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RESEARCH

HOSPITAL CLEANING SERVICE AND SICKNESS ABSENTEEISM AT WORK

SERVIÇO HOSPITALAR DE LIMPEZA E ABSENTEÍSMO: DOENÇA NO TRABALHO

SERVICIO HOSPITALARIO DE LIMPIEZA Y ABSENTISMO: ENFERMEDAD EN EL TRABAJO

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ABSTRACT

The study aimed to analyze the relationship between sickness absenteeism and the sociodemographic and labor market profiles, the habits, and the health of hospital cleaning staff. Cross-sectional study, involving 157 Hospital cleaning service workers of a public university hospital of Rio Grande do Sul, Brazil. Female workers predominated, with complete high school, married/with partner, up to three children. Absenteeism was registered for up to nine days for the same worker. The workers who were absent the most were those who had up to 03 children (53.5%), a per capita family income of 01 minimum wage (52.4%), did not have another job (43.9%) and were overweight (71.4%). A statistical association was found between sickness absenteeism and having children, suffering an accident at work, not having time for leisure, needing medical attention in the past year, being suspected for alcoholism, having low capacity for work and feeling musculoskeletal pain.

Keywords: Absenteeism; Housekeeping, Hospital; Occupational Health.

RESUMO

O estudo objetivou analisar a relação entre o absenteísmo-doença, o perfil sociodemográfico e laboral, os hábitos e a saúde dos trabalhadores do serviço hospitalar de limpeza. Estudo transversal envolvendo 157 trabalhadores do Serviço de Limpeza Hospitalar de um hospital universitário público do Rio Grande do Sul, Brasil. Predominou trabalhadores do sexo feminino, com ensino médio completo, casados/com companheiro, até três filhos. As faltas ao trabalho prevaleceram até nove dias. Os trabalhadores que mais faltaram foram os que tinham até três filhos (53,5%), com renda per capita familiar < 01 salário mínimo (52,4%), que não possuíam outro emprego (43,9%) e estavam acima do peso normal (71,4%). Evidenciou-se associação estatística entre absenteísmo-doença e ter filhos, sofrer acidente de trabalho, não ter tempo para lazer, necessidade de atendimento médico no último ano, suspeição para o alcoolismo, baixa capacidade para o trabalho e dor musculoesquelética.

Palavras-chave: *Absenteísmo; Serviço Hospitalar de Limpeza; Saúde do Trabalhador.*

RESUMEN

El estudio tuvo como objetivo analizar la relación absentismo – enfermedad, el perfil sociodemográfico y laboral, los hábitos y la salud de los trabajadores del servicio hospitalario de limpieza. Estudio transversal con 157 trabajadores del servicio de limpieza de un hospital universitario público de Rio Grande do Sul, Brasil. Predominaron las mujeres, las personas con secundario completo, casadas o en pareja, con hasta tres hijos. Prevalecieron las faltas al trabajo de hasta nueve días. Las personas que más faltaron fueron las que tenían hasta 3 hijos (53.5%), ingreso per cápita familiar < 01 salario mínimo (52.4 < %), las que no tenían ningún otro trabajo (43,9%) y las que estaban por encima del peso normal (71,4%). Se evidenció asociación estadística entre el absentismo-enfermedad y tener hijos, los accidentes laborales, la falta de tiempo para el ocio, la necesidad de atención médica el último año, la sospecha de alcoholismo, la baja capacidad para el trabajo y el dolor musculoesquelético.

Palabras clave*: Absentismo; Servicio de Limpieza en Hospital; Salud del Trabajador.*

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INTRODUCTION

Absenteeism is the term used to name the absence of workers from their jobs.[1] This word is often used in work environments and contexts. When work absence is related to a disease or to health problems, whether these are related to work or not, the term sickness absenteeism is used.[2,3] Absence at work can be considered a public health problem, since it is directly related to the people's illness, and has direct consequences in the economy, in the Unified Health System (SUS) and in social security, since in many of these cases there is a need for work leaves and financial aid for the ill.[4]

Among the professionals that act in the hospital, this study highlights the cleaning hospital services (CHS). They remove dirt from the surfaces of the environment using chemical products, physical actions, temperature, or via the combination of many processess.[5] As surfaces are cleaned, the users' environment becomes one with the lowest possible contamination rates, contributing to diminish the transmission of pathogens that originate from inanimate sources.[5]

According to literature, this professional category is formed by workers with low educational levels, low pay and early insertion in the work market, who perform repetitive activities that demand intense muscular effort, in a work that requires an intense pace and decision making.[6] Despite being a working class that deals with a high number of people, they are rarely the target of scientific studies.[6,7]

When a research was conducted in the database of periodicals of the Coordination for the Perfection of Higher Education Personnel/Ministry of Education (CAPES/MEC), using the terms "absenteeism" and "housekeeping, hospital" (descriptors chosen from the website DeCS – Descriptors in Health Sciences), four articles were found. A search in the Latin-American and Caribbean Health Sciences Literature database (LILACS) yielded 14 results, all of which were in English, only one of them freely accessible. Using the descriptors from DeCS "occupational health" and "housekeeping, hospital", 17 publications were found at the CAPES/MEC database (in Portuguese). At LILACS, five works were found, two of which were open access files.

All articles not fully available were excluded from the research, and from the remaining ones, three publications about CHS workers were selected. These discussed the themes: quality of life of workers; sickness absenteeism and work accidents; and the meaning of the workload for CHS professionals. The importance of this study is the knowledge it can offer on the profile of the workers, which is extremely important for the development of, among other things, training, guidance, and to allow for positive interferences in the work environment. In addition, it contributes for the actions of the nurses as managers of hygiene and cleaning services, promoting collective educational actions related to the adequation of the working environment and its adopted practices, since nursing professionals are responsible for the cleaning of the hospital environment.[8]

Aware of this context and of the importance of the theme, this study originated from the following guiding question: what sociodemographic, labor and health factors are associated to the sickness absenteeism of SHL workers? Considering these questions, the following objective was elaborated: to analyze the relations between the sociodemographic and labor profiles, and the health habits of workers of the cleaning service of the hospital, with sickness absenteeism.

METHOD

This is a cross-sectional study with CHS workers, linked to a base project called "Evaluation of work and health conditions of the workers of a hospital cleaning service", conducted in 2013. In the main project, the following were evaluated: work accidents, capacity to work, quality of life, healthy habits and minor psychic disorders.[9,7] This study investigated the association between sickness absenteeism, the sociodemographic and the labor profile of the workers, and their health habits.

The field of study was a university hospital offering from medium to high complexity care, located in the countryside of the state of Rio Grande do Sul, Brazil. The hospital is a regional reference in many specialties (urgency and emergency, Obstetrics and Gynecology, Oncology, Traumatology, among others). During the research, the institution had 161 CHS workers, all of which were outsourced. The inclusion criteria for participants was: being a CHS professional during the period of data collection. All of those who were on vacation or leave for any reason were excluded. From the 161 workers, two (1.2%) were excluded from the study, because they were on leave for health treatments. There was a loss of two (n=2; 1.3%) participants due to non-adhesion to the study, and the total number of participating professionals was, thus, 157.

Data collection was carried out in the participants workplace, from March to June 2013, during the morning, afternoon and night shifts. The team that applied the research instrument was made up of post-graduate students from the Post-graduation Program of Nursing and of Undergraduate students in Nursing, participants from the Research Group "Work, Health, Education and Nursing", and previously trained by the project coordinator.

The questionnaire was applied in one encounter with the worker, during the night shift, in a private room, after the authorizations were received from the hospital institution, the outsourced company and the Committee of Research Ethics. The questions were read out loud by the data collector, while the worker was given another copy to follow up reading the questions and possible answers. According to the answers offered by the interviewee, the data collector marked that option in the questionnaire. The workers were released from their duties for 30 minutes, so they could participate in the research.

The questionnaire was made up of several variables regarding sociodemographic (gender, age, education, marital status number of children, and family income per capita), health habit (smoking, medication use, medical and psychological attention in the last year, body mass index, alcohol consumption, time for leisure, capacity for work, musculoskeletal pain) and labor variables (function, work scale, other jobs, training sessions, work accidents, work shift, time working in the institution, and time working in the function). Sickness absenteeism was related to the variables, generating four tables.

Sickness absenteeism numbers were collected through the following question: "how many COMPLETE DAYS have you been absent from your work due to health problems, medical consultations or medical examinations in the last 12 months?" The answers could be "none", "up to nine days", "from 10 to 24 days", "from 25 to 99 days" and from "100 to 365 days". The BMI was calculated by dividing the weight (in kilograms) by the participant's squared height (in meters). Interviewees were classified according to their BMI, following the standards of the Brazilian Endocrinology and Metabolism Association: people from 18.5 to 24.9 were considered normal, from 25 to 29.9 overweight, and above 30, obese.[10] To verify the alcohol consumption, the CAGE method (Cut down, Annoyed by criticism, Guilty and Eye-opener) was used.[11,12]

Data were typed into the software Epi-info®, version 6.4, through independent double entry. After potential mistakes were verified and inconsistencies in the typing of data were checked, data analysis was conducted in the PASW Statistics® software for Windows (Predictive Analytics Software from SPSS Inc., Chicago – USA), version 18.0. Descriptive and inferential variable analysis were used. For categorical analyses, absolute (N) and relative (%) frequencies were calculated. For the quantitative variables, the means and the standard deviations were calculated, as well as the median and the interquartile range, according to the normality or lack thereof of the data (Shapiro Wilk test). For the bivariate analysis, the association between absenteeism and the other variables were verified through the chi-square test or through Fisher's exact test. Confidence levels of 95% were adopted ($p<0.05$).

This study was approved by the Research Ethics Committee of the Research institutions under protocol 3106313.1.0000.5346, in February 26, 2013, after authorization was received from all sectors involved. The participants that accepted taking part in the study signed two copies of the Free and Informed Consent Form (FICF), one of which they were given, while the other was kept by the researchers. The study followed all the regulatory guidelines and norms of human being researches, according to Resolution 466, from 12/12/2012.[13]

RESULTS

157 workers from the CHS participated in the study, among which were cleaners (n=103; 65.6%) and equipment cleaning auxiliary (n=54; 34.4%). Most workers were female (n=138; 87.9%), averaging 39.9 years of age (±9.8), varying from 19 to 60 years old. Most had completed high school (n=86; 54.8%), were married or had a partner (n=101; 64.3%) and up to three children (n=114; 8%). Most workers declared a family income per capita of less than a minimum wage (n=103; 66%).

Regarding labor variables, most participants were cleaners (n=103; 65.6%), who considered their work scale sufficient (n=116; 73.9%), did not have another job (n=139; 88.5%), had received training (n=113; 71.9%), worked in rotating shifts, (n=125;79.6%) were in the institution for less than two years, and were working in the same function for less than two years. Regarding leisure time, 59.2% (n=93) stated that they had time for it, while 29.9% (n=47) said that they only did sometimes. 82.2% of participants (n=129) had not been victims of work accidents.

Considering their health habits, 23.5% (n=51) workers were smokers, 50.9% (n=80) needed to use medication, 58.6% (n=92) needed medical attention and 93.6% (n=147) declared not having undergone psychological follow ups in the last year. Regarding the BMI, 27.4% of workers are classified as normal, 36.9% as overweight, and 25.5% as obese. When asked about alcoholic beverage consumption, 10.2% (n=16) said they consume it and 37.5% of them (n=6) were suspected of alcoholism. Regarding issues concerning the work capability scale (WCS), 79.6% of workers had from good to great capability (n=125). Regarding musculoskeletal pain reports, 70.1% (n=110) felt it in the seven days prior to the interview.

Table 1 shows the link between the professional category and the number of missed days at work.

Table 1 - Distribution of professional categories according to the number of days of worker absence due to sickness. Santa Maria/RS, March-June 2013 (n=157)

Professional category	Work absence (in days)									
	none		Up to 9		10 to 24		25 to 99		100 to 365	
	N	%	N	%	N	%	N	%	N	%
Cleaner	61	59.2	32	31.1	7	6.8	3	2.9	–	–
Equipment Cleaning Auxiliary	28	51.8	18	33.3	3	5.6	3	5.6	2	3.7

* Chi-square test with Yates's correction = 0.293.
Source: elaborated by the authors based on the data of the research.

No statistical significance was found between any professional category and the number of absent days (p<0.293). The relation between the sociodemographic profile data and work absence is in Table 2.

Table 2 - Distribution of workers from the Hospital Cleaning Service, according to sociodemographic data related to sickness absenteeism. Santa Maria/RS, March-June 2013 (n=157)

Sociodemographic variables	Work absence (in days)				p*
	No		Yes		
	N	%	N	%	
Gender					
Male	13	68.4	6	31.6	0.271
Female	76	55.1	62	44.9	
Age					
19 to 35	29	56.9	22	43.1	
35 to 44	24	48.0	26	52.0	0.240
45 to 60	36	64.3	20	35.7	
Educational level					
Elementary school	36	54.5	30	45.5	
High school	50	58.1	36	41.9	0.896
Higher education	3	60.0	2	40.0	
Marital status					
Married/has a partner	55	54.5	46	45.5	0.448
Single/has no partner	34	60.7	22	39.3	
Number of children					
None	17	81.0	4	19.0	
Up to 03 children	61	53.5	53	46.5	0.052
More than 03 children	11	50.0	11	50.0	
Family income per capita**					
< 01 minimum wage	54	52.4	49	47.6	0.104
01 to 02 minimum wages	35	66.0	18	34.0	

* Chi-square test ** Minimum wage at the time of research: R$ 678.00.
Source: elaborated by the authors based on the data of the research.

Having children and needing to be absent from work seem to tend towards an association (p=0.052). None of the other variables analyzed presented statistical associations. Work variables related to work absence are presented in Table 3.

When it comes to the labor profile, there was a significant relation between sickness absenteeism and workers who had been through work accidents (p=0.004) and those who did not have or only sometimes had leisure time (p=0.010).

The results showing the relation between health habits and work absence are shown in Table 4.

Table 3 - Distribution of workers from the Hospital Cleaning Service, according to work data related to sickness absenteeism. Santa Maria/RS, March-June 2013 (n=157)

Work variables	Work absence (in days)				p*
	No		Yes		
	N	%	N	%	
Professional category					
Cleaner	61	59.2	42	40.8	0.376
Cleaning auxiliary	28	51.9	26	48.1	
Work scale					
Sufficient	68	58.6	48	41.4	0.411
Insufficient	21	51.2	20	48.8	
Another job					
No	78	56.1	61	43.9	0.687
Yes	11	61.1	7	38.9	
Receives training					
No	11	52.4	10	47.6	
Sometimes	10	43.5	13	56.5	0.308
Yes	68	60.2	45	39.8	
Has been through work accidents					
No	80	62.0	49	38.0	**0.004**
Yes	9	32.1	19	67.9	
Work shift					
Day	2	100.0	–	–	
Night	17	56.7	13	43.3	0.460
Rotating	70	56.0	55	44.0	
Time working in the institution					
Less than 2 years	58	58.6	41	41.4	0.531
Two years or more	31	53.4	27	46.6	
Time working in the same function					
Less than 2 years	63	57.8	46	42.2	0.672
Two years or more	26	54.2	22	45.8	
Time for leisure					
No	7	41.2	10	58.8	
Sometimes	20	42.6	27	57.4	**0.010**
Yes	62	66.7	31	33.3	

* Chi-square test.
Source: elaborated by the authors based on the data of the research.

A statistically significant association was found between health habits and sickness absenteeism and the need for medical attention in the last year (55.4%; p=0.0001), alcoholism suspicion (66.7%; p=0.046), low to moderate capability workers (62.5%; p=0.014) and pain (49.1%; p=0.025).

Table 4 - Distribution of workers from the Hospital Cleaning Service, according to health habit variables related to sickness absenteeism. Santa Maria/RS, March-June 2013 (n=157)

Health habit variables	Work absence (in days)				p*
	No		Yes		
	N	%	N	%	
Smoking					
Never smoked	47	59.5	32	40.5	0.590*
Smoker	29	56.9	22	43.1	
Smoked, but no longer does	13	48.1	14	51.9	
Medication use					
No	47	61.0	30	39.0	0.280*
Yes	42	52.5	38	47.5	
Medical consultations in the last year					
No	48	73.8	17	26.2	**0.0001***
Yes	41	44.6	51	55.4	
Psychological follow-up in the last year					
No	85	57.8	62	42.2	0.271**
Yes	4	40.0	6	60.0	
Body mass index					
< 18.5	3	100.0	–	–	0.199***
18.5 to 24.9	23	53.5	20	46.5	
25.0 to 29.9	37	63.8	21	36.2	
30.0 to 34.9	22	55.0	18	45.0	
35.0 to 39.9	2	33.3	4	66.7	
>= 40.0	2	28.6	5	71.4	
Alcoholism suspicion					
No	9	81.8	2	18.2	**0.046****
Yes	2	33.3	4	66.7	
Work capability					
Low and moderate	12	37.5	20	62.5	**0.014***
Good and great	77	61.6	48	38.4	
Musculoskeletal pain					
Absent	33	70.2	14	29.8	**0.025***
Present	56	50.9	54	49.1	

* Chi-square test ** Fisher's exact test. *** Corrected chi-square test.
Source: elaborated by the authors based on the data of the research.

DISCUSSION

Results of a comparison of the sociodemographic CHS worker profiles to those of other studies have indicated that they are constant in any place.[6,14-16] The only exception is the educational level, a variable that here is similar to those of studies conducted in a teaching hospital in the north of the Paraná state.[6,14] This result, thus, shows the way in which workers have been seeking better educational levels, and as a consequence, better work conditions.

The high number of workers who were in the institution for less than two years, reflected the high turnover, which corroborates a result where 44% of workers were in the institution for less than a year.[16] That most workers do not have a second job and receive low salaries can be related to the fact that this job is mostly carried out by women. Culturally, women receive lower salaries than those of men, if their work as housekeepers is considered. Mostly, housekeeping services and care for children are responsibilities they take care of.

Women who become financially responsible for their home usually start working in activities related to housekeeping, and are more vulnerable to health-related issues. It is exactly when their employment bond is an extension of their housekeeping activities that they are more susceptible.[6] Also, the high turnover of workers in the institution might be related to the type of contract established by the outsourcing company and the institution that hired it. That could be the case since studies have shown that outsourcing jobs can lead to precarious working conditions and to worker indifference.[06,16] Therefore, the company that hires the worker can dismiss/transfer them whenever they please.

The percentages highlighted here regarding the use of tobacco, being overweight and alcoholism suspicions are part of a group of risk factors that, according to the World Health Organization (WHO), is related to most deaths by chronic diseases, among which stand out smoking, excessive alcohol consumption, obesity, dyslipidemia, low fruit and vegetable ingestion, and the lack of physical activities.[17]

Therefore, this data is important, and can serve as a warning for managers, aiding them in their decision-making process, when it comes to the promotion of workers' health. In this study, the different professional categories (cleaners and cleaning auxiliaries) did not show significantly different results when it comes to the number of missed worked days. However, both categories showed a high percentage of short-term work absenteeism.

It was found that workers with children were significantly more absent from work than others, corroborating a study conducted in a public hospital in Bahia, in which, from 267 health professionals absent due to sickness, 88.6% had at least two children.[18] This result refers to another found in the present study, that is, the prevalence of the female gender, since in our current social context, the care for children is still a responsibility of the mother. Work accidents were another factor associated to sickness absenteeism. Work overload leads to fatigue, which has, as a consequence, absenteeism, which in turn generates higher turnover rates. The company hiring the professional is then forced to take emergency measures and hire non-qualified personnel, frequently leading to more WAs.[16]

The high number of accidents may be associated to intense work, to the precariousness of technical means and materials and to the lack of adhesion to the use of individual safety equipment. All that, in addition to the meaningful relation between work accidents and the lack of training.[17]

The importance of preventing work accidents should be highlighted, as, in addition to financial and organization company issues, they can influence the health of the worker. Regarding the WAs, the results of a research have shown that perforations caused by objects and falls are their most prevalent causes (N=8; 28.6%). They also highlighted that the hands and fingers are the most affected parts of the body (N=9; 32.1%), followed by arms and upper arms, (n=6;21.4%) and (n=5;17.9%), respectively.

In a public urgency and emergency hospital, the accidents that took place were cuts, repetitive strain injuries, piercing, falls and torsions, dermatitis, muscular pain, stress, hypertension, rhinitis and tendinitis.[19] Among the accidents involving sharp materials (66.9%), the most common involved needles (65.3%).[20] Less common, but also present, were occurrences involving glass (17.9%) and blades (4.7%). Regarding the affected part of the body, the hands were the most common (83.7%), which led to the absence of nine workers (4.9%).

The lack of time for leisure was also associated to the sickness absenteeism (p=0.010). That is why, in certain situations, the workers of cleaning staffs develop, to soften or prevent excessive workloads which can lead to work absence, strategies such as the practice of physical (swimming and walking) and recreative activities.[6]

An association has been shown between sickness absenteeism and consultations with physicians in the last year. One cannot assume that this result is only due to health problems, since it can take place when preventive exams are carried out or during the follow up consultations of family members. Similarly, a research conducted in the same population showed that 58.6% of workers will need medical attention at some point, and 6.4% will need psychological follow up.[7] The reason for the medical consultations was not investigated in this study, making broader studies with this population more necessary.

Workers suspicious of alcoholism were also found to be more frequently absent from work. Alcoholic beverages consumption predisposes the body for many health problems and complications of previous diseases, in addition to causing changes in the sobriety of the individual and even collateral effects such as headaches, anxiety, lack of focus, among others. Due to that, work productivity may fall, while the chances of work accidents or even missed days at work increases.

A study from a university in Ecuador with workers from the administrative and service sectors found a significant association (p<0.05) between the function workers occupied and beer dependency. These results indicate that the workers who act in general services consume more beer than people from the administrative sector.[21] Another study, despite having been conducted with a different population, described the causes of morbidity of retired workers due to disablement in a federal university. Among men, the percentages of retirements due to disablement were mostly related to alcoholism (n=43; 86%, p<0.001).[22]

Another relation verified was that between sickness absenteeism and low capability for work. These findings are significant, since they show the importance of investments in the promotion of workers' health, as they show a relation that sets an unbalanced health-work association. The evaluation of the WCS is paramount, since the team of the Occupational Health services can establish which factors are connected to work and to the lifestyle of the worker. Such diagnostic can help to establish measures to maintain the labor capabilities of the workers and diminish the factors that are detrimental to it.[14]

Musculoskeletal pain was another factor with a significant connection to sickness absenteeism (p=0.025). The work routine of the CHS workers favor the appearance of pain, since they develop activities that demand great physical effort, such as sweeping and cleaning. Therefore, it is clear that the work routine and work instruments of these people should be reviewed, and replaced by options that would not cause health problems to the worker, but promote their comfort and well-being, preventing or avoiding musculoskeletal pain. In literature, musculoskeletal pain has been discussed as one of the main absenteeism causes, responsible for reducing work productivity.[9,14,23] It generates physical and functional disabilities, causes absenteeism and labor commitments, and provokes increases in the costs of health systems.[24,25]

The limitations of this study were: it is a cross-sectional study, which means causality cannot be determined (temporality bias); the number of participants, which, though this is a census, was diminished; and the difficulty in finding researches with the same population and object of study, which in a way diminished the possibilities of deeper analysis when comparing results.

CONCLUSION

This study made it clear that sickness absenteeism was significantly connected to the following factors: female workers, complete high school, up to three children, married/with a partner, and income below one minimum wage. The number of workers who suffered WAs was also related to that of workers who missed work days (p=0.004), to a total of 67.9%. 58.8% of workers stated not to have time for leisure. Considering the need for medical attention in the last year (p=0.0001), 55.4% of those who needed attention missed work. 66.7% of those who missed work were suspected of alcoholism. They presented low work capabilities and, also, regarding the presence of pain (p=0.025), in 49.1% of them, there was a relation between pain and sickness absenteeism.

These findings can work as subsidies for managers to get to know the characteristics of sickness absenteeism in the researched space. From this starting point, strategies should be created together with these professionals to bring about improvements. That should be made through listening, weekly meetings, together with their managers, as to promote the health of the workers. Thus, the managers will be able to promote a safer workplace for their workers, diminishing the absences caused by sickness and improving their quality of life at work. Therefore, some possibilities to make their quality of life better should be considered, such as that of rotating professionals through different units, changing their tasks, offering free shifts, spaces for labor physical activities, training, dietary education, schedule flexibility and the hiring of other professionals for a better distribution of tasks, among others.

Changes in the work environment contribute to diminish health problems and prevent diseases, promoting the quality of life and well-being of the worker. Considering all that, the importance of the nurse in this context is clear, as they are involved in different work processes, transforming the work environment where they are inserted and promoting significant changes to the benefit of the workers' health, through educational strategies.

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