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Original Article

O ABSENTEÍSMO ENTRE OS TRABALHADORES DE SAÚDE DE UM HOSPITAL PÚBLICO DO SUL DO BRASIL

THE ABSENTEEISM AMONG HEALTH WORKERS IN A PUBLIC HOSPITAL AT SOUTH REGION OF BRAZIL

EL ABSENTISMO ENTRE LOS TRABAJADORES DE SALUD DE UN HOSPITAL PÚBLICO EN EL SUR DE BRASIL

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RESUMO

Objetivo: caracterizar o perfil de adoecimento dos trabalhadores de saúde e seu absenteísmo, em um hospital público na região sul do Brasil. **Método**: descritivo, quantitativo e retrospectivo, no qual foi avaliado o absenteísmo referente ao ano de 2013, captado pela ferramenta "Sistema de Monitoramento da Saúde do Trabalhador de Enfermagem". **Resultados**: o perfil dos trabalhadores afastados em sua maioria era do sexo do trabalho, totalizando 4.619 dias perdidos. Observou-se a prevalência de doenças do sistema osteomuscular (16,4%), sendo a mais frequente a dorsalgia (7,14%). **Conclusão**: a partir dos resultados, faz-se necessário o acompanhamento e verificação dos indicadores de absenteísmo para estabelecer estratégias que visem a sua redução. O absenteísmo-doença é um importante indicador da saúde do trabalhador decorrente de múltiplos fatores.
Descritores: Saúde do trabalhador; Pessoal de saúde; Absenteísmo.

ABSTRACT

Objective: characterize an illness profile of health care workers and their absenteeism, in a public hospital in the south region of Brazil. **Method**: descriptive, quantitative and retrospective, which was evaluated the absenteeism regarding the year 2013, a tool called "Monitoring System of Nursing Worker Health" collected the data. **Results**: the retired workers profile was mostly female, from nursing category, celetista work scheme and between the 21- 30 years age group. During this period, 2.309 retirements from work were registered, totaling 4619 workdays lost. There was a prevalence of musculoskeletal system diseases (16,4%), being the most frequent the upper back pain (7,14%). **Conclusion**: from the results it is necessary monitoring and verification of absenteeism indicators to establish strategies for their reduction. The sickness absenteeism is an important indicator of the workers' health arising from multiple factors.
Descriptors: Occupational health; Health personnel; Absenteeism.

RESUMEN

Objetivo: caracterizar el patrón de la enfermedad entre los trabajadores de salud y su absentismo en un hospital público en el sur de Brasil. **Metodo**: descriptivo, cuantitativo y retrospectivo, que se evaluó el absentismo para el año 2013, capturado por la función" Vigilancia Trabajador Enfermería de Salud del sistema". **Resultados**: el perfil de los trabajadores de distancia eran en su mayoría mujeres, la categoría de enfermería, régimen laboral celetista y entre el grupo de edad de 21 a 30 años. En este período se registraron 2.309 bajas por enfermedad por un total de 4619 días perdidos. Allí estaba la prevalencia de las enfermedades del aparato locomotor del sistema (16,4 %), siendo el dolor de espalda más comunes (7,14 %). **Conclusión**: a partir de los resultados es la vigilancia y verificación de los indicadores de absentismo necesario establecer estrategias destinadas a reducir. Absentismo enfermedad es un importante indicador de la salud del trabajador debido a múltiples factores.
Descriptores: Salud laboral; Personal de salud; Absentismo.

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INTRODUCTION

Health workers get sick mostly because of the way the work process is organized[1]. As a consequence of illness, there are high rates of absenteeism among these workers, which must be evidenced. In Brazil, there are public policies aimed at minimizing work-related illness and, among them, the National Policy on Attention to Health Worker through a National Network of Integral Attention to Worker's Health (RENAST). The objective is to establish a network of health information and practices in an organized way for the implementation of health care, surveillance, prevention and health promotion actions. There are also labor laws established through the Consolidations of Labor Laws (CLT), which aim to guarantee the safety, protection and health of health workers. Among them, the Regulatory Norms and, mainly, the NR 32 that is specific for the health workers[2, 3].

These are legal devices that aim to minimize exposure to workloads to which health workers are exposed, such as mechanical, biological, physical, chemical and psychosocial. These workloads trigger health problems among health care workers, which are characterized and captured through medical licenses, work injury records and the signs and symptoms referred to by these workers[4].

The sickness of health workers is the main cause of absenteeism and triggers an overloading process to the team, and thus creates a circle of absence from work. Ultimately, the frequency of these departures affects the quality of work and is reflected in the quality of customer service.

The high rate of absenteeism is described in scientific studies that refer to departures by medical certificates as the main cause of all non-scheduled work absences, which can vary between 75 and 81%[4, 5].

Absenteeism rates are disturbing and high. As an example, the annual cost of absenteeism for the UK national economy was estimated at around £ 1.5 billion in 2013[6]. In Brazil, a study developed with nursing workers from a single hospital in São Paulo in 2008 showed that absenteeism-illness cost the employer equivalent to R$389,817.76 related to the 2538 days of absences in a year. These financial costs cause damage to the service and to the workers, being it in the economic, operational, physical and mental order, with decrease of productivity, increase of costs, dissatisfaction in the work and overload of other health workers[7-9].

If, on the one hand, the impacts of absenteeism are well known, on the other hand the measures to reduce it are not. Given this context, it is necessary to analyze absenteeism to justify the need for studies related to workers' health issues in order to prevent the sickness of these workers.

Thus, the objective of this study was to characterize the sickness profile of health workers and their absenteeism.

METHODS

The study is characterized as descriptive, retrospective and of quantitative approach. The scenario was a public hospital located in the southern region of Brazil. The study population consisted of health workers, being considered in this category those who act directly or indirectly in the care of patients. In 2013, the hospital had a total of 1,153 employees, 579 of whom were in the CLT regime, 574 of whom were statutory. As for the occupations, there were 88 nurses, 291 nursing technicians, 193 nursing auxiliaries and 946 people belonging to other categories (physician, physiotherapist, occupational therapist, social worker, pharmacist and biochemist, psychologist, nutrition service, administrative service, general services and maintenance, mortician). Data were collected by the Nursing Worker Health Monitoring System/SIMOSTE[10].

The data of interest for this study were the variables: gender, age group (up to 20 years old, 21-30 years old, 31-40 years old, 41-50 years old, 51 years old and older), professional category, employment relationship, type of work remission (medical leave, work accident), days off from work, missed work days and cause of work remission. The 2309 work departures recorded between January and December 2013 were included in the survey. Statistical analysis was performed using the *SOFTWARE* STATA 12 version, using absolute and relative frequencies. The rates were obtained between the variables "lost days of work" (N) and the variables employment bond and professional category, with a 95% confidence interval (95% IC). And after the Poisson regression was performed to obtain the "rate ratio" (RT) association measure.

The research was approved in the Committee of Ethics in Research, under the protocol 718/2008 of the School of Nursing of the University of São Paulo (EEUSP). The research belongs to a subproject of the study titled "Deployment and Evaluation of SIMOSTE", in partnership with seven national

hospitals and with financial support from the Foundation for Research Support of the State of São Paulo – FAPESP.

RESULTS AND DISCUSSION

According to Table 1, there were 2,309 work departures in the year; female workers presented 1,949 (84.4%) of the absences, and the age range between 21 and 30 years old had a higher frequency of departures with 1,551 (67.2%); regarding the removal by professional category, 100 (4.3%) were nurses, 635 (27.5%) were nursing technicians and 628 (27.1%) were nursing assistants; the other categories represent 946 (41%) of total work leave in the 2013 period.

Medical licenses represented 2,229 (96.5%) departures from work and 80 (3.5%) were accidents at work.

Table 1 - Socio-demographic data of health workers with notice of withdrawal from work in SIMOSTE. Curitiba, 2013.

Socio-demographic Data		
	N	**%**
Gender		
Masculine	360	15.6
Feminine	1949	84.4
Age group		
= or < 20 years old	61	2.6
21 – 30 years old	1551	67.2
31 – 40 years old	361	15.6
41 - 50 years old	198	8.6
= or > 51 years old	138	6.0
Professional Category		
Nurse	100	4.3
Nursing Technician	635	27.5
Nursing Assistant	628	27.1
Doctors	37	1.6
Physiotherapist and Occupational Therapist	22	1.0
Social Worker	21	0.9
Biochemist and Pharmacist	16	0.7
Psychologist	5	0.2
Nutrition Service	51	2.2
Administrative Services	530	23.0
General Services and maintenance	149	6.5
Funerary agent	13	0.5
Technicians (pharmacy, laboratory, radiology, workplace safety)	102	4.4
Employment bond		
CLT	1.420	61.5
Statutory	889	38.5
Type Of Removal		
Medical license	2.229	96.5
Accident at work	80	3.5
Total	**2.309**	**100.0**

Source: compiled data by the authors, 2014.

Among the 2,309 reported absences, female absences predominated in n = 1,949 (84.4%), according to Table 1.

The predominance in this study of the greater number of departures among women is associated with the predominance of nursing professionals who had a greater number of departures compared to other categories, but the study is limited to the analysis of departures, and there is no comparison with the total number of workers in the institution. However, studies point out that nursing workers represent the largest number of health workers in the national scenario and, historically, they are in the majority female, corroborating consequently to the result presented in the departures of the nursing category[11-12].

Another justification for the higher rate of absenteeism among women may be associated with the double daily journey, which overlaps between tasks, family members and the working day itself[13].

Another important fact was the high number of young adult workers, ranging from 21 to 30

years old, with a total of 1,551 (67,2%). A similar study performed among health workers of a philanthropic hospital presented a greater number of departures by attestations of health in the age group of 18 to 37 years old[14]. Other studies cited are related to absenteeism-disease among nursing workers who present a higher frequency among workers aged 41-50 years old[12]. What we can infer is that, regardless of the age group, absenteeism is present and becomes an aggravating factor in the process of becoming ill.

The study of a medium-sized philanthropic hospital highlighted the probability of intense work rhythm, family life with children in the youth and possibility of double bond work, often present in this younger age group, which may have influenced in greater absenteeism[14].

A significantly higher number of absenteeism was observed among women and a decrease with increasing age. Corroborating with these data, the epidemiological survey carried out with municipal public servants in Belo Horizonte/MG shows that the incipience of younger workers and lack of training on the part of the institution predispose these workers to greater exposure to workloads[15].

The data obtained regarding the type of leave represented in Table 1 indicate a large number of departures from medical licenses, being 2,229 (96.5%). These corroborate with the results presented. In another study, medical leave as the main factor of absenteeism of health workers was a reflection of the wear and tear experienced by workers[8].

It is known that the activities developed by technicians and nursing assistants are characterized by the physical requirement and imply in the increase of morbidities and withdrawals[12].

It is noteworthy that nursing professionals had the largest number of leave at work, with 1,363 (59%), related to health problems. When analyzing the categories of nursing, we found that nursing auxiliaries and technicians had a greater number of departures, representing 92.5% of the nursing category. These findings are in agreement with another study carried out in a public hospital in Santa Catarina between 2010 and 2011 that investigated the absenteeism of nursing professionals, pointing out that 91.2% of departures correspond to nursing technicians and auxiliaries[16].

In the analysis of the rate of lost days of work, it is significant the difference of the presented indices of the nursing category in comparison with other categories. The category of nursing assistants stood out with a rate of 7.63 days for each nursing assistant, the nurse with a rate of 2.99, while all other categories of hospital health workers presented a rate of 2.56. That is, the incidence of absenteeism of nursing auxiliaries is almost three times greater than the "other workers" category, according to the rate ratio obtained by Poisson regression. A study on the absenteeism rate at a university hospital in São Paulo-SP in 2008 showed that absenteeism rates corresponded on average to: 8.7% for the nursing team; 5.6% for nurses; and 9.7% for nursing technicians/assistants, confirming the data of this research[8].

The same study at the university hospital of São Paulo confirms that it is possible to relate the withdrawal from work and the professional category variable, demonstrating that workers at the primary and secondary level of nursing move away from work more than those at the higher level, with 84 % of work leave, and described that this fact may be related to the nature of the work developed by the nursing assistant with tasks that require greater physical effort, repetitive and monotonous activities[8].

The rate of lost days of work of nursing assistants in this research is also higher than among other categories including physicians, administrative services, maintenance services and other workers who had a 2.56 day lost rate per worker.

In Table 2 it can be observed that the professional categories with the highest rates in relation to the lost days of work were the nursing auxiliaries (7.63 days for each nursing assistant) and nursing technicians (4.8 days for each nursing technician), and the respective rates ratios were 2.98 (2.78 - 3.21) and 1.88 (1.75 - 2.01). As for the employment bonds, the workers had the highest rate of lost days of work (5.43 days for each CLT worker), and with rate ratio of 2.11 (1.98 - 2.24) in relation to the statutory ones.

Table 2 - Ratio and rates of lost days of work according to professional category and employment relationship. Curitiba, 2013.

Variables	N	P	Rate (IC 95%)	RT (IC 95%)
Professional Category				
Nurse	263	88	2.99 (2.65 – 3.37)	1.17 (1.03 – 1.33)
Nursing Technician	1.398	291	4.80 (4.56 – 5.06)	1.88 (1.75 – 2.01)
Nursing Assistant	1.473	193	7.63 (7.25 – 8.03)	2.98 (2.78 – 3.21)
* Other categories	1.485	581	2.56 (2.43 – 2.69)	1 (ref.)
Employment bond				
CLT	3.142	579	5.43 (5.24 – 5.62)	2.11 (1.98 – 2.24)
Statutory	1.477	574	2.57 (2.44 – 2.71)	1 (ref.)
Total	**4.619**	**1.153**		

Source: compiled data by the authors, 2014. * Other categories: physicians, physiotherapist and occupational therapist, social worker, biochemist and pharmacist, psychologist, nutrition service, administrative services, general services and maintenance, funeral agent, occupational safety technicians, pharmacy, laboratory and radiology.

In the results evidenced in Table 2, the rate of lost days of work among workers supported by the Consolidation of Labor Laws (CLT) was higher, with 5.43 days for each worker with leave in 2013. In accordance with these figures, the rate of lost days of work of the contractors was 2.11 in relation to statutory workers.

This may be related to economic factors associated with wage issues and double employment due to the fact that full-time workers complete a 36-hour workweek and have lower wages than statutory employees who complete 40 hours/week and have higher wages by virtue of the career plan (statute, law of charge plan). Corroborating with the results of this research, an integrative review study described data from other studies that demonstrated that the greatest number of workdays lost was among the workers in the workplace and justifies that the relationship of greater commitment to the institution is among the statutory employees due to differentiated salaries for length of service and career incentives[17].

In Table 3, the health problems of the workers that generated absences were grouped by categories of the International Classification of Diseases - 10 (CID-10). The main causes of withdrawal from work were convalescences with 560 (24.2%), withdrawal and diseases of the osteomuscular system with 380 (16.4%). Diseases of the osteomuscular system were the ones that caused the most work days lost with 923 (20%).

As for the specific diagnoses within XIII chapter of the CID-10 (Diseases of the osteomuscular system), the most common was Backache with 351 (7.6%) of the total days lost. Of those days lost by Backache, 229 days were lost only by the category of nursing. This number was higher among technicians and nursing assistants, with 209 days lost, while all other categories of health workers with a record of leave in that year had 122 days lost.

Table 3 - Frequency of lost leave and working days, according to the CID-10. Curitiba, 2013.

CID – 10	Removals		Days Lost	
	N.	%	N.	%
Convalescence	560	24.2	830	18.0
Diseases of the osteomuscular system	380	16.4	923	20.0
Without information	287	12.4	450	9.7
Diseases of the digestive system	258	11.2	378	8.1
Diseases of the genitourinary system	206	8.9	362	7.8
Diseases of the respiratory system	152	6.6	234	5.0
Diseases of the circulatory system	96	4,1	204	4.4
Eye diseases and attachments	90	3,9	285	6.2
Nervous system diseases	83	3,6	313	6.8
Diseases of skin and subcutaneous tissue	42	1,8	159	3.4
Pregnancy, childbirth and the puerperium	36	1,6	163	3.5
Diseases of the ear and mastoid apophysis	33	1,4	63	1.3
Consequences by external causes (trauma)	31	1,3	66	1.4

Mental and behavioral disorders	24	1,0	152	3.3
Contact with exposure to communicable diseases (Acid Biol)	17	0,7	26	0.5
Infectious and parasitic diseases	14	0,6	11	0.2
Total	**2.309**	**100.0**	**4.619**	**100.0**

Source: compiled data by the authors, 2014.

Dentre Among the causes of absenteeism identified in this study, Table 3 shows the frequency of days of departures grouped into CID-10 categories (International Classification of Diseases) in relation to health problems. It is noted that the convalescences had a greater number of departures with 560 (24.2%). Convalescence is associated with the recovery of health related to some type of treatment, procedures or specific care performed[18]. In this research it has not been possible to recognize the real cause of the notification and its relationship with the work.

Diseases of the osteomuscular system appear in second place with 380 (16.4%) of the removals. The data of departures from medical records in which it was "without information" totaled 287 (12,4%). It was observed that diseases of the osteomuscular system were the main causes of lost workdays with 923 (20%) of the total of 4619 lost days, with Backache being the most frequent cause with 351 days of absence, representing 7.6% of total absences.

In this study, back pains were the main cause of unplanned absences in the institution and were more present among the nursing staff, especially among technicians and nursing assistants, who presented a greater number of departures.

Corroborating with other studies, back pains represented the highest frequency of medical licenses and may be related to workers' exposure to mechanical and physical loads in the work environment, such as the mobilization of patients and the lack of measures to reduce physical efforts, besides inadequate body posture[12]. Personal risk factors such as advanced age, low level of schooling, tendency to somatization, greater pressure of time at work, less control over work and more negative beliefs about work also explain the association of absences due to musculoskeletal disease in nursing workers[6].

These data are in agreement with a study on the impact of diseases among nursing workers and show that, for nursing workers in the national scenario, 8,081 days were lost in one year due to health reasons, among which the main causes are musculoskeletal disorders (19.2%), followed by mental and behavioral disorders (30.7%). It should be noted that most of these absences were justified by medical licenses[19].

Study conducted with workers from various employment sectors in Japan in 2011 explains the association between back pain, depressive states, absences due to illness and Workaholism. The results suggest that personal characteristics as well as environmental factors related to work need to be addressed when considering the general welfare of workers and absence due to future illness[20].

According to CID-10, the main health problems that motivated the workers' withdrawal in this study, presented in Table 3, are the musculoskeletal diseases, diseases of the digestive system, diseases of the genitourinary system, as well as the main causes of absenteeism in this institution. However, in other studies, these aggravations are associated with working conditions, such as organization, inadequate physical space and furniture and the instituted process[12].

Corroborating with the results of Tables 3 of this study, a study conducted at a University Hospital of Rio de Janeiro, from 2003 to 2008, identified the main causes of medical licenses: firstly, musculoskeletal diseases and secondly, "factors which influence health status and contact with health services" had, respectively, 55.3% and 38.4%, with 71.4% of the differences between technicians and nursing auxiliaries[12].

Inadequate working conditions and the organization of work dynamics contribute to the process of illness and to the increase of absenteeism of health workers in health institutions, where ineffective interpersonal relationships, work overload, service disorganization, lack of psychosocial support, double work bond, lack of support for professional enhancement, lack of spaces for dialogue and cooperation are discussed as such[11, 21-22]. These conditions are also described in a study carried out in a public hospital in Recife-PE, Brazil, through an audit of unplanned work leave, which included: the stressful routine of the environment, the high number of worked hours, the conditions of the patients treated each time

more complex, rotation in the work scale, the low remuneration and the non-valuation of the professional[23].

Absenteeism due to musculoskeletal disease can be reduced, eliminating the pressures of excessive time at work, maximizing the responsibility and control of workers and providing flexibility of rights for people with disabling symptoms, besides being taken care for the worker not having work overloads and cause more injuries[6].

In Table 4, the large percentage of absenteeism is expressed for workers who presented only 1 day of work leave, 1,436 days (31%). The total number of days lost in this study was of 4,619 days. The range of withdrawal from 1 to 3 days was highlighted.

Table 4 - Frequency of leave and lost work days in relation to the number of days of leave. Curitiba, 2013.

Number of Days of Removals	Removals	Lost Working Days	
	N.	N.	%
0	134	0	0.0
1	1.436	1.436	31.0
2	299	598	13.0
3	221	663	14.4
4	41	164	3.5
5	40	200	4.3
6	17	102	2.2
7	20	140	3.0
8	9	72	1.5
10	18	180	3.9
11	10	110	2.4
14	6	84	1.8
15	58	870	18.8
Total	**2.309**	**4.619**	**100.0**

Table 4 shows a high frequency of absenteeism in the period of one year, with 4,619 lost workdays. This is a cause for concern, since the high occurrence of illness among health workers results in withdrawals that, in addition to harming the worker, have a significant impact on the quality of care provided at the institution, since it implies a decrease in the assistance.

A study about the absenteeism of nursing workers in the emergency room of a university hospital indicates that absence from work generates an economic impact, as it interferes with production, increases operational costs and reduces work efficiency, as well as overwork for workers who remain in the work environment and need to perform the tasks of the absent ones[5].

Managers should encourage employee participation in the creation of strategies that reduce or minimize the occurrence of absenteeism through the implementation of organizational policies, such as the adequacy of health worker scaling, infrastructure improvements and the use of technological innovations aimed at improving work environments and promote worker health[7].

CONCLUSION

Among the limitations of this study, it can be considered as a retrospective study and generated by databases. It was verified the lack of completeness of the stored records (ignored or blank data), which reduced the robustness of the data even with the statistical tests performed.

The results evidenced a high number of medical licenses related to the sickness of the health workers of the institution, with high rates and ratio of absenteeism in the nursing category and among working class workers. With regard to diseases, musculoskeletal systems were the most frequent. Back pain was the pathology that presented the highest frequency of lost workdays, most frequently in nursing. Knowing the causes of absenteeism associated to the health worker, there are subsidies to establish strategies for prevention and promotion of health at work. It is believed that the health of these workers is neglected, which also reflects the quality of care provided to the patient.

Based on these data, it is proposed to verify and follow-up the indicator of absenteeism of health workers in future research, providing

information for the decision-making process regarding the management of these people so that preventive measures are adopted to improve the conditions and, consequently, decrease the workers' withdrawal due to work-related illness.

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