Superheroes don’t take sick leave: Presenteeism in the New Zealand senior medical workforce; a mixed-method study

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Acknowledgements

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• Professor Chris Frampton, Otago School of Medicine
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“I had very bad pneumonia last winter- but managed to do a full outpatient clinic while being seen myself in ED.” (comment 175)
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“There is no slack in the system to allow for sick leave. The general feeling is that you should be an inpatient to be entitled to sick leave.” (comment 172)
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“There is no slack in the system to allow for sick leave. The general feeling is that you should be an inpatient to be entitled to sick leave.” (comment 172)

“I would find myself locking the office door and hiding under the desk in the dark...” (comment 629)
Defining presenteeism

• Turning up to work when too unwell, fatigued or stressed to be productive
Defining presenteeism

• Turning up to work when too unwell, fatigued or stressed to be productive
Why it matters

• Negative health events
  – Hansen and Andersen (2008) coronary risk
  – Bergstrom and Bodin et al. (2009) ill health
  – Thun Fridner et al. (2014) burnout

• Risks to patients
  – Starke and Jackson (2015) ‘first do no harm’
  – Niven and Ciborowska (2015) increased error rate

• Economic costs
Research overview

• Response rate:
  – 1806/3740 (48%)
  – 660/1806 (37%) left comments

• 41% female and 59% male

• Non-parametric Spearman’s rank correlation coefficients and Kruskal–Wallis
  – Two-tailed p-value <.05

• Iterative process of thematic coding
Likert-scale rates of presenteeism

At work unwell
- Never: 10%
- Seldom: 40%
- Sometimes: 50%
- Often: 10%

At work infectious
- Never: 10%
- Seldom: 40%
- Sometimes: 50%
- Often: 10%

Colleagues at work unwell
- Never: 10%
- Seldom: 40%
- Sometimes: 50%
- Often: 10%
Grouped

At work unwell: 88%
At work infectious: 75%
Colleagues at work unwell: 94%

Legend:
- Never
- Seldom
- Sometimes
- Often
Counts of sick leave and presenteeism days

<table>
<thead>
<tr>
<th>Days</th>
<th>Presentee Days</th>
<th>Sick Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 or more</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>3 to 5 days</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>2 days</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>1 day</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>None</td>
<td>25%</td>
<td>35%</td>
</tr>
</tbody>
</table>
Counts of sick leave and presenteeism days

- None: 54%
- 1 day: 20%
- 2 days: 10%
- 3 to 5 days: 47%
- 6 or more days: 0%
Variables

- Gender
- Age
- Time worked
- DHB
- # SMOs
Variables

- Gender: Females more likely than males
- Age
- Time worked
- DHB
- # SMOs

Females = more sick days and more presenteeism days (p=.000)
Variables

- Gender
- Age: Older respondents LESS likely Younger = more sick days and more presenteeism days $p=.000$
- Time worked
- DHB
- # SMOs
Variables

- Gender
- Age:
- **Time worked:** More time worked LESS likely 
  Less time worked = more presenteeism days 
p=.000
- DHB
- # SMOs
Variables

- Gender
- Age
- Time worked
- DHB: NO association (p=.513)
- # SMOs
Variables

- Gender
- Age
- Time worked:
- DHB
- # SMOs:

No association with presenteeism
BUT more SMOs = more sick days (p=.001)
Why

• Strong sense of duty to patients

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

• Strong sense of duty to patients
• Clinics/theatre sessions booked
• Not wanting to burden colleagues
Duty to Patient
Clinics Booked
Burden Colleagues
Weak
Workload
Threshold
Not unwell

Rank

3
2
1
Qualitative insights

• Structural workplace factors
  – Lack of cover
• Cultural norms
  – Sick leave as weakness
  – Sick leave for children
• Thresholds of illness
  – Fatigue and psychological illness.
Lack of cover

• “[t]he more senior your level (both clinically and within your departmental structure) the more ‘difficult’ it is to ‘replace’ you for leave whether expected or unexpected. We do not have a ‘casual pool’ available from where to draw on such as in the case of nurses. There is always the awareness of being a burden to colleagues and having to ‘catch up’ on your return to work.” (Comment 572)
Cultural norms

“Recently I tried to challenge our culture of working despite being sick, and was told by my colleagues that if the SMOs stayed at home when they were sick there would be no-one to look after the patients. Our unit has a strong "SMO superhero" culture where SMOs are expected to work when sick, and not thought to need sleep.”
Thresholds of illness

- ““...The other thing is **how sick is sick** – the commonest being non-specifically virally unwell. It is hard to know whether you should stay home or not and I have worked a whole weekend feeling suboptimal but not terrible only to discover that I actually had Whooping Cough! ....” (Comment 366)
What can be done

• Job sizing to include short term sick leave cover
• Written guidelines stating threshold for staying home when unwell
• Recognising need for DHBs to ‘staff-up’
• Reframing sick leave as healthy and responsible behaviour.
Concluding messages

• Low sick leave rates not a proxy for ‘health’
• Presenteeism commonplace and of concern
  – Workforce under stress
• SMOs should feel able to take sick leave
• Greater investment in senior medical workforce.
OMG! IS THIS THE ZOMBIE APOCALYPSE?

NO—they're just sick specialists—working when they should be at home in bed.
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