davey et al., 2009; Trinkoff et al., 2011). These conditions create a cycle where nurse absence increases workload for remaining staff, further exacerbating stress and absenteeism, highlighting the need for supportive work environments and effective organizational strategies (Mudaly & Nkosi, 2015; Schreuder et al., 2010; Brady, 2023).

In the Philippine context, absenteeism remains a persistent issue driven by staffing shortages, long working hours, inadequate compensation, and high workload demands, leading to physical fatigue and emotional exhaustion among nurses (Santos & Tolentino, 2023). Cultural and economic factors also contribute to presenteeism, as nurses continue working despite illness due to financial necessity and fear of disciplinary consequences, which may compromise both staff well-being and patient safety (De Guzman, 2022). Local studies further emphasize the systemic nature of absenteeism, showing strong associations with workload pressure and lack of organizational support, particularly among nurses working extended hours without adequate rest (Rosales et al., 2024). Overall, the literature demonstrates that work absence behavior is not merely an individual issue but a reflection of broader organizational, cultural, and systemic factors that influence nurse well-being and healthcare service delivery.

Personal Characteristics on Roster Flexibility. Personal traits significantly affect how nurses view scheduling flexibility and manage work-related absences, with factors such as age, family responsibilities, and experience

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influencing preferences. Younger nurses and those with dependent children tend to prioritize flexibility due to personal and family needs (Emmanuel et al., 2024), while nurses at different life stages value flexibility differently, with early-career nurses accepting fixed schedules and mid-career nurses seeking adaptability (Holton et al., 2024). Employees with greater family responsibilities also prefer flexible arrangements to accommodate caregiving roles (Allen et al., 2013). Age plays a role, as younger nurses are more adaptable to varied shifts, whereas older nurses prefer stable schedules (Clendon & Walker, 2012). Similarly, nurses with dependent children favor flexible schedules to reduce stress and improve job satisfaction (Gyllensten et al., 2017), while more experienced nurses seek autonomy and value organizational support for flexible scheduling (Hayes et al., 2012).

Personal Characteristics on Work Absence Behavior. Personal traits influence patterns of work absence, with age, tenure, health status, and stress identified as key indicators of absenteeism (Sabzi et al., 2023). Younger nurses are more prone to unexpected absences due to career instability, while nurses with health issues experience more frequent absences, with individual well-being, coping, and support systems shaping attendance behavior (Medina-Garrido et al., 2023). Absenteeism is linked to health conditions, family obligations, and psychological stress (Johns, 2008), with physically demanding work and rotating shifts contributing to fatigue and sleep disturbances (Trinkoff et al., 2006). Family responsibilities also require occasional absences (Hammer et al., 2005), while stress and burnout reduce motivation and increase absenteeism (Maslach & Leiter, 2016). Overall, health status, family responsibilities, and psychological well-being significantly influence nurses' absenteeism.

Roster Flexibility on Work Absence Behavior. The link between roster flexibility and employee absenteeism remains underexplored, although existing studies provide important insights. Rigid and uncertain scheduling practices create stress and dissatisfaction among nurses, which are associated with increased absenteeism, while efficient rostering systems, particularly those using electronic tools, reduce scheduling conflicts and unplanned absences (Holton et al., 2024; O'Connell et al., 2024). Flexible work arrangements improve employee health, reduce stress, and lower absenteeism by allowing better management of personal responsibilities and promoting work–life balance (Joyce et al., 2010). Greater control over work schedules enhances job satisfaction, motivation, and attendance, as employees can align work with personal responsibilities and reduce work–family conflict (Peters et al., 2009). In nursing, fair and supportive scheduling practices strengthen morale, organizational commitment, and regular attendance (Dall'Ora et al., 2015). However, poorly managed schedules, such as long hours and inadequate rest, may lead to fatigue and increased absenteeism (Caruso, 2014). Despite these findings, limited research has examined the direct relationship between roster flexibility and absenteeism, particularly in nursing and in developing contexts, and the role of personal characteristics in this relationship remains insufficiently explored.

RESEARCH METHODOLOGY

Design. The study used a quantitative approach utilizing the descriptive-correlational research design. In this study, the descriptive design was used to determine and describe the demographic and work-related profile of nurse respondents in Surigao City, including their age, sex, civil status, rank, years of experience, area of assignment, work schedule, educational level, and employment status. It also described the level of roster flexibility among nurses in terms of shift swapping, rest day selection, supervisor support, and flexible scheduling options, as well as their work absence behavior in terms of frequency, number of days absent, and reasons for absenteeism. On the other hand, the correlational design was applied to assess the interrelationship between nurses' profiles, roster flexibility, and work absence behavior.

Environment. This study was conducted in a Level 2 government hospital located in Surigao City Surigao City, Surigao del Norte, Philippines.

Respondents. The respondents of this study were the 234 staff nurses in the hospital

Sampling Design. This study used a complete enumeration.

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Inclusion Criteria and Exclusion Criteria. The study included staff nurses who were currently employed in the hospital and assigned to clinical areas providing direct bedside care, with at least six (6) months of continuous service in their current unit to ensure familiarity with roster systems, scheduling practices, and attendance management, and who voluntarily participated by providing informed consent, as complete enumeration was applied to all who met these criteria. The study excluded staff nurses holding administrative or supervisory positions, those assigned exclusively to non-clinical or administrative functions, those on extended leave during data collection such as maternity, study, or medical leave, and newly hired nurses with less than six (6) months of service, as their experiences did not reflect current scheduling practices, and only those who did not meet the conditions for complete enumeration based on these criteria were not included.

Instrument. The study utilized a three-part structured questionnaire, with Part I being researcher-made to gather demographic and professional characteristics such as age, sex, civil status, rank, years of experience, area of assignment, work schedule, educational level, and employment status, which provided background information for examining associations with roster flexibility and work absence behavior. Part II adopted the Roster Flexibility Questionnaire developed by Pryce, Albertsen, and Nielsen (2006), consisting of fourteen (14) items covering shift swapping, rest day selection, supervisor support, and flexible scheduling options, rated on a five-point Likert scale, with a Cronbach's alpha of 0.86 indicating high reliability, and interpreted using weighted mean ranges where higher scores indicated greater flexibility and autonomy while lower scores reflected limited flexibility, with the midpoint (3.00) serving as the dividing line between favorable and unfavorable perceptions. Part III utilized the Work Absence Behavior Questionnaire by Steers and Rhodes (1978), composed of ten (10) items measuring frequency, reasons, and attitudes toward absenteeism using both multiple-choice and Likert-scale responses, with reported reliability ranging from 0.82 to 0.89, and interpreted through weighted mean ranges where higher scores indicated better attendance behavior.

Data Gathering Procedures. The data gathering procedures included pre-data gathering, actual data gathering, and post-data gathering phases. In the pre-data gathering phase, the researcher submitted three proposed research titles for approval, was assigned a research adviser, prepared transmittal letters to seek permission from the Dean and hospital chief, underwent a design hearing for evaluation of technical adequacy, feasibility, and ethical soundness, incorporated panel recommendations, and secured ethical clearance from both the University of the Visayas Research Ethics Committee and the Hospital Ethics Committee before proceeding. During actual data gathering, upon issuance of the notice to proceed, questionnaires were distributed personally to qualified nurse-respondents using a face-to-face intercept method during appropriate times without disrupting hospital operations, allowing respondents sufficient time to complete and return the forms, while ensuring completeness of responses until all participants were covered. In the post-data gathering phase, responses were encoded in Microsoft Excel and submitted for statistical analysis, results were presented with interpretations and literature support, the manuscript was presented for final defense, and all completed questionnaires and consent forms were securely stored and disposed of through shredding to maintain confidentiality.

Statistical Treatment of Data. The statistical data were analyzed. Frequency distribution and simple percentage were used to present the personal and professional profile of nurse respondents, including age, sex, civil status, position, years of experience, area of assignment, work schedule, duty hours, and rest days. Mean score and standard deviation were employed to determine the levels of roster flexibility and work absence behavior, with the mean reflecting average responses and the standard deviation indicating variability. Chi-square and Cramér's V were used to determine the significant relationship between nurses' profile and roster flexibility, as well as work absence behavior, with Chi-square identifying the presence of association and Cramér's V measuring its strength. Pearson r was utilized to assess the correlation between roster flexibility and work absence behavior, where positive values indicated a direct relationship and negative values indicated an inverse relationship.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

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Presentation, Analysis, And Interpretation Of Data

Table 1 Profile of Respondents

Profile	*f*	*%*
Age		
18 to 35 years old	162	69.20
36 years old and above	72	30.80
Sex		
Male	69	29.50
Female	165	70.50
Civil Status		
Single	148	63.20
Married	86	36.80
Rank		
Job order	112	47.90
Nurse I	54	23.10
Nurse II	47	20.10
Nurse III	21	9.00
Years of Experience		
Less than 1 year	20	8.50
1 to 3 years	87	37.20
4 to 6 years	40	17.10
7 to 10 years	22	9.40
More than 10 years	65	27.80
Area of Assignment		
Blood Bank	3	1.30
EMD	18	7.70
EREID	17	7.30
Gyne	21	9.00
HD	17	7.30
LR/DR	9	3.80
Medical	56	23.90
NICU	11	4.70
OB	11	4.70
OPCEN	2	.90
OPD	6	2.60
OR	18	7.70
PEDIA	14	6.00
PICU	14	6.00
Surgery	17	7.30
Work schedule		
Shifting	221	94.40
Fixed	13	5.60
Education Level		
Bachelor’s Degree	221	94.40
Post-graduate Degree	13	5.60
Employment Status		
Job Order	110	47.00
Regular or Permanent	124	53.00

Note. n=234.

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As shown in Table 1, the nursing workforce is largely composed of younger nurses, reflecting current workforce patterns in the Philippines where early-career nurses support hospital service delivery (DOH, 2022; WHO, 2023). The profession remains predominantly female (WHO, 2023; PSA, 2022), with many nurses being unmarried as they prioritize career development (WHO, 2023; DOH, 2022). The presence of both entry-level and higher-ranked nurses under contractual and permanent arrangements reflects workforce flexibility (DOH, 2022; WHO, 2023), while varying years of experience support continuity of care (WHO, 2023). Nurses are assigned across different clinical areas and primarily work on shifting schedules to ensure continuous services (DOH, 2022; WHO, 2023). Most hold a bachelor's degree as required by law, with some pursuing postgraduate education for advancement (Republic Act No. 9173; CHED, 2021).

Table 2 Level of Roster Flexibility among Nurses

Dimensions	Mean score	SD	Interpretation
Shift Swapping			
2. I have the flexibility to swap shifts with colleagues when needed.	3.74	1.010	Agree
9. I have swapped shifts with a colleague in the past three months.	3.85	0.976	Agree
Factor mean	3.79	0.817	High
Rest Day Selection			
6. I am allowed to take unpaid time off for personal matters if needed.	3.38	1.047	Neutral
7. I have the ability to choose rest days that suit my personal needs.	3.31	1.088	Neutral
Factor mean	3.35	0.901	Moderate
Supervisor Support			
3. I am able to request changes in my duty roster without penalty.	3.59	1.070	Agree
8. I feel that my hospital accommodates schedule preferences whenever possible	3.56	0.984	Agree
13. I feel comfortable discussing scheduling needs with my supervisor.	3.93	0.881	Agree
Factor mean	3.69	0.705	High
Flexible Scheduling Options			
1. I am allowed to choose my own shift schedule to some extent.	2.93	1.225	Neutral
4. My supervisor supports schedule adjustments due to personal or family needs.	4.06	1.118	Agree
5. I am allowed to compress my workweek (e.g., longer shifts for fewer days).	3.24	1.052	Neither agree nor disagree
10. I have requested a change in my duty schedule in the past six months.	3.64	1.175	Agree
11. I use flexible work arrangements when needed without fear of reprisal.	3.44	1.146	Agree
12. I regularly use options such as compressed workweeks or flexible time-ins.	3.13	1.183	Neither agree nor disagree
14. I use flexible schedule options to improve my work-life balance.	3.79	0.957	Agree
Factor mean	3.46	0.721	High
Grand mean	3.57	0.647	High

Note. *n=234.*

Legend: A score of 1.00 to 1.80 is very low (strongly disagree), 1.81 to 2.60 is low (disagree), 2.61 to 3.40 is moderate (neutral), 3.41 to 4.20 is high (agree), and 4.21 to 5.00 is very high (strongly agree).

The results in Table 2 findings indicate that nurses perceived a high level of roster flexibility in shift swapping,

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supervisor support, and flexible scheduling options, while rest day selection remained moderate, indicating partial flexibility. Shift swapping serves as a practical strategy to manage personal and professional demands and enhance autonomy (Albertsen et al., 2021; Kelly et al., 2021), while rest day selection is limited by staffing and operational demands (Hämmig, 2021; WHO, 2023). Supervisor support plays a key role in facilitating schedule adjustments and improving job satisfaction (Shiri et al., 2022; De Clercq et al., 2021), and flexible scheduling options provide limited but useful adjustments (Zhang et al., 2023). These practices promote teamwork and workforce stability (Lake et al., 2022), while effective roster management supports organizational efficiency and continuous care (International Council of Nurses, 2022), with leadership and staffing conditions influencing overall flexibility (WHO, 2023; Shiri et al., 2022).

Table 3 Work Absence Behavior - Part 1

Questions	*f*	*%*
Number of times absent from work		
0 times	95	40.60
1–2 times	114	48.70
3–4 times	21	9.00
5 or more times	4	1.70
Total number of days absent		
0 days	98	41.90
1–3 days	117	50.00
4–7 days	14	6.00
8 or more days	5	2.10
Most common reason for the absence		
Illness	109	46.60
Family obligation	42	17.90
Fatigue or stress	36	15.40
Lack of motivation	4	1.70
Others (did not provide any reason)	43	18.40

Note*: n=234.*

The findings in Table 3 indicate that nurses generally had no or only occasional absences, and when absence occurred, it was usually short, reflecting a strong sense of duty and commitment to patient care despite workforce limitations (Schug et al., 2022). Illness was the most common reason for absence due to exposure to infectious diseases, physical strain, and demanding work conditions (Maltezou et al., 2023; Schug et al., 2022). Family obligations also contributed to absence, reflecting nurses' dual roles and work–family conflict (Rony et al., 2023), while fatigue and stress were linked to heavy workloads and emotional demands (Hämmig, 2021). Some nurses did not disclose reasons for absence due to privacy concerns (Aloğlu & Güllü, 2022). Overall, absence was primarily influenced by illness, family responsibilities, and fatigue, highlighting the need for organizational support, adequate staffing, fair scheduling, and supportive work environments to maintain workforce health and attendance (Hämmig, 2021; Maltezou et al., 2023.

Table 4 Work Absence Behavior – Part 2

Items	Mean Score	SD	Interpretation
1. I try to avoid being absent from work even when I feel unwell.	4.10	1.01	Agree
2. I sometimes take unplanned leave when I feel stressed.	2.60	1.16	Disagree
3. I feel guilty when I miss a scheduled shift.	3.88	1.00	Agree
4. I think it is acceptable to take leave for personal time off	3.82	1.07	Agree

5. I always inform my supervisor immediately when I need to be absent..	4.45	.680	Strongly agree
6. I take absences only when I have a valid reason	4.50	.663	Strongly agree
7.I believe being present at work is part of my professional duty.	4.68	.567	Strongly agree
Grand mean	4.00	.473	High

Legend: Significant if *p* value is ≤ .05. Dependent Variable: Personal Initiatives. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

Table 4 findings shows that nurses demonstrate strong professional attitudes toward attendance and absence, reflected in their sense of responsibility, accountability, and commitment to patient care. Nurses often avoid absence even when unwell, reflecting professional commitment and concern for patient safety (Schug et al., 2022), and they continue working despite stress due to work ethic and professional obligation (Hämmig, 2021). Nurses also experience guilt when absent due to its impact on colleagues and workload (Aloğlu & Güllü, 2022), although they recognize the need for leave to manage personal responsibilities and well-being (Rony et al., 2023). They demonstrate responsible absence reporting by informing supervisors and ensuring valid reasons for absence, supporting coordination and patient safety (Maltezou et al., 2023). Overall, nurses view attendance as part of their professional duty, reflecting core nursing values, while highlighting the need for supportive work environments, adequate staffing, and fair scheduling to maintain both workforce stability and nurse well-being (Hämmig, 2021; Maltezou et al., 2023).

Table 5 Relationship between Profile and Level of Roster Flexibility

Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	1.113E2	.997	--	Failed to reject Ho	Not significant
Sex	64.953	.854	--	Failed to reject Ho	Not significant
Civil Status	85.065	.248	--	Failed to reject Ho	Not significant
Rank	2.467E2	.272	--	Failed to reject Ho	Not significant
Years of Experience	3.196E2	.372	--	Failed to reject Ho	Not significant
Area of Assignment	1.294E2	.000	.628	Reject Ho	Significant
Work schedule	1.330E2	.000	.754	Reject Ho	Significant
Education Level	79.859	.420	--	Failed to reject Ho	Not significant
Employment Status	76.675	.521	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Roster Flexibility. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

In Table 5 finding shows that roster flexibility was significantly associated with area of assignment and work schedule, while no significant relationship was found with age, sex, civil status, rank, years of experience, education level, and employment status, indicating that flexibility is influenced more by workplace structure and operational demands. Nurses in specialized units follow stricter schedules due to workload and staffing requirements, while those in less demanding units experience more flexibility (Zhang et al., 2023; WHO, 2020). Work schedule also affects flexibility, as rotating shifts limit schedule adjustments compared to fixed schedules (Albertsen et al., 2021; Kelly et al., 2021). In contrast, demographic factors such as age, sex, civil status, and experience do not influence scheduling, as practices are standardized and based on organizational needs (De Clercq et al., 2021; Hämmig, 2021; WHO, 2020). Overall, roster flexibility depends on unit demands and scheduling structures, highlighting the need for fair and supportive scheduling practices to maintain workforce stability and patient care.

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Table 6 Relationship between Profile and Work Absence Behavior (Part 1)

Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Number of times absent from work					
Age	4.317	.634	--	Failed to reject Ho	Not significant
Sex	4.061	.255	--	Failed to reject Ho	Not significant
Civil Status	4.859	.182	--	Failed to reject Ho	Not significant
Rank	16.084	.065	--	Failed to reject Ho	Not significant
Years of Experience	13.904	.307	--	Failed to reject Ho	Not significant
Area of Assignment	37.708	.660	--	Failed to reject Ho	Not significant
Work schedule	7.874	.049	.183	Reject Ho	Significant
Education Level	7.802	.050	.183	Reject Ho	Significant
Employment Status	8.081	.044	.188	Reject Ho	Significant
Total number of days absent					
Age	5.546	.476	--	Failed to reject Ho	Not significant
Sex	2.432	.488	--	Failed to reject Ho	Not significant
Civil Status	8.159	.043	.187	Reject Ho	Significant
Rank	15.080	.089	--	Failed to reject Ho	Not significant
Years of Experience	11.282	.505	--	Failed to reject Ho	Not significant
Area of Assignment	46.595	.289	--	Failed to reject Ho	Not significant
Work schedule	7.149	.067	--	Failed to reject Ho	Not significant
Education Level	7.149	.067	--	Failed to reject Ho	Not significant
Employment Status	6.240	.100	--	Failed to reject Ho	Not significant
Most common reason for the absence					
Age	3.242	.918	--	Failed to reject Ho	Not significant
Sex	1.542	.819	--	Failed to reject Ho	Not significant
Civil Status	5.156	.273	--	Failed to reject Ho	Not significant
Rank	3.726	.319	--	Failed to reject Ho	Not significant
Years of Experience	13.983	.600	--	Failed to reject Ho	Not significant
Area of Assignment	68.566	.121	--	Failed to reject Ho	Not significant
Work schedule	8.940	.063	--	Failed to reject Ho	Not significant
Education Level	2.312	.679	--	Failed to reject Ho	Not significant
Employment Status	3.455	.485	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Work Absence Behavior. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

In Table 6 shows that most demographic and work background factors did not have a significant relationship with nurses' absence frequency, duration, or reasons, indicating that absenteeism is multi-causal and influenced by shared work conditions rather than individual characteristics (Gerlach et al., 2024; Grøtting & Øvergård, 2023). Significant relationships were found for absence frequency in terms of work schedule, education level, and employment status, where shifting schedules contribute to fatigue and increased sick leave (Dall'Ora et al., 2025), education level reflects differences in role demands and understanding of leave policies (Sakr et al., 2025; Kinman & Teoh, 2022), and employment status influences absence decisions due to job security and workplace pressures (Gerlach et al., 2024). Civil status was significantly related to total days absent, as family responsibilities may extend recovery time and absence duration (Sakr et al., 2025). No significant differences were found in reasons for absence, reflecting shared exposure to illness, workload stress, and family demands across nurses (Schug et al., 2022). Overall, absence behavior is primarily influenced by scheduling conditions and organizational factors, highlighting the need for fatigue-reducing schedules, fair staffing, and supportive leave policies to manage absenteeism effectively (Grøtting & Øvergård, 2023; Turunen et al., 2025).

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Table 7 Relationship between Profile and Work Absence Behavior (Part 2)

Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	35.310	.161	--	Failed to reject Ho	Not significant
Sex	13.652	.476	--	Failed to reject Ho	Not significant
Civil Status	14.358	.423	--	Failed to reject Ho	Not significant
Rank	48.306	.233	--	Failed to reject Ho	Not significant
Years of Experience	57.398	.423	--	Failed to reject Ho	Not significant
Area of Assignment	1.856E2	.691	--	Failed to reject Ho	Not significant
Work schedule	13.470	.490	--	Failed to reject Ho	Not significant
Education Level	12.478	.568	--	Failed to reject Ho	Not significant
Employment Status	16.751	.270	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Work Absence Behavior. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 7 shows that none of the profile variables had a significant relationship with work absence behavior, indicating that nurses' attitudes and practices regarding attendance are shared across groups and are shaped more by workplace culture, policies, and staffing pressures than by individual characteristics. Nurses demonstrate a common sense of responsibility and often report for duty even when unwell, reflecting presenteeism driven by workload, staffing shortages, and concern for colleagues (Gerlach et al., 2024; Shan et al., 2021). These behaviors are reinforced by professional values, organizational expectations, and team dynamics, which remain consistent across units and schedules (Min et al., 2021; Shan et al., 2022). The findings also suggest that absenteeism is influenced more by situational and organizational factors such as fatigue, health conditions, and family demands rather than demographic variables (Dall'Ora et al., 2020; Guo et al., 2023). Overall, attendance behavior reflects a shared professional culture, highlighting the need for supportive work environments, fair staffing, and health-promoting policies to prevent presenteeism and ensure safe patient care (Gerlach et al., 2024; Shan et al., 2022).

Table 8 Relationship between Roster Flexibility and Work Absence Behavior (Part 1)

Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Number of times absent from work	4.037E2	.000	.758	Reject Ho	Significant
Total number of days absent	3.864E2	.000	.742	Reject Ho	Significant
Most common reason for the absence	6.712E2	.000	.847	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent variable: Work Absence Behavior. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 8 shows that roster flexibility has a strong and consistent relationship with work absence behavior in terms of frequency, duration, and reasons for absence, indicating that flexible scheduling helps nurses manage recovery, stress, and personal responsibilities and prevents repeated or prolonged absences. Flexible practices such as shift swapping, supervisor support, and workable scheduling options allow nurses to address issues early, while lack of flexibility leads to fatigue, stress, and unplanned leave (Turunen et al., 2022; Grøtting & Øvergård, 2023). Roster flexibility also acts as a buffer against presenteeism and health-related absence, as nurses can adjust schedules instead of working while unwell (Gerlach et al., 2024; Holton et al., 2024). Low schedule control is associated with fatigue, stress, and family-related absences, while higher control enables adjustment without missing work (Brady et al., 2023), although flexibility must be properly managed to avoid unsafe patterns (Booker et al., 2024; O'Connell et al., 2024). Overall, roster flexibility affects physical recovery, psychological strain, and personal demands, highlighting its importance as a key management strategy for reducing absenteeism through fair, participatory, and supportive scheduling practices (Turunen et al., 2022; Holton et al., 2024; Gerlach et al., 2024).

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Table 9 Relationship between Level of Roster Flexibility and Work Absence Behavior (Part II)

Variables	r value	*p* value	Decision	Interpretation
Role Flexibility vs. Work Absence Behavior	.373	.000	Reject Ho	Significant

Legend: Significant if *p* value is ≤ .05. Dependent Variable: Work Absence Behavior. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative)n.

In Table 9 shows that roster flexibility is significantly and positively related to work absence behavior, indicating that greater flexibility leads to more organized and professional attendance practices. Flexible scheduling allows nurses to manage needs early and avoid last-minute absences (Turunen et al., 2022), while rigid schedules contribute to fatigue and unplanned leave (Holton et al., 2024). A supportive work environment also promotes proper reporting, whereas lack of support may lead to presenteeism (Gerlach et al., 2024). Although the relationship is moderate, it highlights that roster flexibility improves attendance behavior but does not eliminate absences due to unavoidable reasons.

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, the findings of the study show that roster flexibility is an important factor influencing work absence behavior among nurses. Nurses generally demonstrated responsible attendance practices, but scheduling flexibility significantly affected how they managed their attendance, including the frequency, duration, and reasons for absence. Roster flexibility was also influenced by workplace factors such as area of assignment and work schedule, indicating that organizational conditions affect nurses' level of schedule control. These findings suggest that effective and flexible roster management supports better attendance behavior, workforce stability, and continuity of patient care. Thus, a roster optimization and absence management enhancement plan is proposed to strengthen scheduling practices and promote responsible attendance.

Recommendations. Based on the findings, the recommendations focus on applying the findings to strengthen nursing practice, education, policy, and research. The roster optimization and absence management enhancement plan is recommended for implementation to improve scheduling practices, promote roster flexibility, and support responsible attendance behavior, with potential adaptation by other hospitals to enhance workforce stability and patient care continuity. The findings may also be utilized in nursing education as instructional material to enhance understanding of workforce management, roster flexibility, and attendance behavior, as well as in teaching nursing management, leadership, and research. In terms of policy, hospital administrators and nursing leaders may develop or strengthen guidelines that ensure fair, flexible, and responsive roster systems, including clear procedures for scheduling, shift swapping, absence reporting, and supervisory support. Finally, the study may be disseminated through publication and conferences, with future research encouraged to further examine roster flexibility and absence behavior across various healthcare settings and populations.

Roster Optimization and Absence Management Enhancement Plan

Rationale

Roster flexibility and absence management influence nurses' well-being, job satisfaction, and attendance behavior. Flexible and supportive scheduling promotes responsible attendance, reduces fatigue and stress, and supports workforce stability and quality patient care. Findings showed high roster flexibility but significant relationship with work absence behavior, influenced by area of assignment and work schedule. Nurses demonstrated responsible absence behavior, but strengthening flexibility remains essential.

General Objective

The main purpose of the roster optimization and absence management enhancement plan is to further improve roster flexibility and strengthen responsible absence management among nurses.

Specific Objectives

Specifically, this enhancement plan aims to achieve the following objectives:

a. To further enhance roster flexibility among nurses through fair and responsive scheduling practices;

b. To reduce avoidable work absences through effective absence management strategies; and

c. To sustain optimal roster management and responsible attendance behavior among nurses.

Areas of Concern	Specific Objectives	Key Activities (Simplified)	Persons Responsible	Resources	Time Frame	Success Indicators
Enhance roster flexibility	Improve fair and responsive scheduling	• Communicate schedule preferences • Responsible shift swapping • Seminar on roster management • Standard shift-swapping protocol • Participatory scheduling • Regular review of schedules	Staff Nurses, Nurse Supervisors, Chief Nurse, HR Director, Hospital Administrators	Devices, internet, seminar budget (Php 10,000), scheduling tools	3rd quarter onwards	Approved protocols, attendance records, improved flexibility survey
Strengthen absence management	Improve responsible attendance behavior	• Early absence reporting • Healthy lifestyle & stress management • Seminar on attendance responsibility • Absence monitoring system • Wellness programs • Regular attendance review	Staff Nurses, Nurse Supervisors, Chief Nurse, HR Director, Hospital Administrators	Monitoring system, seminar budget, wellness resources	3rd quarter onwards	Reduced absences, improved attendance records, monitoring reports
Relationship of roster flexibility & absence behavior	Sustain flexibility and responsible attendance	• Continue scheduling practices • Quarterly roster review • Monitor absence trends • Strengthen supervisor support • Maintain communication	Staff Nurses, Nurse Supervisors, Chief Nurse, HR Director, Hospital Administrators	Monitoring tools, survey tools, records	3rd quarter onwards	Sustained flexibility, stable attendance, reduced fatigue-related absence

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