Chapter 255

Effectiveness of strategies for reducing absenteeism due to muscular disorders in a philanthropic hospital

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1 INTRODUCTION

Musculoskeletal disorders are an important reason for absenteeism, reaching around 27 million Brazilians (FERREIRA R.C., 2012). Within this panorama, it is evident that the workload that exists in hospital functions can be considered an important source of illness to the worker, a fact that directly reflects the absence of the employee in their shifts (KUNRATH G.M., 2021). This phenomenon known as absenteeism due to illness situation is one of the biggest problems related to the management of human resources in hospitals (MARQUES D.O., 2015).

A study conducted in a public hospital in São Paulo, with a sample of a period of three years, identified that the largest number of cases involving the illness of collaborators was due to diseases of the musculoskeletal system and connective tissue (ROCHA F.P., 2019). Another study also in a hospital environment carried out in the south of the country with a capacity of 50 beds, pointed out that in five years, there were 2,403 absences longer than fifteen days. Of this total, most were due to musculoskeletal disorders, representing about 23%, and the remaining absences were related to clinical disorders, psychiatric cases, surgical or unknown. In this way, the author of the work suggests developing strategies for the reduction of absenteeism, focusing on the health of workers and consequently, causing a positive impact on organizational performance (KUNRATH G.M., 2021).

According to Couto (2014), ergonomics can be defined as interprofessional work, based on a set of sciences and technologies, that seeks the mutual adjustment between the human being and his work environment in a comfortable, productive, and safe way, fundamentally seeking to adapt the work to the worker.

Parallel to this definition, there is the regulatory standard number 17 - Ergonomics (NR 17), incorporated into Brazilian legislation, which consists of attributions, rights, and duties to be fulfilled by employers and workers, intending to ensure safe and healthy work. This standard establishes guidelines and requirements that allow the adaptation of working conditions to the psychophysiological characteristics of workers, to provide comfort, safety, health, and efficient performance at work. Included in the working conditions are aspects related to the lifting, transportation, and unloading of materials, the real estate of workstations, work with machines, equipment, and hand tools, as well as the conditions of comfort in the work environment and the organization itself.

MARQUES and collaborators (2011), reinforce that after verifying data, it is possible to reduce absenteeism and improve the quality of life of workers, which can be proven with the reduction of damages, when implemented prevention programs such as risk reduction, ergonomic corrections, and others, being significant for the improvement of worker health and company productivity.

JUNIOR (2017), states that it is not difficult to realize that every absence of a worker, regardless of the reason, reflects in costs for the company, where, however, to solve the problem, many organizations adopt various programs for this purpose.

PIZO & MENEGON (2010) affirm the effectiveness that research and actions are effective when carried out, concerning the relationship between man and work (ergonomics), taking into account the health of the worker and economic effectiveness.

MOURA et al. (2020) report:

> "One of the contemporary challenges of Ergonomics in companies is to convert the results of the application of Ergonomic Analysis (AET) into projects that will be implemented systematically in organizations. Ergonomic action is therefore one of the main obstacles in organizations. In this scenario that emerges the Ergonomics Committee (CoErgo) is an important vector of Ergonomics in organizations, because it facilitates systematized and organized actions within organizations."

FAKIH et al. (2006) mention that especially in hospital environments nursing plays a fundamental role in care, so it is notorious that this population represents a significant portion of the staff of these establishments. However, these employees are fractionated in several sectors, not causing specific attention, but in the aggregate, it has a great impact. And according to MENONI et al. (2015) these professionals both nationally and internationally, fall into the categories that are most affected by acute and chronic pathologies and disorders of the musculoskeletal system linked to the manual movement of patients. According to MAURO et al. (2010), identifying the causes of illness is the first step toward a prevention strategy and consequently, reducing absenteeism.

2 GOAL

The objective of this study was to verify the effectiveness of strategies applied in a philanthropic hospital to reduce absenteeism due to musculoskeletal disorders, with ergonomics being the protagonist tool of these interventions.

3 METHODOLOGY

SCARATTI & CALVO (2012) ensure that transforming the concept of indicators or standards of information, contributes considerably to evaluative studies, applying to quality management, which allows for identifying possibilities for performance improvements.

Taking into consideration this concept and understanding that, historically, year after year evaluating the indicators of the occupational health sector of the Hospital dos Fornecedores de Cana, a philanthropic hospital with approximately 1200 employees celetistas, the highest rate of absence of employees that caused a direct impact on the absenteeism of the company, was due to the ICD "M" (diseases of the musculoskeletal system and connective tissue). After data collection with the Organizational Human Development (DHO) sector considering the financial impacts as a result of this fact, reflections and discussions of the possibilities of strategies were carried out, to reduce these numbers and generate benefits for society in general (employee, company, people in direct contact and public pension). Thus, in the second half of 2016, the movement in the DHO of HFC Health was initiated and the actions listed below began to be taken:

1- Verification of the sector with the highest index of medical certificates (ATM), involving the ICD M, through the superficial Ergonomic Work Analysis (AET) of all the functions of the hospital complex and the crossing of this information with the medical certificate indexes (TMJ). In this way, it was elected the sector that became the focus of AET's more in-depth and contemplated the ergonomic recommendations during the year and later, executed reevaluations and execution of fine improvements.

2- Establishment of the ergonomics committee (COERGO), with the participation of the ergonomist and members of the Legal, Occupational Health, Occupational Safety, DHO, Engineering, and guests of the air involved, to assist in the identification and execution of the management of ergonomic recommendations.

3- Improvement course for the ergonomist, on the ergonomic tool MAPHO which meets the ISO TR/12296:2012, and beginning of risk management in the movement of patients within the HFC Health (creation of protocol, standards and routines, standardization and acquisition of transport equipment and accommodation of patients - wheelchairs, bath chairs, stretchers, and beds, evaluation of exposure rates, acquisition of patient handling equipment such as human cranes, sliding sheets, rotating discs and patient transfer belts and training.

4- Attendance, monitoring, and guidance of all employees who present TMJ with ICD M, through an anamnesis, report of the employee, adequacy in the tasks or workplace if necessary, and degree of satisfaction of this service.

4 FINDINGS

After entering with the strategic actions aimed at reducing absenteeism and using the same methodology in data collection, it can be observed that after the interventions were realized, general numbers and specific areas presented expressive values considering the timeline, according to the results below.

The overall number of ATMs with ICD M delivered in the Occupational Health of HFC Health, showed a gradual decrease to 264 attestations/year in 2016, when no strategy occurred, to 120 certificates/year in 2021, meaning a reduction approximately of 55% in 5 years. In 2017, the year of the beginning of the interventions (ergonomics and management of certificates), the reduction was approximately 15%, compared to the previous year.

Considering only the nursing care sectors, the ATMs with ICD M delivered in the Occupational Health of HFC Saúde, presented a gradual decrease from 112 certificates/year in 2016 to 63 certificates/year in 2021, an approximate reduction of 45%. In 2017, the year of the beginning of the interventions (ergonomics, MAPHO, and management of certificates), the reduction was approximately 10%, compared to the previous year.

In the Nutrition sector, the ATMs with ICD M delivered in the Occupational Health of HFC Saúde, presented a decrease of 13 certificates/year in 2016, to 3 certificates/year in 2021 (approximate decrease of 75%). Given that in 2017 the year that began the management of the certificates, there was a peak of 43 attestations/year, later 20 attestations/year in the subsequent s (2018 and 2019), which had the ergonomic interventions, to 5 certificates/year in 2020.

In the Hygiene sector, the ATMs with ICD M delivered in the Occupational Health of HFC Saúde, presented a gradual decrease from 76 certificates/year in 2016 to 27 certificates/year in 2021, a reduction of approximately 65%. In 2017, the year of the beginning of the interventions (management of certificates), the reduction was approximately 35%, compared to the previous year.

Noting the reduction of ATMs with ICD presented above, it is stated that the reduction in absenteeism, was from 1668 days in 2016 to 357 days in 2021 (approximate reduction of 80%), considering this same percentage to the direct cost of these, a saving of R $ 183,199.86 was generated in the comparison of the years 2016 and 2021 (average cost considering the average value of the day/shift of an employee, using the 2021 cost base also for 2016).

5 DISCUSSION

Given the results, it is evident the positive impact of the strategies used to reduce absenteeism due to TMJ with ICD M.

In all sectors or areas scored, a reduction in these indices was identified. In the aggregate, the reduction in absenteeism was 80%. Linking financial aspects, the reduction of the annual cost with absenteeism (ICD M), based on the average daily cost of the employee of the year 2021, also for the year 2016 was R $ 183,199.86.

In this study, we did not measure the costs resulting from bank hours, overtime, and costs with an increase of staff to adjust the dimensioning, turnover and costs with accidents with health services. Values that were also not considered are those arising from labor liabilities that are difficult to measure and can fluctuate drastically from one stock to the next, but cause financial impact.

More than financial values, organizational aspects that have a positive impact on the valuation of the environment and the relationship with work must be taken into account. It should be taken into account the fact that the absence of too many workers reflects a direct impact on the activities of the areas, directly or indirectly generating depreciation in customer service and care, physical and emotional overload of the teams, cascading absenteeism, turnover and relocation of employees in scales. However, the social aspects of the affected employees must be considered, since they are individuals of our society who have family, commitments and leisure outside the corporate environment.

In this study, it was observed the need for this hospital to use strategies, including compliance with regulatory standards, where it was possible to observe the effectiveness of these actions, with positive results for both the company and the worker, although obtained at low cost, given that most of the actions were due to compliance with standards and process management.

It was also noted positive results in the reduction of ATM delivery in all areas and consequently in absenteeism, through compliance with NR 17, creation of COERGO, use of the ergonomic tool MAPHO recommended by ISO/TR 12296:2012 for employees of the care areas and the management of all ATMs delivered in Occupational Health with ICD M, in addition to the use of the indicators carried out by the entity.

6 CONCLUSION

We conclude that there was efficiency in the strategies employed (management of ICD M certificates, creation of COERGO, initiation of ergonomic actions in strategic sectors and use of the MAPHO ergonomic tool as a management model), resulting positively in the management and reduction of absenteeism, which led to the reduction of direct cost. We also verified the opportunity for specific studies of the impact of these interventions on the relationship with bank hours, overtime, an increase of staff to comply with dimensioning/demand, labor liabilities, turnover, accidents with health services, impact on a public pension, social aspects of the lives of these employees in the health area and application of strategies similar to these in other areas outside health.

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