PA News: Presenteeism

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Jim Anderson PA-C, MPAS, DFAAPA
Physician Assistant Member

In the quickly changing COVID-world we live in, there are many strains on medical providers. And one of the strains, both now and in the past, is deciding when to go to work when not feeling well.

In a recent issue of STAT, one of my favorite medical blogs, medical ethicist MD Steven Joffe wrote a piece entitled "Working while sick is bad enough in ordinary times. During the Covid-19 outbreak it could be catastrophic." The compelling post posits something that's been stuck in my craw for years; our medical systems actually incentivize medical providers to work while sick. And as Jaffe notes, "It's bad enough in ordinary times for a doctor or nurse to work while sick. But as Covid-19 hits hospitals, as it almost certainly will, the tendency of health care professionals to work through illness will present a serious threat to both patient safety and the public's health."

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It's called "presenteeism," a concept that has been discussed for many years, and it appears to be pervasive. There's much literature looking at this cause of decreased productivity in the medical world, but Joffe offers a look instead at the flaws in our medical system that drive sick providers to work, and the dangers this poses to patients. Jaffe notes that while the temptation is to blame providers for this problem, the true culprit is a flawed medical system.

This piece notes data showing that about half of all surveyed hospitals lacked policies about screening ill workers, as well as lacking effective systems for backing up sick providers who need to stay home. Jaffe also cites data indicating that medical staff, including PA and NPs, come to work sick because of fears of adding stress to their co-workers, as well as worries about abandoning their patients.

Something I've observed in my career as a PA is financial incentivization for staff to come to work sick. While working in a major children's medical center, I was stunned to see this in action. The medical center where I worked had moved their staff leave system to something called "personal time-off," better known as PTO. In this system, staff are given a set number of days (I believe it was 32 days annually at my hospital) each year for leave, combining sick leave, vacation, mental-health days, birthday leave, and holidays into one bucket. When medical staff took leave, whether sick or vacation, it came from the same allotment.

What this did, and I regularly it saw it in action, was incentivize staff to come to work sick, because if they stayed home, the result was basically burning a vacation day. If medical provider A called in sick 8 days, and medical provider B called in three, then medical provider B got five more vacation days than medical provider A. You'd hope that providers would resist this temptation, but the lure was still there, thanks to administration's decision to adopt such a program, intended to decrease use of sick leave. In my opinion, this common administrative view, in medicine and elsewhere, reflects a fear that everyone is cheating the sick leave system, calling in sick when they aren't, and ineffectively strives to prevent such "cheating." And the unintended but obvious result: making patients sick by incentivizing medical staff to work when ill.

Hospitals, clinics, and other medical facilities need to look at their systems and policies and ask themselves these questions: Do we properly look for and screen sick providers? Do we have an adequate back-up coverage system in place, providing support to providers when they are ill? And do we have leave systems that incentivize our medical staff to come to work?

This seems so intuitive to me and makes me struggle to understand why any place that claims to exist to heal the sick would instead have systems that make patients, and in the end the public, sicker. And during this crazy COVID-19 era, the stakes could not be higher.