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Presenteeism: Nurse perceptions and consequences

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Abstract

Aims: To describe factors leading to and consequences of nurse presenteeism.

Background: Presenteeism is more prevalent among nurses than other occupational groups. Existing literatures focuses on prevalence and consequences of presenteeism for patients, health care organizations, and nurses. However, we lack understanding of nurse perceptions of factors leading to and consequences of presenteeism.

Methods: A total of 295 free responses to a cross-sectional survey were analysed using conventional content analysis.

Results: Nurses consider multiple factors in deciding how to respond when presentee. These include illness, staffing, availability of leave time, patients, financial constraints and guilt. Consequences of presenteeism identified were decreased mental acuity and attitude leading to lessened communication both in-person and in documentation, transmission of illness, and decline in unit culture, patient care, and nurse health and well-being.

Conclusions: Multiple factors lead to nurse presenteeism and there are negative consequences to nurses' health, work environment and patient care outcomes.

Implications for Nursing Management: This study leads to key discoveries to the reasons for and consequences of nurse presenteeism. Many of the factors leading to presenteeism can be addressed through culture and policy changes within organizations. The consequences to patient care outcomes and the work environment emphasize the importance of addressing presenteeism.

KEYWORDS
employee health, nursing work, organizational culture, patient care, presenteeism, staffing levels

1 | INTRODUCTION

Nurse absenteeism has long been an issue affecting nurse staffing, patient care and hospital costs (Baydoun, Dumit, & Daouk-Öyry, 2016; Davey, Cummings, Newburn-Cook, & Lo, 2009). However, presenteeism, defined as when an employee is physically at work but not fully engaged or functioning, has been found to be two to three times as costly and has been linked to similar negative outcomes for patients (e.g., patient falls, medication errors and missed patient care) and organizational costs (Cassie, 2014; Hemp, 2004; Letvak, Ruhm, & Gupta, 2012; Rainbow & Steege, 2017). Nurse presenteeism has been attributed to both sickness (attending work when ill) and job-stress (when work stress impacts performance) (Rainbow & Steege, 2017). Presenteeism rates due to both sickness and job-stress in nursing are higher than rates in other job sectors (e.g., finance) (Aronsson, Gustafsson, & Dallner, 2000; Rainbow, Gilbreath, & Steege, 2019). Previous studies of nurse presenteeism have focused on quantifying the prevalence and consequences of presenteeism (Brborović, Daka, Dakaj, & Brborović, 2017; Letvak et al., 2012). However, nurses have not previously been asked to explain

in their own words what would contribute to their presenteeism and what they believe are the related consequences.

2 | BACKGROUND

While presenteeism rates are difficult to measure, we do know that nurses have higher rates of presenteeism when compared to other worker groups (Rainbow et al., 2019). It is posited that the higher rates are due in part to nursing being a 'helping' profession that places a high value on being physically present at work in order to provide patient care even when they are not at their best (Johns, 2010; Rainbow & Steege, 2017). Nurses also have high rates of mental and physical health conditions that may make them more at risk for presenteeism (Melnyk et al., 2018). Finally, nursing is a stressful profession, and stress has been previously associated with presenteeism (Jordan, Khubchandani, & Wiblishauser, 2016; Yang et al., 2017). However, nurses have not been previously asked to explain potential reasons for being presentee. These explanations of past causes of presenteeism will provide information about areas for future studies and interventions.

Additionally, nurses have not previously been asked to describe the consequences of presenteeism, but rather have completed retrospective self-report surveys. A majority of studies done on nurse presenteeism have focused on patient consequences. These studies have linked nurse presenteeism to increased rates of patient falls, medication errors, missed care and changes in patient safety error reporting (Cassie, 2014; Letvak et al., 2012; Rainbow, Drake, & Steege, 2019). Studies completed on presenteeism consequences in other worker populations have found decreased individual health, job performance, satisfaction and tenure (Johns, 2010; Skagen & Collins, 2016). These consequences may apply to the nursing population; however, they have not all been explored in a nursing population. It is also possible that the consequences of presenteeism in nursing are different than those found in other industries or the patient consequences previously studied. Asking nursing what they perceive as the consequences of their own presenteeism will grow this body of research.

To address these two identified gaps in the literature, the purpose of this study was to describe factors that lead to and consequences of presenteeism. The research questions of this study were: (a) What factors lead a nurse to be presentee? and (b) What are the nurse perceived consequences of presenteeism?

3 | METHODS

3.1 | Design

This study was conducted as a part of a larger parent survey study that looked at nurse presenteeism measurement and examined a model of nurse risk factors for, levels of, and consequences of presenteeism (parent study described in Rainbow et al., 2019). The study described in this paper included three free-response questions at the end of the survey that were analysed separately and were optional for survey participants.

3.2 | Participants

There were 295 nurses who completed the optional free-response portion of the survey. To participate in the survey, nurses had to self-report that they were a RN who worked on an inpatient hospital unit providing direct patient care. Nurses were recruited through social media posts and listservs of nine nursing organizations and three hospitals.

3.3 | Data collection

IRB approval was received from the University of Wisconsin-Madison Health Sciences IRB. The survey included demographic items; measures of presenteeism, its risk factors and consequences; and three free-response items. The free-response items were as follows: (a) If you've been at work when you're not at your best, how did you realize that you weren't at your best? What led you to decide to go to or stay at work? (b) If there have been times when you've been at work when you felt like you shouldn't be, what are the top three reasons why you were there? and (c) If there have been times when you've been at work when you felt like you shouldn't be, what are the top three consequences to yourself of others of you being there? Survey participants were able to discontinue participation in the survey at any time. Participants were given the option of entering in raffles for gift cards. There were two raffles—one for all participants and an additional raffle for only participants who completed the entire survey. Data were collected from August of 2017 through February of 2018.

3.4 | Data analysis

After data collection was completed, a subset of the data that included only participants who completed the free-response items was created. This subset of responses was then uploaded to Dedoose (2016), a cloud-based qualitative analysis software, for analysis. Conventional content analysis was used to analyse the three free-response questions (Hsieh & Shannon, 2005). Conventional content analysis was chosen to describe the phenomenon of presenteeism without using a preconceived model (Hsieh & Shannon, 2005). All responses were read by the PI, and an initial codebook was created based on similarities in the responses. Two research assistants were oriented to the codebook, the data, and Dedoose. The PI and two research assistants then blind-coded all of the data according to the original codebook with an additional code used for responses that did not fit any of the existing codes. The PI went through the coding to ensure that the same codes were applied by each of the coders and identify responses coded as not fitting anything in the codebook. Coding was an iterative process, and check-ins for inter-rater reliability were completed twice during the process. During check-ins, any data that were not found to be coded the same by two coders were

revisited as were data that any coder coded as not fitted available codes. If the response was unique and aligned with other participant responses, this code was further evaluated for fit. After coding was completed, the PI created a model of how the codes related to each other and into categories and subcategories. This model was discussed with each of the research assistants and modifications in the naming of categories, and subcategories were made to ensure that the model represented the data. The categories and subcategories were then presented to two nurses who did not participate in the survey for triangulation of findings to ensure trustworthiness.

4 | FINDINGS

The sample of 295 nurses in this analysis was on average 38 years old (standard deviation = 12.4), 93% were female, 91% self-described as Caucasian, and 65% had a bachelor's degree as their highest nursing degree. The mean years of experience as a RN were 11.4 years (standard deviation = 10.2), and participants worked a mean of 33.9 hr/week (standard deviation = 8.3). The average number of dependents was 1.2 (standard deviation 1.4). The majority cared for adult and geriatric populations (see Table 1), and the three most common hospital unit types were as follows: critical care (23%), medical/surgical (14.1%) and ER (13%). Because of the free-response questions that we asked, our findings broke down into two main categories: reasons for presenteeism and consequences of presenteeism. In completing coding, we found that the reasons for presenteeism category described the multiple factors that nurses consider when making decisions regarding attendance at work or staying at work when presentee. We found that the consequences of presenteeism included proximal consequences that nurses stated when they noticed changes in their behaviour or attitude and distal consequences that were the result of those changes.

4.1 | Reasons for presenteeism

There were multiple factors that nurses considered in making decisions to attend work when deciding whether to call in or to stay at work when presentee (see Table 2 for exemplar quotes). These factors included illness, staffing, availability of leave time, patients, financial constraints and guilt. The most commonly described criteria for an illness warranting a sick call was 'fever or active GI symptoms' (Participant # 284) and non-contagious. However, there also were participants who described that regardless of meeting that criteria, the other factors were weighed more heavily in their decision-making. Participant #23, 'I have literally stayed at work running fever [of] 102 because there was no one else to work'. Nurses also described that there were other illnesses that they identified as impacting their performance at work, but that these illnesses were not viewed warranting a sick call. These included: tiredness/fatigue/sleepiness, burnout, chronic illnesses (e.g., migraines), non-contagious illnesses and pregnancy-related sickness. In the case of each of these conditions, nurses put the needs of their hospital unit and co-workers above their own health and often utilized coping strategies like caffeine, eating, regrouping, taking control when possible, and co-worker and patient appreciation.

TABLE 1 Patient population cared for by study participants (*N* = 467)

Patients	*n*	%
Adults	59	12.6
Geriatrics	239	51.2
Mom/Baby	136	29.1
Paediatrics	21	4.5
Other	12	2.6

Note: This was a select-all that apply question.

In particular, the staffing situation on their unit and the possible consequences for co-workers and patients that would result from calling in or leaving was the most commonly mentioned factor. Nurses stated that they 'don't want to let their team down' (Participant #7) and that there was 'No one else to do the job' (Participant #40). Nurses stated that even when not at their best, their presence at work was still better than that of being down a nurse and that they may face disciplinary action for not attending work. Understaffing was also described as a reason for presenteeism.

Additional considerations included the status of their sick and vacation time (that were often described as one bank of days), financial consequences of calling in sick and feelings of guilt. For some nurses, the importance of saving days away from work for upcoming planned trips or sick children meant they could not call in for their own illness. The financial consequences of calling in including losing additional pay (e.g., differential pay) or pay for the shift overall if there were no paid sick days available and/or feelings of job insecurity related to calling in sick to work. Guilt was a theme that cut across all the other factors that nurses mentioned in considering if they should call in sick. For some nurses, it was the guilt of letting co-workers down who would be working short, for others it was the guilt of letting patients down, and for others it was guilt of letting family members down by not having available time off or receiving a smaller paycheck.

4.2 | Consequences of presenteeism

Participants described both proximal, that alerted them to their decreased ability to perform, and distal consequences radiated beyond the individual nurse, the result of the participant's changes in ability (see Table 3 for exemplar quotes). Proximal consequences were closer to the nurse experiencing them and included mental difficulties (e.g., forgetfulness, difficulty concentrating), and worsened attitude when they were. Proximal consequences of presenteeism led to the distal consequences which included lessened communication both in-person and in documentation, transmission of illness, and decline in unit culture, patient care, and their own health and well-being.

TABLE 2 Exemplar quotes for reasons for presenteeism

Sub-category	Exemplar quotes
Illness	Participant #37, 'Easily fatigued and forgetful on shifts when sleep deprived. It always gets better with coffee and the hospital needs nurses more than I need a nap'. Participant #132, 'I wake up in chronic pain that only gets worse as the day goes on, especially when at work. I realize that I'm not my best when I struggle with some physical tasks due to pain. I stay at work because my teammates need me there, as a decrease in staff only makes everyone's jobs more difficult. I also choose to stay because I need the money (I work registry/per diem) and my chronic pain will always be there, no matter what'.
Staffing	Participant #221, 'I go to work because of concerns for putting out the rest of the nurses or getting in trouble for calling in sick'. Participant #168, 'I was still recovering from the flu. We only staff 3 RNs on dayshift so NOT going isn't really an option'.
Sick/Vacation time	Participant #248, 'Limited sick leave time available due to upcoming child being born. Limited high seniority of nurses on shift able to do my job'. Participant #241, 'Didn't want to have sick call marked against me'.
Financial need	Participant #207, 'Not feeling well; feeling exhausted; needed to go to work for money and not to get in trouble for sick calls'. Participant #293, 'I went to work because I need the money and would be disciplined for calling in without a valid reason. Burnout is not considered a valid reason to call in sick'.
Guilt	Participant #239, 'Feeling guilty for calling in when I know the unit will be short staffed'. Participant #131, 'Falling asleep from being overworked - stopped picking up OT. I would go to work because I knew the unit would be short staffed and assignments would be bad if I didn't show up'. Participant #150, 'I find it difficult at times to find motivation to do what I have to do. I go to work because my patients need me and my children need to eat'. Participant #45, 'because of the patients. My not best performance, is usually 'good enough,' and not discrepant enough to think to go home. Even when I'm not at the top of my game, I feel my Nursing "game" is good enough'.

Participants described mental difficulties that included: forgetfulness, 'fogginess', and difficulty completing certain tasks (e.g., math for dosage calculations), concentrating/focusing and staying on-task. Participants described that these decreased mental states led to difficulties for completing work tasks, completing documentation and patient care. In addition to difficulty completing documentation, in-person communication with co-workers, family members and patients was also impacted by nurses' mental state and attitude. The worsened attitude that nurses described was contagious and impacted the unit overall. Similarly, the potential for spreading illness to co-workers and patients was a consequence of presenteeism. There also were consequences for the nurses' own health, and the amount of recovery time needed between shifts. These consequences for nurses' own health also could impact their families. The consequences of nurse presenteeism span from workplace to personal to home.

5 | DISCUSSION

Participants gave a variety of reasons for why they would be at work when their performance was impacted and what the consequences were. These reasons echoed the literature as far as reasons posited for why nurses would feel the pull to be at work. What this study adds to the literature is twofold: (a) nurses have not been asked in prior studies why they attended work when they should not have—prior studies have focused instead on surveying the relationship between a particular reason (e.g., sickness) and presenteeism rather than asking for multiple reasons why this phenomenon is occurring. (b) The findings of this study provide insight into the way that nurses consider multiple factors in their decision-making process. These multiple factors included illness, staffing, availability of leave time, patients, financial constraints and guilt. When asked about the consequences of presenteeism, the co-workers, patients and families that the participants were trying to protect were the ones ultimately impacted by their decisions.

Nurses stated that even though they may not be at their best that was still better than the alternative (in most cases short(er) staffing). This desire to place the needs of the unit and patients above their own well-being echoes existing literature on the adverse role of nursing culture in addressing nurse fatigue and presenteeism (Johns, 2010; Steege & Rainbow, 2017). It is unfortunate that nurses feel this internal pressure to attend or stay at work when they realize that their performance may impacted as there can be dire consequences

TABLE 3 Exemplar quotes for self-identified consequences

Sub-category	Exemplar quotes
Difficulties completing job tasks	Participant # 138, 'Couldn't focus, behind in meds, near-misses, missed vitals'. Participant #6, 'Difficulty doing math in stressful situations. Difficulty prioritizing work. Difficulty with electronic documentation at end of shift'.
Difficulties with communication	Participant #284, 'less able to be helpful part of team/communicate effectively'. Participant #277, 'Did not want to interact with co-workers and patient families. I stayed at work just had to work harder to put a good face on'. Participant #239, 'Poor communication and listening on my part with colleagues and difficult patients'. Participant #98, 'My negative attitude rubbing off onto others'. Participant #277, 'Did not want to interact with co-workers and patient families. I stayed at work just had to work harder to put a good face on'.
Spread of illness	Participant #107, 'Exposed patients to illnesses'. and 'Got co-workers sick'. Participant #49, 'my patients being exposed to a sickness I may have'. Participant #149, 'Getting a patient or staff member sick'.
Nurse Health	Participant #80, 'becoming more ill myself'. Participant #49, 'exhaustion leading to being unhealthy'. Participant #71, 'Self-care needs neglected to work'. Participant #132, 'Increase in my depression/stress/anxiety'. Participant #103, 'Can't get stuff done in a timely manner, frustrated, wants, to cry. Call in when I am so stressed my body rebels, asthma acts up'.
Family	Participant #293, 'My family has to deal with my attitude when I get home'. Participant #49, 'My family feeling second to my job'.

for nurses staying. Participants in this study described the consequences for patients, co-workers, their own health, and their families. I hypothesize that two factors that contribute to this discord between knowing the consequences and continuing to be in situations that may lead to presenteeism are: (a) workplaces that coerce attendance through culture or policies, and (b) the negative stigma associated with many of the factors leading to and consequences of presenteeism.

Workplace policies regarding sick leave vary around the globe and from organization to organization. In a comparison of sick leave policies across 22 countries, Heymann, Rho, Schmitt, and Earle (2009) found that the United States was the only country to *not* have a national sick leave policy. This means that employer policies regarding sick and vacation time vary drastically and may even be pooled into one bank of paid time off. The sick leave policies around the world vary for both acute illnesses (e.g., influenza) to longer illnesses (e.g., cancer treatment), but 28 of the 34 Organization for Economic Co-operation and Development countries provide at least six months of paid leave; however, percentage of pay received during sick leave varies across countries (Heymann et al., 2009; Raub et al., 2018). Nurses in this study reported that financial security as well as availability of leave time were factors in their decision-making process. Organizations and countries should consider the role of sick leave policies in presenteeism and make changes to those policies that would support workers calling in or leaving work when ill with impacted performance could lower the rates of presenteeism, decrease associated costs and improve the health and safety of nurses and patients.

In addition to addressing sick leave policies, the culture surrounding taking leave in nursing needs to be addressed. Nurses in this study described that the internal guilt of leaving co-workers with an increased workload and potential negative impact on patient care was a crucial factor in their decision-making. The link between nurse staffing and patient and nurse outcomes has been established globally (Aiken, Sloane, Bruyneel, den Heede, & Sermeus, 2013). However, there is a global health care provider shortage of 12.9 million (Global health workforce shortage to reach 12.9 million in coming decades, 2013). The shortage of nurses and labour-related expenses of nursing staff has led some organizations to utilize bare-bones staffing models that do not leave room for sick calls (May, Bazzoli, & Gerland, 2006). In our study, many nurses weighed the consequences of short staffing to be experienced by their co-workers and patients if they called in sick or tried to leave work once they realized their performance was impacted. Hospital systems are aware that finding replacement nurses is difficult, so without increases in staffing and policy changes regarding sick days and culture, presenteeism will continue to be a part of normal work in nursing and patients care will continue to be impacted.

Many of the illnesses or states that were reported by nurses as not qualifying for a sick call are stigmatized. For example, chronic and mental illness have both been associated with stigma (Thomson & Grandy, 2018). Additionally, talking about burnout or fatigue at work

has been found in one study to be worn as a badge of honour rather than as a negative state that impacts nurse health and patient care (Steege & Rainbow, 2017). The stigmas surrounding these illnesses and conditions need to be addressed because of their prevalence among nurses and the harmful impact that stigmas can have on the individuals with the condition and illness (Link et al., 2001; Melnyk et al., 2018). Prior research has found that nurses have high rates of some health conditions, these include neck, upper/lower back pain and associated mental health conditions (Freimann, Pääsuke, & Merisalu, 2016; Long, Bogossian, & Johnston, 2013; Murray et al., 2013). However, more work is needed to ascertain the prevalence of illnesses, specifically those that have been linked to work, among nurses. Sharing that someone has one of the illnesses or conditions and that it may impact their work is scary and may have real consequences for their position at work. Building a healthier climate and discussion around these illnesses and conditions in nursing is necessary before we can address them.

Nurses in this study described that they first felt presenteeism consequences internally, including changes in their mental acuity and attitude. Something that needs to be further explored is the premise of how aware nurses are of their own presenteeism. Some of the responses that we collected in this study revealed potential things that may raise awareness (e.g., acting out towards co-workers). However, we need to know more about this if we are ever going to teach nurses to realize the signs that may lead to presenteeism and address the issues before it leads to consequences. These internal consequences led to negative changes in their communication with patients, families and co-workers; transmission of their illness if contagious; and a decline in unit culture, their own health and well-being, and patient care. Miscommunication results in 100,000 lost lives annually and communication is linked to teamwork and satisfaction and climate with the work environment overall (Kohn, Corrigan, & Donaldson,2000; O'Daniel & Rosenstein, 2008; Vermeir et al., 2017). The transmission of illnesses between health care providers and their patients and co-workers has been highlighted as a concern previously (Chang, Widera, & Chen, 2007; Chiu et al., 2017). A recent study found that 41% of health care providers with influenza-like illness attended work with symptoms (Chiu et al., 2017). Presenteeism among nurses has been linked to higher mental health issues and many nurses in this study described their need for longer recovery after shifts (Noben et al., 2015). The need for meaningful recovery between shifts has been established (Steege, Pasupathy, & Drake,). Improving nurse health is key to sustaining them in workforce and decreasing future presenteeism.

Patient care consequences of presenteeism include: missed patient care, and increased falls and medication errors (Cassie, 2014; Letvak et al., 2012). As hospital organizations seek to lower costs and improve patient outcomes, the need to address health care provider work environment issues, like presenteeism and related concepts of burnout and fatigue, are coming to the forefront (Bodenheimer & Sinsky, 2014). Nurses in this study were able to identify the consequences of their presenteeism and these consequences match issues that hospital organizations are trying to address. Addressing presenteeism is part of improving patient and provider outcomes.

6 | LIMITATIONS

This was a cross-sectional survey study that recruited participants online. Therefore, it is possible that there was sample bias with participants who had more experiences with presenteeism were more likely to participate, especially in responding to these three optional questions. However, our study's findings echoed what has been described by occupational health and business scholars as reasons for presenteeism in other industries and the consequences were similar to other studies of nurse presenteeism consequences (Brborović et al., 2017; Letvak et al., 2012; Lui, Andres, & Johnston, 2018). Another limitation of this study was that the questions were asked in a survey which did not allow for follow-up questions to clarify. Future studies of nurses on this topic should be conducted using qualitative methodologies that will allow for more in-depth interviews and analysis. We took these limitations into account in designing our questions and in our analysis.

7 | CONCLUSION

Nurses have been found to have the highest rates of presenteeism when compared to other occupational groups. This study explored factors leading to and consequences of presenteeism through free-response questions. Our findings indicate that nurses are aware of the impact of attending work when not able to fully engage and consider multiple factors in making decisions about attending work when they are at risk for presenteeism. Understanding the factors that nurses consider in making these decisions can be used to identify areas to target for future interventions. The consequences of presenteeism are broad and include negative outcomes for patients, nurses and organizations.

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ETHICAL APPROVAL

University of Wisconsin-Madison Health Sciences IRB Protocol # 2017-0752.

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