

Assessment of treatment leaves following implantation of the Integrated System for Workers' Health Care at FIOCRUZ: 2012-2015

Avaliação das licenças para tratamento de saúde após implantação do Subsistema Integrado de Atenção à Saúde do Servidor na FIOCRUZ: quadriênio 2012-2015

Marden Samir Santa-Marinha¹, Liliane Reis Teixeira¹,
Elvira Maria Godinho de Seixas Maciel¹, Maria de Fátima Ramos Moreira¹

ABSTRACT | Sickness absenteeism within the federal public service setting is not a quite visible subject. The present ecological time-series study sought to analyze the rate of treatment leaves among FIOCRUZ employees from 2012 to 2015. The 4-year rate was 45.30 (SD=6.50). There was no significant change in the rates along the investigated period ($p=0.144$). We stress the need for structured data to develop indicators representing the actual health conditions of these workers aiming at suggesting measures to protect and promote the workers' health.

Keywords | absenteeism; public sector; human resources; occupational health.

RESUMO | O absenteísmo por doença no serviço público federal é uma temática de pouca visibilidade. Este é um estudo ecológico de série temporal com objetivo de analisar a taxa de licença para tratamento de saúde entre os servidores da FIOCRUZ no quadriênio 2012-2015. A taxa do quadriênio foi de 45,30 (DP=6,50). Não se identificou variação significativa das taxas entre os anos estudados ($p=0,144$). Enfatiza-se a necessidade de dados de forma estruturada para construção de indicadores para o conhecimento da realidade de saúde desses trabalhadores, visando à proposição de medidas de proteção e promoção da saúde do trabalhador.

Palavras-chave | absenteísmo; setor público; recursos humanos; saúde do trabalhador.

Study conducted at Escola Nacional de Saúde Pública Sérgio Arouca (ENSP) - Rio de Janeiro (RJ), Brazil.

¹Pos-Graduate Program in Public Health and Environment, ENSP - Rio de Janeiro (RJ), Brazil.

DOI: 10.5327/Z1679443520180080

INTRODUCTION

Workers' illnesses, whether related to work or not, pose an economic cost to society, to wit, the direct cost of absenteeism and the one resulting from the payment of benefits to workers on leave. In addition, absenteeism affects the workers themselves and their families through reduction of income, impaired productivity and expenses with health care, within which context the treatment of noncommunicable chronic diseases stands out. According to estimates, accidents and work-related diseases are responsible for the loss of 4% of the global gross domestic product, i.e., about 2.8 trillion dollars, while 145 billion euro are spent annually in the European Union (EU). Musculoskeletal disorders exhibit higher prevalence among EU workers, corresponding to more than 10% of the years lost to disease in 2009. In the United Kingdom, these disorders represented about 40% of the cases of work-related diseases in 2011-2012¹.

Term "absenteeism" is used to designate the absence of workers from the work process. It might represent a means for workers to cope with dissatisfaction, and is considered a way to resist uncomfortable work conditions or that cause disease. Such conditions might be related to the work activities as such, but also to low salaries, the work environment and other biological, socio-environmental and financial problems.

In case of sickness absence, the income of workers and their families is ensured by the social security. This is accomplished through the National Social Security Institute (Instituto Nacional do Seguro Social — INSS) "sick pay", or through "treatment leaves" as formulated in the Law no. 8,112/1990, which regulates the juridical regimen of federal civil servants, autarchies and public foundations, known as single juridical regimen (regime jurídico único — RJU).

For benefits to be delivered, a medical report is needed resulting from the assessment of the work capacity of workers by a medical legal expert. In the case of INSS, employees under the Consolidation of Labor Laws (Consolidação das Leis do Trabalho — CLT) regimen are entitled to sick pay starting 16 days after the onset of leave, while the first 15 days are paid by the employer. In turn, relative to RJU, both employer and social security are represented by the State; assessment by a medical legal expert should be performed starting six days after the onset of leave.

Despite of the relevance of this subject and the impacts of absenteeism, there are problems in the access to information on the health conditions of federal civil servants, and few studies were conducted on this subject. Some studies addressed nursing professionals at public hospitals, in which case mental and musculoskeletal disorders are the main causes for leaves^{2,3}.

The norms and requirements for leaves within the federal public service setting changed following the publication of the Manual of Health Medical Legal Examinations for Federal Civil Servants in 2010. Within the context, the results of medical legal examinations are now entered in the Servant Health Care Integrated Subsystem (Subsistema Integrado de Atenção à Saúde do Servidor — SIASS) — a unified electronic medical record system common to all involved agencies.

Despite the advance represented by this database, there are still flaws in the formulation of indicators and in the access to the data, which impair the performance of studies on the profile of diseases responsible for leaves and on the causes and forms of illness, as well as in the development of knowledge for implementation of effective actions to improve the health conditions of workers.

The aim of the present study was to investigate the rates of treatment leaves at Oswaldo Cruz Foundation (FIOCRUZ).

METHODS

The present was an ecological time-series study. We analyzed data available at the Workers' Health Statistical Yearbook for 2012–2015⁴, which compiles information from SIASS and FIOCRUZ's Administrative Management System (Sistema de Gestão Administrativa — SGA). Due to lack of information on the number of days workers were absent from work, we could not calculate the absenteeism rate.

We calculated annual treatment leave rates (ATLR) considering the leaves granted by the management (without medical legal examination) and the ones granted after medical legal examination. The rates were calculated as the ratio of total number of treatment leaves to the total number of FIOCRUZ employees in the same period of time, having the month of December as reference:

$$\text{ATLR} = \frac{\text{number of treatment leaves along the period}}{\text{number of employees along the period}} \times 100$$

Each granted leave was considered as an independent event, according to the SIASS procedure. Therefore, each doctor's statement resulting in a leave granted by the management and each medical legal report attesting unfitness for work corresponded to one leave.

IBM Statistical Package for the Social Sciences (SPSS) version 20.0 was used for statistical analysis. The Kolmogorov-Smirnov test showed that the data did not have normal distribution. Descriptive statistics included calculation of absolute and relative frequencies and medians. Poisson's coefficient was used to estimate the trend of ATLR along the analyzed period. The coefficient of determination (R^2), which indicates the proportion of variability of a dependent variable statistically explained by the independent variable, was determined by means of regression analysis of the leave rates per year of occurrence. In all the analyses the significance level was set to $p < 0.05$ with 95% confidence interval (95%CI).

Since the data are open access, submission of the study to a research ethics committee was waived.

The information for 2009 to 2011 was excluded, because the rules to grant leaves were different at that time.

RESULTS

A total of 9,394 treatment leaves were granted from 2012 to 2015. The median number of leaves was 2,370.50, first quartile 2,142 and third quartile 2,572.

ATLR are described in Figure 1. The global rate for the 4-year period (2012–2015) was 45,30, standard deviation 6.50. The rates did not exhibit significant variation among the analyzed years ($p=0.144$).

DISCUSSION

We could not locate enough data so as to establish a parameter for ATLR. Therefore, here we do not focus on the representativeness of the results of the present study, but in its possible use as reference for other studies.

The main causes of leaves described in the yearbook for 2015 were: musculoskeletal diseases (21.9%), mental disorders (15.5%) and circulatory system diseases (9.1%)³. Musculoskeletal (41.5%) and mental disorders (28.4%) were

also the most prevalent at University Hospital, University of São Paulo³.

The median, representing the central tendency, was 2,370.50; the number of leaves granted along the 4-year period varied from 2,033 (2014) and 2,620 (2013). ATLR for the full period was 45.30, varying from 38.58 to 51.30, therefore, lower than the ones found at the Federal University of Minas Gerais hospital — 53.00², HU-USP — 134.00³ and Municipal Government of Vitória, Espírito Santo — 120.00⁵.

ATLR, which represents the magnitude of granted leaves, might be considered to be an indirect indicator of frequency of illness. The results evidence wide variety in this rate among different institutions. Therefore, attention to surveillance and prevention is necessary, in addition to the development of indicators and continuous analysis to represent the actual conditions of the work environment and work-related diseases as close as possible.

According to the International Labour Organization (ILO) prevention is crucial to reduce the burden of diseases, as it is more efficacious and less expensive than treatments and rehabilitation. However, while the planning of preventive measures demands high-quality data, more than half of the world countries do not provide statistical data on work-related diseases¹.

Research, innovation, technology and teaching activities are associated with highly competitive environments; such is the case of FIOCRUZ workers, whose disease profile is similar to the ones of central countries¹.

Social, economic and labor inequalities reflect on sick leaves, thus determining different “Brazils” vis-à-vis the workers' health. FIOCRUZ employees work under different employment relationships, with different labor rights no matter whether they perform the same or different tasks.

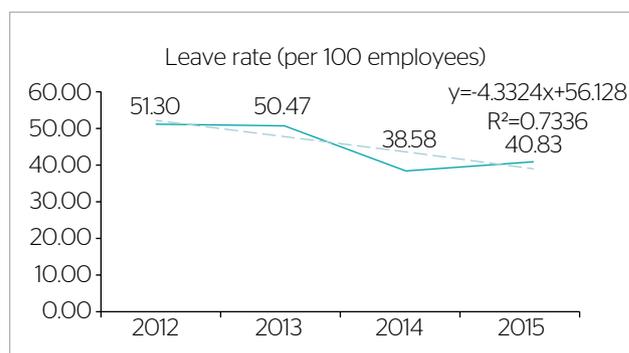


Figure 1. Treatment leave rates per 100 FIOCRUZ employees, Rio de Janeiro, 2012-2015.

The current labor and social security reforms privilege “precarious” employment relationships, being that such precariousness is one further risk for workers.

CONCLUSION

The results of the analysis of the trend of ATLR for 2012–2015 were inconclusive; a longer period of analysis is thus required. We could not change the time reference to months instead of years due to lack of data. Therefore, the results did not allow establishing the impact of implantation of SIASS on ATLR.

REFERENCES

1. International Labour Office. Programme on Safety and Health at Work and the Environment. The prevention of occupational diseases: World Day for safety and health at work, 28 April 2013. Geneva: ILO; 2013.
2. Primo GMG, Pinheiro TMM, Sakurai E. Absenteísmo por doença em trabalhadores de uma organização hospitalar pública e universitária. *Rev Med Minas Gerais*. 2010;20(2 Suppl 2):S47-58.
3. Sancinetti TR. Absenteísmo por doença na equipe de enfermagem: taxa diagnóstico médico e perfil dos profissionais [doctoral thesis]. São Paulo (SP): Universidade de São Paulo; 2009.
4. Fundação Oswaldo Cruz. Anuário Estatístico de Saúde do Trabalhador FIOCRUZ 2012-2015. Rio de Janeiro: FIOCRUZ; 2016.
5. Bastos VGA, Saraiva PGC, Saraiva FP. Absenteísmo-doença no serviço público municipal da Prefeitura Municipal de Vitória. *Rev Bras Med Trab*. 2016;14(3):192-201. DOI: 10.5327/Z1679-443520164615

The ATLR for FIOCRUZ was lower compared to the ones reported in other studies, which found rates even three times higher.

The present study evidences the need to improve data collection in order to contribute to the development of other indicators able to broaden the scope of the analysis of the workers’ health situation.

Other studies are needed on the health of federal public servants, mainly as concerns the production of information on sickness absenteeism. We believe that other analyses, by contributing with greater knowledge on different work activities and environments, might allow establishing effective actions targeting the wellbeing of workers.

Correspondence address: Marden Samir Santa-Marinha - Rua Leopoldo Bulhões, 1.480 - Prédio CESTEJ, sala 06 - CEP: 21041-210 - Rio de Janeiro (RJ), Brazil - E-mail: mardenmarinha@yahoo.com