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## PROFILE OF ABSENTEEISM IN MEDICAL CONSULTATIONS AT A FAMILY HEALTH UNIT IN RIBEIRÃO PRETO, SP: A CROSS-SECTIONAL ANALYSIS

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**Abstract:** Introduction: Absenteeism from scheduled medical appointments represents a challenge for the effectiveness of the Family Health Strategy (FHS). Objective: To analyze absenteeism from medical appointments at a Family Health Unit in Ribeirão Preto-SP, identifying patterns and associated factors. Method: Retrospective cross-sectional study, using data from medical appointments at Family Health Unit 3, between January and December 2013. Variables analyzed: number of appointments scheduled and missed, gender, micro-area of residence and month of appointment. Descriptive analysis with measures of central tendency, dispersion and frequencies. Results: Of the 2680 scheduled appointments, 918 were missed (34.25%). The majority of absentees were female (64.5%) and from micro-area 2 (25.92%). Absenteeism was highest in July (43.56%) and January (42.92%). Conclusion: High absenteeism compromises the care and management of the USF. The predominance of women and in micro-area 2 suggests the influence of sociocultural factors and access barriers. Seasonality points to the need for educational actions and reorganization of services.

**Keywords:** Absenteeism; Medical Consultations; Family Health Strategy; Primary Health Care; Access to Health Services.

## INTRODUCTION

The Family Health Strategy (FHS) is one of the fundamental pillars of Primary Health Care in Brazil, with the aim of ensuring universal access and the provision of comprehensive health care to the population. However, the problem of missed appointments represents a considerable obstacle to the effectiveness of the FHS, negatively impacting continuity of care and the optimization of available resources [1, 2].

Evidence in the literature points to absenteeism as a widespread challenge in health

services in different contexts, suggesting the need to implement interventions adapted to the particularities of each location in order to achieve an effective reduction in this practice [4, 5]. Given this scenario, this study aims to analyze the phenomenon of absences from medical appointments at a Family Health Unit (USF) located in Ribeirão Preto, SP, in order to identify patterns and factors associated with this behavior.

## METHODS

This is a retrospective cross-sectional study, using secondary data extracted from the medical records of the Family Health Centre 3, covering the period from January to December 2013. The variables analyzed include the number of appointments scheduled and the number of missed appointments, the sex of the patients, the micro-area of residence and the month in which the appointment was scheduled. The data was analyzed using descriptive statistics, using measures of central tendency, dispersion and frequencies [3, 6].

To deepen the analysis, specific epidemiological indicators were calculated, such as the absolute and relative frequencies of appointments attended and missed, the absolute and relative frequency of missed appointments and the percentage of missed appointments. The formulas (1) and (2), detailed below, were used for this purpose:

Formula (1):

Attendance at appointments (%)

Missed appointments (%)

Total missed appointments (%)

Formula (2):

## PERCENTAGE OF MISSED APPOINTMENTS

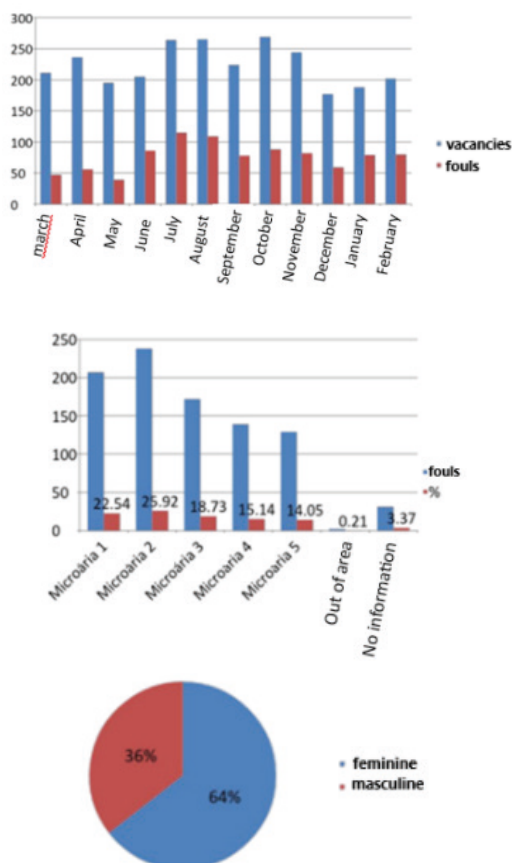
In the case of micro-areas with a higher population density, formula (3) was used to centralize data on the total number of appointments attended and missed, providing an overview of the distribution of absenteeism in the different micro-areas of the USF's catchment area.

It is important to note that in order to apply formula (3), each epidemiological indicator had to be recalculated individually for the different geographical areas within the health district. In each geographical area, attendance at appointments (%), missed appointments (%) and total missed appointments (%) were calculated using formula (1), and the percentage of missed appointments was calculated using formula (2). The formula for the general population, in turn, made it possible to centralize the data considering the total number of appointments attended and missed, providing a comprehensive perspective on the location and micro-areas with the largest number of inhabitants

## RESULTS

Over the study period, a total of 2,680 appointments were scheduled, of which 918 were missed by patients, resulting in an absenteeism rate of 34.25%. Data analysis revealed that the majority of patients who missed appointments were female, accounting for 64.5% of all absentees. In addition, 25.92% of the patients who didn't show up lived in Microarea 2.

With regard to the time distribution of absenteeism, it was found that the highest absence rates occurred in July (43.56%) and January (42.92%), which coincides with the school break.



**Figure 1.** Number of absences over the months, divided by population micro-areas and female and male sex.

## DISCUSSION

The absenteeism rate observed in this study, of 34.25%, demonstrates a significant impact on the quality of care and the management of the USF in question, corroborating the results of other studies that also identified absenteeism as a relevant problem [4, 5].

The predominance of absenteeism among female patients may be associated with socio-cultural factors, such as greater responsibility for household chores and caring for the family, which can make it difficult for them to attend appointments. In addition, the higher number of absences in micro-area 2, characterized by greater socioeconomic vulnerability, suggests the existence of barriers to accessing health services, such as transport difficulties and less free time [6].

The seasonal nature of absenteeism, with peaks during the school vacations, highlights the need to implement educational actions and reorganize services during this specific period. It is possible that the difficulty in reconciling childcare during school vacations contributes to the increase in absenteeism

## CONCLUSION

This study sheds light on the problem of absenteeism at the USF investigated, highlighting the urgent need to implement effective actions to reduce it. It is recommended that qualitative research be carried out to gain a deeper understanding of the reasons why patients miss appointments, including the perception of users and health professionals about this problem.

In addition, we suggest implementing interventions to minimize absenteeism, such as developing more effective communication strategies, sending appointment reminders, offering teleconsultations, making appoint-

ment times more flexible, carrying out health education activities in the community and actively seeking out absent patients. These interventions should be targeted especially at micro-area 2 and the school vacation period, considering the particularities identified in the study.

It is also important to create a computerized system for monitoring and evaluating absenteeism on an ongoing basis, allowing for the early identification of trends and the implementation of corrective actions in an agile and efficient manner. In addition, training health professionals to deal with absenteeism, through effective communication strategies, welcoming and bonding with users, can contribute to reducing this problem and improving the quality of care provided in the ESF.

## CONFLICTS OF INTEREST

The author of this article declares that she has no financial, personal, political, academic or commercial conflicts of interest.

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