

04. Health Management and Organization
Competitive session

"Managing nurses absenteeism in a context of budget cuts: an approach based on LMX relationships"

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ABSTRACT

In this study, a closer look was taken at the management of absenteeism in public hospitals, in a context of budget cuts, one of different components of New Public Management (NPM). Here, the "Leader Member Exchange" (LMX) theory was used for two hierarchical levels: nurse/nurse managers (level 1) and nurse managers and nurse senior managers (level2).

Two qualitative studies were realized (30 semi-structured interviews and a netnography study).

We found budget cuts forced nurse managers to manage nurses' absenteeism with internal ways. In fact, high quality of LMX permits quick fixes. On a long term basis, it could lead to misuses and develop presenteeism. But, the second level of LMX relationships could avoid misuses and facilitate this management of absenteeism.

Keywords: Health leadership, Healthcare management, New public management

In April 2016, several articles were written in French national newspapers about the statement of absenteeism in French public hospitals. Headlines were quite negative and not comforting. Frequently, this classification is only based on hospitals' absenteeism rate. In the most cases, the in-depth information about their situation is not highlighted and no information about the management of absenteeism is given, the main subject of this study.

First of all, absenteeism is a phenomenon which can be defined as "*a lack of physical presence at a behavior setting when and where one is expected to be*" (Harrison & Price, 2003, p. 204) . Literature is very extensive about causes of absenteeism (that is why it is not the objective of this paper) but after all absenteeism keeps rising. In France, the health sector is the most affected by the number of sick leaves. Indeed, the way absenteeism is managing in fact and the consequences of this kind of management still are ignored. These points are not really emphasized by the literature (Devigne, Habib, Krohmer, & Laurent, 2014). In addition, hospitals' financial situation must be taken in account in this perspective. In practical terms, the last French Government has decided to control strictly salary mass and economize in this way around 860 million euro. In a restricted budget context, in 2014, French Federation for Hospitals stressed that the control of salary mass could permit a high degree of leverage in the sense that staff costs constitute 70% of hospital budget. These budget cuts are one of

the actions of New Public Management (NPM) (Gruening, 2001). It is an aspect we want to focus on. In theory, reforms related to NPM aimed at embedding more efficient and effective private sector management tools into the public sector (Brunetto, Farr-Wharton, & Shacklock, 2010). But, in practice, many of these reforms was to reduce per capita costs and reduce the number of nursing positions (Upenieks, 2003). Despite the fact NPM is a much studied subject; no study makes the link between budget cuts and, more specifically, the management of absenteeism. Besides, the management policies and practices could affect work-based relationships such as the supervisor-subordinate relationships (Brunetto et al., 2010). That is why the “Leader-Member Exchange” (LMX) theory has been chose for this study. This theory could be useful to understand how the management of absenteeism is managed through the relationship between leaders and subordinates. It also provides guidance on certain dimensions which could influence this kind of management.

The aim of this paper is to analyze the way absenteeism is managed in French public hospitals in a context of budget cuts. This study relies on LMX relationships at different levels: between nurses and nurse managers and between nurse managers and nurse senior managers. As far as we know, there is a lack of papers and doctoral thesis specifically about the management of absenteeism and its consequences (Devigne et al., 2014) both in national and international literature. Likewise, even if some studies are about LMX and absenteeism(van Dierendonck, Le Blanc, & van Breukelen, 2002), no study makes the link, precisely, between LMX and the management of absenteeism. In the same vein, the literature most often used to state positive effects of high quality of LMX. It is interesting to know if negative effect of high quality of LMX is possible or not. The strengths and weaknesses of this kind of management, the way the nurse manager proceeds to replace absent nurses remain unknown. The role played by the nurse senior managers in this management of absenteeism is also ignored. In literature, very few studies are about nurse senior managers in general; at least, none seems to be about management of absenteeism.

All these elements reveal some research questions: how do nurse managers proceed to replace an absent nurse in a context of budget cuts? How do LMX relationships help or disadvantage this management of absenteeism? Do LMX relationships have positive and/or negative effects on the management of absenteeism?

To respond to these issues, a theoretical background based on LMX theory has been chosen (Dansereau, Graen & Haga, 1975, Graen & Uhl-Bien, 1995). First of all, the literature review about management of absenteeism in public hospitals and LMX relationships will be presented. Second, the different methods used for this study will be stated. Lastly, the main results and a discussion will be presented. Thus, practical implications could be highlighted and limits of the study could be stressed also.

LITERATURE REVIEW

Managing absenteeism in French public hospitals

In general, the way to manage absenteeism is limited to an internal or external choice. In France, these ways for managing the phenomenon are highlighted by the project called "*Projet hospitalier absentéisme Recherche Efficience et organisation de santé*" (PHARES) (2012). In other words, it is a French project about absenteeism and the search for efficiency in the health sector. Certain ways for managing absenteeism depend on the nurse managers whereas others depend on hospitals' policy. First, nurse managers can replace the absent nurse by the present workforce trying to re-organize the schedule. In fact, it is something very unofficial, a kind of deal between colleagues and nurse managers (Bourgeon, 2013). To face absenteeism, nurses managers can also decide to call nurses during their rest day. It corresponds above all to short-term absenteeism (Brami, Damart, & Kletz, 2012). These two ways of managing absenteeism need constant schedule changing and an appropriate conciliation between private and professional life. According to National Agency for the improvement of working conditions in France, schedule changes take 70% of the working time of nurse managers. It prevents them making other tasks (Brami et al., 2014). In most cases, they have to be reactive given that management of absenteeism is very 'elastic' (Brami et al., 2014). Depending on the hospitals' policy, the floating pool could be requested or mobility between units could be planned. After all, if any of these solutions are not possible, nurse managers can ask their hierarchy for recruitment especially for a long-term absenteeism even if the leitmotiv in public sector is to do best or more with less (Noblet & Rodwell, 2009). As indicated before, NPM decreases the number of nurses' positions for costs preoccupation. Besides, findings of Newman and Lawler (2009) show that hospital evolutions due to NPM increase a lot work of nurses and managers.

The management of absenteeism impacts not only nurses, nurse managers but also hospitals. From the point of view of nurses, the actual management of absenteeism tends to unsettle nurses' operation because they are often forced to improvise at work. This situation could cause conflicts between agents, really exhausted both physically and mentally (Brami et al., 2014). From the point of view of nurse managers, this management of absenteeism could create a feeling of unfairness, linked to salary systems. Nurse managers used to work with the win-win principle, especially for the management of absenteeism. Besides, the win-win principle is recommended by some authors in this context of scarcity of resources (Crozet, Kaaniche, & Lienard, 2008). On a long-term basis, nurses could feel neglected by the institution; that is the reason why they could refuse a replacement, for example (Brami et al., 2014). It could make the management of absenteeism more difficult for nurse managers then. Finally, for hospitals, the most important risk is to increase absenteeism (Brami et al., 2014) which is very costly.

LMX theory

Dansereau, Graen and colleagues introduced LMX theory during the 1970s. Based on role and social exchange theories (Blau, 1964), it suggests that through different types of exchanges, leaders differentiate in the way they treat their followers (Dansereau et al., 1975). In fact, different quality relationships are developed between the leader and each follower (Schriesheim, Castro & Cogliser, 1999). The success of this theory is attributed to numerous benefits of positive relationships between leaders and followers (Graen & Uhl-Bien, 1995). Martin, Epitropaki, Geoff & Topakas (2010) summarize positive impacts of high quality LMX relationships at different levels. First, concerning the employees, high quality LMX relationships could increase job satisfaction (Arye & Chen, 2006; Epitropaki & Martin, 2005; Martin, Thomas, Charles, Epitropaki & McNamara, 2005), wellbeing at work (Bernas & Major, 2000; Epitrotropaki & Martin, 2005; Martin et al., 2005), empowerment (Gomez & Rosen, 2001, Keller & Dansereau, 2001). In addition, it could decrease stress at work (Bernas & Major, 2000; Harris & Kacmar, 2006) and intentions to leave the company (Bauer, Erdogan, Liden & Wayne, 2006; Major, Kozlowski, Chao & Gardner, 1995, Vecchio & Gobel, 1984). Then, at the dyad-level, high quality LMX relationships could maintain workplace friendships

(Tse, Dasborough & Ashkanasy, 2008), increase perceived lead support (Bauer & Green, 1996) and perceived leader delegation and consultation (Yukl & Fu, 1999). Lastly, for the organization, high quality LMX relationships could develop perceived justice (Andrews & Kacmar, 2001; Erdogan, 2002) and perceived transformational leadership (Howell & Hall-Merenda, 1999; Pillai, Schriesheim & Williams, 1999). In contrast, employees with low quality LMX relationships with their leader could have the feeling to be outside of the group. With this kind of feeling they won't accept new responsibilities, for example. They will describe the behavior of their leader as transactional or contractual (Graen & Uhl-Bien, 1995; Liden, Sparrowe, & Wayne, 1997). In such cases, the leader is forced to negotiate with the employee in order to obtain trust, respect and conduct effective labor (Dansereau et al., 1975; Graen & Uhl-Bien, 1995; Liden et al., 1997).

Four dimensions could be used for determining the quality of LMX relationships: affect, loyalty, contribution and professional respect (Liden & Maslyn, 1998). Liden and Maslyn (1998) define the affect as the mutual affection members of the dyad have for each other based primarily on interpersonal attraction, rather than work or professional values. Such affection may be manifested in the desire for and/or occurrence of a relationship which has personally rewarding components and outcomes. Then, loyalty matches the expression of public support for the goals and the personal character of the other member of the LMX dyad when the professional respect is regarded as the perception of the degree to which each member of the dyad has built a reputation, within and/or outside the organization, of excelling at his or her line of work (Liden & Maslyn, 1998). Finally, authors stressed that the contribution is the perception of the current level of work-oriented activity each member puts forth toward the mutual goals (explicit or implicit) of the dyad.

METHODS

The choice of qualitative methods

Overall, research about LMX theory is mainly quantitative and few qualitative studies have been conducted (Martin et al., 2010). According to Martin et al. (2010), interviews, diaries and observation of different levels could *“provide a rich data source to complement the questionnaire-*

based empirical studies that have thus far dominated the field". Two qualitative studies were realized. First, semi-structured interviews (primary data) were conducted with a multi-stakeholder approach. To complete this primary data, a netnography study based on online nurses' forums was realized. A French online forum called "Infirmiers.com" was selected because it is specialized in health sector and its members are mainly nurses and nurse managers. Here, 161 messages of four different subjects were studied.

Data collection and sample for semi-structured interviews

For the primary data, 30 agents were interviewed: 7 senior nurses managers, 15 nurses managers, 5 nurses, 2 trade unionists, 1 agent from human resources unit. The research took place in 5 different care institutions in France: 4 in the area of Languedoc-Roussillon (south of France) and 1 in Reunion Island (a French department out of sea). Interviewees worked all in the public sector and were selected according to their professional experience, their gender and their care services. For interviews, except the trade unionists one, an e-mail was written, explaining the aim of the research, to the chief nursing executive who gave us a list of people we can call. All the interviews were audio-recorded. The duration of the interviews varies according to the position of each interviewee. It ranges from 20 to 60 minutes for nurses managers whereas it ranges from 33 to 48 minutes for healthcare senior managers. The trade unionists' interview lasts 38 minutes and for nurses, the duration of interviews ranges from 15 to 25 minutes. All interviews took place in interviewees' office during their duty hours at their convenience. For the purpose of the paper, quotes of interviewees were translated into English. For interviews, a thematic content analysis was made thanks to the software QDA Miner Lite.

Data collection and sample for the netnography study

A netnography study was realized thanks to a non-participative observation on the online forum. The objective is to complete our primary data and have a kind of "free speech" from hospital agents on a sensitive subject. More specifically, netnography can be described as the combination of 'internet' and 'ethnography'. Such as ethnography (Hammersley & Atkinson, 1995), netnography is about a researcher observing and recording, for an extended period of time, the acts and discussions of a target population. This method is quite common for marketing studies but rare in the field of human

resources (Mercanti-Guérin, 2009). As highlighted above, a French specialized forum called “Infirmiers.com” was selected. Due to the large amount of information on the website, 4 subjects were selected by key words related to our thematic research. In total, 161 messages were studied. For the purpose of the paper, quotes from forum were translated and for a better understanding, some of them were changed into English less familiar. When a netnography study is conducted, some steps have to be respected. For example, the researcher has to indicate the research issue, the studied community, the duration, and explain how ethic rules have been respected. For the preparation of this netnography, academic research of Kozinets (2002) and Füller, Jawecki & Mühlbacher (2008) were used. More detail is given in the Table 1. For the netnography study, a thematic content analysis was made also thanks to the software QDA Miner Lite.

RESULTS AND DISCUSSION

Results of semi-structured interviews (primary data)

An internal and flexible management of absenteeism made by nurse managers: a reality of budget cuts

The primary data gives us some elements about the way nurses managers used to manage nurses’ absenteeism every day in a budget cuts context. In fact, for short term absenteeism (several days), the non-replacement of an agent is emphasized. But, contrary to Brami et al. (2012), findings from semi-structured interviews reveal the same for long term absenteeism (several months). There is a kind of pressure on healthcare managers and healthcare senior managers to restrict recruitments: *“In the current context with budget cuts, we are suffocating” – Health care senior manager 4*. That is why an internal management of absenteeism is made by nurse managers. In accordance to Devigne et al. (2014), different options are possible depending on the care institution or the nurse manager. Concerning the care institution, a floating pool could exist and can be used, with a minimum anticipation. Commonly, if it exists, it is still insufficient of all the needs; the staff has been reduced because of budget cuts: *“In this floating pool, there are only two nurses and two care assistants for a total of nine hospital units”-Healthcare manager 2*. Moreover, agents of the floating pool are often unavailable for short term absenteeism. They replace mainly long term absenteeism: *«Now, the replacement pool is used for long term absenteeism and there is less agents for short term one.*

Originally, it was created for that.” – Healthcare senior manager 4. For short term absenteeism, nurse managers used to call agents during their rest periods or ask agents, who are on duty, to change the schedule for the day. In some care institution, and when the floating pool does not exist, a kind of staff mobility between units is possible. For example an agent from unit A could work for a certain period (frequently, few hours) in unit B to replace the absent nurse. Semi-structured interviews indicate the most regular way of managing absenteeism is to call agents during their rest periods. That is why we decided to focus the following results on it (for interviews and netnography study).

Calling nurses during their rest day: a solution to manage absenteeism thanks to a high quality of LMX relationship

In a certain way, healthcare managers are at the mercy of agents’ goodwill when they want to manage absenteeism: *“we are just making a request; they are allowed to say “no” ”* (Healthcare manager 2). The results indicate that high quality of LMX relationships seems to have positive effects on the internal management of absenteeism especially for calling nurses during their rest day. Dimensions of LMX seem to be crucial for healthcare managers. As a reminder, literature suggests four dimensions of LMX relationships: professional respect, affect, loyalty and perceived contribution (Liden & Maslyn, 1998). About the professional respect, when healthcare managers have a rich and varied working experience and when they can take into consideration difficulties of nurses’ work, agents accept easily to be call during rest periods: *“Our healthcare manager is very kind, she always makes things simpler. She knows well the job of nurse because she was one during several years. She is really available and always tries to make herself available”* (Nurse 1). This professional respect also passes through the flexibility of the healthcare manager: *“We often come back to work during rest periods... so we are really flexible. We are also expecting a kind of flexibility from the healthcare manager”* (Nurse 5). The affective dimension seems to count towards nurses whereas healthcare managers seem to be quieter on this point: *“If the healthcare manager is a nice person, we will come back easily during rest periods. If it is a troublemaker...no way”* (Nurse 5). Then, loyalty seems to be an important dimension for nurses. Indeed, when the staff has lots of difficulties to replace colleagues, nurses used to expect that their healthcare manager supports them especially toward board members: *“Our healthcare manager did not hesitate to say to board members that we had a lot of difficulties for*

a while to replace absent agents” (Nurse 5). Finally, the perceived contribution seems to be the most decisive dimension for healthcare managers to manage absenteeism in internal way. A win-win principle seems to be established between healthcare managers and nurses. In fact, for nurse managers, it permits to manage absenteeism and by the way, ensure safety of care for patients (because they have the adequate number of nurses in the unit). For nurses, its permits to have, in general, some benefits concerning the schedule and rest periods. For example, they can have a longer week-end or a day especially for their child birthday: “When we are asking for a schedule change and we see the nurse manager doing his best...we will be ready to change our schedule in the future if the nurse manager asks for. It will be easier” (Nurse 2).

Calling nurses during their rest day: when high LMX relationships could have negative effect on occupational health and could develop nurses’ presenteeism on a long term basis

High quality of LMX relationships could be an issue for absenteeism management made by nurse managers. But sometimes, it could also leads to misuses from the leader. Literature does not emphasize a lot this point. Frequently, just the positive effects of LMX are shown by studies. Here, a negative effect of high quality of LMX relationship was found. This study points that nurse managers are so anxious about the management of absenteeism, which has to be done with less budget, and they seem to forget some legal rules about working time: *“We have seen some healthcare managers who were not careful to the respect of laws about work time. They forgot to give to their agent their rest periods every two weeks because they were not be able to” (Trade unionist 2).* Nurse managers have a real need for human resources in their unit and they know their agent, with whom they work, will come back even if they have their rest period: *“We used to come back to work for colleagues but also to help our healthcare manager” (Nurse 4).* Nurse managers are aware of their misuses when they are managing absenteeism but it looks like they are forced to do it because of the financial context of French public hospitals: *“For the staff, sometimes, I have the feeling that I’m abusing” (Healthcare manager 8).* This kind of behavior leads nurses to the phenomenon of presenteeism: *“In one pulmonology Department with an important absenteeism rate (work accident, burn out...), the staff was fed up. Agents were really involved but they were tired of the situations. Some of them who used to work half-time were obliged to work full-time, with the impossibility for them to have some rest*

periods.” (Trade unionist 2); “For a while, this situation has to stop...we could not have any rest period” (Nurse 5). Indeed, an excessive attendance at work exhausts nurses: “When you work continuously during five days...the fifth working day is really hard” (Nurse 3). Therefore, this study conflicts with Ferreira’s research (2015).

Results of the netnography study (secondary data)

Call nurses during their rest day: when managing absenteeism leads to inappropriate behaviors

Because of budget cuts and recruitment limitation, nurse managers seem to forget ethical considerations when they manage nurses’ absenteeism. This point is highlighted by the netnography study. Indeed, most often when they have to manage absenteeism, it is in the rush because the major goal is to ensure patients’ safety. If an agent refuses to come back to work in order to replace a colleague, some threats could be made. On discussion forums, members make reference to “*pathetic threatens*” (Member 2 – Forum 1). Usually, nurse managers point colleagues’ difficulties and patients’ care for blaming nurses who refuse to come back to work during their rest day: “*Continuity of care, patients’ care or the famous ‘you are my last hope’ ...it’s bullshit*” (Member 2- Forum 1). However, nurse managers can also threaten agents about their professional assessment: “*agents who come back to work on their rest periods are afraid to have a bad rating for their professional assessment*” (Member 5- Forum 2). In addition, in this management of absenteeism, nurse managers could also harass agents. Netnography study exposes specifically telephone harassment: “*During my rest period, my nurse manager harasses me leaving me a lot of messages on my phone. This has been going on for three years because of the reduction of the staff*” (Member 8 – Forum 1); “*Personally, once my healthcare manager phoned my then boyfriend who worked in a restaurant to ask me to come back to work to replace someone. I did not appreciate this invasion of privacy*” (Member 6- Forum 1); “*For me, it sounds like moral harassment. Everybody is on the defensive and sick leaves increase.*” (Member 8- Forum 1). This telephone harassment has an important impact on agents’ privacy. Agents seem to be continually linked with their professional life. Even during their rest period, nurses cannot relax or focus on other things than work. Verbatim reports from netnography study emphasize the mental fatigue of nurses and highlight the increasing of absenteeism, a phenomenon nurse managers

try to compensate. Likewise, with these inappropriate behaviors, nurses could develop withdrawal behaviors and could decide to avoid voice messages or to start a strike in some cases.

Results of semi-structured interviews (primary data)

LMX relationships between nurse managers and nurses senior managers: a solution to avoid these misuses?

In the literature, the LMX relationships between nurse managers and nurse senior managers are very few studied. But, it could be an interesting point to explore. As outlined above, nurse managers cannot face all difficulties of absenteeism management and can commit some misuses. Besides, the findings of this research indicate some dimensions of LMX which could facilitate everyday absenteeism management and limit abuses. In fact, the affective dimension is important: *“There is a kind of caring affect between us” (Healthcare senior manager 4)*. This dimension permits healthcare managers to work in good condition and to keep cool in stressful situation: *“I try to have cordial relationships with healthcare managers. I try to have a good atmosphere in the unit” (Healthcare senior manager 2)*. Professional respect plays an important role because this dimension permits a good communication about absenteeism, remains attentive about absenteeism issues: *“We have an attentive healthcare senior manager; that’s why I give to give her all information about absenteeism management in my unit” (Healthcare manager 4)*. Finally, the loyalty dimension seems to be crucial in this case. When healthcare managers are out of patience with absenteeism management, the healthcare senior manager can prevent both the nursing leadership and the human resources department of the care institution: *“When I am speaking to the board members, even if I am a healthcare senior manager, I speak as a caregiver, I know well difficulties of the job and I know when and why, I absolutely need a recruitment” (Healthcare senior manager 4)*. Due to absenteeism management issues, the nurse senior managers pass information to the board members and try to find solutions together. That is made possible by some regular work meetings with different stakeholders: *“Biweekly, we have a meeting with six healthcare senior managers, the director of nurse, the assistant of the head of human resources. Every healthcare senior manager exposes healthcare managers’ difficulties concerning their staff and the absenteeism management” (Nurse senior manager 3)*. Some regular meetings between nurse managers and their nurse senior manager could be an interesting issue

to avoid misuses. It could be a time to step back and take stock: *“Every week, we organize a meeting between nurse managers and the nurse senior manager in order to talk about our difficulties including our absenteeism management difficulties. Nurse senior manager used to give us all information about recruitment. It’s very helpful for us, we can step back.”* (Healthcare manager 11).

PRACTICAL IMPLICATIONS AND LIMITS OF THE STUDY

These two qualitative studies permit us to understand that it is important for nurse managers and their staff to be aware of consequences of the management of absenteeism. It seems crucial to limit them in order to protect nurses and also patients. As noted later, LMX relationships could make the management of absenteeism easier but nurse managers should be aware of misuses they committed with the schedule and be aware of the impacts of presenteeism. It could be interesting for them to have job training on this subject. Likewise, it is necessary to develop LMX relationships between nurse managers and nurse senior managers in a context of budget cuts. This kind of relationships permits to find collective solutions for the management of absenteeism and permits to consider nurses’ recruitment despite budget cuts.

Like all scientific research, this research carries certain limitations. Concerning methods, for the semi-structured interviews, a restricted sample of people was studied, each in different public hospitals. Likewise, for the netnography study, we have limited information about the members. Furthermore, these semi-structured interviews and this netnography are exploratory. For future studies, it will be interesting to realize multi case studies in order to understand at length the management of absenteeism and LMX relationships in this context of budget cuts. To have a representative sample, a quantitative study could be considered. Measurement scales exist for LMX relationships but the most difficulty is about the management of absenteeism. Measurement scales for management of absenteeism do not exist. A study could be planned to create these measurement scales. Finally, our study focuses only on French case, it would be interesting to understand the management of absenteeism in public hospitals in other countries as well and make a comparison between public hospitals and private companies.

REFERENCES

- Andrews, M. C. & Kacmar, M. (2001). Discriminating among organizational politics, justice and support. *Journal of Organizational Behavior*, 22, 347-366.
- Aryee, S. & Chen, Z. X. (2006). Leader-member exchange in a Chinese context: Antecedents, the mediating role of psychological empowerment and outcomes. *Journal of Business Research*, 59, 793-801.
- Bauer, T. N. & Green, S. G. (1996). Development of Leader-Member Exchange: A longitudinal test. *Academy of Management Journal*, 39, 1538-1567.
- Bauer, T. N., Erdogan, B., Liden, R. C., Wayne, S. (2006). A longitudinal study of the moderating role of extraversion: Leader-Member Exchange, performance, and turnover during new executive development. *Journal of Applied Psychology*, 91, 298-310.
- Bernas, K. H. & Major, D. A. (2000). Contributions to stress resistance: Testing a model of women's work-family conflict. *Psychology of Women Quarterly*, 24, 170-178.
- Blau, P. M. (1964). *Exchange and power in social life*, New York, John Wiley.
- Brami, L., Damart, S., & Kletz, F. (2012). Réformes de l'hôpital, crise à l'hôpital : une étude des liens entre réformes hospitalières et absentéisme des personnels soignants. *Politiques et management public*, (Vol 29/3), 541-561.
- Bourgeon, D. (2013). *Le planning à l'hôpital : entre réglementation du travail et jeux de pouvoir*. Paris, Lamarre.
- Brami, L., Damart, S. Detchessahar, M., Devigne, M., Habib, J., Kletz, F. & Krohmer, C. (2014). *L'absentéisme des personnels soignants à l'hôpital : Comprendre et agir*. Paris, Presses des Mines, collection Économie et Gestion.
- Brunetto, Y., Farr-Wharton, R., & Shacklock, K. (2010). The impact of supervisor-subordinate relationships on morale: implications for public and private sector nurses' commitment. *Human Resource Management Journal*, 20(2), 206-225.

Crozet, P., Kaaniche, A., & Lienard, J. (2008). Nouvelle gouvernance à l'hôpital : recomposition de l'organisation et gestion des ressources humaines. *Politiques et management public*, (Vol 26/2), 31-52.

Dansereau, F., Graen, G., & Haga, W. J. (1975). A vertical dyad linkage approach to leadership within formal organizations: A longitudinal investigation of the role making process. *Organizational Behavior and Human Performance*, 13(1), 46-78.

Devigne, M., Habib, J., Krohmer, C., & Bami, L. (2014). Reconnaître les régulations autonomes pour organiser le travail : l'exemple de la gestion de l'absentéisme en EHPAD, Acknowledged the autonomous regulations to organize the work : the case of the absenteeism management in nursing homes. *Journal de gestion et d'économie médicales*, 32(1), 63-80.

Erdogan, B. (2002). Antecedents and consequences of justice perceptions in performance Appraisals. *Human Resource Management Review*, 12, 555-578.

Epitropaki, O., & Martin, R. (2005). From ideal to real: A longitudinal study of the role of implicit leadership theories on leader-member exchanges and employee outcomes. *Journal of Applied Psychology*, 90, 659-676.

Ferreira, A. I., Martinez, L. F., Cooper, C., & Gui, D. M. (2015). LMX as a negative predictor of presenteeism climate: A cross-cultural study in the financial and health sectors. *Journal of Organizational Effectiveness: People and Performance*, 2(3), 282-302.

Füller, J., Jawecki, G. & Mühlbacher, H. (2007). Innovation creation by online basketball communities. *Journal of Business Research*, 60(1), 60-71.

Gómez, C., & Rosen, B. (2001). The leader-member exchange as a link between managerial trust and employee empowerment. *Group & Organizational Management*, 26, 53-69.

Graen, G. B., & Uhl-Bien, M. (1995). Development of leader-member exchange (LMX) theory of leadership over 25 years: Applying a multi-level, multi-domain perspective. *Leadership Quarterly*, 6, 219-247.

- Gray, A. M., & Phillips, V. L. (1994). Turnover, age and length of service: a comparison of nurses and other staff in the National Health Service. *Journal of Advanced Nursing*, 19(4), 819-827.
- Gruening, G. (2001). Origin and theoretical basis of new public management. *International Public Management Journal*, 4(1), 1-25.
- Hammersley, M. & Atkinson, P. (1995). *Ethnography: Principles in Practice* (2nd ed.), New York, Routledge.
- Harrison, D. A. & Price, K. H. (2003). Context and consistency in absenteeism: studying social and dispositional influences across multiple settings. *Human Resource Management Review*, 13(2), 203-225.
- Howell, J.M. & Hall-Merenda, K.E. (1999). The ties that bind: The impact of Leader-Member Exchange, transformational and transactional leadership, and distance on predicting follower performance. *Journal of Applied Psychology*, 84, 680-694.
- Keller, T. & Dansereau, F. (2001). The effect of adding items to scales: An illustrative case of LMX. *Organizational Research Methods*, 4, 131-143.
- Kozinets, R.V. (2002). The field behind the screen: using netnography for marketing research in online communities. *Journal of Marketing Research*, 39(1), 61-72.
- Liden, R. C., Sparrowe, R. T. & Wayne, S. J. (1997). Leader-member exchange theory: The past and potential for the future. *Research in Personnel and Human Resources Management*, 15, 47-119.
- Liden R. C. & Maslyn, J. M. (1998). Multidimensionality of leader- member exchange: An empirical assessment through scale development. *Journal of Management*, 24, 43-72.
- Major, D. A., Kozlowski, S. W. J., Chao G. T. & Gardner, P. D. (1995). A longitudinal investigation of newcomer expectations, early socialization outcomes, and the moderating effects of role development factors. *Journal of Applied Psychology*, 80, 418-431.

Martin, R., Thomas, G., Charles, K., Epitropaki, O. & McNamara, R. (2005). The role of leader member exchanges in mediating the relationship between locus of control and work reactions. *Journal of Occupational and Organizational Psychology*, 78, 141-147.

Martin, R., Epitropaki, O., Geoff, T. & Topakas, A. (2010). A review of Leader-Member Exchange (LMX) research: Future prospects and directions, In Gerard P. Hodgkinson and J. Kevin Ford (Eds.) *International Review of Industrial and Organizational Psychology*, 25, 35-88.

Mercanti-Guérin, M. (2009). La netnographie : outil de prospective des métiers, une application aux nouveaux métiers du Web. *Management & Avenir*, 25 (5), 386-405.

Newman, S. & Lawler, J. (2009). Managing health care under New Public Management: A Sisyphean challenge for nursing. *Journal of Sociology*, 45(4), 419-432.

Noblet, A. J. & Rodwell, J. J. (2009). Integrating Job Stress and Social Exchange Theories to Predict Employee Strain in Reformed Public Sector Contexts. *Journal of Public Administration Research and Theory*, 19(3), 555-578.

Pillai, R., Schriesheim, C.A. & Williams, E.S. (1999). Fairness perceptions and trust as mediators for transformational and transactional leadership: A two-sample study. *Journal of Management*, 25, 897-933.

Schriesheim, C.A., Castro, S. L. & Cogliser, C. C. (1999). Leader-member exchange (LMX) research: A comprehensive review of theory, measurement, and data-analytic practices. *Leadership Quarterly*, 10, 63-113.

Secombe, I. & Smith, G. (1997). *Taking Part: Registered Nurses and the Labour Market in 1997*. Grantham Book Services, Isaac Newton Way, Alma Park Industrial Estate, Grantham NG31 9SD, England, United Kingdom.

Tse, H. H. M., Dasborough, M.T. & Ashkanasy, N. M. (2008). A multi-level analysis of team climate and interpersonal exchange relationships at work. *Leadership Quarterly*, 19, 195-211.

Upenieks, V. V. (2003). The interrelationship of organizational characteristics of magnet hospitals, nursing leadership, and nursing job satisfaction. *The Health Care Manager*, 22(2), 83-98.

van Dierendonck, D., Le Blanc, P. M., & van Breukelen, W. (2002). Supervisory behavior, reciprocity and subordinate absenteeism. *Leadership & Organization Development Journal*, 23(2), 84-92.

Vecchio, R. P. & Gobdel, B. C. (1984). The vertical dyad linkage model of leadership: Problems and prospects. *Organizational Behavior and Human Performance*, 34, 5-20.

TABLES

Table 1 : Preparation of the netnography study based on academic research of Kozinets (2002) and Füller et al. (2007)

Research issue	<ul style="list-style-type: none"> • How do nurse managers to overcome nurses absenteeism in a context of budget cuts ? • Are there some misuses because of this management of absenteeism?
Studied community	<ul style="list-style-type: none"> • Nurses and healthcare managers who are working in public care institutions
Research object	<ul style="list-style-type: none"> • The management of absenteeism in French public hospitals and their consequences
Data collected	<ul style="list-style-type: none"> • Data collected on a French online forum called « Infirmiers.com » ; • Four subjects have been selected, linked with the management of absenteeism • In all, 161 messages have been studied • Non participant observation (reading of messages of community's members)
Duration	<ul style="list-style-type: none"> • 5 months (July to November 2017)
Ethic rules	<ul style="list-style-type: none"> • The researcher reveals her identity and specifies her intentions • Researcher guarantees privacy of informants ; change of pseudonyms • Ask for agreement of all members of the four subjects in order to publish research works
Data analysis	<ul style="list-style-type: none"> • Thematic content analysis with the software called QDA Miner Lite