

Doctors cite concern for patients, colleagues top motives for working sick

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An unwavering work ethic is a hallmark of many health professionals. But a new survey finds that when a doctor is sick, staunch dedication can have unintended consequences.

A poll of 150 attendees of an American College of Physicians meeting in 2010 revealed that more than half of resident physicians had worked with [flu-like symptoms](#) at least once in the last year. One in six reported working sick on three or more occasions during the year, according to the survey conducted by researchers at the University of Chicago Medicine and Massachusetts General Hospital. Notably, when asked whether they believed they'd ever directly transmitted an illness to a patient, nearly 10 percent of respondents answered yes. More than 20 percent believed other residents had passed on an illness to a patient.

The results published in the [Archives of Internal Medicine](#) are further evidence of a culture of self-sacrifice long prevalent in medicine. Researchers say a physician's sense of loyalty to already-overwhelmed peers, along with a commitment to [patient care](#), often conflicts with an ethical stance against exposing patients and staff to an illness or compromised performance. Unfortunately, most find health care cultures to be well established and incredibly stubborn.

"Resisting the pressure to work when ill can be particularly difficult for young doctors," said study author Anupam B. Jena, MD, PhD, an internal medicine resident at the Massachusetts General Hospital and an alumnus of the University of Chicago Pritzker School of Medicine. "A

work-first, self-second attitude is often seen as ideal among peers, superiors and even patients."

In the first known account of the reasons for the phenomenon known as "presenteeism" among doctors-in-training, more than half of respondents cited obligation to colleagues who'd be forced to cover their duties or an obligation to patient care as the top reasons for not taking a sick day. Far fewer, 12 percent, indicated they'd worked when ill due to concerns their colleagues would think they were "weak" and 8 percent came to work sick because they felt pressured to repay colleagues for coverage.

Seniority appeared to be a factor in the results, as second-year residents were more likely than first-years to select responsibility to patient care as a reason for presenteeism. Gender differences were brought to light with female residents more likely to work sick and cite patient care as the reason. Female residents were also more likely to report fear of being perceived as weak as a motive for not taking time off.

While time away from the office carries a similar stigma in other high-pressure professions, an executive showing up sick to the boardroom is far less worrisome than a doctor with the flu treating patients. An otherwise healthy doctor can often recover quickly, but an infected patient with an already-compromised immune system may not.

The study authors are calling for [presenteeism](#) to be better identified and addressed by medical educators and residency leaders. They acknowledge that the recent Accreditation Council for Graduate Medical Education (ACGME) mandate that doctors be deemed "fit for duty" is a good start.

"In addition, adequate systems of coverage and occupational health guidelines should be established regarding working when ill," said Vineet Arora, MD, MAPP, one of the study's authors and an associate professor

of medicine and associate program director of the internal medicine residency at the University of Chicago Medicine. "Faculty should ensure residents are taught that refraining from work while ill is the best and most professional way to ensure responsible and safe care for patients."

Provided by University of Chicago Medical Center

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