EHMA 2025

Taking action to improve health for all

Sick Leave Management in Primary Care:

Assessing the Administrative and Economic Impact on Family and Community Medicine

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Introduction:

Managing sick leaves in Family and Community Medicine (FCM) consultations is an essential task but also a significant administrative burden. This study, conducted in an urban primary care team, aims to analyze the impact of sick leave management on physicians' schedules and its associated costs, providing relevant data for decision-making.

Key Aspects of Spain's Temporary Sick Leave Legislation:

Spain's temporary sick leave legislation establishes a comprehensive framework that protects workers' health and economic stability during periods of temporary disability.

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Key Aspects of Spain's Temporary Sick Leave Legislation:

The main points include:

Requirements and Procedures:

Workers must receive a medical evaluation confirming their inability to work due to illness or accident, with essential documentation submitted to Social Security and the employer.

Rights and Benefits:

Employees receive an economic benefit that compensates for lost income, calculated as a percentage of the regulatory base—with lower rates initially and higher rates for longer absences.

Obligations of Employers and Administration:

Employers manage communication and follow-up on sick leave, while government authorities verify the cause, duration, and recovery progress through regular medical assessments.

Objectives

The primary objectives are to quantify the time physicians dedicate to managing sick leaves and calculate the economic cost of this activity. Additionally, the study seeks to analyze the reasons and duration of sick leaves, as well as the number of follow-up visits generated (in-person, telephonic, and administrative tasks).

Methodology:

A descriptive observational study was conducted in an urban primary care team with a computerized sick leave management system. The review included all sick leaves recorded over a 12-month period, classified by reason, duration, and frequency of follow-up.

Results:

10,992

Sick leaves

29.779

Labor Force

Results:

3,715

In-person visits

5,817

Remote consultations

66,235

minutes of the physician's schedule

Results:

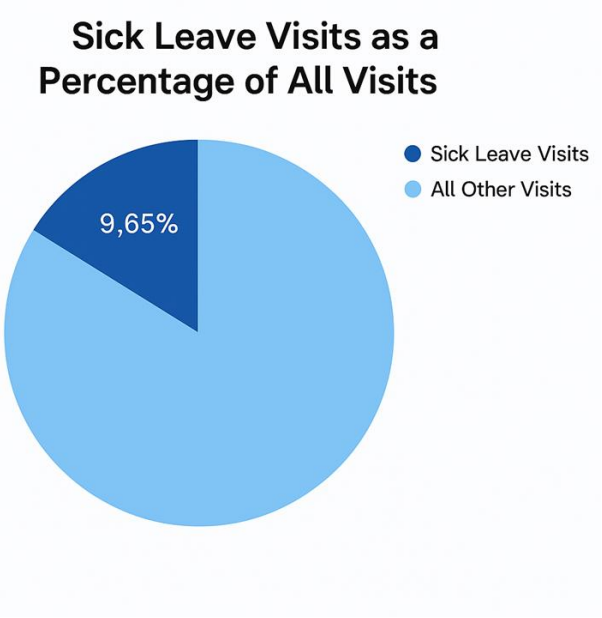
27,715.89

euros based on the net salary of the hours worked by the professional

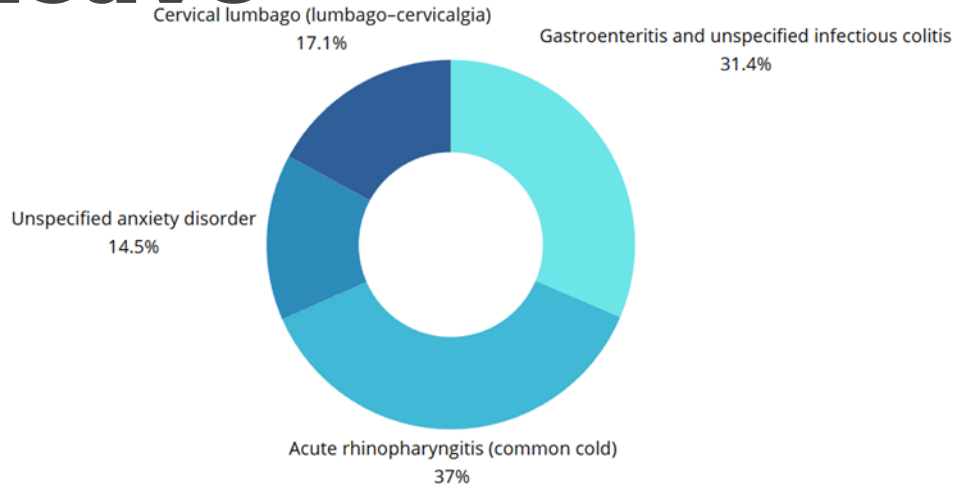
331,200

estimated total cost calculated at a rate of 50 euros per visit.

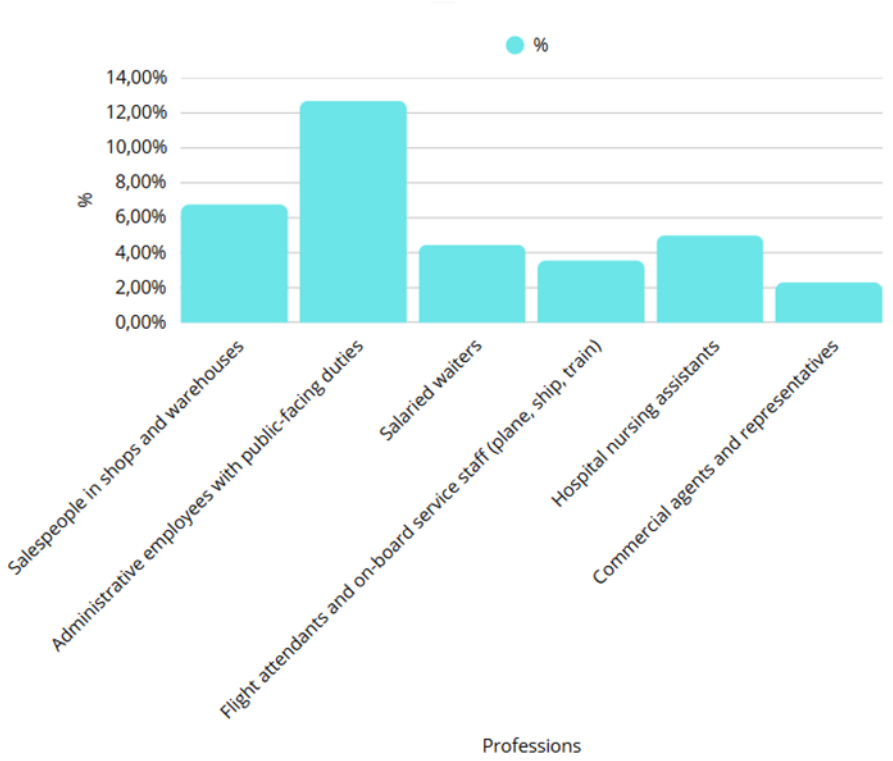
Results:



Most Common Pathological Causes of Workplace Sick Leave



Results: Professions with the Most Frequent Sick Leave



Conclusions:

Predominance of Mild and Self-Limiting Conditions

The majority of the sick leaves analyzed are associated with minor ailments that tend to resolve spontaneously within a short period. This calls into question the necessity of a complex administrative process for their management.

Healthcare Professional as Bureaucratic Manager

In many instances, the role of the physician is reduced to issuing justificatory documentation, assuming duties more akin to those of an administrative officer than a clinical decision-maker. This contributes to increased bureaucratic burden and the diversion of valuable clinical resources.

Conclusions:

Patient Self-Responsibility

Encouraging individual responsibility in the management of mild conditions—through clear information, self-care guidelines, and criteria for self-identification of warning signs—could help rationalize system usage and minimize unnecessary administrative procedures.

System Resilience: Beyond Resistance

While health system resilience has traditionally been understood as the capacity to withstand demand, its adaptive dimension is equally important. This perspective calls for a rethinking of protocols and administrative workflows in order to provide a more agile and efficient response to low-impact clinical absences.

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