

Survey finds many physicians, clinicians work sick despite risk to patients

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Many physicians and advanced practice clinicians, including registered nurse practitioners, midwives and physician assistants, reported to work while being sick despite recognizing this could put patients at risk, according to the results of a small survey published online by *JAMA Pediatrics*.

Health-care associated infections can lead to substantial illness and death and excess costs. This is especially true for immunocompromised patients and others at high risk, including neonates. However, a gap in knowledge exists about the reasons why attending physicians and advanced practice clinicians (APCs) in the United States work while sick.

Julia E. Szymczak, Ph.D., of the Children's Hospital of Philadelphia, and coauthors administered an anonymous survey at the hospital to attending physicians and APCs, including certified registered [nurse practitioners](#), physician assistants, clinical nurse specialists, certified [registered nurse anesthetists](#) and certified nurse midwives. They received responses from 280 attending physicians (61 percent) and 256 APCs (54.5 percent).

The survey found that while most respondents (504, 95.3 percent) believed that working while sick put patients at risk, 446 respondents (83.1 percent) reported working while sick at least once in the past year and 50 respondents (9.3 percent) reported working while sick at least five times. Survey respondents reported working with symptoms that included diarrhea, fever and the onset of significant respiratory

symptoms.

The reasons why physicians and APCs reported working while sick included not wanting to let colleagues down (98.7 percent), staffing concerns (94.9 percent), not wanting to let patients down (92.5 percent), fear of being ostracized by colleagues (64 percent) and concerns about the continuity of care (63.8 percent).

An analysis of written comments about why respondents work while sick highlighted three areas: logistic challenges in identifying and arranging someone to cover their work and a lack of resources to accommodate sick leave; a strong cultural norm in the hospital to report for work unless one is extremely ill; and ambiguity about what symptoms constitute being too sick to work.

"The study illustrates the complex social and logistic factors that cause this behavior. These results may inform efforts to design systems at our hospital to provide support for attending [physicians](#) and APCs and help them make the right choice to keep their patients and colleagues safe while caring for themselves," the study concludes.

In a related editorial, Jeffrey R. Starke, M.D., of the Baylor College of Medicine, Houston, and Mary Anne Jackson, M.D., University of Missouri-Kansas City School of Medicine, write: "Creating a safer and more equitable system of [sick leave](#) for HCWs [health care workers] requires a culture change in many institutions to decrease the stigma - internal and external - associated with HCW illness. Identifying solutions to prioritize patient safety must factor in workplace demands and variability in patient census and emphasize flexibility. ... Also essential is clarity from occupational health and infection control departments to identify what constitutes being too sick to work."

More information: *JAMA Pediatr.* Published online July 6, 2015.

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