

**PERSONALITY TRAITS,
STAFF ATTITUDES AND
THEIR ASSOCIATION
WITH ABSENTEEISM
AND PRESENTEEISM IN
NURSING**

**PUBLIC SECTOR NURSES &
MIDWIVES IN HOBART**

**COLIN BANKS
ACTING EDON-S THS**

**TASMANIAN
HEALTH
SERVICE**



**UNIVERSITY *of*
TASMANIA**



**Tasmanian
Government**

Absenteeism



XYZ, Corp.

ABSENTEEISM

Absence from work either short term or long term.

Voluntary or involuntary.

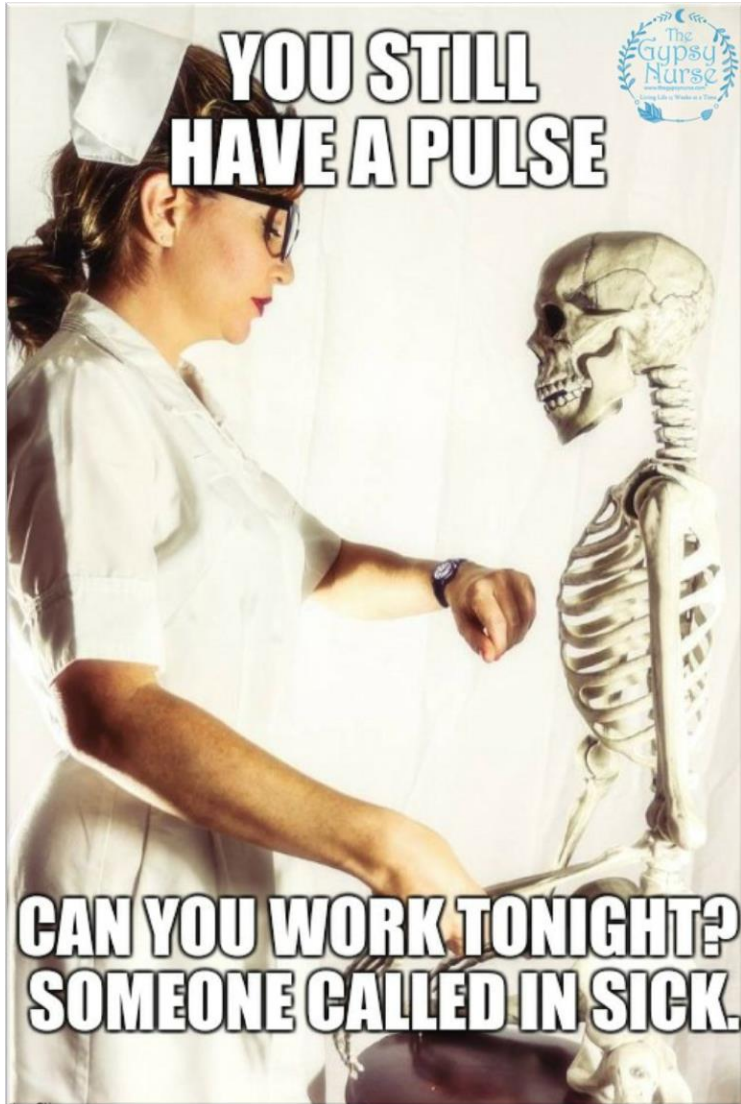
Always results in 100% productivity loss.

Has negative impacts on the individual, department and organization.

Impacts negatively on patient safety and quality of care.

Cost the Tasmanian public service upwards of \$68 million dollars per year.

Widely held view that a culture of entitlement to sick leave exists in the Tas public service.



PRESENTEEISM

Attendance at work while unwell.

Two main research areas; acts of presenteeism and productivity loss.

Never 100% lost productivity as the employee is at work and contributing at some level.

Presenteeism higher in the healthcare setting than other industries.

Economic burden could be even higher than for absenteeism. Healthcare costs in US estimated at 37.3 Billion US Dollars plus 2 Billion related to adverse events.

MAIN CAUSES OF ABSENTEEISM AND PRESENTEEISM IN NURSES

- Musculoskeletal conditions
- Common Mental Health Disorders (Depression/Anxiety).
- Social and demographic factors (family – work conflict and vice versa, age and gender)
- Work related factors (burnout, stress, shift work, hours of work, work load)

ATTITUDES

- Legitimacy. UK study on attitudes of nurses to colleagues absenteeism
- Influence of group and cultural norms
- Workload
- Influence of role modelling

PERSONALITY 5 FACTOR MODEL

Personality describes the emotional, attitudinal and behavioral patterns of an individual. A large body of evidence supports the 5 factor model as it underpins the majority of human personality variations.

- **Conscientiousness**

Conscientious people are disciplined, dutiful and highly ambitious

- **Extraversion**

Describes the propensity for someone to be outgoing, assertive and energetic.

- **Neuroticism**

Also known as emotional stability with highly neurotic people being more prone to anxiety and easily distressed. Low neuroticism on the other hand is defined by a stable emotional state and a better ability to deal with daily life stressors.

- **Openness to experience**









Trait synonymous with exploring ideas and being imaginative

- **Agreeableness**

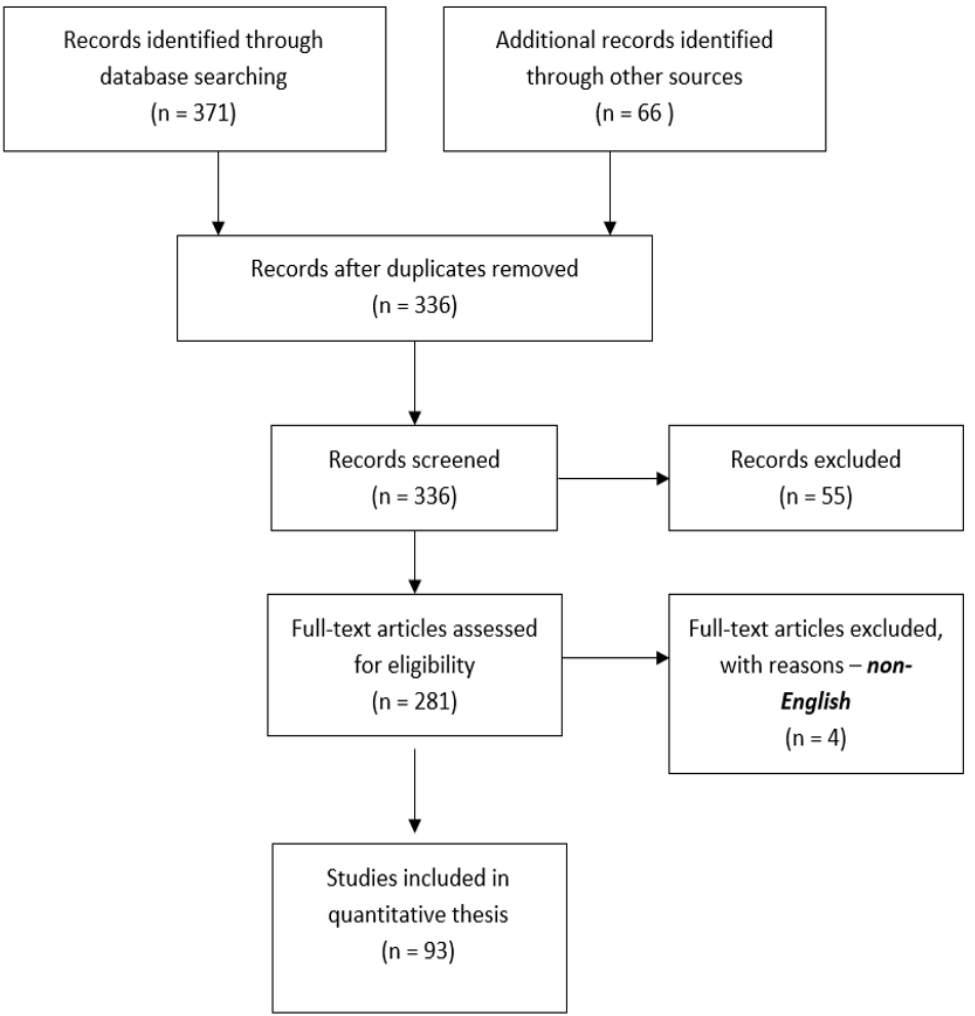
Trait associated with being distrustful of others and lacking empathy at the low end of the scale with kindness and dependability at the high end.



LITERATURE

-  Significant body of research on absenteeism, presenteeism. Much of the research has come from the Scandinavian countries and Canada.
-  Aronsson, G, Gustafsson, K & Dallner, M 2000, 'Sick but yet at work. An empirical study of sickness presenteeism', *Journal of Epidemiology and Community Health*, vol. 54, no. 7, pp. 502-509.
-  Gary Johns is one of the foremost researcher of attendance dynamics.
-  Johns, G 2011, 'Attendance dynamics at work: the antecedents and correlates of presenteeism, absenteeism, and productivity loss', *Journal of Occupational Health Psychology*, vol. 16, no. 4, pp. 483-500.
-  Significant Tasmanian and Australian studies exploring attendance dynamics.
-  Cocker, F, Martin, A, Scott, J, Venn, A, Otahal, P & Sanderson, K 2011, 'Factors associated with presenteeism among employed Australian adults reporting lifetime major depression with 12-month symptoms', *Journal of Affective Disorders*, vol. 135, no. 1-3, pp. 231-240.
-  Sanderson, K, Tilse, E, Nicholson, J, Oldenburg, B & Graves, N 2007, 'Which presenteeism measures are more sensitive to depression and anxiety?', *J Affect Disord*, vol. 101, no. 1-3, pp. 65-74.
-  Most research advocates for studying both attendance concepts together as they are linked e.g. longer term presenteeism can result in absenteeism and is a risk factor for poor future health (Aronsson, Gustafsson & Dallner 2000; Bergstrom et al 2009).

Identification
Screening
Eligibility
Included



LIT SEARCH - STUDY

A literature search was conducted using the following databases; Cinahl, Medline via PubMed, Psych info, ProQuest, Web of Science and ScienceDirect.

The databases were silo searched using the following key words and subject headings with Boolean operators OR and combined with AND, nursing, nurse, absenteeism, absence, absent, presenteeism, presence, present, work, sick leave, sick, sickness, unwell and personality and by key author Gary Johns.

A mega search of the UTAS library was also conducted to capture as many relevant recent articles as possible. English language, full text and peer reviewed articles were included in the literature review.

WHY STUDY THIS?

Gap in the literature.

Very few studies have explored whether an association exists between a nurses individual personality traits, attitudes and their rates of sickness absence and/or attendance at work while sick.

Organisational Impact

Given the significant association with adverse effects shown in other studies and financial cost associated with attendance dynamics there is a huge imperative for organisations to understand and better manage abs and pres.

Absenteeism rates have been rising in the Tas public sector despite attempts to improve attendance at work. Initiatives to reduce absenteeism risk increasing presenteeism.

Presenteeism is currently not measured or even considered in terms of the impact in nursing and midwifery.

Abs and pres are inextricably linked and the same decision-making process occurs at the individual level thus they should be studied together.

Individual Impact

STUDY AIMS

The aim of this study was to examine the association between individual personality traits (using the five-factor model) and attitudes to absenteeism and presenteeism in public sector nurses in southern Tasmania.

- Hypothesis 1

Individual personality traits using the five-factor model predicted absenteeism in nursing and midwifery professionals working in the southern region of the Tasmanian health service.

- Hypothesis 2

Individual personality traits using the five-factor model predicted presenteeism in nursing and midwifery professionals working in the southern region of the Tasmanian health service.

- Hypothesis 3

Nursing and midwifery staff attitudes towards sick absence and coming to work when ill contributed to absenteeism and presenteeism rates in the public health sector hospital system.

STUDY METHODS



An online cross-sectional online survey was used to capture both quantitative and qualitative data from nurses and midwives currently working for the southern Tasmanian Health Service. 434 initial responses (17% response rate) were received with 320 of those completing both the absenteeism and presenteeism questions.



The survey closed in June 2017. 194 respondents completed the full survey. Explored short term absence only (excluded long term absenteeism).



Ethics approval achieved Jan 2017
THS study approval achieved May 2017

STUDY MEASURES

Absenteeism question

Presenteeism question

International Personality Item Pool (5 factor personality tool),

Expanded Nurses Stress Scale.

Attitudes to abs and pres questions.

Demographic factors

Work factors (shift or day work)

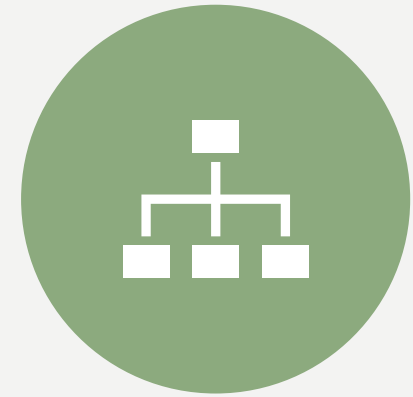
DATA ANALYSIS



IBM STATISTICAL PACKAGE FOR
THE SOCIAL SCIENCES (SPSS)
VERSION 23 (IBM CORP 2015)



CORRELATIONS TO DETERMINE
RELATIONSHIP BETWEEN
VARIABLES.



REGRESSION MODEL
(HIERARCHICAL)

Characteristic	Summary statistic	Missing data points
Sex		N=3
Men, n (%)	34 (10.6)	
Women, n (%)	283 (88.4)	
Age, years (m ± sd)	44.96 ± 11.88	N=4
Absenteeism (m ± sd)	4.92 ± 5.90	N=1
Presenteeism (m ± sd)	5.85 ± 6.22	N=1
Work Pattern		
Day work, n (%)	123 (38.4)	N=3
Shift work n (%)	194 (60.6)	
Attitudes		
Culture of entitlement, n (%)		N=1
Agree to strongly agree	157 (49.1)	
Unable to judge	74 (32.1)	
Disagree to strongly disagree	84 (26.3)	
Patient safety, n (%)		N=5
Agree to strongly agree	281 (87.8)	
Unable to judge	24 (7.5)	
Disagree to strongly disagree	10 (3.1)	
Personality		
Extraversion (m ± sd)	30.8 ± 7.0	N=36
Agreeableness (m ± sd)	41.37 ± 4.8	N=36
Conscientiousness (m ± sd)	39.38 ± 5.38	N=36
Emotional Stability (m ± sd)	34.43 ± 7.09	N=36
Intellect/Imagination (m ± sd)	37.04 ± 5.40	N=36
Stress score (m ± sd)	122.1 ± 27.6	N=121

CHARACTERISTICS OF PARTICIPANTS

STUDY RESULTS



SHIFT WORK
SIGNIFICANTLY
PREDICTED
ABSENTEEISM.
($\beta=0.161$, $P \leq 0.05$)

**INCREASE OF
APPROX. 2 DAYS
OF SICK LEAVE PER
YEAR COMPARED
TO DAY WORKERS**



NURSES WHO
AGREED THAT A
CULTURE OF
ENTITLEMENT TO
SICK LEAVE EXISTS AT
THE ROYAL HOBART
HOSPITAL WERE
SIGNIFICANTLY LESS
LIKELY TO BE ABSENT
FROM WORK.

($\beta=-0.173$, $P \leq 0.05$).

**LESS LIKELY TO BE
ABSENT FROM
WORK BY APPROX.
2 DAYS PER YEAR**

REGRESSION MODEL ABSENTEEISM

	Model 1			Model 2			Model 3		
	B	SE B	beta	B	SE B	beta	B	SE B	beta
Control (Block 1)									
Female	1.890	1.536	0.087	1.967	1.593	0.090	0.852	1.582	0.039
Age	-0.020	0.042	-0.034	0.003	0.043	0.006	0.018	0.042	0.031
Shift worker	3.290	1.035	0.231**	3.681	1.046	0.259***	2.964	1.039	0.208**
Personality (Block 2)									
Extraversion				0.049	0.075	0.051	0.065	0.073	0.067
Agreeableness				-0.021	0.105	-0.015	-0.068	0.103	-0.049
Conscientiousness				-0.176	0.098	-0.133	-0.160	0.095	-0.121
Emotional				-0.099	0.076	-0.102	-0.079	0.77	-0.082
Intellect				-0.031	0.097	-0.024	-0.056	0.096	-0.043
Attitudes & Stress (Block 3)									
Culture Agree							-2.737	1.245	-0.197*
Culture Disagree							1.745	1.408	0.112
Patient Safety Agree							2.601	1.988	0.106
Patient Safety Disagree							1.972	3.551	0.045
Stress							-0.004	0.018	-0.015
R Square	0.068			0.101			0.187		
R Square Change	0.068			0.033			0.086		
F for change in R2	4.610**			1.361			3.776**		

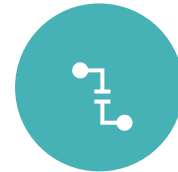
DISCUSSION

- **Absenteeism – Culture of entitlement**
- Could be related to legitimacy of sick leave. Research shows that employees who view absenteeism as more acceptable and justifiable report more sick leave and less presenteeism (Johns 2011).
- **Absenteeism – Shift work**
- Needs more exploration but could be related to shift workers being mainly hospital ward based and thus routinely subjected to the pressures of access block and high escalation levels. Potentially could also be the strain of rotational shift work.

STUDY RESULTS



PRESENTEEISM



EMOTIONAL STABILITY WAS A SIGNIFICANT NEGATIVE PREDICTOR OF PRESENTEEISM.

(BETA = -0.169, $P \leq 0.01$).

A 7-POINT REDUCTION ON THE EMOTIONAL STABILITY SCALE WAS EQUIVALENT TO 1 DAY OF PRESENTEEISM PER YEAR



STRESS WAS A SIGNIFICANT PREDICTOR OF PRESENTEEISM.

(BETA = 0.158, $P \leq 0.01$).

A UNIT INCREASE IN STRESS ASSOCIATED WITH AN INCREASE IN PRESENTEEISM OF 2 DAYS PER YEAR.

REGRESSION MODEL PRESENTATION

	Model 1			Model 2			Model 3		
	B	SE B	βeta	B	SE B	βeta	B	SE B	βeta
Control (Block 1)									
Female	-0.062	1.536	-0.003	-0.237	1.578	-0.011	-1.376	1.592	-0.064
Age	-0.075	0.042	-0.134	-0.041	0.043	-0.073	-0.037	0.042	-0.066
Shift worker	-0.002	1.032	0.000	0.389	1.032	0.028	-0.441	1.042	-0.032
Personality (Block 2)									
Extraversion				0.029	0.075	0.030	0.043	0.073	0.046
Agreeableness				-0.096	0.104	-0.071	-0.123	0.104	-0.091
Conscientiousness				-0.016	0.096	-0.012	0.015	0.095	0.012
Emotional				-0.214	0.075	-0.227**	-0.152	0.077	-0.160*
Intellect				-0.017	0.096	-0.014	0.004	0.095	0.012
Attitudes & Stress (Block 3)									
Culture Agree							-1.696	1.251	-0.125
Culture Disagree							0.590	1.417	0.039
Patient Safety Agree							1.324	2.000	0.055
Patient Safety Disagree							1.060	3.574	0.025
Stress							0.048	0.018	0.198**
R Square	0.018			0.072			0.133		
R Square Change	0.018			0.054			0.061		
F for change in R2	1.162			2.172*			2.528*		

DISCUSSION

- **Presenteeism - Emotional Stability**
- Nurses and midwives high on neuroticism could be experiencing anxiety related stress regarding the decisions required and process to call in sick to work. When should they call to enable an adequate replacement to be arranged? Will they be judged negatively by their supervisor and their colleagues for calling in sick? Are they letting the team down?
- Neurotics being more sensitive to these stressors may avoid them, making the employee more likely to actually present to work despite feeling unwell.
- **Presenteeism – Stress**
- A significant number of nurses and midwives in this cohort continued to work under stressful conditions, putting them at risk of developing depression/anxiety, emotional exhaustion, burnout and ultimately absenteeism.
- This poses a significant risk to the employees, the organisation and more importantly the patients. Could be related to organisational stressors e.g. access block, Further work should seek to identify the stressors inherent in this cohort and enable targeted strategies to be developed which can reduce the stress burden and associated risks.

FREE TEXT ATTITUDE QUESTIONS

- **Main reasons you were absent from work in the past year?**
 1. Respiratory Illness
 2. Carers Leave
 3. Gastro type illness
- **What illnesses or health conditions would you attend work with?**
 1. Respiratory Illness
 2. Headache/Migraine
 3. Mental Health condition.
- **What are acceptable reasons to be absent from work while sick?**
 1. General Infective Illness
 2. Mental Health Condition
 3. Inability to work
- **What are unacceptable reasons to be absent from work while sick?**
 1. Other reasons e.g. childcare
 2. Self inflicted e.g. hangover
 3. No desire to attend e.g. apathy.
- **In what way/s does other staff members sick leave impact on their colleagues/team?**
 1. Rostering/staffing
 2. Workload/work pressure
 3. Burnout/stress
- **In what way/s does other staff members attending work while sick impact on their colleagues/team?**
 1. Spread Infection
 2. Workload/Work pressure
 3. Lowers morale, impacts on team culture.
- **Can you describe the decisions you would make when calling in sick for work?**
 1. Ability to work safely
 2. Infectious status
 3. Staffing/Acuity
- **Can you describe the decisions you would make when attending work while sick?**
 1. Ability to work
 2. Ability to cope/manage
 3. Work/Team impact
- **Can you describe the feelings you experienced at having to take sick leave absence from work?**
 1. Guilt
 2. Work/Team Impact
 3. Stress/Anxiety
- **Can you describe the feelings you experienced when attending work while sick?**
 1. Guilt
 2. Fatigue
 3. Feel unwell e.g. pain

FUTURE RESEARCH



FURTHER EXPLORE THE QUALITATIVE DATA TO GIVE FURTHER INSIGHTS INTO THE ATTITUDES AND DECISION MAKING ON ABS AND PRES AT THE INDIVIDUAL LEVEL.



CONSIDER A RESEARCH OPPORTUNITY LOOKING AT THE EFFECTS OF MINDFULNESS IN REDUCING THE IMPACT OF NEUROTICISM IN NURSES AND MIDWIVES.



STUDY THE IMPACT OF ORGANISATIONAL UPHEAVAL, CHANGE AND POLITICAL PRESSURE ON EMPLOYEE STRESS, ABSENTEEISM AND PRESENTEEISM.



STUDY THE IMPACT OF INTERVENTIONS SUCH AS EAP IN STAFF WELLBEING. ORG STRATEGIES TO MANAGE ABS MUST INCLUDE PRES

STUDY LIMITATIONS



Observational study so unable to determine causality.



Local study population (THS) so results may not be applicable in the general population.



Response bias.



Recall bias.



High sick leave users may have declined to participate for fear of being identified.



THANK YOU

QUESTIONS?