



enteeism



Presenteeism

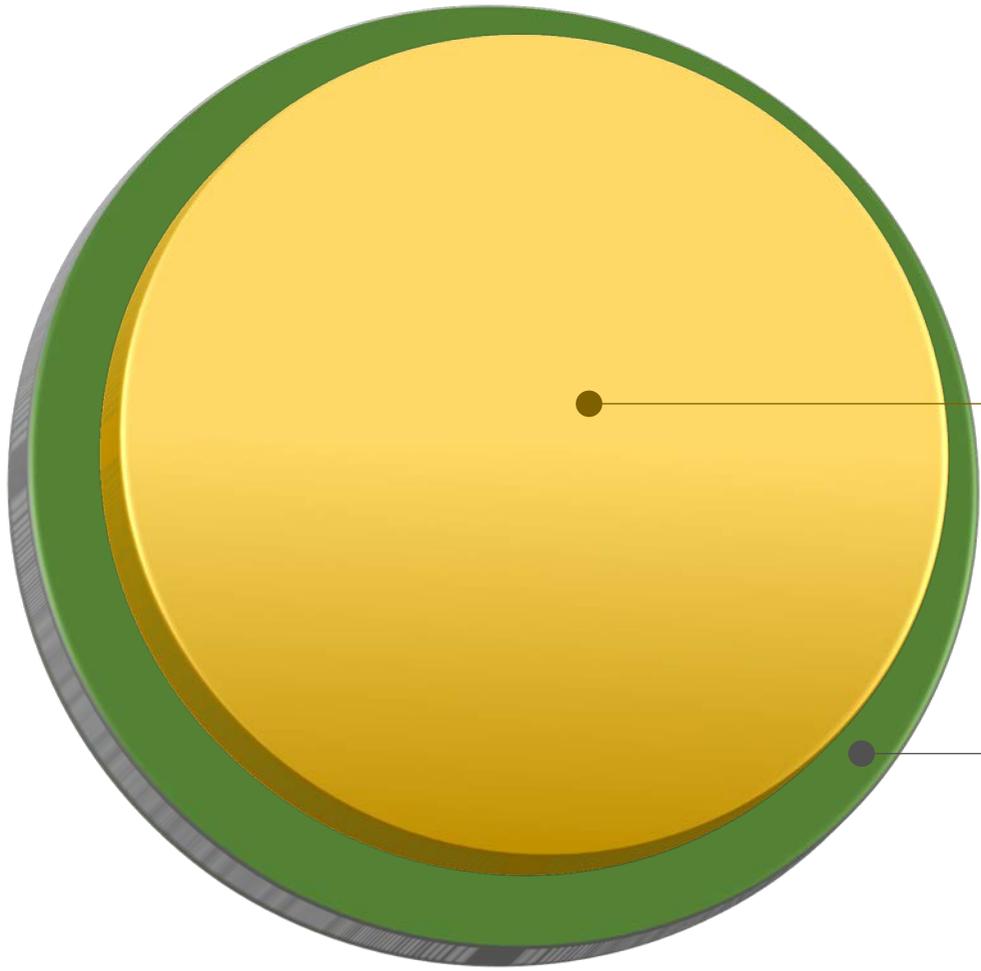


Presentee

**At work but not present**

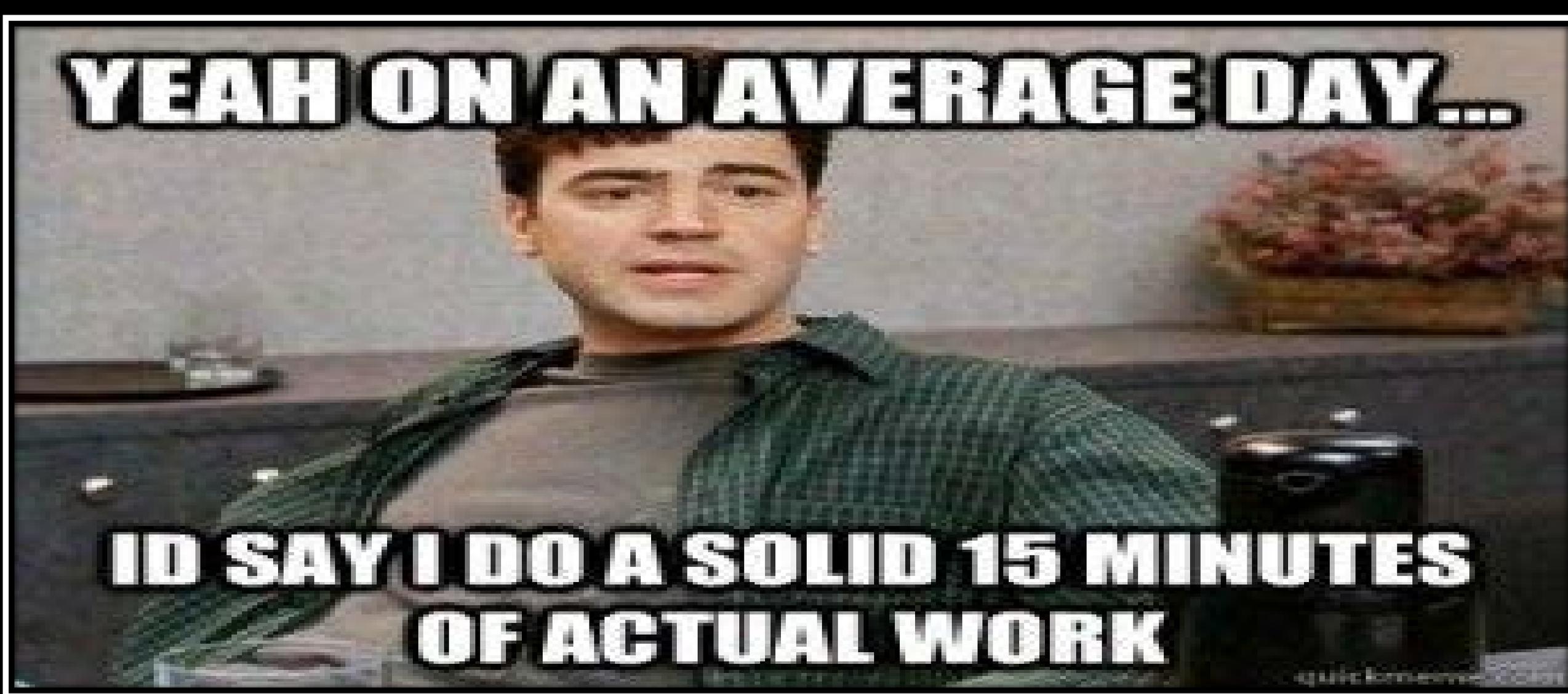
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# Objectives



**Define Presenteeism**

**Discuss the relationship among presenteeism, absenteeism, nurse safety outcomes, patient safety outcomes, and quality of care**

A meme featuring a man in a green jacket sitting at a desk with a coffee pot. The text is overlaid on the image in a bold, white, pixelated font with a black outline.

**YEAH ON AN AVERAGE DAY...**

**ID SAY I DO A SOLID 15 MINUTES  
OF ACTUAL WORK**

What is Presenteeism?



# Health & Wellbeing of Nurses

- **Significant, contributing factor to quality care and safety**  
(Burke, Koyuncu, & Fiksenbaum, 2011).
- **Impaired health in nurses negatively alters physical, emotional, and cognitive engagement in patient care and job performance** (Hilton, Scuffham, Sheridan, Cleary, & Whiteford, 2008; Johns, 2010; Love, Grimby-Ekman, Eklof, Hagberg, & Dellve, 2010)

## Work/Life Balance

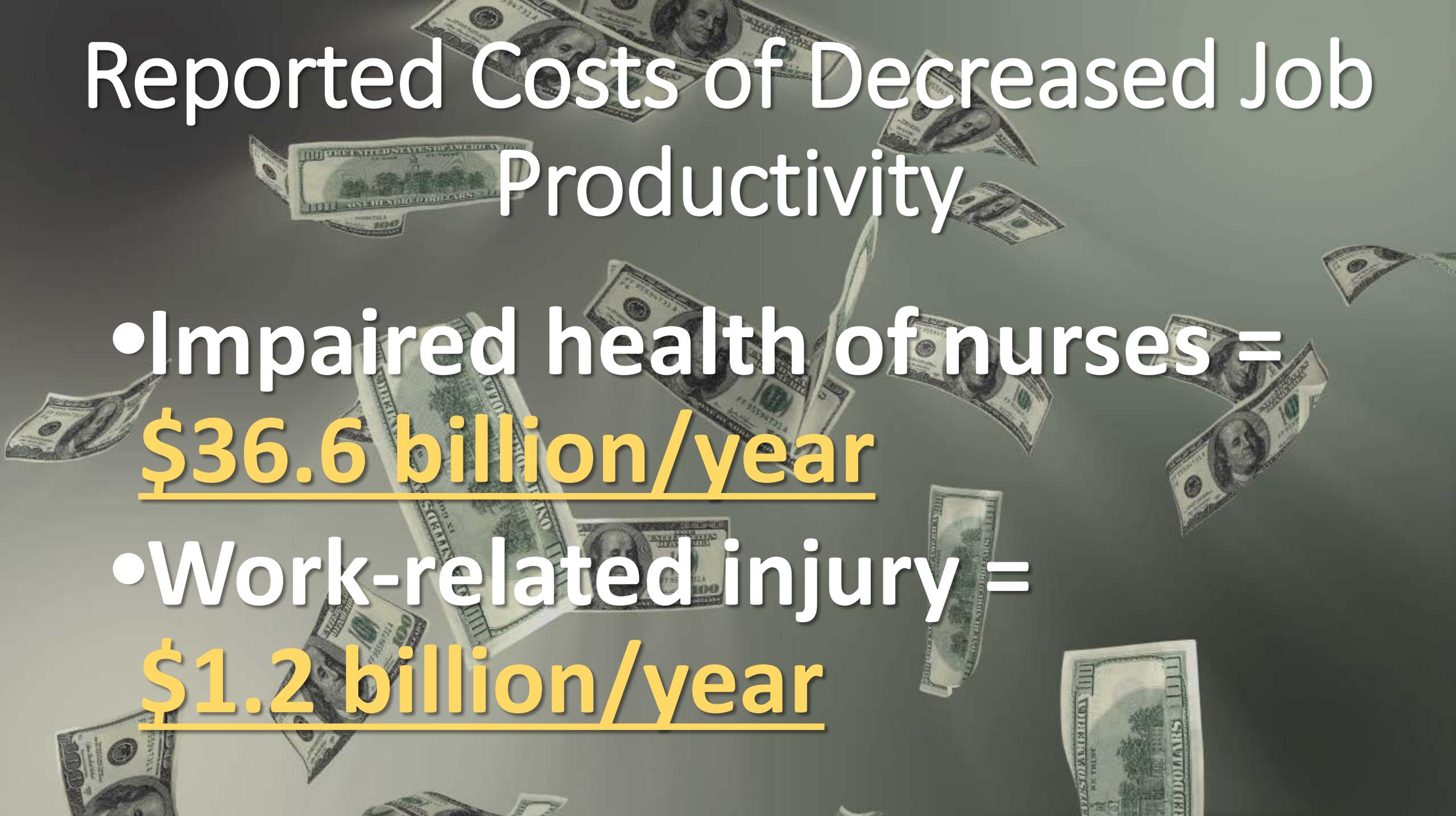
- Stress of balancing work and personal life =
- Diminished job performance

(McMillan, Morris, & Atchley, 2011)

## Poor Practice Environments

- Insufficient staffing & Higher workloads
- Yield increased risk for injury, infections, and error

(Institute of Medicine, 2000, 2004; Ludwick & Silva, 2003; Biron, Brun, Ivers, & Cooper, 2006; Letvak, Ruhm, & Gupta, 2012; Prater & Smith, 2011).

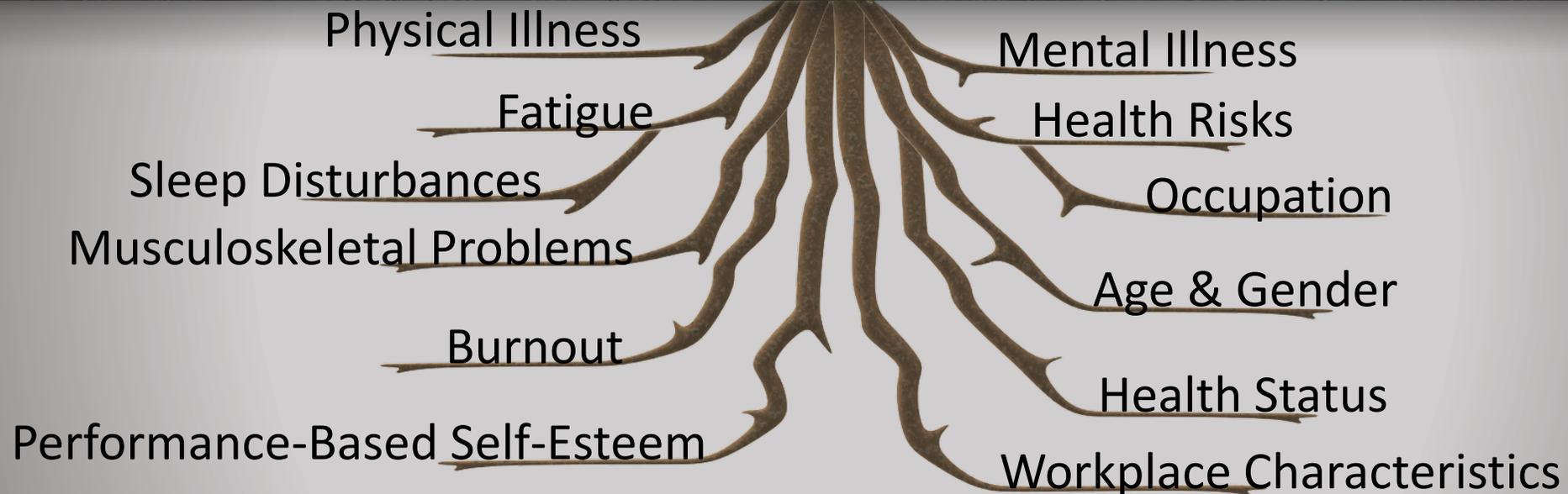
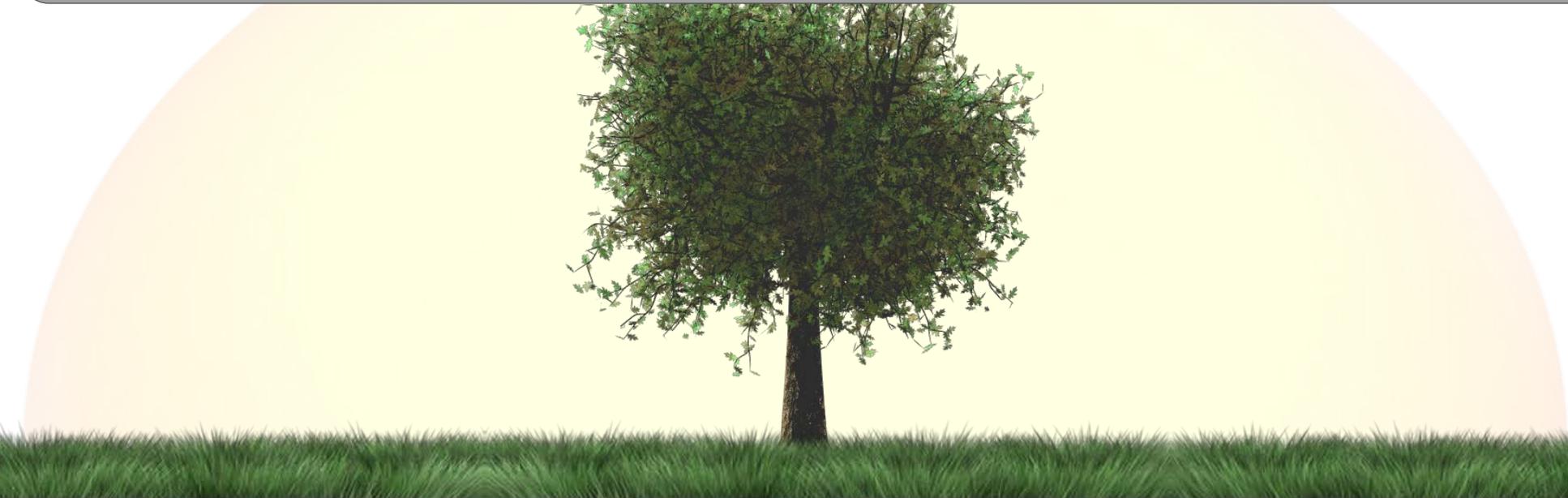
The background of the slide is a dark grey gradient with numerous 100 US dollar bills falling from the top, creating a sense of motion and financial loss. The bills are scattered across the frame, some partially visible and others fully shown in various orientations.

# Reported Costs of Decreased Job Productivity

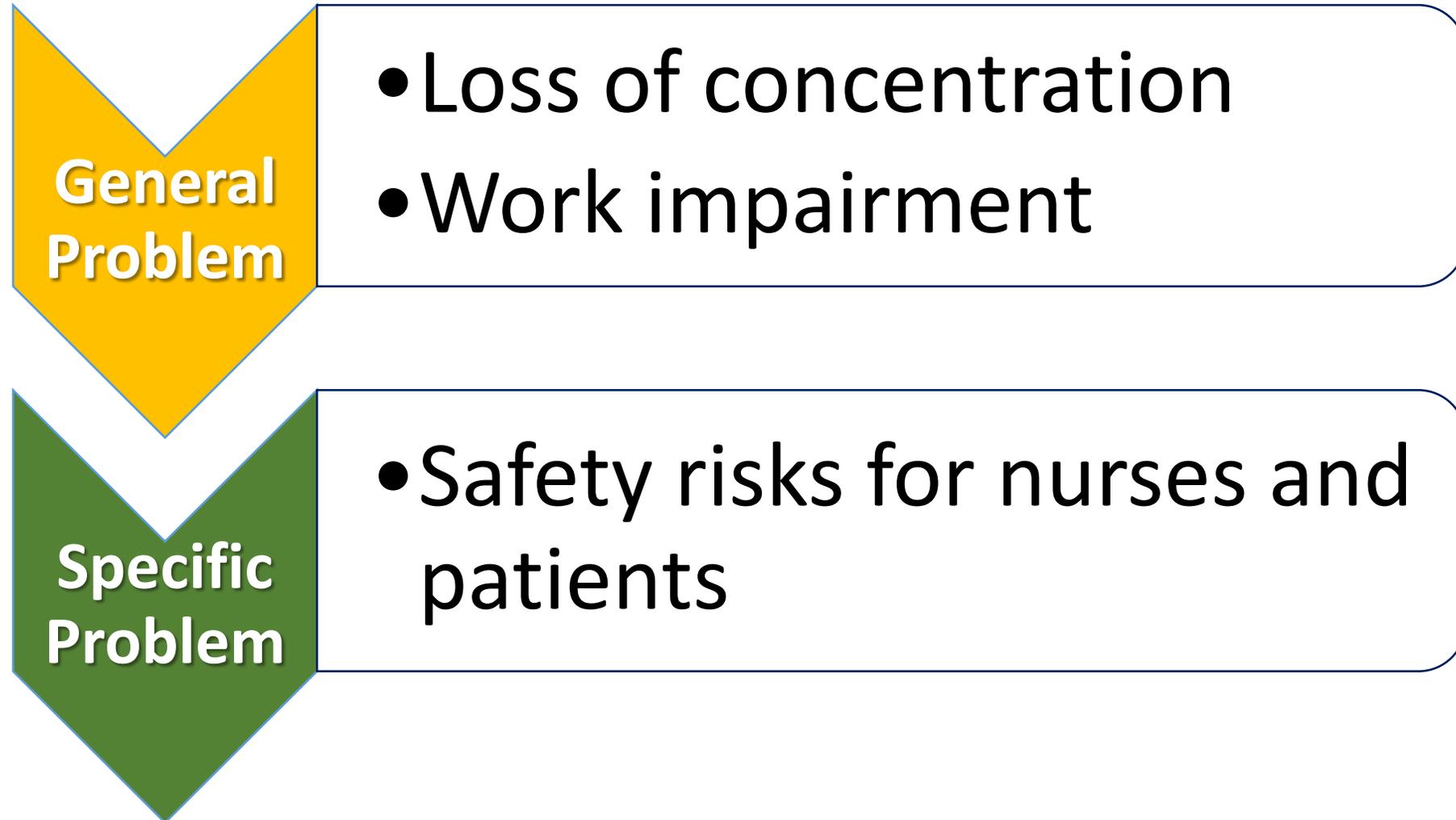
- Impaired health of nurses = \$36.6 billion/year

- Work-related injury = \$1.2 billion/year

# Factors Associated with Presenteeism



# So what is the problem?





# Primary Aim:

Examine the relationships of presenteeism with absenteeism, nurse safety outcomes (musculoskeletal, needle stick, and exposure-related workplace injury), and quality of nursing care, as perceived by nurses.



# Secondary Aim:

Describe patient safety outcomes (clinical errors, near errors, and untoward clinical incidents), personal and contextual factors, and well-being assessment for productivity, which may influence presenteeism, absenteeism, nurse safety outcomes, and quality of nursing care.

# Research Questions



**RQ1** – What is the relationship between nurse self-reported presenteeism & nurse safety outcomes?

**RQ2** – What is the relationship between nurse self-reported presenteeism & self-reported quality of nursing care?

**RQ3** – What is the relationship between self-reported presenteeism and self-reported absenteeism?

**RQ4** – Is there a difference in the proportion of nurses reporting presenteeism who experience specific negative patient safety outcomes (clinical errors, near errors, and untoward clinical incidents)?

**RQ5** – Is there a difference in the proportion of nurses reporting presenteeism who experience specific personal factors?

**RQ6** – Is there a difference in the proportion of nurses reporting presenteeism who experience specific contextual factors?

**RQ7** – Is there a difference in the proportion of nurses reporting presenteeism who experience well-being related barriers to productivity?

\*Primary Questions

# Hypotheses

H1A: There is a relationship between nurse self-reported presenteeism and nurse safety outcomes.

H10: There is no relationship between nurse self-reported presenteeism and nurse safety outcomes.

H2A: There is a relationship between nurse self-reported presenteeism and self-reported quality of nursing care.

H20: There is no relationship between nurse self-reported presenteeism and quality of nursing care.

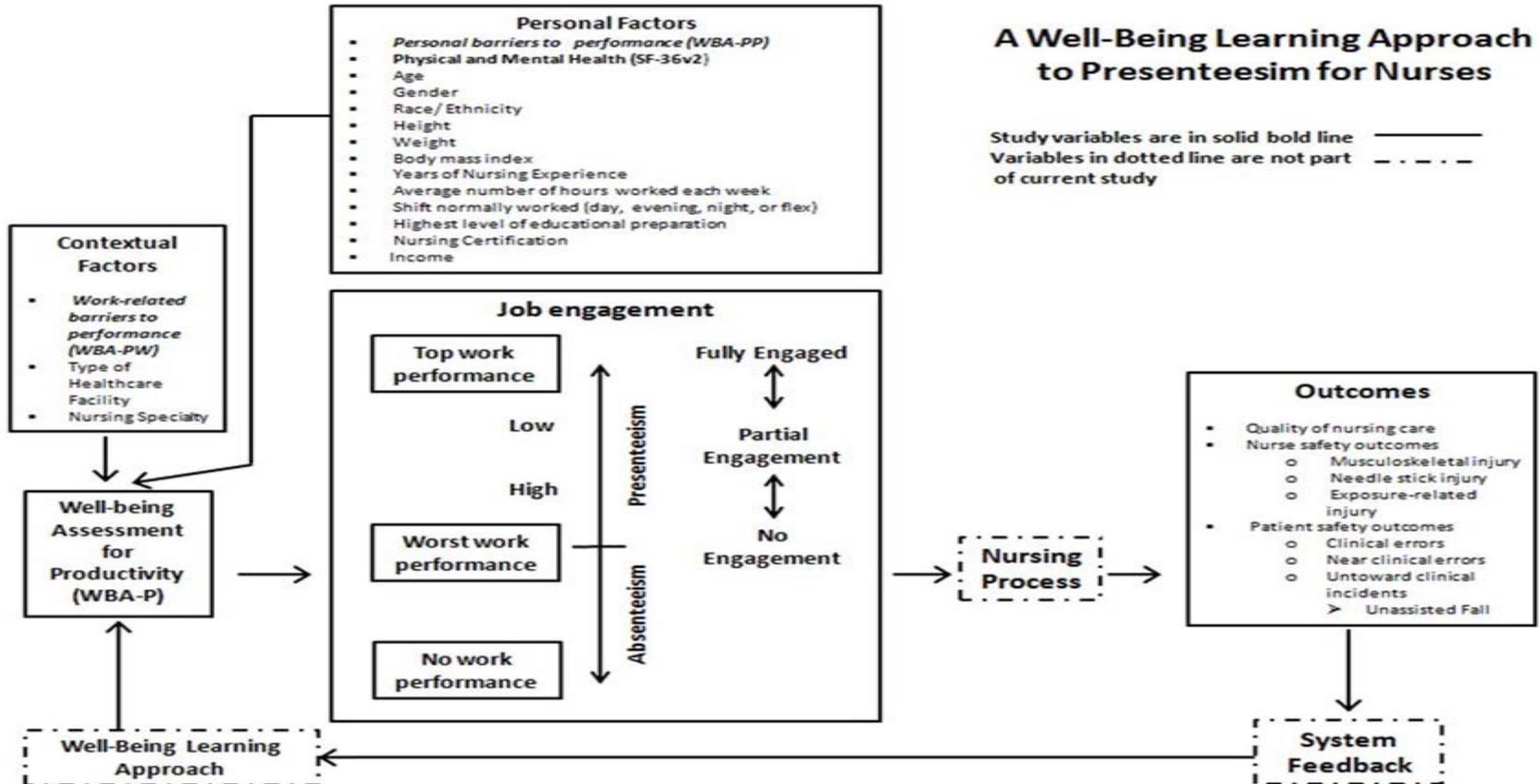
H3A: There is a relationship between nurse self-reported presenteeism and self-reported absenteeism.

H30: There is no relationship between nurse self-reported presenteeism and self-reported absenteeism.

# Theoretical Framework

## A Well-Being Learning Approach to Presenteeism for Nurses

Study variables are in solid bold line \_\_\_\_\_  
 Variables in dotted line are not part of current study - - - -



# The Literature: Why do nurses come to work ill or distracted?

35% = no one to cover their work if they were away because of sickness

71 % = were worried about placing an extra burden on their team when they take time off because of sickness

41 % = felt under a great deal of stress at work at present

27% = put themselves under pressure to come to work when unwell

43% = unable to adjust their work if they were unwell

28% = felt under pressure from leaders & team to come into work unwell

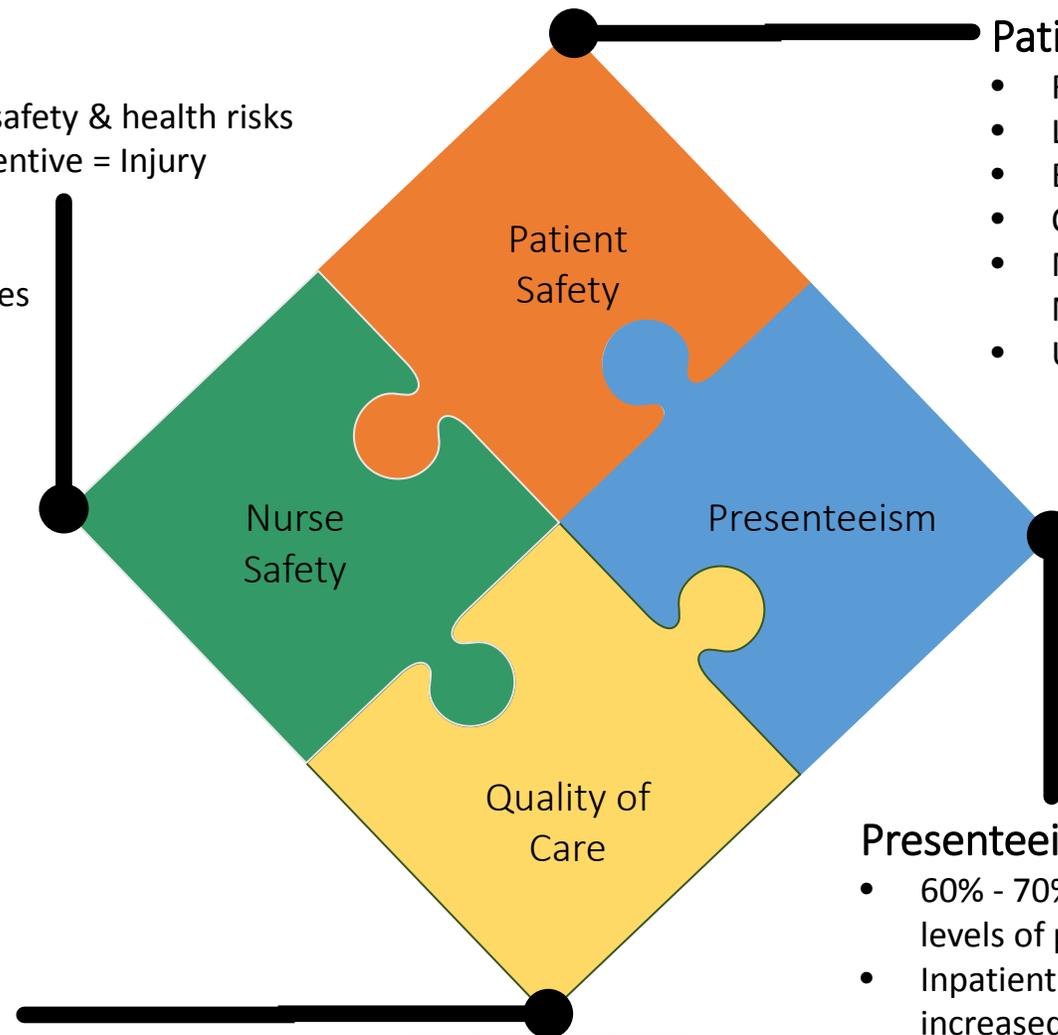


## Nurse Safety Outcomes

- Presenteeism = Occupational safety & health risks
- Ill or distracted nurses less attentive = Injury
- Safety risks include
  - Musculoskeletal
  - Needlestick/sharp injuries
  - Splash

## Patient Safety Outcomes

- Rushing
- Lack of attention
- Excessive workload
- Overworked & Fatigued
- Medication & Treatment errors or Near errors
- Untoward clinical event



## Quality of Care

- Depression & pain = increased patient falls
- Cynicism (burnout)
- Musculoskeletal pain = Moved Slower
- Loss of concentration
- Overtime shift > 12 hours

## Presenteeism

- 60% - 70% safety incidents = higher levels of presenteeism
- Inpatient falls and medication errors increased 18% for each increase in presenteeism score

(MacDonald, 1991)

**Demanding Workloads**

**Caring for Oneself**

**Hoping for Safe  
& Adequate  
Patient Care**

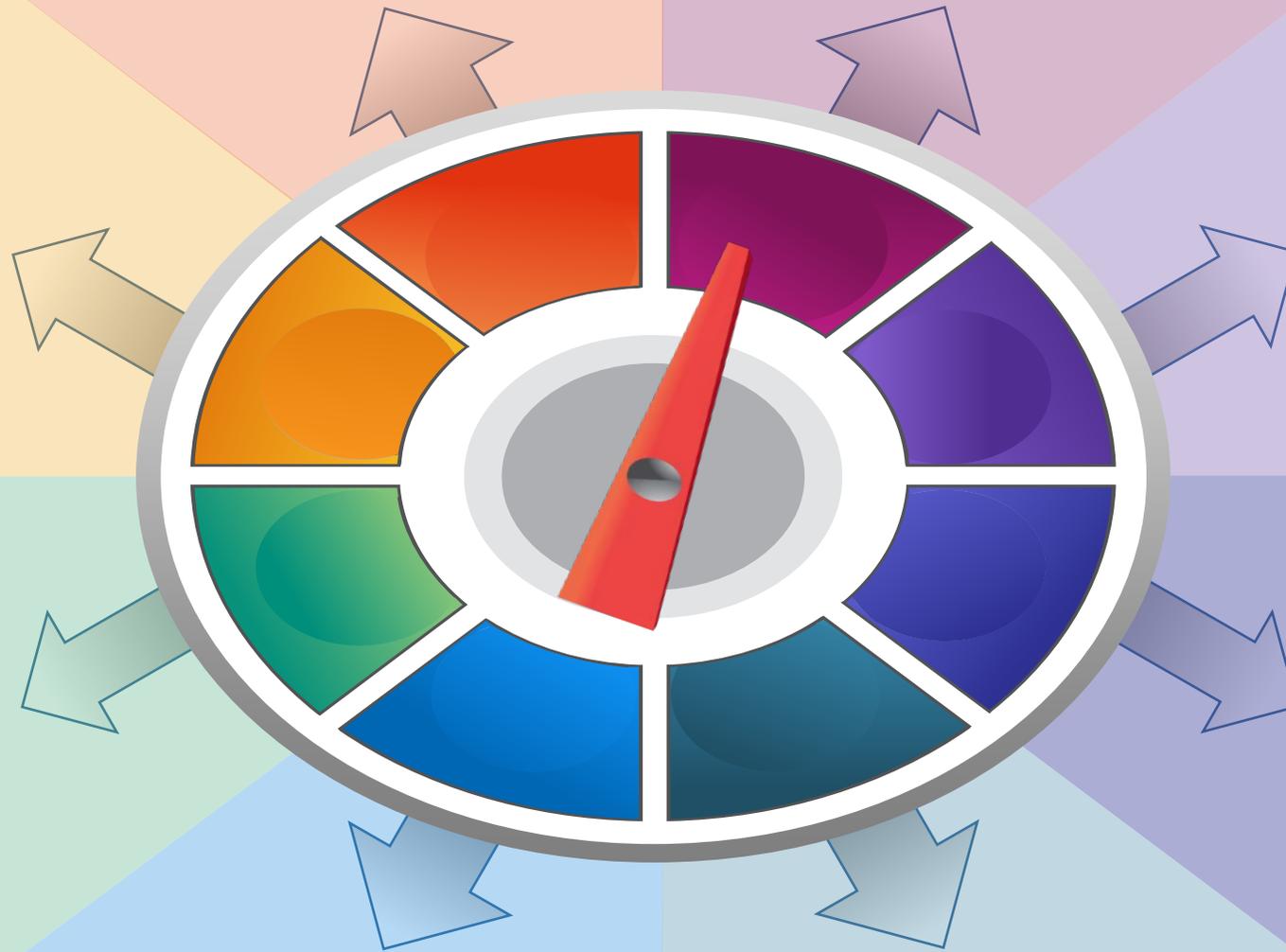
**Morale Does Suffer**

**Noticing you  
are unwell,  
Yet Please  
Stay!**

**Cracking  
Down on  
Sick Time**

**Working Short Staffed  
without Anyone to Call in**

**Obligated to Come  
to Work**



## Quantitative

- Descriptive
- Correlational (Associative)
- Regressive relationships



Simple, Random Sampling

Data Collection

Permission to Use Premises

Informed Consent & Confidentiality

Geographic Location & Population

# RQ/Hypothesis 1: Relationship between presenteeism and nurse safety outcomes

- **Work-related musculoskeletal disorder (WRMD)**
  - No statistically significant relationship was noted between relative presenteeism and WRMDs in this study overall or at categorical level (with and without WRMDs) ( $p = 0.1077$ )
- **Accidental needlestick or sharps injury (ANSIs)**
  - No statistically significant relationship was noted between relative presenteeism and ANSIs in this study overall or at categorical level (with and without ANSIs) ( $p = 0.4703$ )
- **Accidental splash exposure (ASEs)**
  - No statistically significant relationship was noted between relative presenteeism and ASEs in this study overall or at categorical level (with and without ASEs) ( $p = 0.5073$ )



## RQ/Hypothesis 2: Relationship between presenteeism and self-reported quality of nursing care (QNC)

- Findings suggest relative presenteeism did differ significantly between those with low self-reported quality of nursing care and those with high reported quality of nursing care ( $p = 0.0136$ ).





## RQ/Hypothesis 3: Relationship between presenteeism and self-reported absenteeism

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- As presenteeism goes up then absenteeism goes down by 0.07.
- Findings suggest presenteeism has a negative relationship with absenteeism (-.14 correlation with  $p=0.048$ ).
- For every unit presenteeism increases, the absenteeism score drops by 0.1, with scores ranging from -1 (works more than expected) to +1 (always absent).

RQ/Hypothesis 4: Is there a difference in the proportion of nurses reporting presenteeism who experience specific negative patient safety outcomes (clinical errors, near errors, and untoward clinical incidents)?

- Model suggests there is **not a significant difference** in the proportion of nurses reporting presenteeism who experience patient safety outcome (clinical errors, near clinical errors, and unassisted patient falls).



**THE LOOK I GIVE**



**WHEN I'M COMPLETELY  
OVERWHELMED**

RQ/Hypothesis 5: Is there a difference in the proportion of nurses reporting presenteeism who experience specific personal factors?

- Personal factors for this research question included:
  - Physical and mental health,
  - Age,
  - Gender,
  - Race/ethnicity,
  - Highest level of educational preparation,
  - Nursing certification,
  - Number of hours worked each week,
  - Shift normally worked, and
  - Years of nursing experience
  - Income
- The model suggests there is not a significant difference in the proportion of nurses reporting presenteeism who experience specific personal factors.

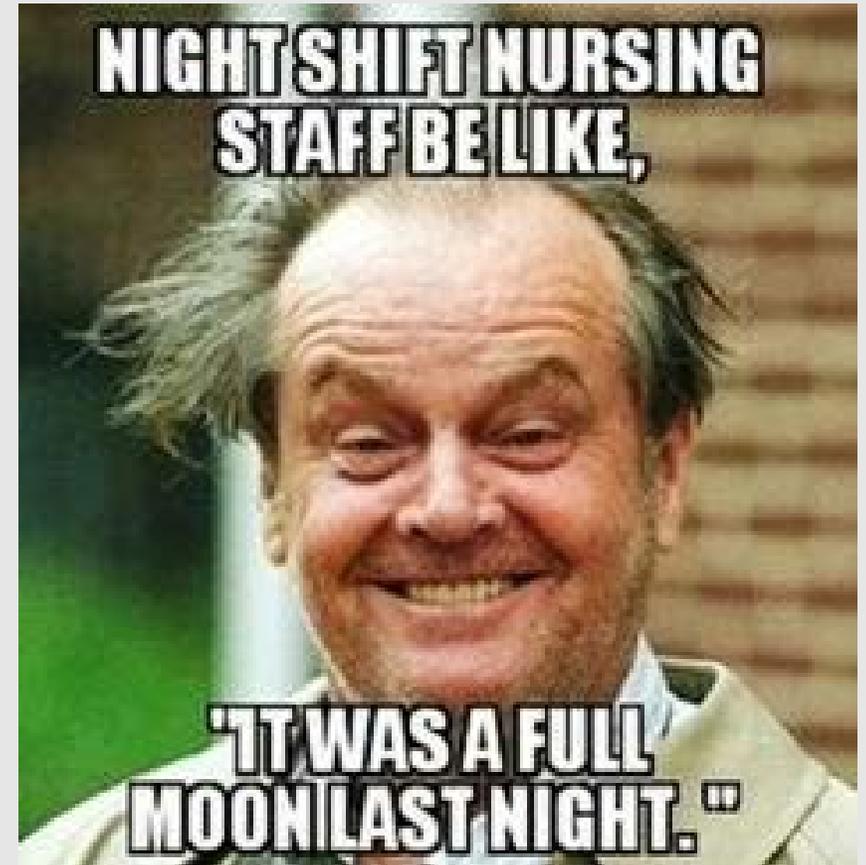
RQ/Hypothesis 6: Is there a difference in the proportion of nurses reporting presenteeism who experience specific contextual factors?

- Contextual factors: Type of healthcare facility and nursing specialty.
- Significant difference between nurses reporting presenteeism who work in acute care healthcare facilities when compared to those who work in psychiatric healthcare facilities.
- Significant difference between nurses reporting presenteeism who work in the critical care, nursing specialty when compared to those who work in the psychiatric specialty.



# RQ/Hypothesis 7: Is there a difference in the proportion of nurses reporting presenteeism who experience well-being related barriers to productivity?

- Well-being personal barriers (WBA-PP) included (a) health or physical condition, (b) taking care of someone else, (c) personal problems or worries, (d) depression or anxiety, and (e) financial stress or concerns (Prochaska et al., 2011).
- Well-being work-related barriers included (a) lack of resources, (b) issues with co-workers, (c) having too much to do and not enough time, (d) issues with supervisors, (e) lack of sufficient training, and (f) technology issues.
- **\*Lack of sufficient training significant**



# Interesting Findings:



- **BMI** – 67% overweight or obese
- **Critical Care** – Practice environment
  - Lack of resources = Burnout or emotional exhaustion
- **Personal factors**
  - **Caring for someone else** = financial stress or concerns = decreased vitality
    - Lack of restorative rest = Total fatigue (mental and physical)
  - Increased BMI, decreased physical functioning, bodily pain
- **Lack of job engagement** = decreased quality of care
  - Positive reinforcement and feedback



# Concerning:

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- 20% reported being nervous
- 12.2% reported feeling so down in the dumps that nothing could cheer them
- 17% downhearted and depressed
- 88% reported bodily pain
- 20% reported moderate to very severe bodily pain

# Future research

- Different healthcare settings
- Larger sample
- Recruit nurses < 30 years of age, minority racial groups, and males
- Different instruments
- Shorter instrument
- Extend recall period to one year
- Examine – lack of sufficient training
- Vitality and bodily pain
- BMI
- Mental health – anxiety and depression
- Practice environment



# Potential study limitations

- Type of hospital
- Geographical location
- Sample size
- Age of participants
- Recall bias
- Recall period
- Repeatability of surveys
- Length of survey
- Reliability of study instruments

LIMITATIONS.

# Questions?



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