The official health expertise of public servants

A perícia oficial em saúde dos servidores

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ABSTRACT
This article aims to analyze the work of the official expertise in health of the federal public servant through research on existing data of the history of absences due to health reasons of the servant itself that impact the daily lives of educational institutions, identifying which diseases have more prevalence, since, before the pandemic, the functions and activities once performed had to be readjusted. Through a case study, we seek to verify the incidence of leaves of absence due to health-related issues in the Brazilian public service, but specifically among the servers of the Federal Institutions of Higher Education in the state of Paraná, agencies that are served by SIASS (Subsistema Integrado de Atenção à Saúde do Servidor). The methodology used was a literature review approach, using the hypothetical deductive method to compare information, seeking to build the work and then analyze the case study. In the case study it was sought to understand the approach of the impact of work activities on the health of Federal Education employees in the state of Paraná. In conclusion, it was identified that mental diseases are the most prevalent, followed closely by infectious and parasitic diseases.

Keywords: People management; Quality of life; Mental health; Indicators and Dismissal.

1 INTRODUCTION

The human resources areas should promote a healthy environment for their workers, providing tools that enable the worker to perform their work in the best way possible. It is known that quality of life at work depends on a set of measures taken by an institution, involving the diagnosis and implementation of improvements and managerial, technological, and structural innovations inside and outside the work environment. The sciences bring contributions to the quality of life at work, but health is the science in which we will give more emphasis in this article. Considering that quality of life is also linked to how people face stress in the work environment. The state of stress is a biological response of the body. When professionals cannot manage their own stress, their health can be significantly affected.

Quality of life at work is in the human understanding, where the individual and his body are situated, through life conditions and marks of experiences lived and felt, proposing a holistic view of the human being, therefore, meeting this demand at work requires actions to improve the perception of quality of life and reduce stress. The Integrated Subsystem for Servers' Health Care (SIASS) is a system that cares for the servant's health in three structural axes: health care, official expertise, and the promotion, prevention, and

monitoring of health, which was established by Decree No. 6833 of April 29, 2009, which creates the SIASS and the Servers' Health Care Management Committee.

Therefore, this article aims to analyze the reasons that lead servers of a public institution to request leave from work activities. It also creates a time away indicator to generate useful information about the condition and performance of the health system. From these measures, it is possible to make an integrated interpretation and get a better view of the health conditions of a given group. The quantitative survey of employees' leaves of absence was carried out in the SIASS system. The time frame used was from 08/10/2021 to 08/10/2022, totaling 12 months. The spreadsheets generated contain the results of the 100 most significant occurrences. It is important to emphasize that this period refers to the pandemic and much of the work of the servers was done remotely.

2 PEOPLE MANAGEMENT

Human resources management is the basis for the smooth running of an institution. All processes and sub-processes of the organization are decided here and therefore must be aligned with the corporate goals. The function of management is to enable people to work together effectively. It is people who play the main role in the organization, they are the ones who quickly change the strengths of the company and this depends a lot on how they are treated within the organization. According to Chiavenato (2004, p 8):

> People should be viewed as partners of the organizations. As such, they are suppliers of knowledge, skills, competencies, and above all, the most important input to organizations: the intelligence that provides rational decisions and gives meaning and direction to global objectives. It is in this environment that employees share development and develop their competencies."

It is up to the organizations to take care of their people and the entire infrastructure they provide to the employee so that he can do his job. The people management process involves a process of implementation, application, nurturing, development, and monitoring where you work with a variety of people, each with their own personality.

Human resource management can be characterized as a set of policies and practices that enable the alignment between the expectations of the institution and the people so that both can be carried out simultaneously, that is, the behavior of the organization and the people who are part of it must be in line through related procedures for implementing actions.

Thinking about this issue, it is essential that the human resources areas promote a healthy environment for their workers, providing tools that allow the worker to perform his work in the best possible way.

2.1 MANAGEMENT AND QUALITY OF LIFE AT WORK

There are many interpretations of quality of life at work: from the medical focus on people's absence of illness, to the need for resources, objects, and procedures that meet collective needs in a given situation, compiling comprehensive quality of life programs in the workplace. In this article we start from the concept that quality of life at work is a set of measures taken by an institution, involving the diagnosis and implementation of improvements and managerial, technological and structural innovations inside and outside the work environment, aiming to achieve full conditions for people to perform their work in the best possible way. LIMONGI-FRANÇA (1997, p. 80)

The sciences have made contributions regarding the demands of quality of life at work, among them we can highlight: Ecology, Sociology, Economics, Administration, Health, Ergonomics, Psychology and Engineering. All these sciences have their valid contributions in relation to the demands of quality of life at work, but among these we can highlight a:

1. Ergonomics: Ergonomics is the science that studies and develops standards aimed at providing employees with a work environment that is compatible with their physical, emotional, and mental needs in order to decrease ergonomic risks.
2. Psychology: evaluates the internal attitudes and life perspectives of each person in his work
3. Engineering: develops forms of production that aim to make production more flexible, store materials, use technology, organize work, and control processes.

Health: This science has sought to preserve the physical, mental, and social integrity of the human being and not only to combat disease, leading to biomedical advances and increased life expectancy. LIMONGI-FRANÇA (1997, p. 80)

Every human being is a biopsychosocial complex, that is, he or she has biological, psychological, and social potentials that react simultaneously to the conditions of life. These reactions have different combinations and intensities on these three levels and may be more visible on one of them, although all are always interdependent. This approach is described by Lipowski (1986) as the rescue of an expanded view of health that has been a trend in recent decades. To be healthy is not only the absence of disease, but to have a complete biological, psychological, and social well-being. This concept, adopted by the World Health Organization (WHO) in 1986, opens a significant field for understanding the psychosocial factors of modern life, and specifically, in the performance and organizational culture of occupational health.

All sciences bring contributions to the quality of life at work, but health is the science in which we will give more emphasis in this article. Considering that quality of life is also linked to how people face stress in the workplace. Positive stress is stress that generates tension in the brain for a short period of time and reaps positive results. However, when the professional cannot manage their own stress and it becomes chronic stress and their health can be significantly affected. The fundamental connection of quality of life

at work is in the human understanding, where the individual and his body are situated, through life conditions and marks of lived and felt experiences, proposing a holistic view of the human being. LIMONGI-FRANCE (1997)

Still for Limongi-Franca, Bernal Arellano (1996 p.296) the understanding of the human being, in which the individual is his body, reveals life conditions and marks of lived and desired experiences. It is situated in the same conceptual proposal of the holistic view of man, the fundamental link of quality of life at work. Alvesson (1987) cites studies by Bolinder and Ohlstrõm's in which a clear correlation is established between experiences of mental stress, pressures at work, and psychosomatic symptoms.

3 GOVERNANCE

When an institution grows, it expands its structures and processes. The accumulation of information is increasingly large and complex and requires more control, leading to the need to implement a governance structure capable of preventing and mitigating problems. Governance is a system of regulation and supervision through which partners, directors, employees, and other stakeholders relate to each other. It is a set of practices and guiding principles to align actions and resources with organizational objectives.

According to the Brazilian Court of Audit,

> Public sector governance essentially encompasses the managerial, political, and control mechanisms established to assess, direct, and monitor management performance, formulate public policy, and provide services in the public interest.

We can say that public governance is a set of good practices that the public administration should adopt to achieve its objectives in the most cost-effective way, and these objectives should ultimately be pursued so that, in the end, a quality service is provided to society. The ultimate goal of public administration should always be to provide excellent public services to society.

4 MEDICAL EXAMINATIONS: THE HEALTH OF THE FEDERAL PUBLIC SERVANT

The health of the public servant in general was not considered a priority for a long period of time in the country. Only through the growing number of illnesses, having as a consequence the removal of the worker from their work activities or even the increase in disability retirement that this theme ended up gaining significance for the Health and Safety at Work in the perspective of public servants (TORRES; SILVA, 2022).

To this end, a public policy is created that requires at least two channels of analysis. It is necessary to initially understand the formulator's objective and subsequently verify the characteristics of the actors involved (TORRES; SILVA, 2022).

Within the perspective of the formulating objective, the fulfillment of item XXII of article 7 of the Federal Constitution of 1988 must be considered, which mentions: "reduction of risks inherent to work, by means of health, hygiene, and safety norms" (BRASIL, 1988).

Therefore, the SIASS is constituted by means of three structuring axes: health care, official expertise, and the promotion, prevention, and monitoring of health, forming the Decree No. 6833 of April 29, 2009, which establishes the SIASS and the Management Committee for Servers' Health Care.

> Art. 3 For the purposes of this Decree, it is considered
> I - Health care: actions that aim at the prevention, early detection, and treatment of diseases, and also the rehabilitation of the servant's health, comprising the several areas of action related to the health care of the federal civil public servant;
> II - Official expertise: medical or odontological action with the objective of evaluating the state of health of the employee for the exercise of his/her working activities; and
> III - Health promotion, prevention and monitoring: actions with the objective of intervening in the process of server illness, both in the individual aspect and in collective relations in the work environment (BRASIL, 2009, p 1.).

It verifies that the junction of the three axes ends up providing an opportunity to prevent diseases as well as illness. It can be seen that the mission of SIASS is related to the fact of promoting actions in order to intervene in the process and in the work environments that determine the server's illness. And it is in this context that the official health expertise is inserted, which focuses on assistance, prevention and promotion of health of the employee (TORRES; SILVA, 2022).

When the work ends up being one of the facets of the worker's illness or the environment that provides it, it will be through the medical expertise that the legitimacy of the illness will be evaluated. In this way, the medical expertise is an occasion of extreme relevance in the life of the worker, especially when the treatment refers to chronic diseases, long or recurrent absences or even when there is a need for changes in relation to the workplace or the job functions that are performed by the same (PIZZINGA; ZORZANELLI, 2020).

The decision taken by the expert or by the official board will end up changing the worker's life, which can be from an early retirement due to disability or the receipt of a diagnosis, which generates psychological and social consequences. At this point, it is also noteworthy that the cases in which the removal of the employee is verified due to factors related to mental suffering and its relationship in the work context bring greater complexity to the expert, since it unites suffering with stigma, mistrust, and drastic changes in life and work (PIZZINGA; ZORZANELLI, 2020).

In this way, when the public servant is going to undergo a medical examination, he must seek means to prove the legitimacy of his conditions, through coherent reports, documents, reports, i.e., acceptable evidence that prove his illness. Thus, the expert will establish through his provisions the legitimacy of the

illness and will be able to identify what were the causes of the appearance of such illness and its relationship or not with the work activities that are developed by the same (PIZZINGA; ZORZANELLI, 2020).

Therefore, it is noted that the SIASS is composed of health professionals and professionals from other fields such as social workers and psychologists, in order to provide a better quality of care to public servants who undergo medical examinations. They are a moment in which the cases related to their areas of expertise are evaluated in order to provide subsidies to the medical decision. However, not all federal institutions with SIASS follow to the letter the guidance of having professionals from other areas to compose the multidisciplinary team, which ends up hindering the quality of care offered (PIZZINGA; ZORZANELLI, 2020).

4.1 HEALTH INDICATORS

> The indicators point, indicate, approximate, translate into operational terms the social dimensions of interest defined based on theoretical or political choices previously made. They serve to subsidize public planning activities and the formulation of social policies in the different spheres of government, enable the monitoring of living conditions and well-being of the population by the government and civil society, and allow for the deepening of academic research on social change and on the determinants of different social phenomena (JANNUZZI, 2014, p 20).

Occupational health indicators are indicators that store useful information about the condition and performance of a company's health system. From these measures, it is possible to make an integrated interpretation and get a better view of the health conditions of a particular group of workers or the population itself. The data obtained is an important reference to justify the implementation of policies and programs aimed at improving the health system and improving the quality of life of people and workers in general.

1. Absence Rate (absenteeism)

This index is responsible for quantifying the absences and delays of a group of employees of a company. The general average considered acceptable is around 3% to 4% per month. Above this percentage, the index is an indication that something is wrong and negatively impacting the workers' health. Some examples of what can happen are: stress, anxiety, burnout syndrome (caused by overwork), etc.

2. Technical Epidemiological Nexus (NTEP)

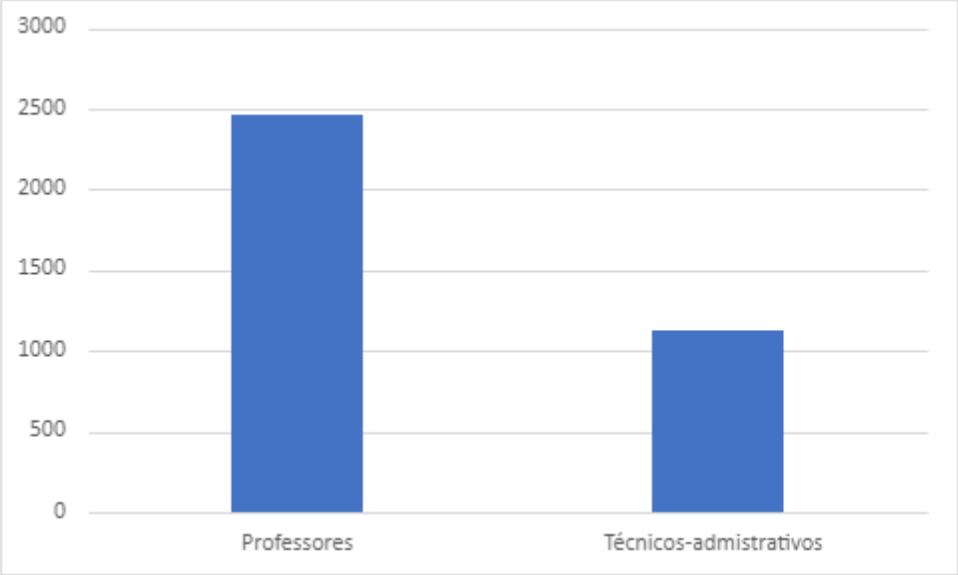
The function of this health indicator is to show which types of accidents and illnesses are related to the performance of a specific professional activity. When the worker begins to develop a specific problem caused exclusively by the job he or she performs, it is called a work-related accident.

This indicator is important for determining entitlement to social benefits. In this sense, the relationship between the onset of the illness and the employee's work activity is an accidental benefit and not a normal social security benefit. Furthermore, the company must prove that there is no relationship between the illness and the work performed by the employee. (https:// blog.safesst.com.br/indicadores-de-health)

5 CASE STUDY

The case study was carried out in a public institution of higher education that has more than 30 thousand students enrolled in undergraduate, graduate, and integrated technical courses; 109 undergraduate courses, being 28 bachelor's, 08 licentiate, and 12 technology courses; 95 specialization courses; 59 master's courses, 13 doctorate courses; 18 sensu lato graduate courses in the EaD modality, and language courses. Regarding the teaching staff and administrative support (chart 01), there are 4922 active employees, retirees, and pensioners, 2460 professors, 1127 administrative technicians, including health professionals such as psychologists, doctors, and the technical health team.

Chart 01: Teaching and technical staff.



Source: SIAPENET (2022).

6 METHODOLOGY AND RESULTS

The quantitative survey of the workers' leaves of absence was carried out in the SIASS system. The time frame used was from 08/10/2021 to 08/10/2022, totaling 12 months. The spreadsheets generated contain the results of the 100 most significant occurrences. It is important to note that during this period, the COVID19 pandemic occurred and most of the servers' work was done remotely.

The result of the quantitative survey can be seen in Table 02. During the period studied, the institution had 630 people on leave, which means that 17% of the active employees were on leave for some reason of illness, and 85 employees were absent more than once during the same period. The average number of days away from the workplace was 26.

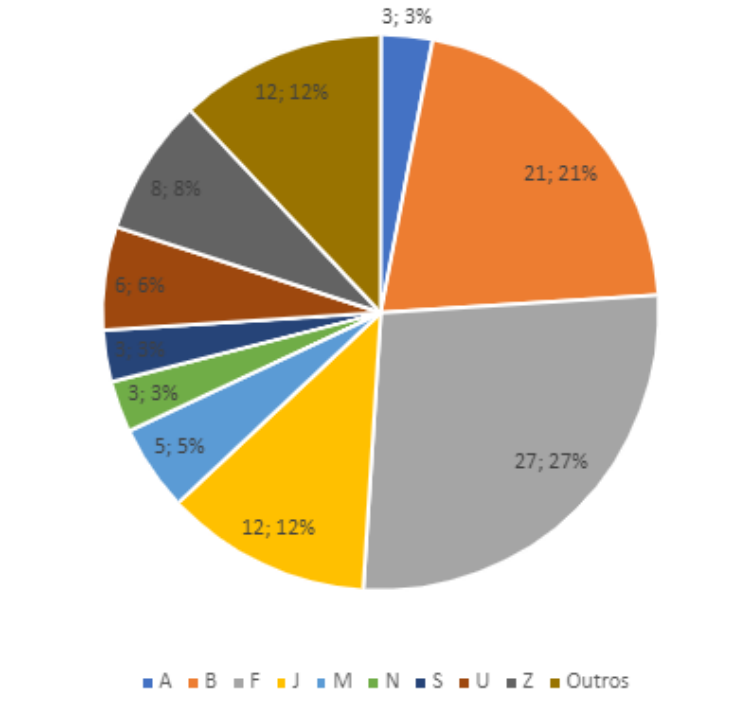
Table 02: Quantitative survey of server leave.

Number of departures/year	Total days away	Total number of departed servers	Total number of servers in the institution (reference)
715	19,602 days	630	3587

Source: SIAPENET (2022).

Among the 100 most significant results, the most noteworthy are absences due to ICD diseases in groups B, F and J. That is, every time an ICD-10 code begins with the letter F, that diagnostic category identifies a mental or behavioral disorder, for ICD B the category indicates Infectious and Parasitic Diseases, and for ICD in group J it identifies diseases related to the respiratory system.

Chart 02: absence by ICD10 group (%).



Source: SIAPENET (2022).

It is interesting to note that in the pandemic period there was an increase in mental illness/mental disorders. Studies indicate that the mental disorders that there is an association of worsening COVID19 in

patients with mental disorders. Younger patients with mental and neurological disorders were associated with higher mortality than the elderly. For specific mental disorders such as pre-existing mood disorders, anxiety and attention deficit hyperactivity disorder (ADHD); schizophrenia, sleep disorders there was higher susceptibility to contract COVID-19 (Xiang Y-T,Yang Y, Li W, et al, 2020)

Table 3 shows the ranking of the illnesses that caused the highest number of servers to be absent. COVID-19, despite not leading the official ranking, is justified because part of the statistics did not enter into the accounting because most of the servers were in home office and only the most serious COVID19 conditions were registered.

Table 01: Ranking of departures by number of servers

01	Common Cold
02	Influenza due to unidentified virus
03	Bipolar affective disorder
04	Virus Disease
05	Malignant neoplasm of the breast
06	Distal radius fracture
07	Coronavirus, as cause of diseases classified in other chapters
08	Nasal septum deviation
09	Ureteral calculi
10	Acute pharyngitis not specified

Source: Own authorship

Regarding the number of days away from work, by type of illness, it can be seen in graph 03. Diseases such as cancer demand more time off because it is an extensive treatment, with an average of 4.5 months of absence for each employee in the case of breast cancer and for cases of ovarian cancer are 7.6 months of absence, the other diseases that are in the ranking have a strong connection with mental health. Among the diseases that generate the longest time off, 6 of the top 10 diseases have a connection to the lack of mental health of the servers.

In order for this situation to be reversed, it is necessary to have prevention campaigns for the diseases that most affect our employees. There are isolated initiatives and specific commissions for certain areas, but it is important that it is an initiative supported by the managers and that it includes the largest number of employees. Prevention campaigns for specific diseases that associate pre-existing diseases with severe diseases that have a higher morbidity rate help to improve the health index and reduce the time the public servants are away for health treatment. Campaigns directed to self-examination, periodic evaluations are fundamental to work on the prevention of diseases that contribute to improving the quality of life and reduces the indicator of the time away from work of the servers.

Graph 03: Ranking of the number of days away by type of illness.

Source: SIAPENET (2022).

It is interesting to point out that the absence motivated by pregnancy-related illnesses is in 11th place, although the common census indicates that the gestational period demands a long period of absence, maternity leave is a woman's right, but it is verified by statistics that pregnancy complications among female employees do not have such a high time of absence when compared to other illnesses.

7 TIME AWAY INDICATOR

The time away indicator - ITA - used in this article followed the following formula:

$$ITA = TDA/ TS$$

Whereby:

ITA - Time Away Indicator

TDA - Total days away

TS - Total Servers

The time away from work indicator is important to quantify the average time away from work per type of illness and to make an integrated interpretation and ensure a better view of the health conditions of a certain group.

Table 04: number of days away from work due to mental disorder.

Sum of absence number	Sum of total days away	Sum of total servers
40	2236	32
158	3542	141
198	**5778**	**173**

Source: SIAPENET (2022).

Table 04 shows the number of days away from work due to mental disorders. Mental illnesses total 2236 days of absence, which gives an ITA of 55 days of absence per server, compared to the other illnesses the ITA is 22 days per server.

8 CONCLUDING REMARKS

The health indicators of the servers is a very useful tool to measure the server's health and to direct collective and punctual actions to prevent the illness of other professionals. Prevention campaigns for specific diseases that associate pre-existing diseases with severe diseases that have higher morbidity, helps to improve the health index and reduce the time away from work for health treatment. Campaigns directed to self-examination, periodic evaluations are fundamental to work on the prevention of diseases and contribute to improve the quality of life and reduce the indicator of time away from work of the servers.

In relation to mental health, it is essential to take actions to improve the health of employees who suffer from various mental and/or behavioral diseases/disorders. Besides the loss of quality of the employee, there is also a loss of their work functions that indirectly affects the permanence of the student.

As a suggestion for future studies, it would be interesting to cross-reference the health data of servers who had COVID-19, but did not need to request leave from work activities, thus creating a statistic of greater reliability for future studies. It is also recommended to survey the absences before, during, and after the pandemic in order to verify the general picture of the health of the public servant and to weave indicators of the public servant's health in different historical moments.

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