

Presenteeism and Missed Nursing Care





Nurses Sick and at Work: Are we aware and should we be worried?

Missed Nursing Care (MNC)

- Required care that is not delivered
 - an error of omission (Kalisch, Landstrom, & Williams, 2009)
- Fundamental nursing interventions
 - toileting
 - medications
 - hygiene
 - education
 - support
 - food and fluids

Factors that Affect MNC

- workloads
- deteriorating patients
- conflicting demands
- staff shortages
- skill mix of staff
- lack of material resources

Factors that impact on MNC

- age
- gender
- qualification
- experience
- shift
- satisfaction
- work status (temporary, part-time, casual)

...and what interests me.....

- Sickness behavior
 - Absenteeism
 - Presenteeism

Absenteeism

- Sick and away from work



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Skiving off

- Well and away from work



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Presenteeism

- Unwell and at work



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Presenteeism – A new phenomenon?

- “Sister Evans should really have been off duty, but managed to keep going to ward the attack off. She still has a nasty cough”

(New Zealand Nurse, January 1919)

- “As long as you could stand you went on duty”

(New Zealand Nurse, 1936)

- “Even though I am extremely tired and mentally exhausted, I still come in to work”

(South Australian Nurse, 2015)

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Presenteeism matters....

- Impact on the quality of nurses' work – patient outcomes:
 - Higher rates of missed care
(Harvey, et al., 2015; Buckley, et al., unpublished data)
 - Increased numbers of adverse events including medication errors and patient falls
(Demerouti et al., 2009; Letvak et al., 2012)
 - Increased risk of infections
(Eibach, 2014; Elstad & Maltezou, 2008; Sukhrie, 2012; Vabø, 2008; Vanhems, 2011; Widera, 2010)

Pass it on.....

- To.....
 - patients
 - whānau and visitors
 - colleagues



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Impact on workplace.....

- Prolong duration of outbreaks:
 - Norovirus (Lynn, 2004)
 - NZ Public hospital
 - Outbreak 1:
 - Ward closed 11 days; 41 sick (16 patients, 25 staff)
 - Outbreak 2:
 - Ward closed 6 days; 24 sick (13 patients, 11 staff)
 - The difference....?

Nurses' Outcomes.....

- Presenteeism:
 - is a predictor of future poor health (Bergström, 2009)
 - prolongs the duration of illness (Lovell, 2004; Elstad & Vabø)
 - spreads infections (Chatterji, 2002; Holt, 2010)
 - increases risk of personal injury (Davis et al., 2005)
 - is associated with increased risk of serious coronary events (Kivimäki et al., 2005)

Why we practice presenteeism....

REASON	N	%
Obligation to colleagues	662	54.5
Short staffed	537	44.2
Fit enough to work	272	22.4
Financial reasons	259	21.3
No sick leave left	131	10.8

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Why we practice presenteeism...

- “I was one sick child away from losing my job”
- “Don't want to let the team down” (New South Wales Nurse, 2015)
- “We work because we don't like to let our colleagues down”
(New Zealand Nurse, 2015)
- “Obligation to patients” (Victorian Nurse, 2016)
- “We also have a strong commitment to consumers and do not like to let people down” (South Australian Nurse, 2015)
- “I don't believe in taking sick leave unless you are completely incapacitated” (Tasmanian Nurse, 2016)
- “I didn't want to get a bad reputation in a new workplace”
(Tasmanian Nurse, 2016)

Why we practice presenteeism....



- Obligation
- Commitment
- Guilt
- Self-sacrifice
- Altruism

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Presenteeism perpetuated in perpetuity

- “I didn't want to get a bad reputation in a new workplace”
(Tasmanian Nurse, 2016)
- “I don't like to take time off work unless really unwell”
(Victorian Nurse, 2016)
- “Working as a nurse involves great dedication and sacrifice: working night shifts, working overtime, and coming to work sick.”
(Brborović, et al., 2014)
- “I do not abuse sick leave entitlement unless I really cannot get out of my bed”
(New Zealand Nurse, 2015)

What needs to change...

- Sickness absence needs to become acceptable
 - Let's not hear nurses saying this:
 - “Calling in sick is always met with resentment from management, it is easier to work when unwell/injured rather than face resentment or 'silent treatment' for leaving the ward short staffed”
(New South Wales Nurse, 2015)
 - “My Manager has already felt it necessary to berate me last year for using all my sick leave entitlement within the year”
(New Zealand Nurse, 2015)

What needs to change....

- Sickness presenteeism needs to become unacceptable
- We need to hear nurses saying this:
 - “If I was sick I would not be at work”

(New South Wales Nurse, 2015)
 - “I will not come to work if I'm not well”

(Victorian Nurse, 2016)
 - “I have never worked while sick or injured”

(New Zealand Nurse, 2015)

How do we change?

- Break the destructive cycle of presenteeism



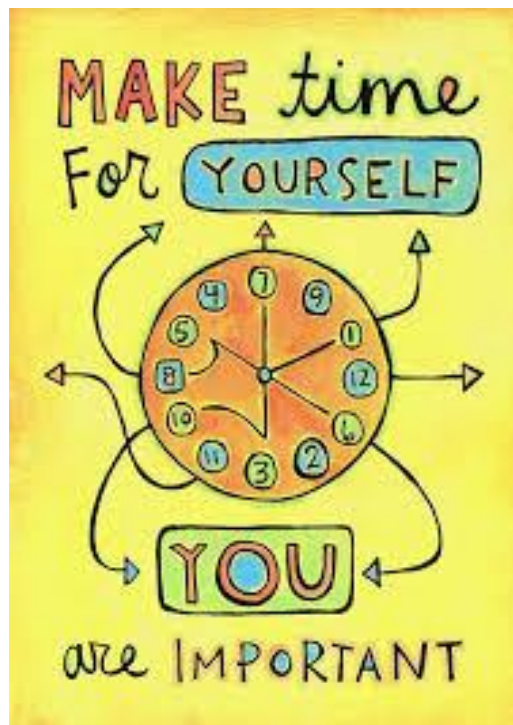
"Well we can rule out overwork."

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How do we change?

- Health matters
 - Care of self



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How do we change?

- Practice what we preach



"Can't come in today. I'm in bed with a nasty bug."

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"I've used up all my sick-leave.
I'm going to have to call in DEAD!"

How do we change?

- Sickness absence entitlements

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Code of Conduct

8.7 You have a responsibility to maintain your health and well-being....

(NCNZ, 2012, p. 38)

MECA

14.0 ...staff attending work unwell is to be discouraged and the focus is on patient and staff safety.

(NZNO, 2018, p. 32)



Not we as a society.....We as NURSES...

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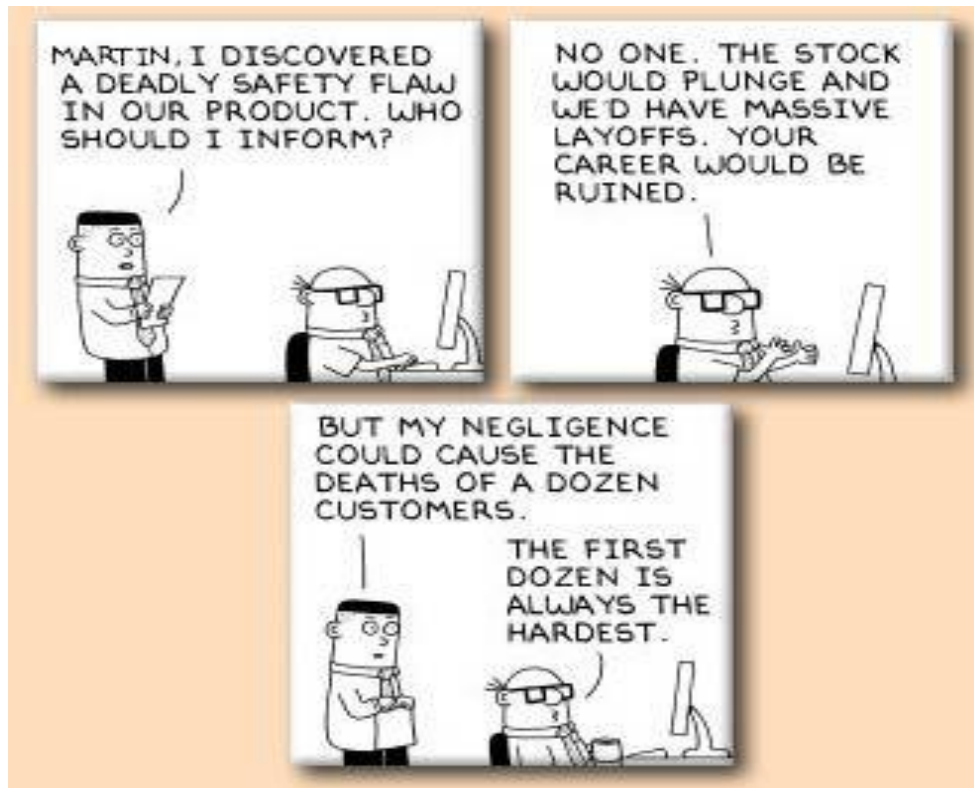
So, are we aware.....

- Yes....you have just sat through this presentation...!

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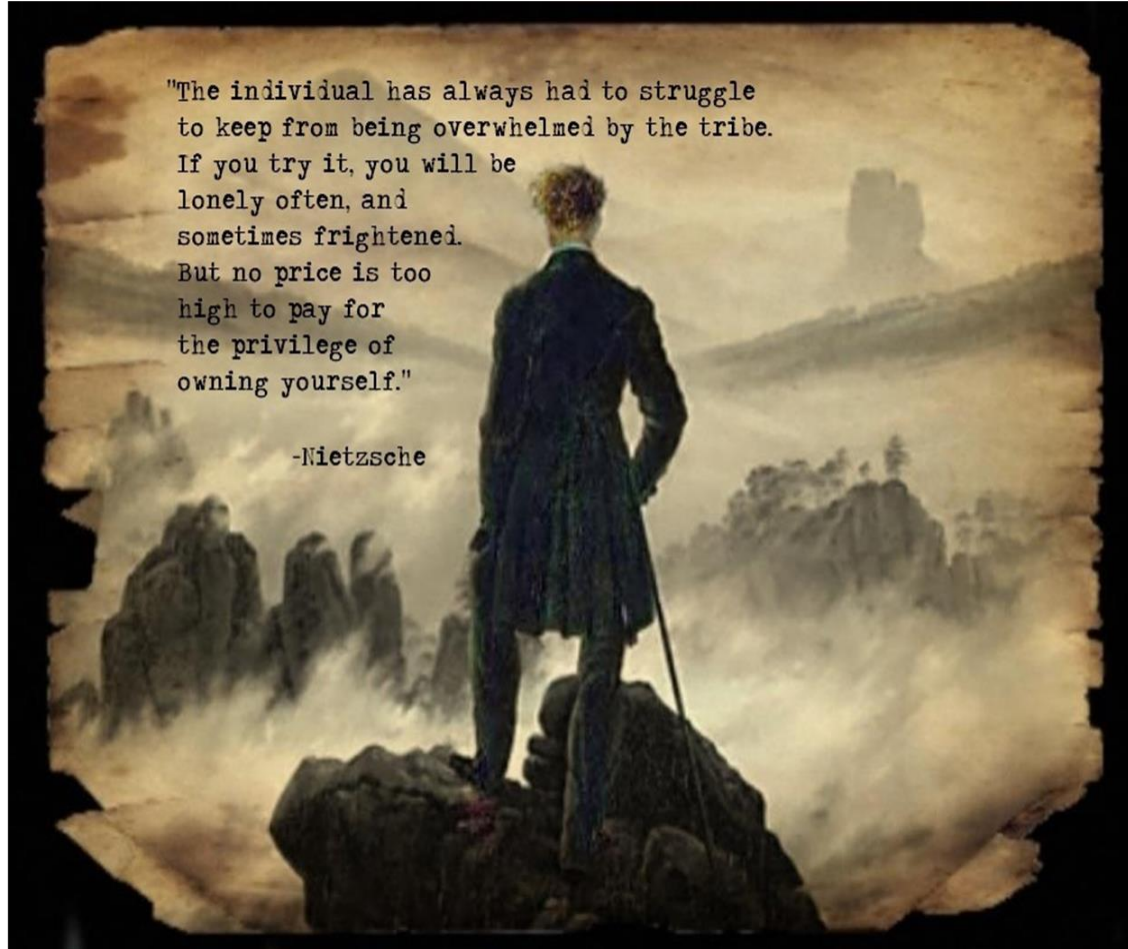


....and should we be worried....



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"The individual has always had to struggle
to keep from being overwhelmed by the tribe.
If you try it, you will be
lonely often, and
sometimes frightened.
But no price is too
high to pay for
the privilege of
owning yourself."

-Nietzsche

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