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Oral health care regulation and absenteeism: settings and possibilities

A regulação da atenção à saúde bucal e o absenteísmo: cenários e possibilidades

La regulación de la atención a la salud bucal y el absentismo: escenarios y posibilidades

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Absenteeism is when the user does not attend previously scheduled procedures and consultations. The objective o this study is to discuss the causal context that generates absenteeism in consultations and the possibilities of dealing with the problem, thus collaborating with empirical studies on he subject. It is an integrative literature review, conducted through a search of the subject "Absenteeism" in the LILACS and SCIELO databases and in the periodicals from CAPES, with no selection of time frames, in July 2017. The results were: 11 studies on the issue were found from 763 articles that resulted from the research. There were 26 potential causes for absenteeism and 4 possibilities of dealing with it. It was concluded that broadening the debate is necessary, so that this problem is treated as a possibility to structure the working process of the teams, services and regulation as it is a diversified and complex framework when it comes to the causes of absenteeism.
Descriptors: Absenteeism; Appointments and schedules; Continuity of patient care; Oral health.

O absenteísmo do usuário é um ato praticado ao não comparecer às consultas e aos procedimentos agendados. O objetivo do estudo é discutir o contexto causal que gera o absenteísmo em consultas e suas possibilidades de enfrentamento, de modo a colaborar com estudos empíricos sobre o assunto. Trata-se de um estudo de revisão integrativa da literatura, feito através da busca do assunto "Absenteísmo" nas bases de dados LILACS, SCIELO e periódicos CAPES, sem corte temporal, em julho de 2017. Os resultados foram: 11 estudos sobre o assunto de 763 encontrados na busca. Identificou-se um total de 26 causas potenciais para o absenteísmo e 4 possibilidades de enfrentamento. Conclui-se que é necessário ampliar o debate, para que esta problemática seja tratada como possibilidade de estruturação do processo de trabalho das equipes, dos serviços e da regulação, por ser um quadro diversificado e complexo no que diz respeito às causas do absenteísmo.
Descritores: Absenteísmo; Agendamento de consultas; Continuidade da Assistência ao Paciente, Saúde Bucal.

El absentismo del usuario es el acto de no asistir a las consultas y a los procedimientos programados. El objetivo de este estudio es discutir el contexto causal que genera el absentismo en consultas y sus posibilidades de enfrentamiento para colaborar con estudios empíricos sobre el asunto. Se trata de una revisión integrada de la literatura hecho a través de la búsqueda del asunto "Absenteísmo" en las bases de datos: LILACS, SCIELO y revistas CAPES, sin el corte temporal, realizado en julio de 2017. Los resultados fueron: 11 estudios sobre el tema de 763 encontrados en la búsqueda. Se identificaron un total de 26 causas potenciales para el absentismo y 4 posibilidades de enfrentamiento. Se concluye que es necesario ampliar este debate, para que esta problemática sea tratada como posibilidad de estructuración del proceso de trabajo de los equipos, de los servicios y de la regulación por ser un cuadro diversificado y complejo en lo que respecta a las causas del absentismo.
Descriptores: Absentismo; Citas y horarios; Continuidad de la atención al paciente; Salud Bucal.

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INTRODUCTION

The organization process of health service management in Brazil is one of the challenges for the consolidation of the Unified Health System (SUS).

In the last two decades, there has been a significant increase in the actions and services that are offered, especially by the municipalities, in partnerships with states and withe the union. The articulation of the continuous network of integral care, however, is still frail, although it is necessary for the different types of attention.

On the other hand, the need to qualify the use of resources at SUS is urgent, including the creation of new arrangements for structuring the work process inside the scope of producing care in the system.

These problems are not exclusive to the Brazilian health system. They are present for all countries which seek to offer integral heath care to their citizens, such as the countries within the European Union[1].

Studies indicate that the fragmentation of services makes it more difficult to produce integral care, even in countries where there is an already consolidated primary care network and domiciliary attention services. It is necessary to study new experimental arrangements to confront the chronic health problems in the populations[2-5].

The reforms of health systems in the 1990s discussed the problems from an economical point of view, reducing it to financial issues, of resource scarcity or bad distribution. It ignored people and their problems and treated financially effective solutions as the main point of the conversations. The regulation often operates within this mindset [6].

Regulation is inherent to any health system and develops in a setting of disputes and conflicting interests [7].

In the scope of Oral Health, the regulation processes become challenges for an effective practice. One of the consequences of the frailty of the regulation of access to health services and actions, among others, is absenteeism.

Absenteeism is the act a user practices when they do not attend to scheduled consultations and procedures[8], without any previous warning to the responsible health unit. This practice limits the guarantee of attention in the many levels of assistance[8].

This statement is corroborated by a study that evaluated the behavior of the absenteeism of users in the territory of three Family Health Teams, and still showed that it is a phenomenon with many causes, in which causes and effects are related to all actors involved — worker, manager and user[9].

The absenteeism of users of the Brazilian public network has been a chronic issue. The number of consultations and exams that are scheduled and not conducted due to the absence of the users is significantly high, which can be seen in many regions in Brazil and in many types of specialty care[10].

Absenteeism has many motives, and the absence of the user in the scheduled time results in the loss of public resources. The prejudice in the continued assistance and in the offering of solutions to health demands are also impacting[6]. In addition, as a consequence of these absences, the queue is increased as well as the need for urgent treatments[11,12].

This article aims at discussing the contextual causes that lead to absenteeism from consultations and the possibilities of dealing with this problem, as to collaborate with empirical studies on the subject.

METHOD

This is an integrative literature review. According to the objective of the study, the databases LILCAS, SCIELO and the magazines from CAPES were researched on the subject "Absenteeism", in no specific periods.

Data collection took place from July 13 to 20, 2017, and all documents were obtained in their integral form through the Internet, more specifically from the websites http://www.periodicos.capes.gov.br/;http://www.scielo.org/ and lilacs.bvsalud.org/.

In order to exclude the works that were not fitting to our objective, a reading of the abstracts was conducted, followed by the reading of the articles.

The analysis of the results was descriptive. To do so, during systematization, a framework was created, in which the scope of potencial causes for absenteeism in consultations and exams was defined. The strategies to deal with the problem were systematized separately.

RESULTS

According to the subject, 763 articles were found. After a reading of the abstracts, it was found that most of the literature found was discussing sickness-absenteeism (98.54%), that is, cases in and explanations to absence from work due to disease.

Studies referring to absenteeism from consultations and exams in health services were found to be scarce.

There was a second stage after that, after reading the abstracts, and all the works that discussed sickness-absenteeism were excluded. 11 articles were left, regarding absenteeism in attention/consultations/exams and health services.

In a third moment, the articles were read. Five studies were found to related to general health units (non-specific for oral health), and six of them were specific for oral health services. Since the number of studies was small and, after a careful reading of the texts, the causes of absenteeism and ways to deal with it were similar among them, the study was conducted including all of these 11 texts.

With the systematization of results, the scope of the characteristics of studies was elaborated from their textual interfaces, extent, place of study and authorship, according to Table 1.

Studies were found to be from recent periods. Among the 11 ones found, 10 (91%) were conducted in the current decade. The studies originated from many regions of the country. The present evaluations focused on isolated services (Hospital; Center of Odontological Specialties; Specialized Outpatient Clinics; Primary Health Care Units), and in groups of primary health services through territories.

Table 1 - Characterization of studies on absenteeism in consultations in Brazil, 2017.

Interface	Scope	Place	Authors / Year
Absenteeism characteristics	Many oral health services (Primary Care)	Alfenas/MG/Brazil	FERREIRA, MB et at. (2016)[13]
Absenteeism characteristics	One oral health unit (Specialized Attention - CEO)	Pelotas/RS/Brazil	LAROQUE, MB; FASSA, AG; CASTILHOS, ED. (2015)[14]
Evaluating strategies to deal with absenteeism	Many oral health services (Primary Care)	Piracicaba/SP/Brazil	GONÇALVES CA et al. (2015)[15]
Absenteeism characteristics	One Hospital unit (Specialized Attention)	São Paulo/SP/Brazil	NAGATA, D; GUTIERREZ, EB. (2015)[16]
Evaluating strategies to deal with absenteeism	One health unit (Specialized Attention)	São Paulo/SP/Brazil	OLESKOVICZ M; OLIVA FL; HILDEBRAND E GRISI CC; LIMA AC; CUSTÓDIO, I (2014)[10]
Evaluating strategies to deal with absenteeism	One Hospital unit (Specialized Attention)	Botucatu/SP/Brazil	AVILA, MAG, BOCCHI, SCM (2013)[17]
Absenteeism characteristics	Many oral health services (Primary Care)	City not informed/BA/Brazil	TAVARES, RP; COSTA, GC; FALCÃO, MLM; CRISTINO, PS. (2013)[18]
Absenteeism characteristics	Many health services (Primary Care)	João Pessoa/PB/Brazil	CAVALCANTI, RP; CAVALCANTI, JCM; SERRANO, RSM; SANTANA, PR (2013)[9]
Evaluating strategies to deal with absenteeism	One oral health unit (Specialized Attention - CEO)	João Pessoa/PB/Brazil	CRUZ, DF; PADILHA, WWN; WANZELER, MC. (2011)[19]
Absenteeism characteristics	One oral health unit (Primary Care)	João Pessoa/PB/Brazil	MELO, ACBV; BRAGA, CC; FORTE, FDS (2011)[20]
Absenteeism characteristics	One health unit (Primary and Specialized Attention)	Porto Alegre/RS/Brazil	JANDREY, CM; DREHMER, TM (2000)[11]

Table 2 shows a consolidation of ca uses mentioned for the absenteeism, to a total of 26, all of which were extracted from the selected and systematized studies, according

to the captions.

Causes related to the structure and management of services, as well as contextual limitations of users and workers, were factors that favored absenteeism.

Regarding the process of dealing with absenteeism, the following possibilities were identified:

a) working structures based on the reception to the service;
b) use of the technique of overbooking as a way to increase the efficiency of services;
c) improvements in the communication between the service and its users through phone calls, text messages, and e-mails to confirm scheduled dates.

Table 2 - Causes of absenteeism in health services, Brazil, 2017.

Long waiting times leading the user to be absent or choosing another service
Change of neighborhood or trip
The network did not offer a complete treatment
Got sick in the day of consultation / Health complications
The user is a caretaker (for children, elders, bedridden...)
Gestation prevented the user from going
The user was dissatisfied with the professional and/or Health Unit
Consultation scheduled in school time
The patient passed away
There were barriers to the access to the service and information / The work process was not well structured
There was a loss of confidence in the treatment or professional
There were structural and functional problems due to the lack of materials or of maintenance of equipment
The tutor of the patient could not come
Dissatisfaction with the treatment
The scheduled was made for the wrong specialty
The patient did not receive a scheduling notification in due time
Patient did not locate the address for the consultation
Patient felt Fear / Anxiety
Patient had another commitment in the date scheduled
Procedure was canceled due to the absence of the health team
The date was moved up and the user was not informed
The consultation was scheduled during work hours
Lack of interest in the treatment / User felt better and decided not to need the consultation anymore
The user depended on a caretaker
User lacked financial conditions to pay for locomotion/transport
The unit to which the user was referred was too distant

Key - Table 2

Causes mentioned in more than one study are related to general health services

Causes mentioned in one study relate to Oral Health services

Causes mentioned in one study are related to general health services

DISCUSSION

The long waiting time between the scheduling of the consultation and the day scheduled is a factor which was mentioned in other studies[9,15,21-23].

The study that evaluated a Center of Odontological Specialties CEO in Pelotas/RS showed a result of 18% absenteeism — a low value when compared to that found by other studie s, which varied from 30 to 45%, and is possibly related to lower waiting times in the beginning of the CEOs implantation: the longer the waiting time, the more the users seek other services or abandon treatment[11,24].

Other studies[15,21-23] corroborate the consolidated findings, relating the impossibility of getting out of work to reasons reported by the users, parents or tutors. Other possibilities mentioned by the users are forgetfulness, changes of address, emotional

factors, disrespect from the health team (poor service), inadequate times for consultations, transport unavailability, lack of understanding of the scheduling system and lack of integral care in the network they are in.

In Brazil, the debate on the access to specialized odontological attention in the public system is recent and becomes relevant as the current National Policy of Oral Health (PNSB), called "Brasil Sorridente" (Brazil Smiles), is broadened, especially by the CEOs.

In a study that evaluated the productivity of 22 CEOs, it was found that 40.9% of them had good performance, while 31.8% had a poor one. Integral attention does not depend only on the creation of specialty centers. Geographical characteristics, the type of scheduling that is offered and the basic attention structure may affect the specialized service. Consequently, the absenteeism contributed to the low performance[25].

A research conducted in the city of Belo Horizonte (MG) observed that among the first 6,428 consultations scheduled for 2011 in the many specialties selected for analysis, 32.9% were not conducted due to user's absence. Young adults, males, people from certain districts, those who were referred to the surgery and endodontics specialties, and those who stayed for longer in the waiting line, were absent more frequently[26].

A study categorized the negative consequences that absenteeism has on the users: delay of the attention they need; increased dissatisfaction with the service and increase of the waiting time to schedule an appointment[9].

Regarding service management: progressive growth of repressed demand, diminishing the chances of access since the same user will once more need specialized care; unbalanced service offers; increase in the cost of assistance, since delaying the appointment can lead to an increase in the severity of the user's condition; waste of service, from the consultation of the physician in primary care, to the work of the persons responsible for scheduling, the visit of community health agents to deliver the scheduling and the work of the specialist; the opportunit y to include another user in the schedule is also lost[9].

An important aspect to face this issue is the qualification of the working process. Improving the quality of public expenses and the universalization of the health services offered also becomes important.

The managers need to fight for more resources to organize the network of assistance. However, they must consider the existence of inefficiencies and inequalities to be overcome so that integral attention can really take place, guaranteeing to the population the right of having an effective and efficient regulation of access[19,27].

To create an effective clinical practice that is caring and focused on the users and their needs, through which challenges such as adhesion and user trust are earned, it is necessary to produce a broad critical reflection, involving work relations and processes. Observing, reflecting and planning actions to confront the group of causes that promote absenteeism will positively favor the efficiency and efficacy of health services.

In this context, reorganizing the working process becomes a challenge, an essential need.

Some possibilities of dealing with absenteeism

Previous studies about absenteeism in health services revealed their association to the presence of obstacles or barriers to access[11,12,28].

A study[29] categorized absenteeism in three categories, which are:

- those related to the individual (low perception of necessity, anxiety and fear, costs and difficulties of access);
- those related to the professional practice (inadequate professionals, unequal geographic distribution, inappropriate formation according to the new needs and demands of the population, and insufficient sensitivity for the needs of the user);
- those related to the society (insufficient number of actions of health promotion, inadequate facilities at the services and low financial aid to the research)[29].

According to institutional resistance, the following can also influence the access and use of health services: little schedule

flexibility, the type of reception given to the user, as well as demands for a rational conduct when facing the disease[19].

The reception of the user is a strategy of reorganizing the access of the users. In a study conducted in a Center of Odontological Specialties, as they registered the experience of implanting this tool due to the need to break the many access barriers in the CEO in João Pessoa, Paraíba[19], the long waiting time between scheduling and consultation in odontological specialties was found to favor abseteeism[19].

Image 1 systematizes the proposal of a fluxogram to organize the entry and monitoring of the user in the CEO. It should be highlighted that this was one of the stages of the process of implantation of reception. It is a fluxogram that has been adapted from a specific reality, and it can also be adapted to other realities[19].

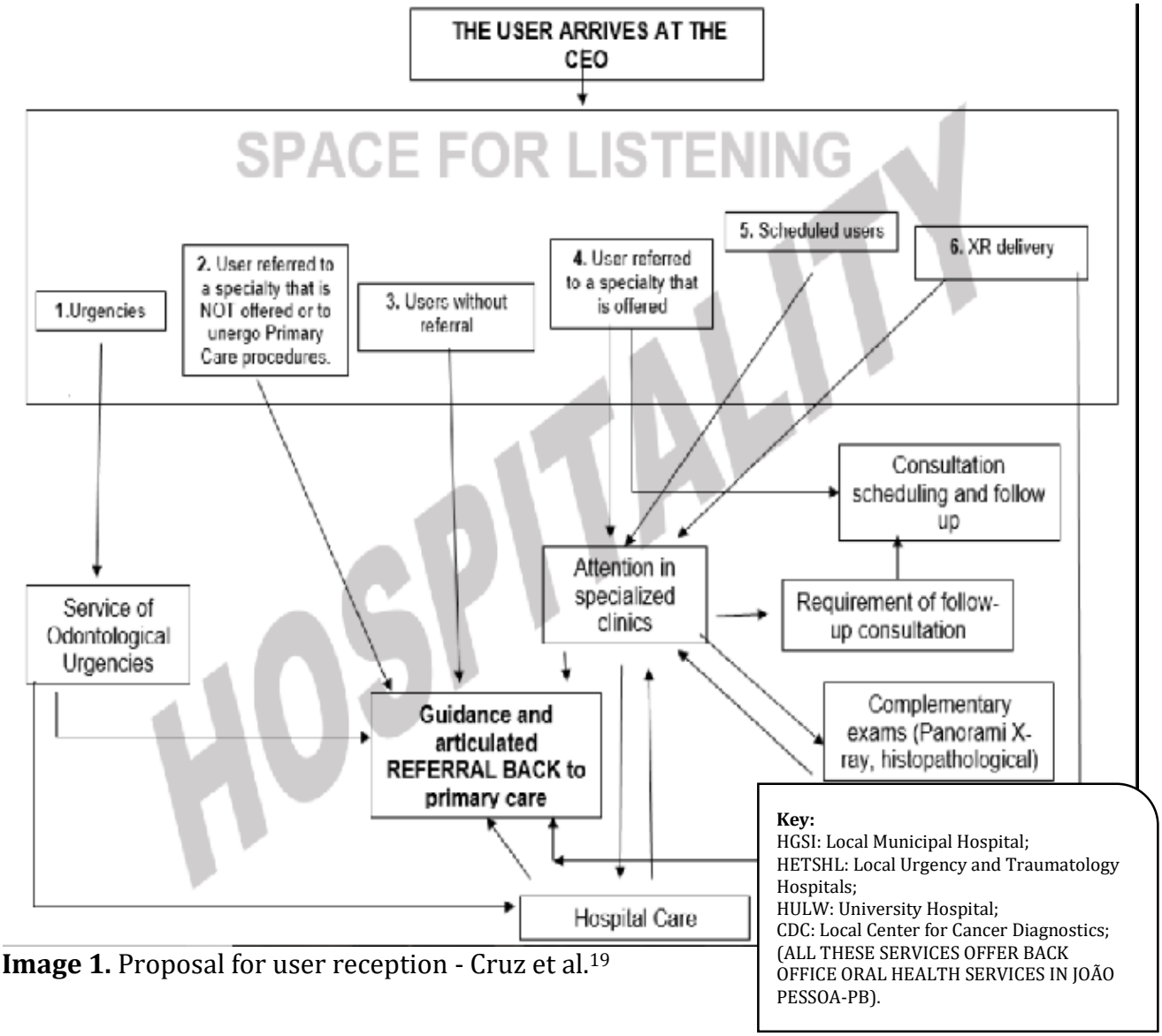

Image 1. Proposal for user reception - Cruz et al.[19]

The reception was able to diminish the waiting time in the specialties, showing itself to be a tool to deal with an important cause of absenteeism in the services, which is the long waiting time between scheduling and consultation, in addition to increasing 30.7% the performance of the team with no need for new hires[19].

Overbooking is the scheduling of more than the maximum number of users scheduled for attention after previously considering the likelihood of absences.

The use of the overbooking technique was tested in private services that sought financial compensations for absenteeism, and was evaluated in a simulation for SUS services,

indicating expressive efficiency gains in all types of attention offered in the service[10,30].

A research14 with 515 users referred in the months of January and July 2013, showed that 95 consultations were missed - 18.0% absenteeism. A strategy used to diminish idleness at work due to these absences was the scheduling of extra users, up to twice the number of possible consultations.

However, a recent study, that resulted in the report of the main results of PMAQ-CEO made it clear that 82.15% of the evaluated services did not schedule more than the number of vacancies available[31].

The practice of telephoning before the day of consultation to confirm or remember the user, the use of phone messages, letter or e-mail, had a positive effect on the problem[17,32,33].

An online scheduling system including automatic confirmation e-mails was able to diminish absence in 39% of the scheduled cases[34].

Nonetheless, most CEOs do not get in touch previously with the user to confirm the date and that the user will be present in the consultation, nor do they schedule more users than the number of available vacancies.

From the CEOs that stated to know the percentages of user absenteeism (59.35%, n = 552), the endodontics specialty was mentioned as the one with the most absences (38.76%). In 26.77% (n= 249) of CEOs, workers have no previous knowledge about users that will undergo consultations in the service. From the 73.23% (n=681) that state to have this knowledge, most (n= 367) knew it through the waiting list the CEO itself made available[31].

This context leads to observations on the distance between services and users, even when one considers that this is basic information prior to the consultation.

All these possibilities are important as the working process and its quotidian problems are placed in the analytical field. To do so, the management of services and the "central level" of management need to have support, such as, for instance, support from parental institutions.

Results from the recent national research that evaluated the quality of the CEOs in 2014, the PMAQ-CEO, showed that dental surgeons receive support to discuss and solve more complex clinical cases in 482 Odontological Specialty Centers (51.8%)[31].

In turn, the support to oral health teams (ESB) in primary care takes place in only 43 CEOs (4.6%). The report indicated that important themes are discussed when support from parent institutions are discussed, such as: the discussion of clinical cases, sentinel events, difficult and challenging cases; clinical actions shared with the Primary Care Oral Health team professionals; training of the professionals of primary care to detect mouth cancer; permanent education activities for professionals of Oral Health from the Primary Care; construction and discussion of clinical protocols; joint decisions and criteria for references according to specialty[31].

In this context, a favorable setting is indicated to broaden and qualify the support to oral health teams in the scope of primary care[31].

The little support from parent institutions to EABs and the consequent feebleness of this support is perceived to interfere in the quality of the process of referral, since 75.3% of CEOs schedule their users, who receive a referral form in the primary health care unit and go to the CEO. Nonetheless, 48.50% of the CEOs have shown that the order in which people are scheduled is decided according to the criteria used by primary care oral health teams as they refer these users[31].

This regulatory process requires an accountability of services that refer users to other services or that receive their referrals. The user ends up with the responsibility of fighting for a "spot" to receive attention, from criteria that do not consider their health needs, but only their availability, increasing absenteeism.

CONCLUSION

Although the result of this study indicates some possibilities to deal with absenteeism, it is necessary to continue this discussion, o that this problem is treated as a possibility of

structuring the working process of the teams, services, and regulation, in the perspective of minimizing absenteeism, since its causes are diversified and complex, traversing the several types of attention.

If, on one hand, there are many complaints on the lack of exams and consultations, on the other, there is a significant waste of the ones available, which interferes in the quality of health care.

Finally, it can be concluded that there is very little scientific literature on the theme, as well as an absence of more profound studies — for instance, studies on the behavior of absenteeism in an attention network as a whole.

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CONTRIBUTIONS
Danilson Ferreira da Cruz took part in the conception and design of the research, as well as in data collection, analysis, data interpretaiton, and writing. **Ronald Pereira Cavalcanti** worked in the method and in the discussion. **Edson Hilan Gomes de Lucena** contributed with a critical analysis. **Wilton Wilney Nascimento Padilha** took part in the writing and in the critical analysis.

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