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## ABSENTEEISM-ILLNESS IN PUBLIC SERVERS OF THE DEPARTMENT OF EDUCATION OF THE STATE OF PERNAMBUCO STATE – BRAZIL FROM 2011 TO 2016

Mariana Félix de Lima<sup>1</sup>, Rosana Anita da Silva Fonseca<sup>2\*,3</sup>, Joaquim Pedro Carneiro Campello Filho<sup>3</sup>, Helena Maria Carneiro Leão<sup>3</sup>, Ivanele Maria Soares Bezerra<sup>3</sup>, Reginaldo Inojosa Carneiro Campello<sup>3</sup>, Ligia Maria de Almeida<sup>1</sup> and Adriana Conrado de Almeida<sup>1,3</sup>

<sup>1</sup>N. Sra of Graces Nursing College, University of Pernambuco; <sup>2</sup>Biologica Science Institute, University of Pernambuco; <sup>3</sup>Dental College, University of Pernambuco

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#### \*Corresponding author:

Rosana Anita da Silva Fonseca

### ABSTRACT

**Introdução:** Absenteeism-illness is the absence of an employee due to illness and must be certified by medical leave. To identify the frequency of absenteeism-illness among employees of the Department of Education of the State of Pernambuco with Medical Leave for Health Treatment (MLHT). Quantitative, exploratory, retrospective, cross-sectional study. The database on the number of civil servants from 2011 to 2016 was used. It was found the total number of absences for MLHT was 32,342 in civil servants with 9,555 employment contracts. Employment relationships are predominantly characterized, during the study period, by the female sex, with an average of 16 to 30 days of absence. The groups of mental illnesses, and musculoskeletal and connective diseases are the main reasons for absenteeism. The absence of information about the diseases that motivated the leave had a significantly high share in this study. The implementation of preventive actions of public policies is crucial to reduce or even prevent the adversities that absenteeism causes.

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## INTRODUCTION

The employee's absence from their work environment is called absenteeism, a French word derived from *absentéisme* (Daniel et al., 2017). The employee's absence due to illness is called illness absenteeism, and must be certified by sick leave. The latter is an indicator of workers' health conditions (Leão et al., 2018). Absenteeism is a multifactorial phenomenon that is influenced by psychosocial, economic and work environment factors (Vale et al., 2015). It may result from sociocultural factors and there is no evidence of a concise cause and effect relationship, but rather a set of these variables that culminate in absenteeism (Silva and Caveião, 2016). Generally, medical leaves registered among public servants in Brazil do not provide sufficient information about the relationship between the factors that lead to absenteeism, as there is no obligation on the part of public bodies to maintain statistical information that lead to indications about this relationship between the factors (Vale et al., 2015). Workers' health, both in the public and private spheres, is of great relevance for the work-related health-disease process and has evolved over time in both places (Pizzio and Klein, 2018).

The sick leave rates have increased in industrialized countries. Despite the observation of an improvement in the work environment, the stress related to it is counteracted, contributing to the increase in absenteeism (Fonseca and Carlotto, 2011). A study carried out to trace the profile of Medical Licenses for Health Treatment (MLHT) in public servants in the State of Pernambuco reveals that the Department of Education has the highest frequency of MLHT among the secretariats/public agencies. The top five causes of MLHT by ICD 10 group at the Universidade de Pernambuco (UPE) were mental and behavioral disorders (ICD F) followed by diseases of the musculoskeletal system and connective tissue (ICD M), injuries, poisoning and external causes (ICD S); diseases of the circulatory system (ICD I); diseases of the ear and mastoid apophysis (ICD H) (Leão, 2018). The analysis of professional categories among servers of the Department of Education who carried out expertise and had the MLHT granted was not the object of this study. A study carried out in Alagoas revealed that, among professional categories, public school teachers in the State of Alagoas led the number of MLHT for mental and behavioral disorders. According to authors, this fact may be a consequence of violence in schools and precariousness of work (Silva et al., 2012). The idea is to encourage studies on the complex reality

of diseases, seeking to deepen and reveal the profile of MLHT within the Department of Education in relation to the ICD group and compare with other studies carried out in other states of the federation of Brazil, in order to enable a discussion about the health of the servers of the Departments of Education, as well as, can subsidize the planning of public policies in the worker's health in the sense of promotion, prevention, treatment and rehabilitation. The importance of knowing the reasons for leave is a fundamental management tool, since leaves in institutions cause distortions in the volume and availability of the workforce, as it reduces the workforce and increases the burden for those who remained in their positions, resulting in an economic impact by increasing the costs of the business unit or public administration and social security (Magalhães Filho; Zanin; Flório, 2018).

**Theoretical framework:** According to the Ministry of Health, work plays a significant role in people's lives, and its absence or loss can generate a psychological concern, as it harms the worker's family support (Brazil, 2001). According to the International Labor Organization (1999), absenteeism is defined by the absence of employees from their workplace correlated by an individual's incapacity, which may be due to sick leave for an indefinite period, and with this, it generates a large financial damage to the worker and the institution. Absenteeism can be voluntary (for personal reasons, without legal support and illness), professional (due to work accidents); general illness (due to illness or clinical procedure), legal (supported by law), and compulsory (due to a disciplinary penalty imposed by the employer or prison). (Bernstorff and Rosso, 2008) According to the Public Employees' By-Law of the State of Pernambuco (Law n° 6.123/1968, on June 20, 1968), in section III, the license for health treatment is guaranteed, and inspection is carried out by the state medical board, not exceeding the period of twenty-four months of leave. Section IV, on the other hand, addresses leave due to illness in a family member, as long as it proves that individual assistance is essential, being corroborated by medical inspection. Teacher absenteeism is caused by intense working hours, lack of social recognition of the profession, low pay, violence in schools, insufficient teaching instruments and dysfunction of their own health, whether physical or mental, in which they are notable for bad habits food, sedentary lifestyle and alcohol consumption (Santos and Marques, 2013; Spósito *et al.*, 2014). These adversities cause the professional to be removed from the classroom, which generates numerous economic expenses. Factors that influence absenteeism are the particularities of each person, gender, daily routines (including addictions such as alcohol and drugs), social class, employee occupation, work accidents, work environment (stress) and job satisfaction (Bernstorff, 2008). According to the research by Chadwick-Jones *et al* (1982), it showed that absenteeism is higher among females, married and with children for domestic and family reasons. In addition to official and institutional costs, it should be noted that the higher cost of absenteeism in schools reflects on student learning. Based on the classical model of education, in which the relationship between teachers and students is developed on a daily basis, the absence of the teacher leads to a discontinuation of this interaction and learning, and there is also a reluctance in the process of familiarity with the substitute. (Tavares *et al*, 2009)

**National Policy on Occupational Health (NPOH):** Ordinance N° 1.823, of August 23, 2012, was instituted with the purpose of establishing the principles, guidelines and strategies of the Unified Health System (UHS) in low, medium and high complexity, with improvement of care, recovery of injuries and worker health surveillance, with a view to preventing and promoting their health. The Policy covers workers, whether rural or urban, private or public, prioritizing those who maintain informal employment, and with that, there is greater vulnerability in their health. The objectives of the Policy are to consolidate Vigilância em Saúde do Trabalhador (VISAT) (Workers Occupational Health Surveillance) (VISAT), provide health, the place and the work process that are beneficial to the employee, reduce morbidity and mortality related to the occupation and ensure comprehensive health care for the UHS user in all spheres of care. VISAT is the focus of this Policy as it implies the

articulation of resources for registration and notification of injuries and events, integration of injuries related to the work of compulsory notification in the national, state and municipal fields, investment in the development of technical knowledge of health professionals who they work with surveillance and encouragement of cooperation between employees and institutions in epidemiological surveillance actions. The main strategies for establishing the NPOH are the assessment of the work and health situation of workers, structuring the Rede Nacional de Atenção Integral à Saúde do Trabalhador (National Network for Comprehensive Workers' Health) (RENAST) within the scope of the Health Care Network (ambulatory and hospital), consolidation and expansion of intersectorial links, promotion and qualification of the health team, basis for the development of knowledge and research, and encouragement of joint action with the community and workers. The goal was to identify the frequency of absenteeism due to illness among employees of the Department of Education with a license granted and certified by the medical board/expertise of the State of Pernambuco in the period from 2011 to 2016.

## METHODOLOGY

**Study Type:** This is a descriptive study of document analysis, where the research consists of using documents as sources for the development of research and analysis of the topic (Lakatos, 2017). The statistical technique used was quantitative, with an exploratory objective. Exploratory research seeks to gather information about a particular object and its manifestation conditions (Lakatos, 2017). With regard to time, the research was retrospective and used a cross-section.

**Study Place:** The study was carried out at the Unidade de Supervisão Técnica de Perícias Médicas e de Segurança do Trabalho do Instituto de Recursos Humanos de Pernambuco – USTPS – IRH/PE (Technical Supervision of Medical Expertise and Workplace Safety of the Institute of Human Resources of Pernambuco-USTPS-IRH/PE), from January 2011 to December 2016, from leave for Medical Leave for Health Treatment (MLHT) higher than three days, certified by the Department of Administration of the State of Pernambuco in relation to the monthly number of servers in the Department of Education of the State of Pernambuco.

**Population and Sample:** The population consisted of medical licenses granted for health treatment of servers of the Department of Education in the period 2011 to 2016. The sample is made up of servers working at the Department of Education.

**Data collect:** The study will include the MLHT that were granted to professionals who belong to the permanent civil servants of the State of Pernambuco (Law 6.123/68) (Government of the State of Pernambuco, 1968). Exclusion criteria were pregnancy leaves and leave for medical follow-up for family treatment.

### Dependent variable:

- Absenteeism due to sick leave from health care.

### Independent variables:

- Diseases that led to removal by the International Classification of Diseases (ICD) group;
- Gender, age and professional category;
- Location of the UPE server's work activity;
- Period of licenses granted

The MLHT on UPE servers were divided into initial and extended leave. It is understood as initial health treatment license, the first license, which must be requested within ten days from the first day of leave, and the extension health treatment license refers to the license granted up to 60 (sixty) days after the end of the first license (Pernambuco, 1968).

- Case outcome in MLHT for another 24 months.

**Data analysis:** Data were collected at the unit of Technical Supervision of Medical Expertise and Workplace Safety of the Institute of Human Resources of Pernambuco-USTPS-IRH/PE. A new database was built where the collected data were analyzed according to the research objectives. The Statistical Package for Social Sciences (IBM SPSS Statistics 15) was used for data analysis to obtain simple and relative frequencies and measures of central tendency, proportions and possible associations.

**Ethical aspects:** The project was submitted to the Ethics and Research Committee of the Hospital Complex HUOC/PROCAPE in accordance with Resolution No. 466 of December 12, 2012, with approval CAEE 91842318.1.0000.5192 approved on August 16, 2018. As the information extracted from secondary databases and the observation of the object are relevant to the life of public servants in Pernambuco, there is no need for an Informed Consent Term, considering that the research is of a documentary nature. Although it has a minimum risk, researchers are committed to preserving their confidentiality.

## RESULTS AND DISCUSSION

In 1993, the Secretariat of Science, Technology and Environment (SECTMA) was created, and in 2015 it became the Secretariat of Science, Technology and Innovation (SECSTI). Currently, the Foundation for the Support of Science and Technology (FACEPE), the Universidade de Pernambuco (UPE), the Pernambuco Communication Company (EPC - TV Pernambuco) and the Science Space are linked to SECSTI. (Legislative Assembly of Pernambuco, 1998). According to Ordinary Law No. 11.559 of 1998, which deals with the Plan of Positions and Careers of the State Department of Education, it states that Teacher I is the teacher who teaches elementary school grades from 1st to 5th year, whereas Teacher II is the one who teaches elementary school classes from the 5th to the 8th grade and high school. It was found in the database that the total number of sick leave for health treatment (MLHT) was 32,342 in the period from January 2011 to December 2016 in servers with 9,555 employment relationships. Employment contracts in the education sector in the State of Pernambuco are predominantly characterized, during the study period, by the female sex, with an average of 16 to 30 days of absence and with the highest frequency in the year 2013. (Table 1 and 2).

**Table 1. Characteristics of employees who underwent sick leave for health treatment in the period 2011 to 2016**

Variable	N	%
Total employment relationships	9555	100.
Workplace		
Department of Education	9372	98.1
SECSTI	146	1.5
Other locations	37	0.4
Gender		
Male	1999	20.9
Female	7556	79.1
Year of start of leave		
2011	2029	21.2
2012	1793	18.8
2013	2087	21.8
2014	1727	18.1
2015	1885	19.7
2016	34	0.4
Role		
Teacher	8462	88.6
Teacher I	357	3.7
Teacher II	733	7.7
Teacher in compliance with a court decision 3,5%	3	0.0

Table 3 shows the distribution of Medical Leave for Health Treatment (MLHT) due to illnesses according to the ICD 10 among servers in the education sector in the State of Pernambuco over a period of six years, in which the highest prevalence of the group was observed. F (mental illnesses), followed by Not Located and M (musculoskeletal and connective).

**Table 2. Gender, function, year of start of leave and range of the number of days away related to the 32,342 absences made in the period 2011 to 2016**

Variable	N	%
Total	32342	100.0
Workplace		
Department of Education	31550	97.6
SECSTI	688	2.1
Other locations	104	0.3
Gender		
Male	6372	19.7
Female	25970	80.3
Role		
Teacher	28267	87.4
Teacher I	1393	4.3
Teacher II	2675	8.3
Teacher in compliance with a court decision. 3,5%	7	0.0
Year of start of leave		
2011	6989	21.6
2012	6931	21.4
2013	7116	22.0
2014	5868	18.1
2015	5303	16.4
2016	135	0.4
Number of days away		
Up to 10	4020	12.4
From 11 to 15	6216	19.2
From 16 to 30	13557	41.9
From 3 to 60	5980	18.5
61 or more	2569	7.9

**Table 3. Distribution of Medical Leave for Health Treatment (MLHT) due to illnesses according to the ICD 10 among servers in the education sector in the State of Pernambuco from 2011 to 2016**

Letter of CID 10	n	%
A (Infectious and parasitic diseases)	394	1.2
B (Infectious and parasitic diseases)	324	1.0
C (neoplasias)	822	2.5
D (blood, hematopoietic organs and immunological disorders)	440	1.4
E (endocrine, nutritional and metabolic diseases)	488	1.5
F (mental illnesses)	10633	32.9
G (nervous system)	490	1.5
H (eyes and appendages, ears and mastoid apophysis)	1126	3.5
I (circulatory system)	1238	3.8
J (respiratory system)	872	2.7
K (gastrointestinal/abdominal system)	828	2.6
L (skin and subcutaneous tissue)	178	0.6
M (musculoskeletal and connective tissue)	4151	12.8
N (genitourinary diseases)	745	2.3
O (pregnancy, childbirth and puerperium)	518	1.6
P (disorders originating in the perinatal period)	2	0.0
Q (congenital malformations)	23	0.1
R (ill-defined symptoms, signs and conditions)	393	1.2
S (injuries, poisonings and external causes)	1945	6.0
T (injuries, poisonings and external causes)	115	0.4
V (injuries, poisonings and external causes)	5	0.0
W (injuries, poisonings and external causes)	1	0.0
X (injuries, poisonings and external causes)	1	0.0
Y (injuries, poisonings and external causes)	5	0.0
Z (contact with health services)	2301	7.1
Not found	4304	13.3
Total	32342	100.0

Table 4 shows statistical significance in relation to females and the number of days of MLHT from 16 to 30 days, according to the workplace. Tables 5.1 and 5.2 reveal that among the 12 most frequent ICDs of causes of sick leave in the study period were Z54.0 (convalescence after surgery), F41.2 (mixed anxiety and depressive disorder), F32.2 (severe depressive episode without psychotic symptoms), F33.2 (recurrent depressive disorder, current severe episode without psychotic symptoms), F32 (depressive episodes),

Table 4. Assessment of the number of days off by gender

Number of days away	Gender				Total Group		p Value
	Male n	%	Female n	%	n	%	
Up to 10	761	11.9	3259	12.5	4020	12.4	p <sup>(1)</sup> < 0.001*
From 11 to 15	1066	16.7	5150	19.8	6216	19.2	
From 16 to 30	2367	37.1	11190	43.1	13557	41.9	
From 31 to 60	1396	21.9	4584	17.7	5980	18.5	
More than 60	782	12.3	1787	6.9	2569	7.9	
TOTAL	6372	100.0	25970	100.0	32342	100.0	

(\*) Significant difference at the 5.0% level

(1) By Pearson's chi-square test.

Table 5.1 Distribution of leaves of absence among employees of the Department of Education and SECSTI of the state of Pernambuco who requested sick leave for health treatment in the period 2011 to 2016 by main professional category, gender and length of leave of absence in the 12 most frequent ICD's

Variable	Z54.0	F41.2	F32.2	F33.2	F32	F32.1
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Total	2060(100)	1398(100,0)	1388(100.0)	1021(100.0)	744(100,0)	660(100.0)
Gender						
Male	367 (17.8)	181 (12.9)	225 (16.2)	131 (12.8)	74 (9.9)	94 (14.2)
Female	1693 (82.2)	1217 (87.1)	1163 (83.8)	890 (87.2)	670 (90.1)	566 (85.8)
Role						
Teacher	1828 (88.7)	1189 (85.1)	1200 (86.5)	886 (86.8)	632 (84.9)	583 (88.3)
Teacher I	69 (3.3)	52 (3.7)	82 (5.9)	53 (5.2)	55 (7.4)	20 (3.0)
Teacher II	162 (7.9)	157 (11.2)	106 (7.6)	82 (8.0)	57 (7.7)	57 (8.6)
Teacher in compliance with a court decision 3,5%	1 (0.0)	**	**	**	**	**
Number of days away						
Up to 10	169 (8.2)	45 (3.2)	19 (1.4)	8 (0.8)	36 (4.8)	18 (2.7)
From 11 to 15	673 (32.7)	193 (13.8)	91 (6.6)	61 (6.0)	128 (17.2)	62 (9.4)
From 16 to 30	736 (35.7)	872 (62.4)	845 (60.9)	500 (49.0)	479 (64.4)	442 (67.0)
From 31 to 60	395 (19.2)	260 (18.6)	375 (27.0)	349 (34.2)	86 (11.6)	112 (17.0)
More than 60	87 (4.2)	28 (2.0)	58 (4.2)	103 (10.1)	15 (2.0)	26 (3.9)

Table 5.2 Distribution of sick leaves among employees of the Department of Education and SECSTI of the state of Pernambuco who requested sick leave for health treatment in the period 2011 to 2016 by main professional category, gender and length of leave of absence in the 12 most frequent CID's

Variable	F33.1	F33	F43.2	F41.0	S93.4	M54.5
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Total	499 (100.0)	481 (100.0)	466 (100.0)	342 (100.0)	321 (100.0)	305 (100.0)
Gender						
Male	40 (8.0)	53 (11.0)	85 (18.2)	61 (17.8)	75 (23.4)	55 (18.0)
Female	459 (92.0)	428 (89.0)	381 (81.8)	281 (82.2)	246 (76.6)	250 (82.0)
Role						
Teacher	434 (87.0)	414 (86.1)	396 (85.0)	287 (83.9)	291 (90.7)	266 (87.2)
Teacher I	21 (4.2)	28 (5.8)	19 (4.1)	11 (3.2)	5 (1.6)	9 (3.0)
Teacher II	44 (8.8)	39 (8.1)	51 (10.9)	44 (12.9)	25 (7.8)	29 (9.5)
Teacher in compliance with a court decision 3,5%	**	**	**	**	**	1 (0.3)
Number of days away						
Up to 10	15 (3.0)	12 (2.5)	12 (2.6)	11 (3.2)	138 (43.0)	99 (32.5)
From 11 to 15	45 (9.0)	50 (10.4)	61 (13.1)	45 (13.2)	134 (41.7)	99 (32.5)
From 16 to 30	347 (69.5)	269 (55.9)	283 (60.7)	228 (66.7)	40 (12.5)	80 (26.2)
From 31 to 60	78 (15.6)	121 (25.2)	99 (21.2)	54 (15.8)	9 (2.8)	24 (7.9)
More than 60	14 (2.8)	29 (6.0)	11 (2.4)	4 (1.2)	**	3 (1.0)

F32.1 (moderate depressive episode), F33.1 (recurrent depressive disorder, current moderate episode), F33 (recurrent depressive disorder), F43.2 (adaptation disorders), F41.0 (panic disorder - episodic paroxysmal anxiety), S93.4 (ankle sprain and strain), and M54.5 (low back pain). Table 6 reveals the median number of days off by sex, year of leave and function, which is 30 days in all workplaces. The results point to a greater predominance, with significant relevance, of leaves in public servants, who work in the Education sector of the State of Pernambuco, female (79.1%) in 2013 with an average of 16 to 30 days of leave. The female prevalence is also evidenced in the study by Maia *et al.* (2019), where just over 80% of employment relationships were filled by women. The groups of mental illnesses and musculoskeletal and connective diseases are the main reasons for absenteeism, since working conditions reflect on the practice of the profession. And depending on the server's relationship with professional practice, it will reach the productivity of that server in the work environment, which is also observed in the

study carried out by Alcântara (2019). The main reasons for leaves during the research period are mental, musculoskeletal and connective tissue diseases. Regarding mental illnesses, which have an important percentage in this work with 32.8%, it was proven in a study carried out in 2016 that work circumstances, such as physical and verbal violence from students, low autonomy and the absence of psychological assistance, they are triggering factors for an emotional imbalance of teachers who deal with these situations on a daily basis (Maia, 2016). The percentage of 12.8% of musculoskeletal and connective tissue diseases is due to the intense workday with high demand for physical effort. The absence of information about the diseases that motivated the leave, those considered "Not Found", had a significantly high share in this study. One of the justifications is for not filling out the ICD-10 code in the medical expert service for a better diagnosis. This negatively influences the planning of public policies aimed at preventing teacher absenteeism, and, consequently, a drop in the quality of working conditions.

**Table 6. Statistics on the number of days off by gender, year of leave and function**

Variable	n	Number of days off	
		Average ± DP	Median (P25; P75)
Workplace			
Department of Education	9372	34.67 ± 23.32	
SECSTI	688	39.94 ± 30.10	
		30.00 (15.75; 60.00)	
Other locations	104	40.81 ± 38.72	
		30.00 (15.0; 60.00)	
		p <sup>(1)</sup> < 0.001*	
Gender			
Male	6372	39.84 ± 32.84	
		30.00 (15.00; 60.00)	
Female	25970	33.57 ± 28.34	
		30.00 (15.00; 30.00)	
		p <sup>(1)</sup> < 0.001*	
p value			
Year of start of leave			
2011	6989	32.15 ± 25.97	
		30.00 (15.00; 30.00)	
2012	6931	33.32 ± 30.25	
		30.00 (15.00; 30.00)	
2013	7116	35.43 ± 30.82	
		30.00 (15.00; 45.00)	
2014	5868	36.53 ± 29.38	
		30.00 (15.00; 45.00)	
2015	5303	37.33 ± 30.08	
		30.00 (15.00; 60.00)	
2016	135	41.71 ± 30.99	
		30.00 (30.00; 60.00)	
		p <sup>(2)</sup> < 0.001*	
p value			
Role			
Teacher	28267	34.89 ± 29.23	
		30.00 (15.00; 45.00)	
Teacher I	1393	34.39 ± 23.64	
		30.00 (15.00; 40.00)	
Teacher II	2675	34.17 ± 33.42	
		30.00 (15.00; 30.00)	
Teacher in compliance with a court decision 3,5%	7	40.71 ± 18.80	
		45.00 (15.00; 60.00)	
		p <sup>(2)</sup> = 0.002*	

(\*) Significant difference at the 5.0% level

(1) By the Mann-Whitney test

(2) By the Kruskal Wallis test

Obs. If the letters in parentheses are all different, a significant difference between the years and the corresponding functions is proved by the paired comparisons of the aforementioned test.

Although the group of mental illnesses is more prevalent, it is observed that the highest frequency of sick leave occurs due to convalescence after surgery (Z54.0). Although the survey numbers are relevant, it is essential for the medical expert service to provide more detail about filling out the determination of the surgery for a better quality of results, therefore, an improvement in the quality of work of the servers due to the implementation of a specific public policy for the group. Based on the survey data, it was observed that the number of employment contracts in the Department of Education is greater than in other places. However, the relationship between employment and leave, that is, the average number of leave per employment relationship, is higher in SECSTI. In addition, the median number of days off is greater at SECSTI (39 days) than at the Department of Education (34 days). Thus, we conclude that despite the reduced number of civil servants, there are more absences at SECSTI than at the Department of Education. It is also possible to observe that the average number of days of leave at the Department of Education is lower than at SECSTI and at Other locations, showing to be between 23 and 35 days. Although females have the highest frequency of removals, males have the highest number of days of absence, as shown in table 7. It was also observed that in 2016, even with the decreasing number of leave frequency, the number of days off is higher than in the other years of the survey. The results show that 75% of the group of disorders, in the period of 2016, LMSTs of the group of teachers of the state education network in the State of Pernambuco were related to mental and behavioral disorders.

The diseases that encourage education teachers to work and professional violence, which encourage teachers in the state network of Pernambuco. Barbosa *et al.* (2021), analyzed the working and teaching time of teachers in the state public network of São Paulo and found that the working time of these teachers is longer than the official time of their working day. In addition, these authors also observe the appreciation and precariousness of work reflected through the low years, leading teachers to extend their working hours in the school environment and in their homes. Strong to be considered that is considered the aspect of study of professor from Pernambuco is corroborated by Ribeiro *et al.* (2020) who identified a prevalence of physical, psychological and sexual violence in four public schools in the Federal District of Brazil.

**Final Considerations:** The present study expresses the significance of absenteeism-illness among servers of the Department of Education and SECSTI of the State of Pernambuco. In general, the results correspond to studies already carried out in Brazilian states, and this confirms that the implementation of preventive actions in public policies is crucial to reduce or even prevent the adversities that absenteeism causes. It is clear, therefore, the importance of implementing the project, since illness absenteeism is still a phenomenon unknown to many workers, and articles and studies related to the topic are still scarce. Finally, servers will enjoy satisfaction both in the work environment and in their personal life, contributing to the promotion of a significant improvement in professional performance, and consequently preventing illnesses.

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