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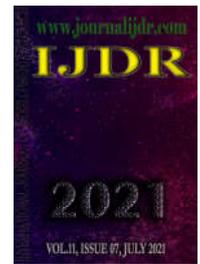
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RESEARCH ARTICLE

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ABSENTEEISM-ILLNESS IN PUBLIC SERVERS OF A HIGHER EDUCATION UNIT (UNIVERSITY) IN BRAZIL

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ABSTRACT

Introduction: Absenteeism-illness is an indicator of a worker's health. It is characterized by absence from work due to illness. Objective: Describing the profile of sick leaves due to illness granted to public servers of a public college in Brazil. **Methodology:** Descriptive documentary study, having as source the data base of the Supervisory Body of Medical Expertise and Work Safety in the state of Pernambuco, Brazil, in the period from January, 2011 to December, 2016. The sample was constituted from medical licenses due to illness according to the International Classification of Illnesses. **Results:** 11.207 licenses registered in the name of 1.791 servers, of which 1.507 (84.1%) were of female sex, in the function of administrative technician of middle level (37.0%, n=663). The most frequent diagnosis was mental and behavioral disorders (18.8%, n=332) **Conclusion:** Results show a significant number of absenteeism-illness and stand for indicators of work conditions. This study may help planning and execution actions linked to health promotions.

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INTRODUCTION

Absenteeism is a multifactorial phenomenon which suffers interference of psychological and economical factors referring to workspace (Vale *et al.*, 2015). When this work absence occurs due to illness is named absenteeism-illness (Daniel; Koerich. Lang, 2017), although there is not any evidence of cause and effect, but rather a set of variables which culminate in absenteeism (Silva; Caveião, 2016). This is an indicator of the worker's health conditions (Leão *et al.*, 2015). The social health determinants of the population which the workers are part of, range from working conditions, their organization, journey and types up to control mechanisms, that have a direct impact on absenteeism-sickness (Duarte; Lemos; Alcântara, 2017). Work absence because of disease needs a technical opinion on work disability and analysis of the issuance of requests on assistance and indemnity benefits (Instituto Nacional De Seguro Social, 2002).

Furthermore, it is necessary to issue a report carried out by a medical expert, in order to assess the worker's labor activity (Marinha *et al.*, 2018). In Pernambuco, state to which the studied unit belongs, absence from work is considered after three days for health treatment and must be certified by the technical oversight body for medical inspections and occupational safety of the state's Institute of Human Resources (USTPS-IRH/PE) (Instituto de Recursos Humanos de Pernambuco, 2016). In Brazil, sick leaves registered among public servers do not contain data enough about the relation among the factors which take to absenteeism (Vale *et al.*, 2015). Knowing the reasons for absence from work is essential as a management tool, since such absences in institutions cause distortions in volume and availability of the workforce. Besides increasing the burden for those who remained in their posts, causing economic impact by enlarging costs of the business unit or public administration, as well as social security (Magalhães Filho; Zanin; Flório, 2018). This study had as its

main objective to describe the profile of medical licenses due to diseases of public servers at a higher education unit in Brazil.

METHOD

This is a cross-sectional, documental, quantitative study with exploratory purpose held at the University of Pernambuco (UPE/FESP - PE), Brazil. This institution belongs to the state government, and owns three School Hospitals. The research source was the database of the Unit of Technical Supervision of Medical Expertise and Occupational Safety of the Institute of Human Resources in Pernambuco State (USTPS-IRH/PE) referring to the period from January 2011 to December 2016. The study object was sick leaves for health treatment (SLHT) by group of diseases and illnesses according to International Classification of Diseases and Related Health Problems (ICD – 10) granted to public servers of the teaching unit, during the studied period. Servers who requested sick leaves were grouped according to their categories and functions according to the institution organizational chart, totaling 1.791 people, as shown in Board 1.

Board 1. Inherent functions to occupational groups of the organizational structure of public servants at UPE. Pernambuco, Brasil, 2011 a 2016

Occupational Group	Occupational Category	Quantity (n=1.791)
Administrative Technician	Management Auxiliary (assistant, general service assistant, among others). It does not require technical qualification	322
Administrative Technician	Management Assistant (lab technician, nursing technician, radiology technician, administrative agent, among others, with medium level of education)	663
Administrative Technician	Management Analyst (nurses, physiotherapists, educators, system analysts, engineers, social assistants, among others with superior schooling).	423
Higher Teaching	Professor	117
Public Health	Physician	252
Undeclared Positions		14

Source: Union of Servers of the University of Pernambuco (SINDUPE), 2011.

Table 1. Demographic and Occupational characteristics of UPE/FESP servers who have undergone medical licenses for health treatment, 2011 to 2016, Pernambuco, Brazil

Variable	n	%
Sex		
Male	284	15,9
Female	1.507	84,1
Occupational category		
Management auxiliary	322	18,0
Management assistant (middle level)	663	37,0
Management analyst (higher level)	423	23,6
Upper teaching occupational group	117	6,5
Public health occupational group	252	14,1
Undeclared positions and others	14	0,8
Total of servers	1.791	100,0

Source: USTPS/IRH-PE (2016)

Data were included in the study when referring to medical licenses for health treatment, authorized by USTPS-IRH/PE, granted to professionals belonging to the board of permanent civil servants of the UPE/FESP of Pernambuco state, under the law 6.123/1968 (Estatuto dos Funcionários Públicos do Estado de Pernambuco, 1968). Data were excluded when related to granted medical licenses that were not covered by ICD -10, gestational licenses (ICD Z34) and LMTS for medical follow-up in family treatment (ICD Z76.3). Socio-demographic variables, occupational category, sick leave, starting license year, ICD - 10 category, and number of license days were also analysed. Collected data were stored in software spreadsheet Office Excel 2013 analysis in statistical software Statistical for the Social Sciences (SPSS), version 23.0 (IBM Corporation, New York, USA). Descriptive statistics were obtained through absolute frequencies and percentage for the categorical and measurement variables: mean, standard deviation, and median of the variable "number of days". The assumed level of significance at the decision of the statistical tests was of 5% ($p < 0,05$). To evaluate the association between the variables gender and days off, Pearson's Chi-square Test was used, and for comparisons among categories, in relation to statistics in number of days were used the Mann-Whitney Test for two categories and the Kruskal – Wallis Test in the comparison along with three or more

categories. In the case of significant differences, forms of multiple comparisons of the aforementioned test were used. Mann-Whitney and Kruskal-Wallis Tests were chosen in the absence of data normality, being this fact verified by Shapiro-Wilk's Test. The research was approved by the Committee of Ethics in Research through CAAE 91842318.1 .0000.5192.

RESULTS

11.207 LMTS (sick leaves) were registered in the studied period. Among servers, 1.507 were females and the most frequent occupational category was management assistant, middle level (37,0%; $n=663$), followed by management analyst (higher level) with 23,6% ($n=423$) (Table 1). As for the variables "sex" and "ocupacional category" related to the total of registered sick leaves, 87,7% ($n=9.828$) were granted to women and the occupational categories with the longest absences from work were coincident with the most frequent, management assistant (middle level) (37,1%; $n=4.161$) followed by management analyst (higher level) (26,2%; $n=2.940$).

Among the studied years, 2012 registered the largest number of LMTS (SICK LEAVES) (19,0%). In ICD-10 (A-Z), the most frequent categories were mental and behavioral disorders (18,0%) and diseases of the musculoskeletal system and connective tissue (16,9%), while diagnoses not found corresponded to 11,6 . ICD-10 most frequent diagnose was Z54.0 (Convalescence) in 15,4% of the sick leaves, followed by F33.2 (Recurrent depressive disorder, severe current episode without psychotic symptoms) with 1,9% and O20.0 (abortion threat) with 1,7%. The absence of servers between 16 and 30 days occurred in 32.4 % of the sick leaves. When one analyses sex and occupational category related to registered medical licenses, they follow the same characteristics, i. e, the largest part of them were granted to women (87,7%; $n=9.828$), and the most absent occupational categories were administrative technicians (middle level) (57,3%; $n=6.389$), and administrative technicians (higher level) with $n=2.940$ (26,2%; $n=2.940$). Among the studied years, 2012 registered the highest number of sick leaves (19,0%), while the percentages of the remaining years varied from 12,9% to 17,1%. In ICD-10 (A-Z) categories the most frequent were F (mental and behavioral disorders) (18,0%; $n=2.017$), followed by Z (factors that influence health condition and the contact with health services) (16,9%; $n=1.889$) and M (osteomuscular system and connective

tissue diseases) (13,8%; n=1.522). The most frequently diagnosed disease was ICD 10 Z54.0 (Convalescence) (15,4%; n= 1724). As for absences from work, the period from 16 to 30 days occupied the highest percentage (32,4%; n=3624), followed by sick leaves from 11 to 15 days and even ten days, respectively with 23,1% (n=2.592) e 23% (n=2.583) (Table 2).

categories (mental and behavioral disorders) with 20,3% (n=596) e 26,0% (n=158). In the occupational group public health, the most frequent category is ICD 10 Z ((factors that influence health condition and the contact with health services) with 19,1% (n=231). At evaluating variable "medical license days off" according to sex, it is highlighted that occurred more sick leaves both for men and

Table 2. License starting year, ICD-10 most frequent category, Diseases by ICD-10 most frequent and number of license days of servers of UPE/FESP, 2011 a 2016, Pernambuco, Brazil

Variable	N	%
License starting year		
2011	1.896	16,9
2012	2.134	19,0
2013	1.894	16,9
2014	1.922	17,1
2015	1.912	17,1
2016	1.449	12,9
ICD-10 most frequent category		
A (infectious and parasitic diseases)	300	2,7
B (infectious and parasitic diseases)	220	2,0
C (neoplasm and tumors)	292	2,6
D (blood and hematopoiesis organ diseases)	92	0,8
E (endocrine, nutritional and metabolic diseases)	62	0,6
F (mental and behavioral disorders)	2.017	18,0
G (Nervous system diseases)	126	1,1
H (diseases of the eye and adnexa, ear and mastoid apophysis)	302	2,7
I (circulatory system diseases)	402	3,6
J (respiratory system diseases)	356	3,2
K (digestive system diseases)	206	1,8
L (skin and subcutaneous tissue diseases)	72	0,6
M (osteomuscular and connective tissue diseases)	1.522	13,8
N (genitourinary system diseases)	233	2,1
O (pregnancy, childbirth and puerperium)	652	5,8
P (some conditions originated in the perinatal period)	0	0,0
Q (congenital malformations, deformities and chromosomal anomalies)	4	0,0
R (symptoms, signs and normal findings from clinical and laboratory exams)	153	1,4
S (injuries, poisoning and other consequences of external causes)	912	8,1
T (injuries, poisoning and other consequences of external causes)	80	0,7
U (codes for special purposes)	0	0
V (external causes for morbidity and mortality)	4	0,0
W (external causes for morbidity and mortality)	4	0,0
X (external causes for morbidity and mortality)	2	0,0
Y (external causes for morbidity and mortality)	2	0,0
Z (factors that influence health condition and the contact with health services)	1.889	16,9
Undiagnosed	1.303	11,6
Most frequent diseases by ICD - 10		
Z54.0 – Convalescence	1.724	15,4
F33.2 – Recurrent depressive disorder(current severe episode without any psychotic symptoms)	208	1,9
O20.0 – Abortion threat	192	1,7
F32.2 – Severe depressive disorder with no psychotic symptoms	174	1,6
M54.5 – Low back pain	164	1,5
S93.4 – Ankle sprain and strain	147	1,3
F41.2 – Mixed anxiety and depressive disorder	144	1,3
F32 – Depressive episodes	141	1,3
F32.1 – Moderate depressive episode	132	1,2
A90 – Dengue	130	1,2
M51.1– Lumbar disc and other intervertebral disc disorders with radiculopathy	119	1,1
F33 – Recurrent depressive disorder	104	0,9
Number of days off		
Up to 10 days	2.583	23,0
11 to 15 days	2.592	23,1
16 to 30 days	3.634	32,4
31 to 60 days	1.596	14,2
More than 60 days	802	7,2

Source: USTPS/IRH-PE (2016)

When occupational categories are evaluated and the most frequent ICD – 10 (Table 3), it is observed that for management auxiliary there was the predominance of ICD-10 m (osteomuscular and connective tissue diseases) (18,9%; n=420). For management assistant (middle level) the predominance was for F categories (mental and behavioral disorders) and Z (factors that influence health condition and the contact with health services), with 17,7% (n=735) e 17,1% (n=713) respectively. As for management analyst (upper level) and upper teaching occupational group there was predominance of F

Women (27,5% e 33,1%). The greatest percentage difference occurred on medical licenses for more than 60 days, being higher in male sex (14,9%; n=206). The difference of proportion, according to Pearson's chi-square test between the two variables was statistically significant. (p<0,001). In Table 5, it is highlighted that averages and medians were correspondently higher between sick leaves granted to male sex servers and in larger number in the year 2012 (n=2.134). Averages increased from 26,91 up to 32,28 days and medians were less high in 2011 (15 days), and 2012 (16 days).

Table 3. Evaluation of the most frequent ICD - 10 categories, according to the Occupational Category of UFPE/FESP servers, 2011 to 2016, Pernambuco, Brazil

ICD-10 Category	OCCUPATIONAL CATEGORY					
	*AGU n (%)	+AGU _{nm} n (%)	α AGU _{ns} n (%)	β GOMS n (%)	π GOSP n (%)	Grupo Total n (%)
Total	2.228 (100,0)	4.161 (100,0)	2.940 (100,0)	608 (100,0)	1.210 (100,0)	11.147 (100,0)
Most frequent category						
F	378 (17,0)	713 (17,1)	596 (20,3)	158 (26,0)	170 (14,0)	2.015 (18,0)
Z	310 (13,9)	735 (17,7)	481 (16,4)	116 (19,1)	231 (19,1)	1.873 (16,8)
M	420 (18,9)	574 (13,8)	330 (11,2)	40 (6,6)	154 (12,7)	1.518 (13,6)
S	208 (9,3)	359 (8,6)	221 (7,5)	44 (7,2)	80 (6,6)	912 (8,1)
O	31 (1,4)	209 (5,0)	284 (9,7)	10 (1,6)	112 (9,3)	646 (5,7)

Source: USTPS/IRH-PE (2016)

Subtitle: * Management Auxiliary + Management Assistant (Middle level); α Management Analyst (Upper level); β Higher Teaching Occupational Group; π Public Health Occupational Group.

Table 4. Evaluation according to UPE/FESP servers' sex who requested medical licenses for health treatment, 2011 to 2016, Pernambuco, Brazil

Number of licensed days off	Sex				Total Group		P value
	Male		Female		N	%	
Up to ten days	282	20,4	2.301	23,4	2.583	23,0	p ⁽¹⁾ < 0,001*
11 to 15 days	284	20,6	2.308	23,5	2.592	23,1	
30 to 60 days	379	27,5	3.255	33,1	3.634	32,4	
31 to 60 days	228	16,5	1.368	13,9	1.596	14,2	
More than 60 days	206	14,9	596	6,1	802	7,2	
Total	1.379	100,0	9.828	100,0	11.207	100,0	

Source: USTPS/IRH-PE (2016)

Subtitle: (*) Significant difference at level of 5,0%;

(1) Pearson's Chi-square Test.

Table 5. Statistics of the variables "number of days off, according to "sex", "leave starting year", and "occupational category" of the UPE/FESP servers who requested leave for health treatment, 2011 to 2016, Pernambuco, Brazil

Variable	N	Number of Medical License Days Average ± DP Median (P25; P75)	Value of p
Sex			
Male	1.379	39,01 ± 39,79 30,00 (15,00; 60,00)	1*
Female	9.828	28,86 ± 31,42 20,00 (14,00; 30,00)	
Year			
2011	1.896	26,91 ± 42,24 ^(A) 15,00 (10,00; 30,00)	1*
2012	2.134	28,18 ± 31,71 ^(B) 16,00 (10,00; 30,00)	
2013	1.894	30,06 ± 27,03 ^(C) 30,00 (15,00; 30,00)	
2014	1.922	31,83 ± 29,32 ^(C) 30,00 (15,00; 30,00)	
2015	1.912	32,08 ± 30,69 ^(C) 20,00 (15,00; 30,00)	
2016	1.449	32,28 ± 33,26 ^(C) 30,00 (15,00; 30,00)	
Occupational Category			
Management Auxiliary	2.228	35,82 ± 44,91 ^(A) 30,00 (15,00; 45,00)	1*
Management Assistant (middle level)	4.161	27,26 ± 28,86 ^(B) 15,00 (10,00; 30,00)	
Management analyst (higher level)	2.940	26,75 ± 27,38 ^(B) 15,00 (11,00; 30,00)	
Upper Teaching Occupational Group	608	39,51 ± 29,85 ^(C) 30,00 (15,00; 60,00)	1*
Public Health Occupational Group	1.210	32,35 ± 29,10 ^(A) 30,00 (15,00; 30,00)	
Undeclared Positions and others	60	38,93 ± 37,40 ^(C) 30,00 (15,00; 45,00)	

Source: USTPS/IRH-PE (2016)

(*) Significant difference at level 5,0%

(1) By Mann-Whitney Test (2) By Kruskal Wallis Test

In 2015 (20 days) they were the same in other years (30 days). Averages were higher in undeclared positions and others (38,91 days) and management auxiliary (35,82 days). Significant differences were registered between sexes, among license starting years and occupational categories, and through multiple comparison tests were improved significant differences between the years 2011 and 2012, different from one another and from all the other ones.

DISCUSSION

This study revealed predominance of female sex servers, highlighting the position management assistant (middle level). In Santa Catarina, another state in Brazil, a similar study reported that female population away from the public service presented results very close to the ones found in this current study (Corrêa; Oliveira, 2020), what corroborates other researches, where is suggested that women leave workplaces more than men, due to their multiple roles, as mothers, companions and household heads, subject to situations of emotional distress and other factors that contribute to their absence from work (Reis *et al.*, 2003; Spindola; Santos, 2003; Gehring Junior *et al.*, 2007). At confronting statistically, the variable sex and number of sick leaves, there are really much more female ones. At a public hospital in Southern Brazil, in 2017, most sick leaves were also granted to females (Brey, 2016). This can be justified by the fact that these results are associated with a probable working overload on many servers with double, or even triple work journeys, related to professional, homely and personal obligations (Ferreira, 2019).

At analysing results about distribution of sick leaves, comparing them to those found in literature, one notes a study in absenteeism taken to effect in Santa Catarina, where osteomuscular and connective tissue diseases were highlighted, followed by mental and behavioral disorders, as the most frequently found and responsible for the highest indexes of medical licenses for health treatment, data coinciding with this present study. These factors which influence health state and contact with services suggest direct relation with developed work nature, for they are activities that will likely require greater physical effort, repetitions and monotony, which can contribute to the development of these diseases (Corrêa; Oliveira, 2020). On the other hand, in a study in Latin America, it is highlighted that, besides these illnesses, it is also found respiratory, gastro intestinal, infectious, trauma, respiratory system diseases and mental and behavioral disorders (Tatamuez-Tarapues; Domínguez; Matabanchoy-Tulcán, 2019). As for municipal level, a study pointed out that main causes of absenteeism from municipal servers were respiratory and skeletal systems and connective tissue diseases. Some authors suggest that these data can have relation with high rates of atmospheric pollution in the local climate, being the reason for the spreading of respiratory diseases, as well as musculoskeletal ones, arising from motion repetition, which cause pain and even reduction of joint movements (Bastos; Saraiva; Saraiva, 2016).

Regarding the ICD-10 diagnoses with greater frequency, convalescence after surgeries, recurrent depressive disorder and abortion threat were found. Differently from this study, Vasconcelos *et al.* (2017), in research carried out in two public hospitals in Minas Gerais, another state in Brazil, points out that the main diagnoses were depression and anxiety, in addition to highlighting the strong existence of a characteristic occupational stress, associated with Burnout syndrome. Days off quantity is an important variable to be interpreted in the health context and management of organizations. In a study the largest percentage of medical licenses corresponded to those who were absent from 16 to 30 days, belonging to female sex, being this percentage higher in severe depressive episode without any psychotic symptoms, recurrent depressive disorder and moderate depressive episode. These data differ from those ones found in the unities of Oswaldo Cruz Foundation in Brazil that has median of 15 days off (Marinha *et al.*, 2018) and also differ from one study carried out in Paraná, another state in Brazil, where the vast majority of health workers had absenteeism – disease within a few days. To possibly justify these results, it can be said that factors such as high

workload, need for one more job and long shifts of continuous effort directly interfere in the decrease in quality of life and productivity at work, resulting in increase on the rate of absenteeism and illness among workers, harming both the workers and the institution (Brey, 2016). In relation to mental disorders in occupational categories, Upper Teaching Occupational Group presents greater highlighting here, becoming similar to a comparative study carried out between Brazil and Canada, which observed an equivalence of the stress level related to the work of Brazilian and Canadian university teachers, because in both cases, they suffer deadline pressure caused by their work. Authors state that organization and access forms are different in these countries, which directly interferes with relationships within this context. It should be remembered that Canadian university professors are, on average, older than Brazilian ones, being able to state that aging has influenced their commitment with the universities (Vilas Boas; Morin, 2016).

The level of work demand has increased significantly, resulting in greater level of requirement and contributing to much more stress at the work hours (Vilas Boas *et al.*, 2017), corroborating studies referring to promotion of worker's health, suggesting to be fundamental health care and well-being of the worker, because this will bring beneficial results for both the institutions and the worker (Mota; Martins, 2017). The literature suggests the necessity of monitoring the factors of ergonomic risks and verification of the work objects in order to preserve health and promote workers' quality of life quality. Scherer *et al.* (2018), at carrying out an analysis of university hospitals in Algeria, Brazil and France, found a workforce deficit, evident not only because of insufficient number of workers, but also due to the significant presence of turnover and absenteeism, related to the intense performance of hard and exhaustive activities. A study performed in Ceará, a state in Brazil, considering the Northeastern Region, observed prevalence of depressive episodes, other anxiety disturbances and recurrent depressive disorders as the most frequent diagnoses, corroborating the data of this research, at analysing in occupational categories, the position of management analyst (upper level) where it was found as main diagnoses recurrent depressive disorder and current severe episode without psychotic symptoms, respectively.

Regarding to sex, there is a prevalence of women, in the diagnoses of bipolar affective disorder, recurrent depressive disorder, mood disorder, phobic-anxious disorder, somatoform and other neurotic disorders (Vale *et al.*, 2015). These results can be justified for being these diseases related to mental health, being able to cause psychic suffering at work places and loss for public service and the server that feels unable to perform their professional activities, in addition to contributing to the worsening of their clinical condition (Santos; Oliveira, 2018). When confronting statistically the variables of the five more frequent ICD categories, there was a predominance in this study of mental and behavioral disorders associated to the total of the medical licenses for treatment. In consonance with a study performed in Santa Catarina, a state of Southern Brazil, there is a predominance of sick leaves related to mental disorders. A possible explanation is that these results may be joined to a series of constant factors in public service such as the concern for responsibility about the deficiency of the services, political changes in the government which interfere in working actions and intense demands that can contribute to the triggering of mental illnesses (Freitas, 2017). A study highlights the dangerous level of stress found in some servers, as a contributing factor to the workers' illness. Being one of the most severe causes for absenteeism, it is not foreseen by the organizations but reveals the necessity of creating programs with preventive and therapeutic actions, aimed at coping with this problem (Cacciari; Haddad; Dalmas, 2016). The high index of absenteeism in public servers has been based on problems of mental health, being a reflection of failures found in the management processes (Santos; Oliveira, 2018).

Life quality in work places encompasses prevention against stress and psychological suffering, related to work. This way, programs on bettering life quality must emphasize measures of risk reduction for

workers' health in the organizations. Besides, the organization should propose actions to benefit mental health and affect commitment between professional and organization, since psychological suffering contributes to stress related to work (Vilas Boas; Morin, 2016). Both within the scope of care workers in hospitals, and educational in teaching units, there was prevalence of mental and behavioral disorders as diagnoses for sick leaves. The University of Pernambuco has, in its organization, a character of great complexity. Because of this, the absence of its servers contributes to the absenteeism disease reverberating at work. By considering studies that describe the epidemiologic profile of a determined group or population, it is essential for the worker's health, performing pertinent action seeking efficient interventions, aiming at relieving absenteeism consequences at the institution (Pizzio; Klein, 2018). These results show the importance of knowing absenteeism to start from it as programming prevention measures and stimulus to the servers in order to reduce diseases and sick leaves. For being a retrospective study and derived from secondary data, the large number of undefined ICD – 10 categories may be considered a limitation, although it has been possible for the realization of statistical tests. When facing these considerations, one feels the necessity of continuous reflection on this issue.

CONCLUSION

A significant number of absenteeism-illness was possible to be observed in public servers of the institution UPE/FESP. Knowing the negative impacts of this sick leave on the services of this institution made it possible to perceive the indicators of working conditions at the public university and, this way, help in the planning and execution of actions, aiming at promoting health for the public servers of this institution. When facing the current context, one can realize that the approach here elaborated has allowed a comparison with other studies, which similarly agree with the necessity for a better assessment of public servers' health and the reasons for their absence from work. Knowing them has favored better development of equitable, critical and reflective actions in view of the scientific results.

REFERENCES

- Bastos, V.; Saraiva, P.; Saraiva, F. Absenteísmo-doença no serviço público municipal da Prefeitura Municipal de Vitória. *Revista Brasileira de Medicina do Trabalho*. 2016; 14(3):192-201.
- Brey, C. Relação entre Absenteísmo, capacidade para o trabalho e doenças crônicas de trabalhadores de saúde de um hospital público do Paraná. [Mestre]. Universidade Federal do Paraná; 2016.
- Cacciari, P.; Haddad, M.; Dalmas, J. Nível de estresse em trabalhadores readequados e readaptados na Universidade Estadual Pública. Texto contexto - enferm. [Internet]. 2016; 25(2): e4640014. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072016000200311&lng=en. Epub June 07, 2016. <http://dx.doi.org/10.1590/0104-07072016004640014>.
- Corrêa, P.; Oliveira, P. O absenteísmo dos servidores públicos estaduais de Santa Catarina. *Revista Práxis*. 2020;1:57.
- Daniel, E.; Koerich, C.; Lang, A. O perfil do absenteísmo dos servidores da prefeitura municipal de Curitiba, de 2010 a 2015. *Revista Brasileira de Medicina do Trabalho*. 2017;15(2):142-149.
- Duarte, A.; Lemos, A.; Alcântara, M. Fatores de risco para absenteísmo de curta duração em um hospital de médio porte. *Cad. saúde colet*. [Internet]. 2017; 25(4): 405-413. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-462X2017000400405&lng=en. <http://dx.doi.org/10.1590/1414-462x201700040174>
- Estatuto dos Funcionários Públicos do Estado de Pernambuco. DOE - Poder Executivo do Governo do Estado de Pernambuco; 1968.
- Ferreira, L. O processo saúde-doença de servidores públicos de uma instituição federal de ensino superior do interior do Rio Grande do Sul [Mestre]. Universidade Federal de Santa Maria; 2019.
- Freitas, L. Absenteísmo causado por transtornos mentais e comportamentais : perfil epidemiológico de servidores da Universidade Federal de Santa Catarina de 2012 a 2016 [Mestre]. Universidade Federal de Santa Catarina; 2017.
- Gehring Junior, G.; Corrêa Filho, H.; Vieira Neto, J.; ferreira, N.; Vieira, S. Absenteísmo-doença entre profissionais de enfermagem da rede básica do SUS Campinas. *Rev. bras. epidemiol.* [Internet]. 2007 Sep; 10(3): 401-409. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2007000300011&lng=en. <https://doi.org/10.1590/S1415-790X2007000300011>.
- Instituto de Recursos Humanos de Pernambuco. Instrução Normativa IRH nº 001/2016. Governo de Pernambuco; 2016.
- Instituto Nacional de seguro social. [Internet]. INSS. 2002 [cited 15 April 2019]. Available from: <https://www.inss.gov.br/aceso-a-informacao/institucional/>
- Leão, A.; Barbosa-Branco, A.; Rassi Neto, E.; Ribeiro, C.; Turchi, M. Absenteísmo-doença no serviço público municipal de Goiânia. *Rev. bras. epidemiol.* [Internet]. 2015 Mar; 18(1): 262-277. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2015000100262&lng=en. <https://doi.org/10.1590/1980-5497201500010020>
- Magalhães Filho, O. S.; Zanin, L.; Florio, F. M. Avaliação do absenteísmo por motivo de doença em funcionários técnico administrativos de uma universidade federal. *RBPS* [Internet]. 5º de julho de 2018;20(1):59-6. Disponível em: <https://periodicos.ufes.br/rbps/article/view/20609>
- Marinha, M.; Teixeira, L.; Maciel, E.; Moreira, M. Avaliação das licenças para tratamento de saúde após implantação do Subsistema Integrado de Atenção à Saúde do Servidor na FIOCRUZ: quadriênio 2012–2015. *Revista Brasileira de Medicina do Trabalho*. 2018;16(1):67-70.
- Mota, R.; Martins, L. Promoção da Saúde Ocupacional para Redução dos Índices de Absenteísmo. 1º Congresso de Gestão, Negócio e Tecnologia da Informação. Aracaju; 2017. p. 13.
- Pizzio, A.; Klein, K. Perfil epidemiológico dos servidores públicos federais no Tocantins afastados por motivo de saúde. *Revista Brasileira de Gestão e Desenvolvimento Regional*. 2018;14(2).
- Reis, R.; LA Rocca, P.; Silveira, A.; Lopez Bonilla, I.; Navarro I Giné, A.; Martín, M. Fatores relacionados ao absenteísmo por doença em profissionais de enfermagem. *Rev. Saúde Pública* [Internet]. 2003 Oct; 37(5): 616-623. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102003000500011&lng=en. <https://doi.org/10.1590/S0034-89102003000500011>
- Santos, S. R. T. G.; Oliveira, L. H. Afastamento do trabalho: Análise da percepção de gestores e reabilitados reintegrados à empresa de maneira sustentável. *Perspectivas em Gestão & Conhecimento* [Internet]. 26º de dezembro de 2018;8(3):40-6. Disponível em: <https://periodicos.ufpb.br/ojs2/index.php/pgc/article/view/34464>
- Scherer, M.; Conill, E.; Jean, R.; Taleb, A.; Gelbcke, F.; Pires, D.; Joazeiro, E. Desafios para o trabalho em saúde: um estudo comparado de Hospitais Universitários na Argélia, Brasil e França. *Ciênc. saúde coletiva* [Internet]. 2018 July; 23(7): 2265-2276. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232018000702265&lng=en. <https://doi.org/10.1590/1413-81232018237.08762018>.
- Silva, M.; Caveião, C. Análise dos afastamentos de saúde dos trabalhadores de ensino de Divinópolis – MG. *Revista Saúde e Desenvolvimento*. 2016;10(5):138-156.
- Spindola, T.; Santos, R. Mulher e trabalho: a história de vida de mães trabalhadoras de enfermagem. *Rev. Latino-Am. Enfermagem* [Internet]. 2003 Oct; 11(5): 593-600. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692003000500005&lng=en. <https://doi.org/10.1590/S0104-11692003000500005>.
- Tatamuez-Tarapues, R.; Domínguez, A.; Matabanchoy-Tulcán, S. Revisión sistemática: Factores asociados al ausentismo laboral

- en países de América Latina. Univ. Salud [Internet]. 2019 Abr; 21(1): 100-112. Disponível em: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0124-71072019000100100&lng=pt. <http://dx.doi.org/10.22267/rus.192101.143>.
- Vale, S. F.; Maciel, R. H.; Nascimento, A. P. T.; Vasconcelos, J. W. O.; Pimentel, F. H. P. Análise de diagnósticos associados às licenças médicas de servidores públicos do Ceará. revpsico [Internet]. 21º de julho de 2015; 6(1):68-1. Disponível em: <http://www.periodicos.ufc.br/psicologiaufc/article/view/1694>
- Vasconcelos, D.; Silva, L.; Lima, L.; Pinho, M.; Motta, P.; Dantas, S.; *et al.* Absenteeism in two public hospitals in Minas Gerais: epidemiological profile. Revista Médica de Minas Gerais. 2017;27:7.
- Vilas Boas, A. A.; Morin, E. M. Indicadores de qualidade de vida no trabalho para professores de instituições públicas de ensino superior: uma comparação entre Brasil e Canadá. Contextus [Internet]. 26 de outubro de 2016; 14(2):170-98. Disponível em: <http://www.periodicos.ufc.br/contextus/article/view/32270>.
- Vilas Boas, A.; Pires, A.; Faria, D.; Morin, E. Indicadores de qualidade de vida no trabalho de docentes de instituições federais de ensino superior das regiões sudeste, centro-oeste e Distrito Federal. Brazilian Applied Science Review. 2017;2(1):19-51.
