

Title:

At Work, But Not Present

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Session Title:

Effects of Distracted Nurses on Patient Safety

Slot:

K 04: Tuesday, 31 October 2017: 9:00 AM-9:45 AM

Scheduled Time:

9:00 AM

Keywords:

Presenteeisms, Quality and Safety

References:

Johns, G. (2011). Attendance dynamics at work: The antecedents and correlates of presenteeism, absenteeism, and productivity loss. *Journal of Occupational Health Psychology, 16*, 1-18. doi: 10.1037/a0025153

Lack, D. M. (2011). Presenteeism revisited: A comprehensive review. *American Association of Occupational Health Nurses(AAOHN) Journal, 59*, 77-89. doi: 10.3928/08910162-20110126-01

Letvak, S. (2010). *The effects of nurse presenteeism on quality of care and patient safety*. Retrieved from Robert Wood Johnson Foundation Interdisciplinary Nursing Research Quality Initiative: <http://www.inqri.org/uploads/INQRIWebinarLetvakCompatibilityMode.pdf>

Abstract Summary:

The health and well being of registered nurses is a significant contributing factor to quality patient care and safety. Presentation will report findings of a study which examined the relationships of presenteeism with absenteeism, nurse safety outcomes (musculoskeletal, needle stick, and exposure-related workplace injury), and quality of nursing care.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
|--|---|
| The learner will be able to define presenteeism. | Define presenteeism. |
| The learner will be able to discuss the relationship among presenteeism, absenteeism, nurse safety outcomes, patient safety outcomes, and quality of care. | Discuss the relationship among presenteeism, absenteeism, nurse safety outcomes, patient safety outcomes, and quality of care |

Abstract Text:

The health and wellbeing of registered nurses is a significant contributing factor to quality patient care and safety (Burke, Koyuncu, & Fiksenbaum, 2011). Periods of acute, episodic, or chronic poor health or impairment in nurses have been reported to negatively alter levels of 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). Another contributing factor to diminished job performance is the stress of balancing work and personal life demands (McMillan, Morris, & Atchley, 2011). Reported costs of decreased job productivity, related to impaired health, of nurses are estimated at \$36.6 billion (Kessler et al., 2006), and \$1.2 billion annually for work-related injury (Lack, 2011). Thus, the health and wellbeing of nurses significantly influence individual, organizational, and societal outcomes.

According to the Institute of Medicine (IOM) (2000), nursing care is related directly to the safety of patients. Furthermore, the IOM noted poor practice environments and insufficient staffing increase the risk of occupational injuries, healthcare associated infections, and healthcare errors (Institute of Medicine, 2000, 2004; Ludwick & Silva, 2003). Higher workloads related to the nursing shortage, financial pressures from the economic downturn, and work environment factors may promote the propensity to go to work while ill or impaired, leading to presenteeism (Biron, Brun, Ivers, & Cooper, 2006; Letvak, Ruhm, & Gupta, 2012; Prater & Smith, 2011).

The concept of presenteeism refers to the level of awareness and responsiveness within the work environment of employees who are physically present at work, but lack emotional, behavioral, or cognitive presence, or engagement, in the work environment (Johns, 2010; Koopman et al., 2002; Lack, 2011). The general problem is the resultant loss of concentration or work impairment in nursing related to the level of presenteeism (D'Abate & Eddy, 2007; Shamansky, 2002). Warren et al. (2011) noted strong associations between physical conditions (e.g. hypertension, headaches, fatigue) and mental conditions (e.g. depression, anxiety) with presenteeism. The specific problem is presenteeism (increased productivity impairment) poses significant safety risks for direct care nurses, their colleagues, and patients (Koopman et al., 2002; Widera, Chang, & Chen, 2010). Some of these safety risks include musculoskeletal, needle stick, and exposure-related injury for nurses, and clinical errors, near errors, and untoward clinical incidents for patients.

The primary purpose of this quantitative correlational research study was to examine the relationships of presenteeism with absenteeism, nurse safety outcomes, and quality of nursing care, as perceived by nurses. A secondary purpose of this study was to describe patient safety outcomes, personal and contextual factors, and well-being assessment for productivity, which may influence presenteeism, absenteeism, nurse safety outcomes, and quality of nursing care. A sample of 244 actively licensed, direct care nurses working at two large academic medical centers located in northeast Florida participated in the study. Study findings suggest there is a statistically significant positive relationship between presenteeism and quality of nursing care, a statistically significant negative relationship between presenteeism and absenteeism, and a statistically significant, negative difference in the proportion of nurses reporting presenteeism who experience the well-being work-related barrier of "lack of sufficient training." Moreover, this study found a 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, and in the nurses reporting presenteeism who work in the critical care nursing specialty when compared to those who work in the psychiatric nursing specialty. There was no statistically significant relationship between presenteeism and nurse safety outcomes. A well-being learning approach to presenteeism for nurses provides a useful framework for the design, implementation, and evaluation of evidence-based interventions to reduce nurse presenteeism and absenteeism, enhance nurse and patient safety, and improve quality of care.