

933. Between a Rock and a Hard Place: Why Physicians and Advanced Practice Providers Work While Sick

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Background. Hospital-acquired viral infections can lead to adverse patient outcomes including increased length of stay, delay of procedures, escalation of care and death. Healthcare personnel who provide care while ill can transmit viral infections to vulnerable patients. Little is known about why attending physicians and advanced practice providers (APPs) come to work sick.

Methods. We conducted an electronic, voluntary and anonymous survey of attending physicians and APPs, including nurse practitioners and physician assistants, working at a large children's hospital. The survey included closed- and open-ended questions. No incentives for participation were given. Quantitative data analyses

were performed with Stata 13 and qualitative data analyses were performed via inductive coding of open-ended responses using NVivo 10.

Results. Of 459 attending physicians and 470 APPs surveyed, 280 (61%) attendings and 256 (54.4%) APPs responded. Working while ill was common: 444 (82.8%) respondents reported working sick ≥ 1 time in the past year, with 51 (9.5%) reporting working sick ≥ 5 times. Respondents reported working with significant symptoms including acute onset of substantial respiratory symptoms ($n = 311$; 58%), diarrhea ($n = 161$; 30%) and fever ($n = 91$; 16.9%). The majority of respondents ($n = 512$, 95.5%) believed that working while sick put patients at risk. Systematic qualitative analysis of open-ended responses from 316 respondents revealed reasons why attending physicians and APPs work while sick, including: the absence of a sick relief system and extreme difficulty finding coverage ($n = 205$; 64.8%); a strong cultural norm to come to work "unless you are dying" ($n = 193$; 61%); not wanting to let down patients ($n = 181$; 57.2%) and colleagues ($n = 201$; 63.6%); and the lack of clear guidelines about what constitutes "too sick to work" ($n = 180$, 56.9%).

Conclusion. The attending physicians and APPs we surveyed frequently work while sick, despite recognizing that this could put patients at risk. The decision to work while sick is shaped by both systems-level and sociocultural factors. Reducing presenteeism amongst attending physicians and APPs will require the development of robust coverage systems, a redefinition of "professional" behavior and high quality evidence that specifies when not to work while sick.

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