



# At work but not present: Nurse Perceptions of quality and safety



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## Background

- Presenteeism is a significant problem for nurses, organizational leaders, health educators, and occupational health practitioners.
- Research defined that a significant factor associated with nursing job performance and safety is job engagement (Hilton, Scuffham, Sheridan, Cleary, & Whiteford, 2008; Johns, 2010; Love, Grimby-Ekman, Eklof, Hagberg, & Dellve, 2010).

### Factors Associated with Presenteeism



## Methods

- The chosen research method of this study was quantitative, three level statistical analysis (descriptive, correlational, and regressive) designed to examine the existence, magnitude, and direction of relationships among the variables of interest.
- An online survey method was used to examine the relationships between presenteeism and nurse safety outcomes (work-related musculoskeletal disorders, accidental needlestick or sharps injury, and accidental splash exposure), quality of nursing care as perceived by nurses, and absenteeism.
- Acute care nurses providing direct patient care were the focus of this study because they encompass the largest group of healthcare workers in the United States (Center for Nursing Advocacy, 2006), and may exhibit lower presenteeism scores (e.g. low work productivity) (Aronsson et al., 2000).
- A sample of 244 actively licensed, direct care nurses working at academic medical centers participated in the study.

## Instruments

- **Presenteeism & Absenteeism:**
  - World Health Organization's Health and Work Performance Questionnaire (**HPQ**) Short Form focusing on absenteeism and presenteeism questions B3-B11 (Kessler et al., 2003; Kessler et al., 2004; Wang et al., 2003).
- **Personal and Contextual (work-related) Barriers to Productivity:**
  - Well-Being Assessment for Productivity (**WBA-P**) scales (Prochaska et al., 2011):
    - Well-Being Assessment for Productivity (personal barriers) or **WBA-PP**
    - Well-Being Assessment for Productivity (work-related) or **WBA-PW**
- **Personal Factors of Physical and Mental Health:**
  - **SF-36v2** Health Survey (Ware et al., 2007).
- **Nurse Safety Outcomes**
  - Adapted instrument originally developed by Ludwick and Silva (2003).
    - Work-related musculoskeletal disorders
    - Accidental needlestick or sharps injury
    - Accidental splash exposure
- **Quality of Nursing Care:**
  - Adapted item developed by Letvak et al. (2012).
- **Patient safety outcomes:**
  - Adapted version of an instrument developed by Letvak, Ruhm, and Gupta (2012).
    - Clinical errors
    - Near errors
    - Untoward clinical incidents
- **Demographic Questions:**
  - **Personal Factors:**
    - Age,
    - Gender
    - Race or ethnicity
    - Height in feet and inches (used to calculate body mass index)
    - Current weight in pounds (used to calculate body mass index)
    - Years of nursing experience,
    - Average number of hours worked each week
    - Shift normally worked
    - Highest level of nursing preparation
    - Nursing certification.
  - **Contextual Factors:**
    - Type of healthcare setting the nurse works in
    - Nursing specialty.

## Findings

- Statistically significant positive relationship between presenteeism and quality of nursing care,
- Statistically significant negative relationship between presenteeism and absenteeism,
- Statistically 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, 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.
- No statistically significant relationship between presenteeism and nurse safety outcomes.

## Implications

- The knowledge acquired from this study may assist in the development of interventions to reduce levels of presenteeism, enhance employee wellness strategies, and reduce nurse and patient harm.
- This study also examined a theoretical model of presenteeism (Johns, 2010) and corresponding outcomes specific to nurse and patient safety.
- 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.