THE RELATIONSHIP AMONG PRESENTEEISM, ABSENTEEISM, NURSE SAFETY OUTCOMES, AND QUALITY OF CARE

Roberta L. Christopher
Candidate for Doctor of Education in Educational Leadership

Objectives

1

Discuss factors associated with presenteeism reported in the literature.

2

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

3

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.

Background

Health & Wellbeing of Nurses

- **Significant, contributing factor to quality care and safety** (Burke, Koyuncu, & Fiksenbaum, 2011).

- **Impaired health may alter 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 =
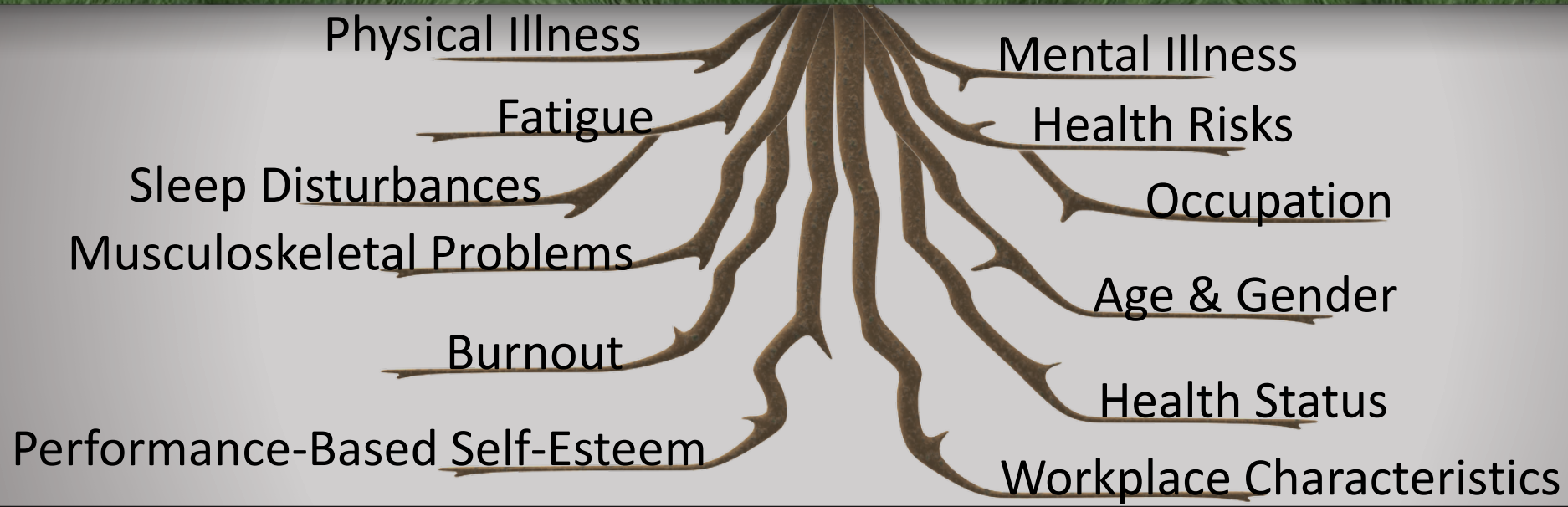- Diminished job performance

(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, 2003Biron, Brun, Ivers, & Cooper, 2006; Letvak, Ruhm, & Gupta, 2012; Prater & Smith, 2011).

Factors Associated with Presenteeism

Physical Illness

Mental Illness

Fatigue

Health Risks

Sleep Disturbances

Occupation

Musculoskeletal Problems

Age & Gender

Burnout

Health Status

Performance-Based Self-Esteem

Workplace Characteristics

So what is the problem?

General Problem
- Loss of concentration
- Work impairment

Specific Problem
- Increased productivity impairment (presenteeism)
- Safety risks for nurses and patients

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

(Ashby & Mahdon, 2010)

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

Patient Safety

Nurse Safety

Presenteeism
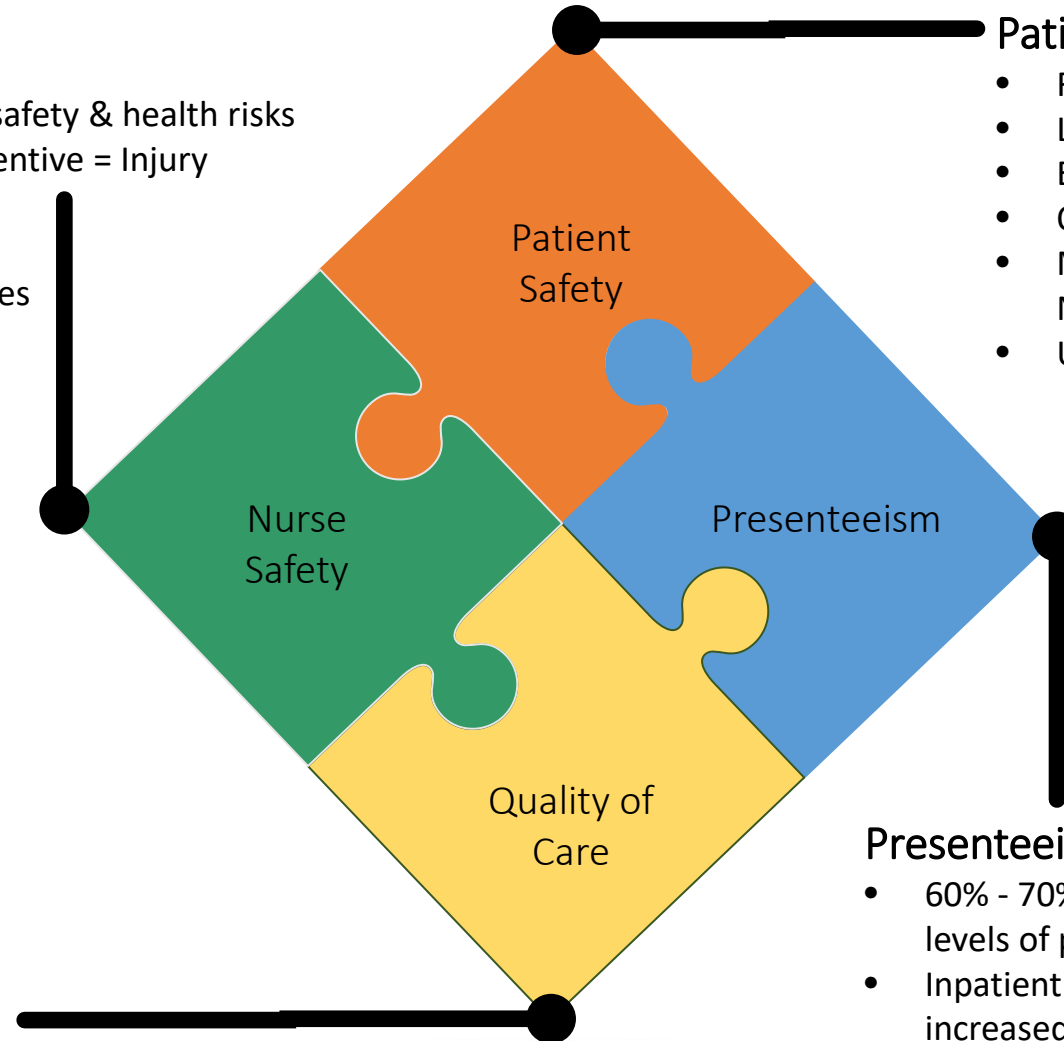
Quality of Care

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

Significance:

(Gillen et al., 2007; Vecchio, Scuffham, Hilton, & Whiteford, 2011; Videman, Ojajarvi, Riihimaki, & Troup, 2005; Campo & Darragh, 2012; Charney & Schirmer, 2007; De Castro, Fujishiro, Rue, Tagalog, Samaco-Paquiz, & Gee, 2010; Ghofranipour, Asadpour, Ardebili, Niknami, & Hajizadeh, 2009; Gropelli & Corle, 2011; Halbesleben, 2010; Nahrgang, Morgeson, & Hofmann, 2011; Singru & Banerjee, 2008; Vecchio et al., 2011; De Castro et al., 2010; Jeffs, Affonso, & MacMillan, 2008; Mwachofi, Waltson, & Al-Omar, 2011; Rogers, 2008; Ludwick & Silva, 2003; Burke, Koyuncu, & Fiksenbaum, 2010; Burhans & Alligood ,2010); Letvak, 2009; Rogers, Hwang, Scott, Aiken, Dinges, 2004; Robertson, Leach, Doerner, & Smeed, 2012; Aronsson & Gustafsson, 2005; Barker, Flynn, Pepper, Bates, &Mikeal, 2002)

Primary Purpose:

The primary purpose of this quantitative research study was to examine the relationships among presenteeism, absenteeism, nurse safety outcomes (musculoskeletal, needle stick, and exposure-related workplace injury), and quality of nursing care, as perceived by nurses.

Secondary Purpose:

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.

Significance of the Study:

Significance of the Study:
- Majority of presenteeism research not theoretically based (Johns, 2010)
- Foundation for educational interventions to reduce nurse and patient injury

Significance of Study to Leadership:
- Insight into modifiable variables of presenteeism
- Decreased litigation, worker compensation claims, and costs
- Enhanced occupational health
- Mitigate prevalence of presenteeism

Significance to Leadership

Significance of Study
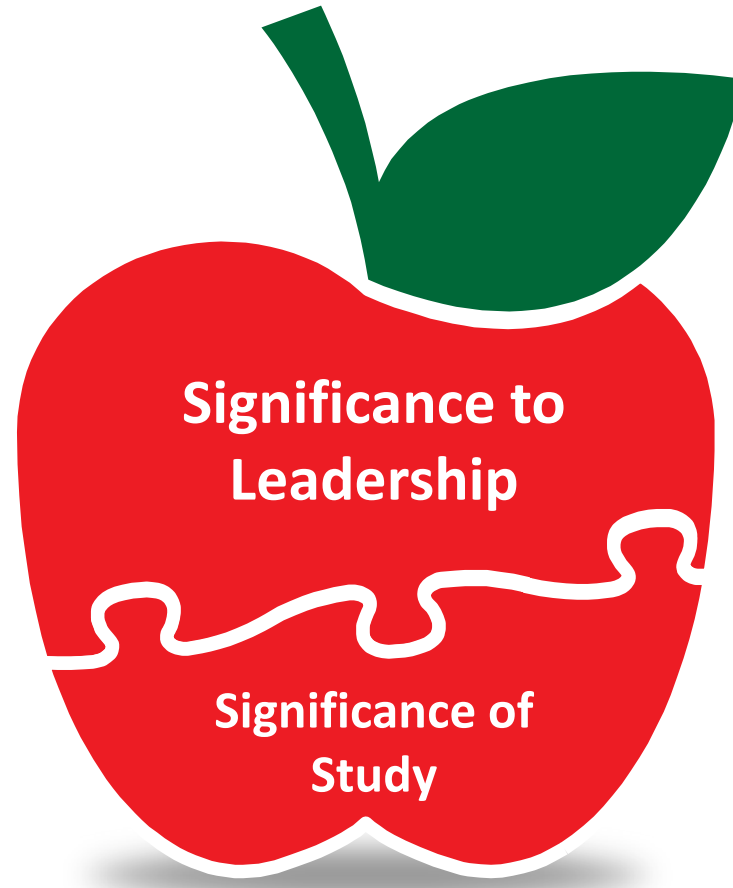
Hypotheses

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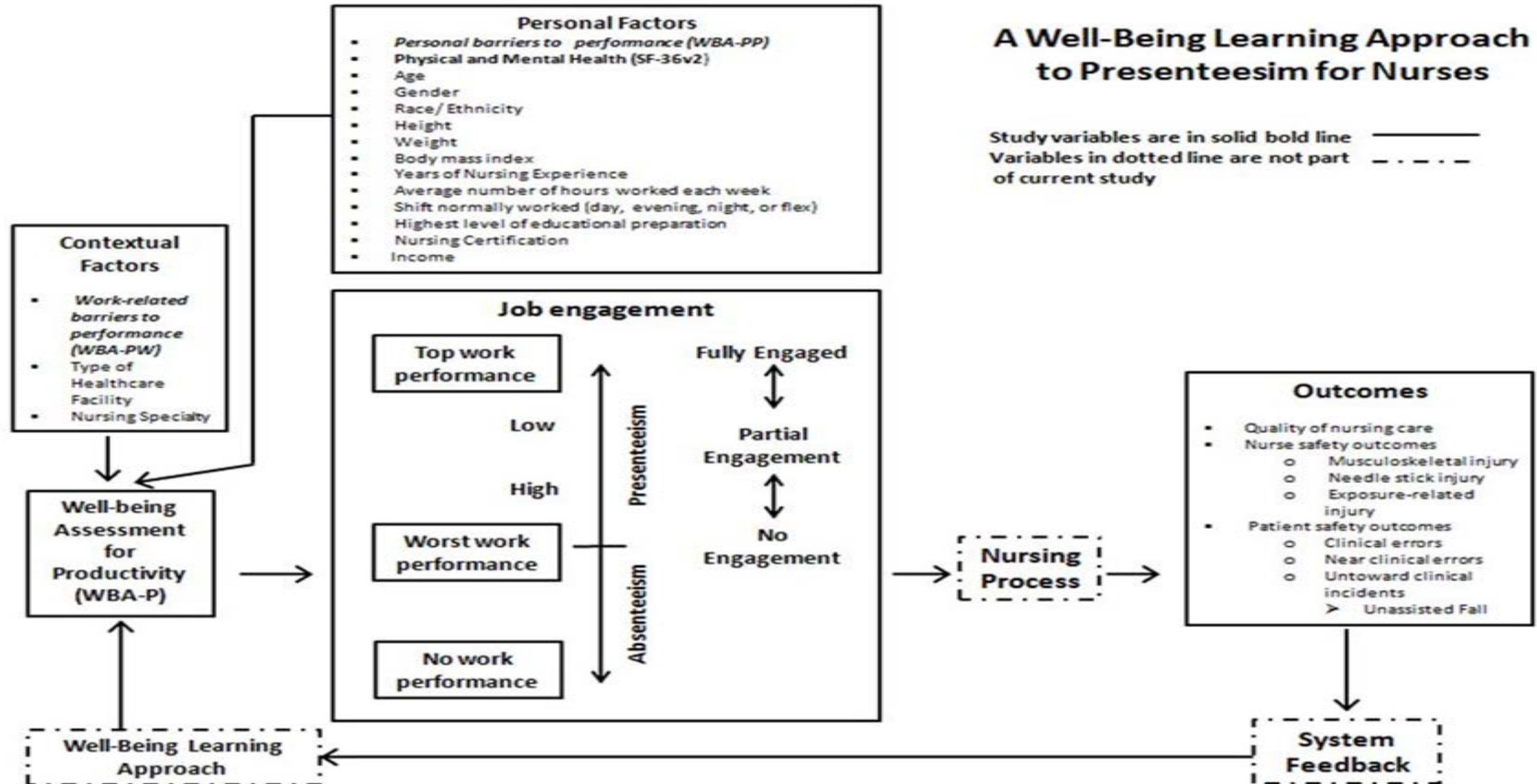
H3A: There is a relationship between nurse self-reported presenteeism and self-reported absenteeism.

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

Theoretical Framework

Personal Factors
- *Personal barriers to performance (WBA-PP)*
- **Physical and Mental Health (SF-36v2)**
- Age
- Gender
- Race/Ethnicity
- Height
- Weight
- Body mass index
- Years of Nursing Experience
- Average number of hours worked each week
- Shift normally worked (day, evening, night, or flex)
- Highest level of educational preparation
- Nursing Certification
- Income

A Well-Being Learning Approach to Presenteesim for Nurses

Study variables are in solid bold line ——————
Variables in dotted line are not part — . — . —
of current study

Contextual Factors
- *Work-related barriers to performance (WBA-PW)*
- Type of Healthcare Facility
- Nursing Specialty

Well-being Assessment for Productivity (WBA-P)

Job engagement

Top work performance

Fully Engaged

Low

Partial Engagement

High

No Engagement

Presenteeism

Worst work performance

Absenteeism

No work performance

Nursing Process

Outcomes
- Quality of nursing care
- Nurse safety outcomes
  - Musculoskeletal injury
  - Needle stick injury
  - Exposure-related injury
- Patient safety outcomes
  - Clinical errors
  - Near clinical errors
  - Untoward clinical incidents
    - Unassisted Fall

Well-Being Learning Approach

System Feedback

Research Design & Method

Quantitative
- Descriptive
- Correlational (Associative)
- Regressive relationships

Population & Sampling

Permission to Use Premises

Data Collection

Informed Consent & Confidentiality

Geographic Location

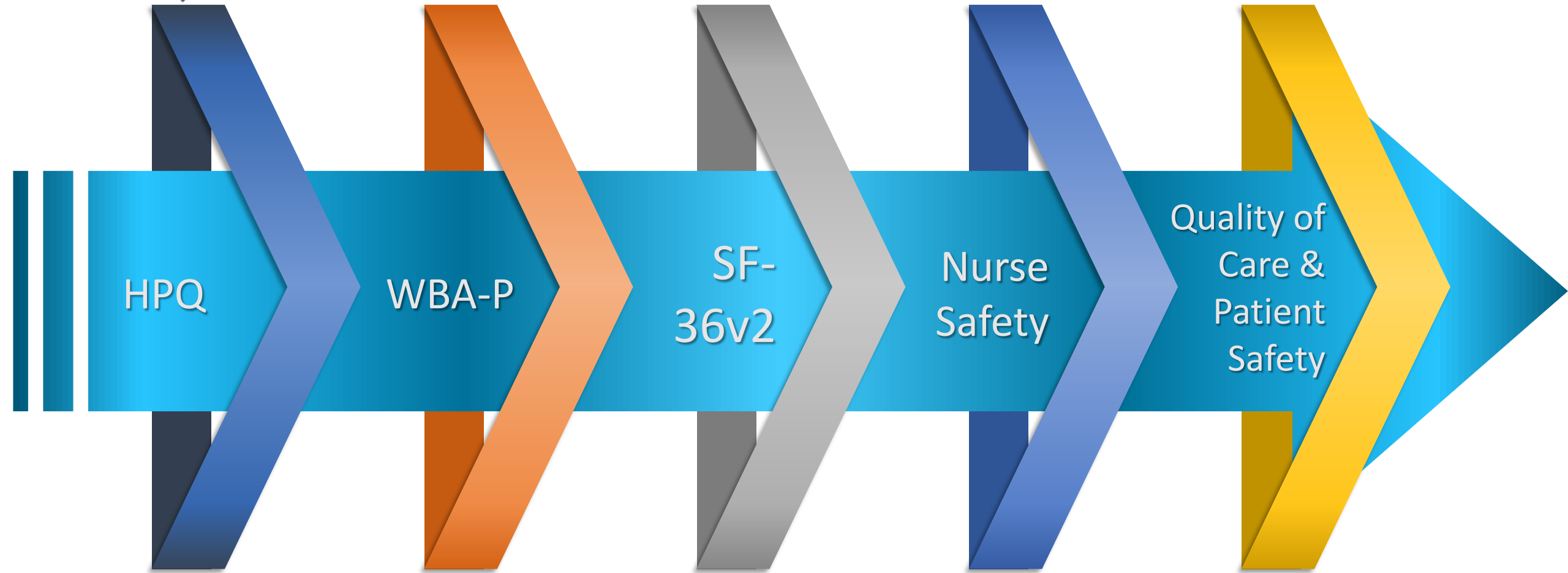# Instrumentation

Informed Consent Elements & Demographics
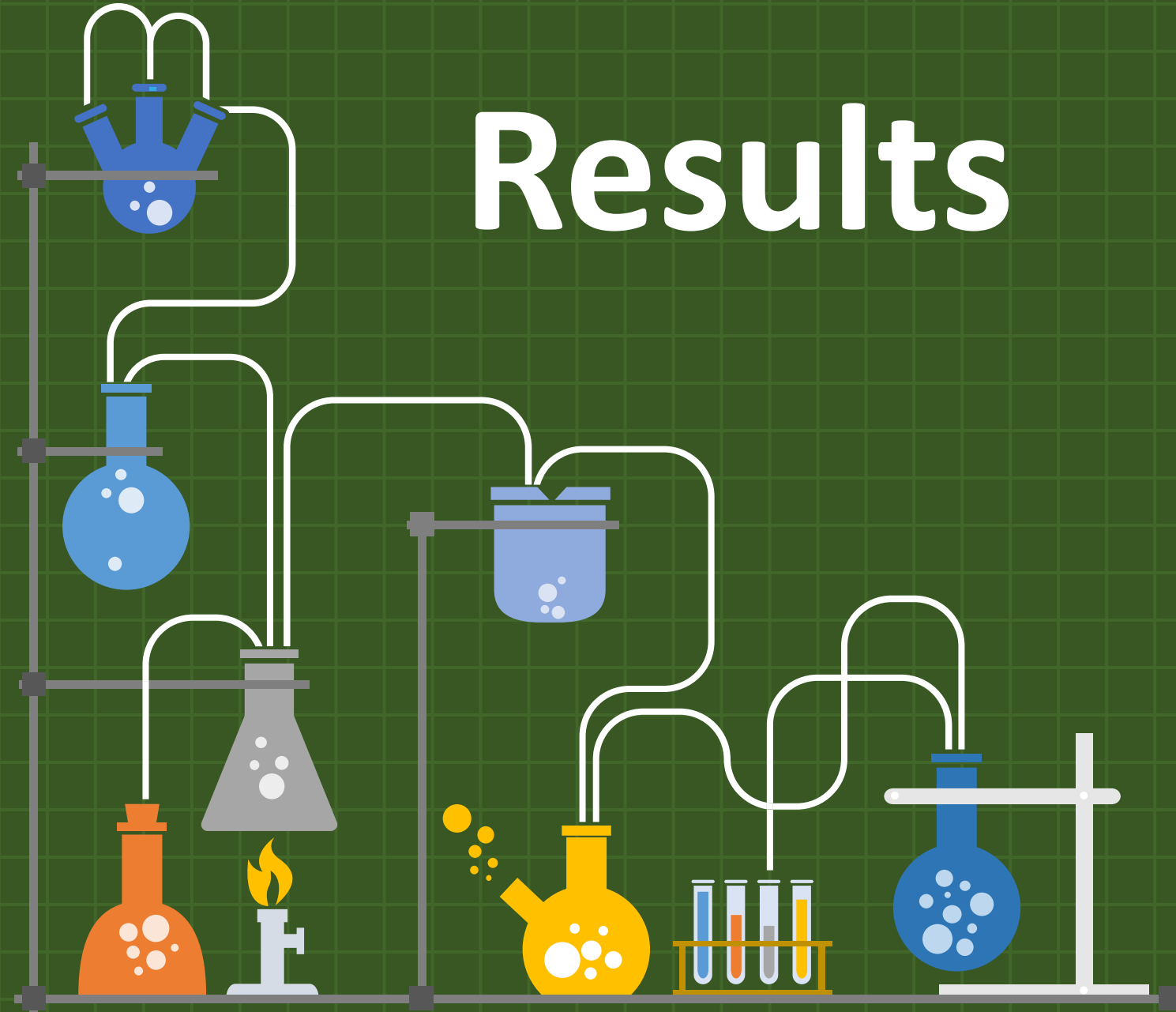
HPQ → WBA-P → SF-36v2 → Nurse Safety → Quality of Care & Patient Safety

Results

Three Level Statistical Analysis

- **Descriptive**
- **Correlational**
- **Regression**

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

- **Work-related musculoskeletal disorder** (WRMD)
  - <mark>No statistically significant</mark> 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)
  - <mark>No statistically significant</mark> 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)
  - <mark>No statistically significant</mark> 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 **<u>did differ significantly</u>** 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

- As presenteeism goes up then absenteeism goes down by 0.07.

- <mark>Findings suggest presenteeism has a inverse relationship with absenteeism</mark> (-.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).

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 <u>not a significant difference</u> 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

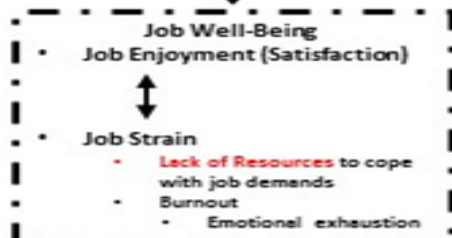# A Well-Being Learning Approach to Presenteesim for Nurses – Revised

Contextual Factors

- **Type of Healthcare facility**
  - Organization size
- **Type of Nursing Specialty**
- Practice Environment (Job Conditions)
  - Job security
  - Job fairness (procedural justice)
    - Attendance policy
    - Corrective action policy
    - Practices related to work/family/life balance
  - Job Role
    - Job control/Autonomy
    - Job Demands
      - Physical demands
        - Patient lifting
        - Risk for injury
      - Psychosocial demands
        - Frequency of exposure to death and dying
        - Frequency of interactions with difficult patients and family members
      - Role Stressors
        - Role Overload
          - **Having too much to do**
          - **Not enough time to accomplish tasks**
    - Job Resources
      - Professional Development/Job Training
        - **Lack of training**
      - Social support
        - Collegial support
          - **Issues with co-workers**
        - Supervisor support
        - Interprofessional relationships
      - Adequate staffing
        - Mandatory overtime
        - > 60 hours worked in 7 day period
        - Shift > 12 hours
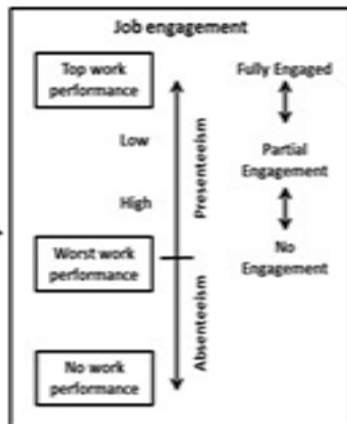
Personal Factors

- Age
- Gender
- **Caring for someone else**
- **Financial stress or concerns**
- **Vitality**
  - **Energy level**
    - Restorative recovery
    - Fatigue
      - Mental, physical, or total
      - Acute and chronic
- Health
  - Physical Health
    - **Body Mass Index (BMI) Classification**
    - **Physical functioning limitations**
    - **Bodily pain**
      - Musculoskeletal
      - Back pain
  - **Mental health**
    - **Anxiety**
    - **Depression**
- Personality traits

Job-Related Affect

- Professional efficacy
  - Job involvement
- Organizational Commitment
  - Obligation to work
  - Sense of belonging vs. entrapment
- Perceived Organizational Support

Job Well-Being

- Job Enjoyment (Satisfaction)

Job Strain

- **Lack of Resources** to cope with job demands
- Burnout
  - Emotional exhaustion

Nursing Process

Personal Well-Being

Job engagement

- Top work performance
- Worst work performance
- No work performance

- Fully Engaged
- Partial Engagement
- No Engagement

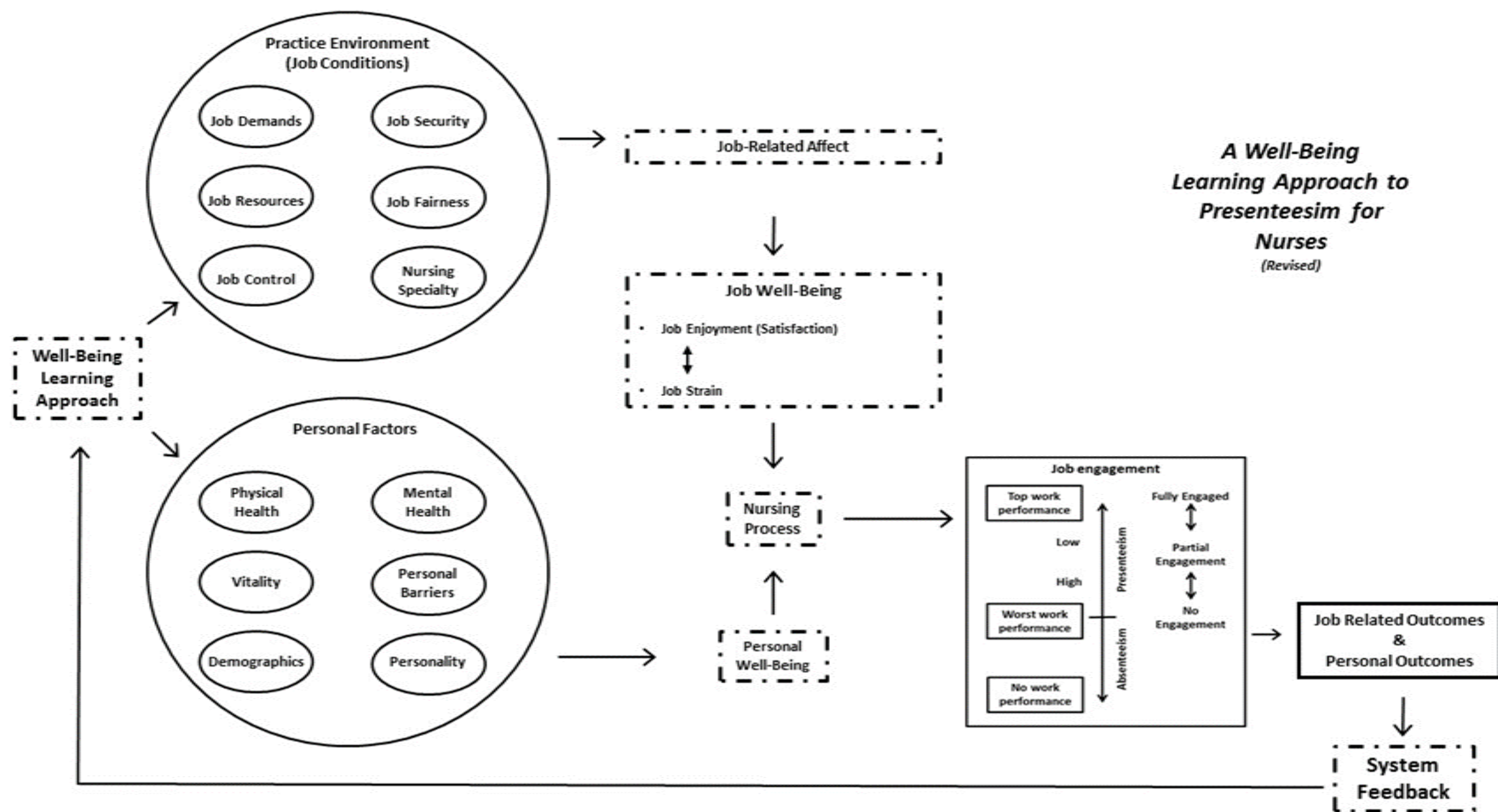Presenteeism
Absenteeism
Low
High

Job Related Outcomes

- **Quality of nursing care**
- Nurse safety outcomes
  - Musculoskeletal injury
  - Needle stick injury
  - Exposure-related injury
- Patient safety outcomes
  - Clinical errors
  - Near clinical errors
  - Untoward clinical incidents
    - Unassisted Fall

Personal Outcomes

- Health
- Wellness

System Feedback

Well-Being Learning Approach

A Well-Being
Learning Approach to
Presenteesim for
Nurses
(Revised)

Practice Environment (Job Conditions)
- Job Demands
- Job Security
- Job Resources
- Job Fairness
- Job Control
- Nursing Specialty

Well-Being Learning Approach

Personal Factors
- Physical Health
- Mental Health
- Vitality
- Personal Barriers
- Demographics
- Personality

Job-Related Affect

Job Well-Being
- Job Enjoyment (Satisfaction)
- Job Strain

Nursing Process

Personal Well-Being

Job engagement
- Top work performance
- Fully Engaged
- Low
- Partial Engagement
- High
- Worst work performance
- No Engagement
- No work performance
- Presenteeism
- Absenteeism

Job Related Outcomes & Personal Outcomes

System Feedback

Conclusions:

- **Study found sufficient evidence to suggest:**
  - Significant positive relationship between presenteeism and quality of nursing care
  - Significant negative relationship between presenteeism and absenteeism
  - Significant, negative difference in the proportion of nurses reporting presenteeism who experience the well-being work-related barrier of "lack of sufficient training."
  - Significant difference in the proportion of nurses reporting presenteeism who work in acute care healthcare facilities when compared to those who work in psychiatric healthcare facilities.
  - Significant difference in the proportion of nurses reporting presenteeism who work in the critical care nursing specialty was also found when compared to those who work in the psychiatric nursing specialty.
  - No significant relationship between self-reported presenteeism and nurse safety outcomes (work-related musculoskeletal disorder (WRMD), accidental needlestick or sharps injury, and accidental splash exposure).

- Study **contributes a new model,** *a well-being learning approach to presenteeism for nurses* **(revised),** to inform future research and interventions yielding in the improved job well-being and personal well-being of nurses.

- Findings **inform occupational health educational strategies** aiming to mitigate the effects and prevalence of presenteeism.

Leadership & Practice

- Revised conceptual model – Framework to examine potential interventions
- Evidence-based occupational health and safety programs
  - Nurses Living Fit
  - Nurses Athlete Program
  - EAP
  - Integrative medicine strategies
  - Web-based screening and CBT
- ANA – Standards, position statements, and toolkits
- Organizational strategies focused on practice environment and standards
- Emotional intelligence skills training
- Relationship-based care (organizational focus on self-care and self-knowing)

Recommendations

- 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

Questions?

References

- Available upon request