



ORIGINAL ARTICLE

CHARACTERIZATION OF ABSENTEEISM-DISEASE IN NURSING WORKERS OF A HEMODIALYSIS SERVICE

CARACTERIZAÇÃO DO ABSENTEÍSMO-DOENÇA EM TRABALHADORES DE ENFERMAGEM DE UM SERVIÇO DE HEMODIÁLISE

CARACTERIZACIÓN DEL ABSENTISMO-ENFERMEDAD EN LOS TRABAJADORES DE ENFERMERÍA DE UN SERVICIO DE HEMODIÁLISIS

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ABSTRACT

Objective: characterizing the absenteeism-disease of nursing staff of a hemodialysis service. **Method:** a descriptive, retrospective and documental study with a quantitative approach. The data collection was conducted through consultation with medical certificates relating to absenteeism-illness in the medical records of nursing staff of a hemodialysis service. The data were organized, categorized, coded and typed into an electronic spreadsheet, in SSPS[®] version 16.0. The study was approved by the research project by the Research Ethics Committee, CAEE 0206.0.243.000-10. **Results:** 141 medical certificates were analyzed. The predominant causes of absenteeism-illness were musculoskeletal disorders, dental and eye care and mental disorders. **Conclusion:** there is the need to evaluate the unplanned absences of the nursing staff, as well as the working conditions of this working class, as a resource for relocation or for relocation of workers and consequent improvement of working conditions of the nursing team. **Descriptors:** Nursing; Absenteeism; Human Nursing Resources; Hemodialysis; Nursing Labor.

RESUMO

Objetivo: caracterizar o absenteísmo-doença de trabalhadores de enfermagem de um serviço de hemodiálise. **Método:** estudo descritivo, documental e retrospectivo, com abordagem quantitativa. A coleta dos dados foi realizada por meio de consulta aos atestados médicos referentes ao absenteísmo-doença nos prontuários dos trabalhadores de enfermagem de um serviço de hemodiálise. Os dados foram organizados, categorizados, codificados e digitados em planilha eletrônica, no SSPS[®] versão 16.0. O estudo teve a aprovação do projeto de pesquisa pelo Comitê de Ética e Pesquisa, CAEE 0206.0.243.000-10. **Resultados:** foram analisados 141 atestados médicos. As causas predominantes de absenteísmo-doença foram distúrbios musculoesqueléticos, atendimentos odontológicos e oftalmológicos e transtornos mentais. **Conclusão:** há necessidade de avaliar as ausências não previstas da equipe de enfermagem, bem como as condições de trabalho desta classe trabalhadora, como subsídio para a realocação ou para o remanejamento de trabalhadores e consequente melhora das condições de trabalho da equipe de enfermagem. **Descritores:** Enfermagem; Absenteísmo; Recursos Humanos de Enfermagem; Hemodiálise; Enfermagem do Trabalho.

RESUMEN

Objetivo: caracterizar el ausentismo-enfermedad del personal de enfermería de un servicio de hemodiálisis. **Método:** un estudio descriptivo, retrospectivo y documental con un enfoque cuantitativo. La recolección de datos se realizó a través de consultas de los certificados médicos en relación con el absentismo-enfermedad en los registros médicos de los trabajadores de enfermería de un servicio de hemodiálisis. Los datos fueron organizados, categorizados, codificados e digitalizados en una hoja de cálculo, en el SSPS[®] versión 16. El estudio fue aprobado por el proyecto de investigación por el Comité de Ética de la Investigación, CAEE 0206.0.243.000-10. **Resultados:** 141 certificados médicos fueron analizados. Las causas predominantes de absentismo-enfermedad fueron los trastornos musculo esqueléticos, asistencia dental y oftalmológica y los trastornos mentales. **Conclusión:** existe la necesidad de evaluar las ausencias imprevistas del personal de enfermería, así como las condiciones de trabajo de esta clase de trabajo, como un recurso para la reubicación o el manejo de los trabajadores y la consiguiente mejora de las condiciones de trabajo del equipo de enfermería. **Descriptor:** Enfermería; Absentismo; Recursos Humanos de Enfermería; Hemodiálisis; Enfermería del Trabajo.

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INTRODUCTION

Understanding and evaluating the implementation of services in several areas of knowledge, it is essential to concern about the health of the worker, because this factor is determining for the quality of services. Specifically in relation to nursing work, which has as main activity the care of the human being and his family, it is known that this implies high demands and complexity and, therefore, needs to be constantly rethought by the employer towards to offering opportunities, in order to promote the welfare and happiness of this worker.¹

Institutional requirements asks for dynamism of the worker, physical and psychological stress, may exceed the limit of its capacity and predispose him to illness and therefore absenteeism.² Absenteeism is understood as not reporting to work, designating absence, for reasons beyond prediction of leadership.³ It can be classified into five categories: absenteeism by professional pathology; legal absenteeism; compulsory absenteeism, voluntary absenteeism and absenteeism-illness, being the latter characterized by the absence justified by health license.⁴

In this study, it is emphasized the absenteeism-illness among nursing staff who work in a hemodialysis service. In the workplace, according to a study previously conducted, workers have mixed feelings, on the one hand, are due to the recognition of gratitude and affection of patients and, second, the front overhead demands arising from the coexistence and needs, especially emotional, these patients.⁵

This study is justified by the possibility of contributing to the knowledge and practice of nursing, and by considering the work absences resonate within the organization, the care provided and the health of workers; may also contribute to the prevention of harm to worker health, it being understood that to develop their professional potential and to provide assistance to a qualified patient, the worker must be content with yourself and psychodynamic equilibrium.

OBJECTIVE

- Characterizing the absenteeism-illness of the nursing staff of a hemodialysis service.

METHOD

This is a descriptive, documentary and retrospective study with a quantitative approach. The descriptive research was aimed

to describe the characteristics of a population, phenomenon or an experience.⁶ "The documentary technique draws on original documents, which have not yet received analytical treatment by any author. [...] Is one of the key techniques for research in social sciences and humanities."^{7:1-2}

The scenario of the study consisted of a hemodialysis service that is characterized as a private intra-hospital company, convening to the Unified Health System (SUS), in which operate 57 nursing workers, allocated into two units (Matrix and Branch) and that provide weekly service to approximately 300 patients on regular hemodialysis program, three times a week in the morning, afternoon and evening shifts.

There were excluded cases in which there was no proper medical certificate fill or expulsion has been for reasons not directly related to the employee, such as death of a relative or license for health treatment of dependents under the age of six years old.

Data collection was conducted in 2011 through consultation with medical certificates relating to absenteeism and illness in the medical records of nursing. All absences from work due to absenteeism-illness of nursing staff, ie nurses, technicians and nursing assistants, occurred in the period 2007-2010, were included in the study. We chose to collect the data for this period, because the administration of the service has the files relating to medical certificates since 2007.

Cases in which there was no adequate filling of the medical certificate or that the removal has been for reasons not directly related to the employee, eg, death of a family member or license health care of dependent children under six years were excluded.

This study had the approval of the research project by the Ethics and Research Committee of the Federal University of Santa Maria (CEPE/UFSM), under the number of the Certificate of Presentation for Ethics Assessment (CAEE) 0206.0.243.000-10, after meeting the ethical precepts of the Resolution 196/96 for research with human beings, especially with regard to the confidentiality of the information and the preservation of the identities of workers in nursing.

The data analysis was done by organizing, categorizing, coding and typing in a spreadsheet, being used the Statistical Package for Social Sciences (SPSS[®]) for Windows version 16.0.

This study was approved by the research project by the Federal University of Santa Maria Ethics and Research (CEPE/UFSM) under the number of the Certificate of Appreciation

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Presentation to Ethics (CAEE) 0206.0.243.000-10 after meeting the provisions ethics of the Resolution 196/96 for human research, especially with regard to the confidentiality of information and preserving identities of nursing.⁸

RESULTS

According to the survey conducted, in respect to absenteeism-illness, in the period from 2007 to 2010, it was met the criteria for inclusion in the study 141 medical certificates. Of these, 32,6% (n = 46) were issued in 2009, 25,5% (n = 36) in 2010, 24,1% (n = 34) in 2008 and 17,7% (n = 25) in 2007.

The data showed that the institution has a young labor force, and among the 141 medical certificates analyzed, 61,7% (n = 54) correspond to workers under the age of 41.

Regarding the gender of the workers, women totaled 89,4% (n = 126) of the certificates, the men had already tallied 10,6% (n = 15) of the removals.

The average length of service of employees who left work in the period surveyed was 8 years old, and 12,1% (n = 17) have at least 6 years of service on this site. The maximum length of employment was 25 years and the minimum period of 1 year.

The professional category that was highlighted in relation to the number of medical certificates was that of nursing technicians, with 74,5% (n = 105) of cases, whereas the nursing assistants had tallied 22,7% (n = 32) of clearances, while nurses, 2,8% (n = 4) of the attestations.

The certificates in our study, 44% (n = 48) specified the reason for absence from work, the others did not contain the International Classification of Diseases (ICD). Among the 48 certificates with ICD, we identified 18 different health problems, which were categorized into devices and systems, according to the appearance of pathologies in records.

As most cited in the certificates system stood out the pathologies of the musculoskeletal system, and the pains in column predominated with 5,7% (n = 8) of cases, followed by pain in the upper limbs (UL), with 5 % (N = 7) of the certificates, and the disturbances in the lower limbs (LL), 2,8% (n = 4) removals.

The second cause of absenteeism related in this study was due to dental treatment and eye care procedures, with 4,3% (n = 6) and 2,8% (n = 4) of the attestations, respectively. Mental disorders, which were the cause of 2,1% (n = 3) removals, took third place in the

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ranking of departures from the hemodialysis center researched.

The other causes of absenteeism-illness identified by this study, although with a lower frequency of occurrence, were: headache, bone fractures, bowel disorders (Irritable Bowel Syndrome) and work preterm birth with 1,4% (n = 2) occurrences of each. With 0,7% (n = 1) of medical certificates, resulted analgesic procedures, impairment of urinary treatment, respiratory, allergies, anemia, minor surgeries and medical consultations.

Regarding the duration of sick leave, 39% (n = 55) were of short duration (1-2 days), 47,5% (n = 62) were of medium duration (3-14 days) and 13,5 % (n = 24) were long-term (over 15 days).

Regarding the seasonality of absenteeism and illness, the months in which most records of removals were found were the months of July, May, September and November with 14,2% (n = 20), 12,8% (n = 18), 10,6% (n = 15) and 10,6% (n = 15), respectively. The months with the lowest rates of absence were the months of February and March, with 5,7% (n = 8) and 4.3% (n = 6), respectively. The reasons these data need to be investigated later.

Regarding the shift, the morning had the largest number of removals, with 51,8% (n = 73), followed by the night shift, with 26,2% (n = 37), and by the afternoon shift, with 18,4% (n = 26) of certificates. The mixed-shift, ie, workers who have no fixed work shift, there were computed 3,5% (n = 5) of removals.

DISCUSSION

Women, for being the most researched in the company, were the largest in number turned away from work. The disproportionate distribution of absenteeism among genders shows that nursing remains an occupation in which predominantly female.⁹ Such dominance is historical and is given by the fact that care is socially and culturally assigned to women.

Another reason why women are to move away from work more often may be the fact that these, in most cases, accumulate functions, such as household chores and family obligations that are added to the job. According to our data, the workforce is predominantly female in age to organize and manage a family life.

Regarding the length of service of employees who had recorded absences for illness-absenteeism in the period surveyed, it is believed that these nursing staff have considerable experience in specialty care to patients on hemodialysis. It follows, also in

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relation to time on the job, there is no large turnover of workers in the service studied, pointing to workers with experience in the place of work.

The high number of medical certificates by the nursing technicians can be explained as they are the employees of the nursing team, in greater numbers, operate in this service, with data similar to those shown by other researchers.¹⁰

The reduced number of statements by nurses can be justified by the fact that the working class, according to the hierarchy of the service, feels a greater responsibility to the team that coordinates, which would condition its more constant presence on site work. Furthermore, these workers also act as the management of services, the possibility of contamination of patients, in accordance with certain diagnostics, is smaller.⁹

Accordingly, in relation to nursing technicians, it is believed that these workers are those who longer relate to patients, are more exposed to psychic disorganizations of the subjects with chronic disease and/or their families than other health-care professionals.¹¹ Logo, are the ones who are subjected to illness, both mental and physical order.

Corroborating with this thought, study on the dynamics of nursing work in a hemodialysis service points out some aspects that may be cause of illness among these workers. Along this line, there is the complexity of both technical and relationships established between the nursing staff and patients on hemodialysis, and the fact that this was a routine work, marked by pressure with time and repetition of tasks.⁵

The incomplete certificate fulfillment damaged data collection of this study. However, corroborating with other studies, a higher frequency of health problems regarded as one of the most important causes of morbidity and disability was related to musculoskeletal disorders, results also found by other authors.¹⁰⁻²

Thus, emphasizing the pains in the spine as prevalent in this study, we agree that the diseases those compromise not only have physical consequences for the worker. They also compromise our well-being, considering that the lumbar region is responsible for various roles in basic activities of life. It is noteworthy also that the individual's posture may reflect the state of your psyche, expressing what one might call body language.¹³

In this regard, reference the concept of occupational biomechanics that studies the

interactions between labor and man, working on the analysis of body movements, with their postural consequences and indicators of fatigue. It is argued, therefore, that every worker adopts a type of posture according to the role it plays in their activity and, even unintentionally, is looking to use a stance to it as comfortable as possible, but not always is the most appropriate, generating musculoskeletal disorders related to work.¹⁴

Therefore, it is inferred that the adoption of forced positions and factors related to work organization which, for the most part, do not consider the individual characteristics of workers, personality traits and life history, favor the onset of musculoskeletal disorders.¹⁵ However, it is stressed that the risks from the environment and the very embodiment of the nursing work have contributed to the development of work-related diseases and thus promoting increase in absenteeism rates.⁴

Under this view, it is argued that greater attention to the postures adopted by nursing staff in the execution of their work and the conditions of the equipment used should be directed, as well as at their disposal in a planned way, in order to reduce the incidence of problems, mainly of musculoskeletal origin.

Regarding dental treatments as well as illnesses that require ophthalmologic procedures, these findings do not seem to be directly associated with the performance of work in everyday life. However, in cases of tooth extraction, in many situations, there is the presence of edema and pain, as well as in situations in which the employee performs ophthalmic procedures with pupil dilation and minor surgeries. Opposite the performance of these procedures, it is possible that the employee needs to stay away from work for some period of time.

Among the results of this study it was also justified absenteeism-illness of workers in the hemodialysis center for mental disorders such as depression and bipolar affective disorder.

With respect to these causes of disease, it is emphasized that nursing professionals need in their day-to-day, constantly deal with the suffering and distress of patients cared for by him, as they often are in process death/dying.¹⁶ Thus, the mental health risk caused by psychological pressures is characteristic of the object's own work of nursing, ie, disease and/or being ill.²

In this line, the impact factors of the work environment on mental health of workers, among them: the modern organization of work, the pace, the technology, fear, anxiety

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and pressure management cause suffering psychic nature.¹⁷ In this sense, it is argued that health is something that only the worker is able to know if you have or not, that is, only he is able to establish the boundaries between normal and pathological, since it is he who suffers and recognizes their difficulties to cope with the demands that the environment imposes.¹⁷ Therefore, greater attention to the complaints of the managers of your team must be given in order to prevent prolonged absenteeism becomes frequent among workers, which would undermine the entire staff, as well as those who rely on health care.

On the remaining causes of removal by absenteeism-illness, it is inferred that the disturbances of the respiratory system were infrequent causes searched in service, as opposed to another study⁹ conducted in a university hospital who rated this issue of removal in the first place. About this cause of illness, it is emphasized that the nursing staff is a major occupational categories subject to exposure to biological material.¹⁵ This fact could be the cause of respiratory affections of these workers, especially in the nursing technicians, may cause colds, among other pathologies, sometimes even more severe.

It appears therefore that the hospital offers health risks to workers health; from exposure to a range of chemical, biological, radioactive, among others exposes. Therefore, the labor activities require careful that no distance themselves patient care and self-care professional. It is noteworthy also that health actions towards the worker must be integrated with the health of those who are cared for, making himself indispensable the use of available resources, such as the Individual Protection Equipment (IPE), which contribute for the prevention of communicable diseases and accidents at work.

In this context, remember that absenteeism is not always the fault of the workers, but the institutions that employ them that often neglect the working conditions, falling short in relation to the organization and supervision of the work. As a result, we obtain the dismay of workers, "which may be a result of poor management, which is not intended to preventive and humanist politics".^{4:167}

Regarding the duration of sick leave, there were found in greater numbers in this study, the disorders of the musculoskeletal system. Thus, the average duration of certificates can be justified by the longer recovery pains and other complaints that this system requires. Along this line, regardless of what causes

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absenteeism, we can infer that it interferes with the sense "of the loss of productivity and quality of work to be done".^{15:198}

As an example, what happens often when a worker fails to attend the workplace without notice, either by absenteeism and illness or not, is that management does not have enough time to streamline the coverage of duty roster, resulting so in overloaded to another worker. This situation can lead to absenteeism from another team member or can generate a cycle of faults, which is detrimental not only to the workers but to the quality of care provided in nursing.

Regarding the seasonality of certificates analyzed, our findings converge with another study from the southern region of Brazil, where the coming months to the end of the year, as well as those corresponding to the autumn-winter have seen increased number of removals for absenteeism- disease.¹⁸ We agree that the increased rates of absenteeism during the autumn-winter can be attributed to the climatic conditions of the region, ie, the time marked by significant cold and rain.¹⁸

In terms of the months with the lowest rates of absence, which were February and March, it is believed that during this period, workers are less affected because they have reduced some stress factors such as, for example, this period is school holiday time or because it is a time close to the receipt of additional allowances (thirteenth), and also by the motivation of the arrival of a new year and most enjoyable days with warmer temperatures.

The results of this study in relation to the work shift with the largest number of statements by absenteeism-illness differ from another study¹⁸ in which the shift with the highest rate of absenteeism-illness is the night. This may be due to the different times of the research institution; it feels like the morning shift hours falling between 6 and 11 hours, the afternoon shift, characterized by time from 11 to 16 hours of night work, from 16 to 22 hours.

Based on our findings, it appears that absenteeism is a costly and complex managerial problem for the institutions, which causes losses in the form of the development work, increased costs of production and social welfare, especially in hospitals and similar environments.¹⁹ In these locations, patient care cannot be transferred, but must be paid at the time the patient needs, not to harm her recovery. It is noteworthy also that the absence of workers generates increased operating costs and thus increasing the costs

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of care provided, causing losses to the employing institution.⁴

To avoid high rates of absenteeism, whether due to illness or not, it is believed that the first step would be (re) planning and (re) sizing the number of nursing staff required to care for the patient.²⁰ Added to this, it is desirable that the service offers various stimuli, such as concern for the workplace, making it as pleasant as possible, not only humanizing the care provided, but also how to deal with organizations for their workforce.

CONCLUSION

The data from this study showed that the researched service has a young workforce, in which nearly all workers are women, and the predominant category is nursing technicians, with an average of eight years on the job.

This study showed that nurse practitioners are affected by pathologies of multiple causes, with emphasis on musculoskeletal disorders, followed by ophthalmic and dental treatment order and also by mental disorders. These health problems, in most cases, are associated with the working conditions experienced by the workers of the nursing staff, especially in relation to the category of nurses. Therefore, the process of nursing work may predispose to illness and therefore absenteeism and illness.

The data analysis also showed the need to be conducted systematic reviews of unplanned absences of the nursing staff as well as the conditions of existing work in the service searched as allowance for relocation or relocation of workers to improve working conditions and lower rates of absenteeism and illness.

From the foregoing, it confirms the complexity that permeates the work of nursing in dialysis services and justifies the relevance of studies that address the issue of worker health, especially with regard to absenteeism and illness, seeking to understand and reduce its incidence.

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