

Presenteeism and productivity of public university employees in Bahia and Ceará: a cross-sectional study

Presenteísmo e produtividade de servidores de universidade pública da Bahia e do Ceará: estudo transversal
Presentismo y productividad de empleados de universidad pública de Bahía y Ceará: un estudio transversal

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Abstract

Objective: To identify factors associated with presenteeism and its impact on the productivity of civil servants at a public university. **Methods:** This study involved 253 civil servants. Data was collected from April to August 2021 using an online questionnaire. Descriptive statistics were applied with the Chi-Square Test of Adherence and analytical statistics based on Pearson's Chi-Square Test of Independence and Fisher's Exact Test. **Results:** The factors associated with presenteeism were female gender, low physical activity, medication use, absenteeism, excessive commitment, job dissatisfaction, illness during emergency remote work, and work during the pandemic. Around 61.38% of the civil servants who were not absent from work due to illness (n=116; p=0.042) and 71.25% of those who were present at work even when sick (n=114; p=0.000), had medium/high presenteeism, with a moderate ability to concentrate and complete work activities, resulting in average productivity. **Conclusion:** Presenteeism was associated with negative aspects of health and working relationships, especially among women. It is necessary to know the characteristics of presenteeism in work environments to support actions to promote health and improve workplaces.

Descriptors: Presenteeism; Government Employees; Occupational Health; Universities.

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Whats is already known on this?

Presenteeism was associated with workers without permanent contracts, with multiple jobs, with working conditions and relationships that require constant productivity to achieve targets.

What this study adds?

Presenteeism among employees at this university was associated with female gender, insufficient physical activity, use of medication, absenteeism, excessive commitment, fear of overloading colleagues, illness and work during the pandemic, and job dissatisfaction.



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Resumo

Objetivo: Identificar fatores associados à ocorrência do presenteísmo e sua interferência na produtividade de servidores de uma universidade pública. **Métodos:** Trata-se de um estudo realizado com 253 servidores públicos, com coleta de dados realizada no período de abril a agosto de 2021, mediante questionário online. Aplicou-se estatística descritiva com o Teste Qui-quadrado de Aderência e estatística analítica, a partir dos Testes Qui-quadrado de Pearson de Independência e Exato de Fisher. **Resultados:** Os fatores associados ao presenteísmo foram: sexo feminino, pouca atividade física, uso de medicações, absentismo, comprometimento excessivo, insatisfação com o trabalho, doença durante o trabalho remoto emergencial e trabalho durante a pandemia. Cerca de 61,38% dos servidores que não faltaram ao trabalho devido doença ($n=116$; $p=0,042$) e 71,25% dos que estiveram presentes no trabalho mesmo doentes ($n=114$; $p=0,000$), estavam com médio/alto presenteísmo, havendo uma capacidade moderada de concentração e finalização das atividades laborais, resultando em uma produtividade média. **Conclusão:** O presenteísmo foi associado a quesitos negativos de saúde e relações laborais dos servidores, principalmente no sexo feminino. É necessário o conhecimento das características do presenteísmo nos ambientes laborais para subsídio de ações de promoção à saúde e melhoria nos espaços de trabalho.

Descritores: Presenteísmo; Empregados do Governo; Saúde Ocupacional; Universidades.

Resumen

Objetivo: Identificar los factores asociados al presentismo y su impacto en la productividad de los funcionarios de una universidad pública. **Métodos:** Se trató de un estudio con 253 funcionarios, con datos recolectados entre abril y agosto de 2021 mediante cuestionario online. Se aplicó estadística descriptiva con la prueba Chi-Cuadrado de Adherencia y estadística analítica, basada en la prueba Chi-Cuadrado de Independencia de Pearson y la prueba Exacto de Fisher. **Resultados:** Los factores asociados al presentismo fueron: sexo femenino, baja actividad física, uso de medicamentos, absentismo, compromiso excesivo, insatisfacción laboral, enfermedad durante el trabajo de emergencia y trabajo durante la pandemia. Alrededor del 61,38% de los funcionarios que no se ausentaron del trabajo por enfermedad ($n=116$; $p=0,042$) y el 71,25% de los que estuvieron presentes en el trabajo a pesar de estar enfermos ($n=114$; $p=0,000$), presentaron un presentismo medio/alto, con una capacidad moderada para concentrarse y completar las actividades laborales, lo que se tradujo en una productividad media. **Conclusión:** El presentismo se asoció a aspectos negativos de la salud y de las relaciones laborales, especialmente entre las trabajadoras. Es necesario conocer las características del presentismo en los ambientes de trabajo para apoyar acciones de promoción de la salud y mejora de los espacios de trabajo.

Descriptores: Presentismo; Empleados de Gobierno; Salud Laboral; Universidades. Universidades.

INTRODUCTION

The organizational environment of corporations in the 21st century has demanded that their professionals adapt quickly to the dynamism of the markets, the speed of information, and technological development; thus, increasing competitiveness in the workplace, while looking for ways to promote quality of life and sustainability.⁽¹⁾ Presenteeism is a condition in which the individual is physically present in their work environment, but due to various aspects, including health, they are unable to concentrate and dedicate themselves entirely to work.⁽²⁻⁴⁾

It should be emphasized that presenteeism is not just an isolated case of illness but is usually a chronic situation; it goes beyond the state of illness and presents itself even after clinical improvement.⁽⁵⁾ However, the possibility of the involvement of personal and organizational factors associated with voluntary personal predisposition or work issues⁽²⁾, health, cultural, leadership, and organizational policies is not ruled out.⁽⁴⁾

Faced with this scenario, it is difficult to identify presenteeism, and it is a challenge for managers and organizations.⁽¹⁾ The damage caused by presenteeism goes beyond institutional loss and can lead to health risks. On this basis, social support, organizational culture, and safety at work become essential tools for seeking help and promoting healthy working environments.^(3,4)

When we're talking about the health of workers, it's important to mention that in Brazil, we often see a stereotype of the inefficient civil servant, who, unfortunately, is a burden on the public funds and therefore receives negative labels.⁽⁶⁾ Our universities are places where knowledge is produced, and where their civil servants spend a lot of their time interacting with students and the general community.⁽⁴⁾

Despite being a work environment with many advantages, such as stability, job plans, incentives, and progression, there are specific public administration rules that need to be complied with;⁽⁷⁾ and which do not exempt civil servants from their usual responsibilities of production and meeting targets.⁽⁸⁾ In addition, it is important to consider that factors both internal and external to the university interfere with work dynamics, such as the COVID-19 pandemic, which has resulted in various adaptive strategies for work continuity during and after the end of the pandemic.⁽⁹⁾

Although it is an important topic for analysis and a focus for promoting workers' health, an unsystematized search for publications revealed that presenteeism is not often studied. It is difficult to measure the magnitude of presenteeism as a determinant of workers' psychological distress because there

are not many studies on the subject. Publications generally deal with absenteeism or mental health generically, usually associated with work-related stress. Out of the few publications that address the issue, one mentions presenteeism as being responsible for more lost working hours and greater impairment of productivity than absenteeism, which has nonetheless represented significant financial losses.⁽¹⁰⁾

Thus, the guiding question of this research was: in the university context, what factors related to presenteeism can have implications for the productivity of civil servants? This study is therefore justified because studying presenteeism can stimulate improvements in university staff, generating greater job satisfaction, and consequently, improvements in institutional results. This study aimed to identify factors associated with the occurrence of presenteeism and its impact on the productivity of civil servants at a public university.

METHODS

This is a quantitative, analytical, cross-sectional study, designed according to the STROBE (Strengthening the Reporting of Observational studies in Epidemiology). It was carried out with civil servants from a university located in the northeast of Brazil, in two cities in the state of Ceará and one in the state of Bahia. Data was collected from April to August 2021.

As a data collection strategy for the random selection of participants, a spreadsheet with the identification data and emails of all the institution's civil servants was used. Then, an invitation was sent to each civil servant by institutional email, containing the link to the online questionnaire (due to the pandemic period) and the Informed Consent Form (ICF).

To define the sample size, the minimum number of civil servants was calculated based on a calculation model for finite populations, considering the proportion. The following parameters were assigned: the population size (N) of 701 civil servants in 2021; the predictability of the expected proportion (p) of 50%; the value of the normal distribution for a 95% confidence level ($Z_{\alpha/2}$) of 1.96; a margin of error set at 5%, and the minimum sample size (n) of 248.4 participants was calculated.

A total of 253 civil servants belonging to the teaching and technical-administrative careers took part in the study. The sample was stratified based on professional category, federative unit of work, and gender, to guarantee minimum representativeness in the research among the institution's civil servants, considering the differences pointed out, making no distinction between the professional categories and analyzing them as a single group.

The inclusion criteria were that the participants had to be active civil servants at the institution and be teachers or administrative technicians who were using their institutional e-mail address. Those employees who belonged to the inclusion group but were absent from work at the time of the survey (leave or other absence) were excluded from the study.

In this study, presenteeism was assessed using two approaches. First, the characteristics of European researchers verify their epidemiological relationship with work effects that increase stress and illness in professionals. The second conception, which comes from North American research, is the result of a logic of measuring labor productivity.^(3,11)

In order to analyze responses to the presenteeism scenario as the presence of a sick employee in the workplace, based only on the issues that motivated them to go to work sick, the precariousness of work and personal aspects, a dichotomous question was used to perceive associations with presenteeism, which was: "Have you ever been present at work despite having a health problem or any sign or symptom of illness?"

The second approach to presenteeism was measured to verify the productivity of the employee during presenteeism, using the translated and validated version of the Stanford Presenteeism Scale (SPS-6). The instrument is a Likert-type scale, made up of six items divided into two dimensions: Work completed, and Concentration maintained. It has five variations of agreement, and its score can vary from 6 to 30. Scores between 6 and 18 are classified as low presenteeism, representing a reduction in performance; scores close to 30 are considered high presenteeism and indicate greater work capacity, carrying out all the work even when sick.⁽¹²⁾

The questionnaire used was based on another study⁽¹³⁾ and contained the following variables: age group, income, gender, marital status, private health insurance, body mass index, practice of physical activity, use of medication, use of continuous medication, history of smoking, consumption of alcoholic beverages, perceived state of health, existing illnesses, current health problem, absences from work due to illness, presence at work despite a health problem and development of illness during remote work, length

of time working at the institution, type and number of employment relationships, management position, excessive commitment, thoughts of leaving the institution, job satisfaction and development of work activities during the pandemic; as well as SPS-6.

At the end of data collection, the information from Google Forms® was extracted in spreadsheet format and imported into Excel®, where the data was tabulated and organized. The data was then processed using EpiInfo®, version 7.2.5.0 (CDC, Atlanta-USA) and IBM® SPSS® Statistics software, version 23. The Chi-Square Adherence Test was used to compare univariate proportions, and Pearson's Chi-Square Test of Independence and Fisher's Exact Test were used for bivariate comparisons. Findings with a p-value of less than 0.05 were considered significant.

The research complied with the ethical precepts regarding studies with human beings, by Resolution 466/12 of the National Health Council; the study was approved by the Research Ethics Committee (CAAE: 39390220800005576; Opinion No. 4.429.653).

RESULTS

A total of 253 civil servants from a public university took part in the study, 126 of whom were female (50.0%; $p=1.000$). As for the type of employment relationship, 132 (52.2%; $p=0.489$) were professors, and around 84.6% (214; $p=0.000$) of the participants were based in the state of Ceará.

Regarding the physical characteristics of the civil servants, the average Body Mass Index (BMI) calculated was 26.38, with a standard deviation of 4.53; this was classified as an indicative of overweight. As a result, 58.5% ($p=0.007$) of the civil servants studied had an altered BMI, mainly in the sense of obesity. It was also noted that the civil servants were aware of their condition, as 67.6% ($p<0.000$) said they practiced physical activity.

Considering the health profile of the civil servants, 180 of them (71.1%; $p=0.000$) said they were in good health, 225 (88.9%; $p<0.000$) of the civil servants reported having been diagnosed with a disease, 71.1% ($p<0.000$) of the civil servants used medication frequently, 69.0% ($p<0.001$) reported using medication with a doctor's recommendation. The main existing illnesses were allergies (56.9%; $p=0.028$), gastritis (36.4%; $p<0.000$), and migraines (30.8%; $p<0.000$).

For the variable "present at work even when sick", 160 (63.2%; $p=0.000$) of the civil servants reported this practice in the last on-site work period. The pathologies reported were respiratory (22.1%; $p<0.000$), musculoskeletal (12.60%; $p<0.000$), mental (9.5%; $p<0.000$) and other illnesses (37.2%; $p<0.000$), as well as an increase in the number of civil servants who reported having such conditions during working hours and remaining at work.

Around 26.1% ($n=66$; $p<0.000$) of the civil servants said they had reasons for going to work sick. Among these, the main reasons given were overburdening colleagues (31.2%; $n=79$; $p<0.000$), compromising the service (46.6%; $n=118$; $p=0.285$), fear of losing their job (2.4%; $n=6$; $p<0.000$), unsuitable home environment (0.8%; $n=2$; $p=0.000$), and lack of a substitute (26.9%; $n=68$; $p<0.000$).

According to the SPS-6 classification, the average score obtained by the participants was 19.27. As a result, just over half of the civil servants fell into the classification of high presenteeism (57.71%; $n=146$; $p=0.014$), which represented high performance at work from a corporate point of view but is worrying from the point of view of occupational health, as they continued to do all their work even though they were sick. This reaffirms the 46.60% ($n=118$) of civil servants who justified their presenteeism because their absence "compromised the service".

This article also used the overcommitment scale in which 37.94% ($n=96$; $CI=31.94-44.23$; $p<0.000$) of the employees had high levels. However, analyzing the items in isolation, there was concern about the performance of activities at work, since many of the answers reported excessive worry about work, time pressure, and thoughts of work demands outside of working hours, which prevented them from relaxing.

Considering the variables related to sociodemographic aspects, lifestyle habits, health, and work aspects, there was a significant association ($p < 0.05$) between 9 items in relation to the outcome of going to work even when sick, as shown in Table 1. Despite this, there was a predominance of women ($n=98$; 77.78%; $p=0.000$) and people who had illnesses ($n=70$; 85.37%; $p<0.000$) and still went to work.

Table 1. Conditions related to going to work when sick among civil servants at a public higher education institution (n=253). CE, BA, Brazil, 2021.

VARIABLES	f [%]	Going to work when sick		Statistics
		Yes [%]	No [%]	[p-value]
Gender (n=252)				
Male	126 [50,00]	62 [49,21]	64 [50,79]	0,000 ¹
Female	126 [50,00]	98 [77,78]	28 [22,22]	
Physical activity				
Yes	171 [67,60]	101 [59,06]	70 [40,94]	0,046 ¹
No	82 [32,40]	59 [71,95]	23 [28,05]	
Use of medication				
Yes	180 [71,10]	121 [67,22]	59 [32,78]	0,039 ¹
No	73 [28,90]	39 [53,42]	34 [46,58]	
Health condition				
Very Good/Good	180 [71,10]	106 [58,89]	74 [41,11]	0,024 ¹
Regular/Bad/Very Bad	73 [28,90]	54 [73,97]	19 [26,03]	
Developed a health problem				
Yes	82 [32,40]	70 [85,37]	12 [14,63]	0,000 ¹
No	171 [67,60]	90 [52,63]	81 [47,37]	
Excessive commitment				
Yes	96 [37,94]	71 [73,96]	25 [26,04]	0,005 ¹
No	157 [62,06]	89 [56,69]	68 [43,31]	
Job satisfaction				
Yes	167 [66,00]	97 [58,08]	70 [41,92]	0,017 ¹
No	86 [34,00]	63 [73,26]	23 [26,74]	
Developed illness during emergency remote work				
Sim	121 [47,80]	88 [72,73]	33 [27,27]	0,002 ¹
Não	132 [52,20]	72 [54,55]	60 [45,45]	
Managed to carry out his work activities during the pandemic				
Yes	138 [54,50]	97 [70,29]	41 [29,71]	0,010 ¹
No	115 [45,50]	63 [54,78]	52 [45,22]	

Statistical test: ¹ Chi-Square of Independence.

Source: Survey data (2021).

When relating sociodemographic aspects, lifestyle habits, health, and work issues, there was a significant association ($p < 0.05$) among three items concerning the results of the SPS-6 scale, shown in Table 2. This shows an average/high level of productivity among employees who were present at work even with symptoms of illness.

Table 2. Factors associated with productivity in presenteeism among civil servants at a Public Higher Education Institution. CE, BA, Brazil, 2021.

VARIABLES (n=253)	Productivity in employee presenteeism		Statistics [p-value]
	Low [%]	Medium/High [%]	
Missed work due to illness			
Yes	34 [53,13]	30 [46,88]	0,042 ¹
No	73 [38,62]	116 [61,38]	
Present at work even when sick			
Yes	46 [28,75]	114 [71,25]	0,000 ¹
No	61 [65,59]	32 [34,41]	
Thoughts of leaving the institution			
Yes	69 [49,29]	71 [50,71]	0,012 ¹
No	38 [33,63]	75 [66,37]	
Got sick during the pandemic			
Yes	49 [40,50]	72 [59,50]	0,579 ¹
No	58 [43,94]	74 [56,06]	
Managed to carry out his activities in emergency remote work			
Yes	60 [43,48]	78 [56,52]	0,675 ¹
No	47 [40,87]	68 [59,13]	

Statistical test: ¹ Chi-square test of independence

Source: Survey data (2021).

DISCUSSION

The data from the study showed factors associated with the occurrence of presenteeism, mainly related to gender, lifestyle (sedentary lifestyle, use of medication, presence of illnesses), presenteeism even when sick, excessive commitment to work and desire to change jobs, and their interference in the productivity of civil servants at a public university.

This showed that presenteeism presented two biases for the civil servant: feeling unstable at work with the need to effectively fulfill the working day to reaffirm their commitment to the institution or going to work sick and not being as productive as expected. Such cases are represented by the organizational culture related to work pressure, the need to perform, and the desire to progress quickly.⁽⁴⁾ However, over time, the causes of presenteeism can generate significant damage, such as absenteeism.⁽²⁾

According to the results expressed in this study, concerning the first outcome, i.e., presenteeism as “absent presence”, there was a significant association between life, health habits, and work aspects of civil servants. Therefore, the profile of female civil servants was characterized; they did not practice physical activity, took medication, were not healthy, missed work due to illness, were overcommitted, had no job satisfaction, fell sick during remote emergency work, and managed to carry out their work activities during the pandemic.

In line with the above, some studies have shown that presenteeism is more frequent among women, with 77.78% (n=98; p=0.000), which is why there is a need to raise awareness of the social context in which women are inserted, and which could contribute to presenteeism at work.⁽¹⁴⁻¹⁵⁾ Other studies point to the importance of knowing the characteristics of presenteeism in work environments to support health promotion actions and improvements in workplaces.⁽³⁾

Regarding physical activity, just over half (67.6%) were in the habit of exercising, as opposed to 71.95% (n=59; p=0.046) of the civil servants who did not practice physical activity but went to work even

though they were sick. As identified in other studies, there was a significant relationship between the low frequency of physical activity and presenteeism.⁽¹⁶⁻¹⁷⁾

Considering that illness is an intervening factor in individuals' personal and working lives^(3,18) and that poor self-perceived health contributes to the development of presenteeism⁽¹⁹⁾, this study found that around 73.97% (n=54; p=0.024) of the civil servants did not have a good state of health, resulting in a higher number of illnesses (85.37%; n=70; p=0.000), use of medication (67.22%; n=121; p=0.039) and absences from work due to illness (78.13%; n=50; p=0.004).

Presenteeism, as a multifactorial condition and permanence in the workplace, increases absenteeism, increasingly reduces productivity and can cause work disabilities.⁽¹⁶⁾

In addition, the COVID-19 pandemic scenario has put millions of people into emergency remote work, without considering the duration, health status, working capacity, and tools for carrying out the work, generating a need for immediate adaptation to the new work regime.⁽²⁰⁻⁹⁾ Given this scenario, around 72.73% (n=88; p=0.002) of the civil servants fell sick during this period and yet continued with their work activities (n=97; 70.29%; p=0.010). Thus, there was a considerable level of overcommitment (n=71; 73.96%; p=0.005) in the study population, evidenced mainly by the excessive preoccupation with work activities and the pressure to meet deadlines.

It's worth noting that people who are overcommitted can't be well and are always tense. The consequences, due to exposure to strenuous working hours, result in mood swings, irritation, fear, and excessive worry. Even so, these professionals can't see the symptoms of illness or inability to work.⁽²¹⁾ However, studies have found that the dimensions of presenteeism interfere with workers' working lives, with 31.8% having altered their ability to carry out and complete their activities.⁽¹⁵⁾

For the profile of employees who were dissatisfied with their work (n=63; 73.26%; p=0.017), it was found that they found it more difficult to take time off when they were sick. Other authors (3) have shown high levels of reduced desire to go to work in order to carry out tasks, together with a lack of concentration. This showed how much work environments can influence workers' health and need to become healthy environments, seeking to mitigate the impacts of presenteeism⁽²²⁾ by analyzing Teamwork climate, Safety climate, Recognition of stress, and Working conditions.⁽¹⁴⁾

About the factors associated with productivity in presenteeism, considering the aspects analyzed in the SPS-6, around 61.38% of the civil servants who were not absent from work due to illness (n=116; p=0.042) and 71.25% of those who were present at work even when sick (n=114; p=0.000), had medium/high presenteeism. As the scores ranged from medium to high levels of presenteeism, there was a moderate ability to concentrate and complete work activities, resulting in average productivity. Corroborating the above, it was observed that around 66.37% of the civil servants who had not thought about leaving the institution (n=75; p=0.012) had a medium/high level of presenteeism.

In line with this, the absence of a substitute, the backlog of activities, the lack of training, the workload, the lack of time, institutional policies, and the organizational climate only reinforce presenteeism.⁽¹¹⁾ This fact converged with the results of this study, when the civil servants mainly pointed to the absence of a substitute as a factor that reinforced presenteeism, since absence from work can lead to compromised service and/or overloaded colleagues. However, this could have consequences for them and interfere with achieving institutional results.⁽¹⁸⁾

It is important to consider working conditions in which both tense routines and very calm routines can put workers' mental health at risk. Similarly, sudden changes of activity or manager generate stress in professionals and harm their mental health, as the style of leadership, control of demands, and working hours change. It is therefore important to maintain good communication at work, whether in the relationship between manager and subordinate or between peers. Also sharing knowledge and good communication with the manager is very positive.⁽²²⁻²⁴⁾

This highlights the importance of managers building institutional policies that promote well-being and health, provide support for leaders, and build assistance programs for their professionals^(4,16). There is a need to improve work dynamics, communication, and interpersonal relations between the team, greater accessibility with management, and adequate staffing levels.⁽¹⁶⁾

Within the public service, teams are working in occupational health, with professionals from different areas of health and occupational safety, who work in teams and in an interdisciplinary way to ensure the success of the activities programmed in Occupational Health and Safety. Normally, the health surveillance services for civil servants aim to promote, protect, and rehabilitate the health of these workers.⁽²⁵⁻²⁶⁾

However, studies point to the existence of institutional barriers that do not consider the opinion of occupational health professionals to help manage work-related problems.⁽⁵⁾ For this reason, measures that encourage the control and reduction of stress in the workplace, such as the protective power of positive emoticons⁽²⁷⁾; organizational support⁽²⁸⁾, encouraging the use of breaks during the working day, communication, stress management, promoting self-care and a healthy lifestyle⁽⁴⁾; are some of the strategies that should be studied and implemented to increase productivity for all workers, regardless of whether or not they have any health problems.⁽³⁾

Some limitations of this study need to be considered: the use of a virtual questionnaire limited to a single response from the employees, since the collection took place during the pandemic, as well as the use of a dichotomous question to assess a complex phenomenon such as presenteeism, as well as the fact that the inferences produced in this research are based on the employees' self-report. For this reason, not only was the assessment of work loss restricted to 30 days before the survey, but it also may not fully represent the actual annual experience and symptoms of the interviewees.

However, this research enables managers to get to know their employees and to work to improve the institutional environment, combining it with other administrative and organizational tools that make their employees feel good about working at the institution and enable them to envision a peaceful and healthy future at the university.

CONCLUSION

According to the above, factors associated with presenteeism were identified, given the significant association between life and health habits and work aspects of civil servants. In addition to the characterization of the female gender as the most prevalent profile, and the association of productivity in presenteeism expressing medium to high levels; representing concern for the health of the institution's employees.

Regarding the prevalence of the profile, the employees were found not to be physically active, to be taking medication, to be unhealthy, to be absent from work due to illness, to have no job satisfaction, to fall sick during emergency remote work, to be unable to carry out their work activities during the pandemic and to have a considerable level of overcommitment.

Thus, there is a need to implement measures that provide support for health promotion actions and improvements in the workplace, to prevent and manage presenteeism to improve quality of life and productivity in the sectors. These measures should be aimed at raising awareness of the social context in which professionals work, improving work dynamics, communication, interpersonal relations between teams, greater accessibility to management, and adequate staffing levels.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Cavalcante SN. Contributed to data collection: Cavalcante SN. Contributed to the analysis and/or interpretation of data: Cavalcante SN, Costa EC, Martins FVA, Oliveira ASS. Contributed to article writing or critical review: Cavalcante SN, Costa EC, Oliveira ASS, Carvalho CML. Final approval of the version to be published: Cavalcante SN, Oliveira ASS.

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