

## The Impact of Worker Health on Long Term Care: Implications for Nursing Managers

By: [Susan Letvak](#), Christopher J. Ruhm

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### **Abstract:**

Long-term care (LTC) facilities face many challenges, including retention of qualified and caring staff and maintaining high-quality care. In 2008, the Institute of Medicine (IOM)<sup>1</sup> reported widespread consensus that there are insufficient numbers of competent licensed and direct care staff to manage, supervise, and deliver high-quality care to the elderly population. Although examples of excellence in nursing home care exist, average quality of care has remained persistently low,<sup>2</sup> and little progress has been made to improve safety in LTC.<sup>3</sup> The Nursing Home Reform Act (which was included in the 1987 Omnibus Budget Reconciliation Act) mandates minimum staffing levels in Medicare and Medicaid certified LTC facilities. Although research has documented the importance of adequate staffing for quality of care, little attention has been placed on the productivity of staff and how this may impact care. The purpose of this article is to discuss the issue of worker presenteeism (reduced productivity due to health problems) and how this may be affecting quality of resident care. Strategies for nurse managers to recognize and address presenteeism are also discussed.

**Keywords:** Presenteeism | Nursing | Health | Patient care | Productivity | Long-term care

### **Article:**

#### **LTC Workforce**

The majority of care providers in LTC are direct care workers, including personal care aides and nursing assistants. Direct care workers in LTC facilities are typically female (88%) and have an

average age of 38 years. A majority of direct care workers are members of a minority group (52%), and a large number are foreign born (21%). In 2008, 57% worked full time, the median hourly salary earned was \$11.46 (the median wage for all U.S. workers was \$15.57), and 1 in 4 workers lacked health insurance coverage.<sup>4</sup> Although it might be desirable for these health care providers to receive significantly higher wages and benefits, this seems unlikely given the poor state of the U.S. economy and that more than 70% of LTC financing comes from Medicare and Medicaid, which seek to limit costs regardless of labor-market conditions.<sup>5</sup>

## **Presenteeism**

Work productivity is not well understood, and little information exists on the productivity of direct care workers in LTC facilities. In general, absenteeism is the most frequently used measure of work productivity. Whereas absenteeism is defined as “staying home” when you are sick or have a health problem, presenteeism is defined as being sick or having a health problem and coming to work. Presenteeism is more costly than absenteeism. If considering direct and indirect costs, presenteeism accounts for 60-75% of lost productivity for an organization.<sup>6</sup> Importantly, presenteeism may have a greater impact than absenteeism on the quality of care provided in LTC facilities, because instead of replacing a worker who is experiencing poor health, the employee is present at work yet not fully meeting the demands of the job.

It is widely accepted that a person's ability to work is greatly affected by his or her health. Importantly, worker health has been found to affect employee productivity directly, especially in workers who have high physical demands in the workplace.<sup>7</sup> Direct care workers in LTC facilities perform many physically demanding tasks, including heavy lifting, working in awkward positions, transferring residents, and standing on their feet for long periods of time. Direct care workers have the most contact with residents and are therefore most likely to influence not only quality of care but also the quality of life for residents.<sup>5</sup> Thus, presenteeism of direct care workers may have serious implications for quality of care in LTC facilities.

## **Major Causes of Presenteeism**

Although episodic conditions such as allergic disorders, the common cold, and pregnancy are known to contribute to high levels of presenteeism, this article focuses on more chronic conditions such as arthritis and chronic pain, gastrointestinal disorders, mental health disorders, and obesity. Chronic conditions are likely to have a greater long-term impact on the affected workers, other facility staff, quality of care for residents and, ultimately, costs.

### *Arthritis and Chronic Pain*

Arthritis is one of the most common health problems in adults, and women are more commonly affected than men. It is estimated 1 in 4 adult women suffer from arthritis, and the condition is a leading cause of work disability.<sup>8</sup> Arthritis, which is inflammation of a joint, also causes pain in

sufferers. Chronic pain from arthritis, musculoskeletal disorders, or migraine headaches is one of the most frequent causes of presenteeism. Additionally, direct care providers are at high risk for suffering pain from musculoskeletal disorders, especially from occupational injury. LTC facilities continue to be in the top 10 of all industry employers for the number of occupational injuries and illnesses in workers.<sup>9</sup> Additionally, 72.3% of workers with musculoskeletal and back pain report activity limitations and 79.6% report significant loss of productivity.<sup>10</sup> Productivity is also known to decrease as severity of pain increases.

### *Gastrointestinal Disorders*

The most common gastrointestinal disorders that have an impact on worker productivity are irritable bowel syndrome (IBS) and gastroesophageal reflux disease (GERD). IBS is a functional disorder of the intestines that causes bloating, abdominal pain, constipation, and/or diarrhea. Prevalence rates in the United States range from 10% to 15% of the adult population, with 60% to 65% being women, according to the International Foundation for Functional Gastrointestinal Disorders.<sup>11</sup> Research has found that workers with presenteeism from IBS may experience productivity losses of up to 21%.<sup>12</sup> Although most adults experience heartburn from time to time, those with GERD have chronic backwashing of stomach acid into the esophagus, causing pain and discomfort at least twice a week. Exact prevalence figures are unknown because many sufferers self-treat symptoms, however, it is estimated that up to 20% of the adult population experiences GERD.<sup>13</sup> Most significantly, studies of workers with GERD have found productivity losses of 6% to 40%.<sup>14</sup>

### *Mental Health Disorders*

Although a wide variety of mental health disorders will likely lead to worker presenteeism, depressive disorders are the most common. Depressive disorders affect approximately 18.8 million American adults or about 9.5% of the population aged 18 and older in a given year.<sup>15</sup> Direct care workers may be more vulnerable to depression, and research has shown that work stress precipitates depression in working women and men.<sup>16 and 17</sup> Health care workers were ranked third for depressive episodes of all occupations between 2004 and 2006,<sup>18</sup> and 1 study found a depression rate of 48.5% in nursing assistants at 49 LTC facilities located in 3 states.<sup>19</sup> The effects of depression on productivity worsen as the severity of depression increases. The greatest concern is that depressed workers have difficulty with concentration and are accident prone; they are also significantly more limited in their ability to perform mental or interpersonal tasks, with time management and have lower total work output than nondepressed workers.<sup>20, 21 and 22</sup>

### *Obesity*

Obesity is defined as having a body mass index (BMI) of >30. In 2008, 36.6% of U.S. adults were overweight (BMI >25), and an additional 26.6% were considered obese.<sup>23</sup> Obesity is especially high in minority groups. Blacks have a 51% higher prevalence of obesity, and

Hispanics have a 21% higher obesity prevalence compared with whites.<sup>23</sup> In addition to being a risk factor for many health conditions, obesity has been found to create work limitations and to decrease worker productivity by 10% to 12%.<sup>24</sup> In 1 study, when workers were classified by age, obesity had similar effects on worker limitations to 20 years of aging.<sup>25</sup> Of note, the work limitations associated with obesity are more pronounced for women than men.<sup>26</sup> Severely obese workers (BMI >35) experience the greatest work limitations, particularly those related to the time needed to complete tasks and the ability to perform physical job demands.<sup>27</sup>

### *Implications for Nurse Managers*

Nurse managers in LTC may be unaware that presenteeism involving their staff may be negatively affecting worker productivity and the quality of resident care. Direct care workers may be less likely to take time off of the job when not feeling well out of concern that staffing levels would be reduced if they did not go to work or because they are reluctant to use vacation time for illness, or if they lack adequate health insurance to treat medical problems. Thus, nurse managers can play a direct role in decreasing the impact of decreased productivity by recognizing presenteeism in their staff and by working to improve the health and safety of workers.

Gucer and colleagues<sup>28</sup> stated that health related productivity impairment in LTC negatively affects the principal “work” of providing direct care, including lifting, feeding, bathing, and toileting, all of which are physically demanding. Thus, specific behaviors of direct care workers with presenteeism may include asking for help more often, taking more frequent breaks, and experiencing greater difficulty with resident lifting and transferring. Other members of the health care team may notice they are being asked to “pick up” more of a worker's duties. Family members may raise new concerns about care provided to LTC residents. An increase in errors may also be noted, including inaccurate (or missing) written documentation of care. Nurse managers may also receive complaints from coworkers who are having to take on extra work that the employee experiencing presenteeism is unable to perform.

Nurse managers need to be aware of the possibility that mental health problems, especially depression, may be prevalent among the direct care workers on their staff. Pilette<sup>29</sup> stated that signs of depression in direct care providers may include increased irritability with patients, families, and coworkers; fatigue; daydreaming and tardiness; increased on-the-job accidents or errors; working more slowly; loss of interest in activities; and increased social isolation from coworkers.

Nurse managers can play a direct role in assisting care providers experiencing health problems that may be affecting productivity. First, managers can have confidential discussions with workers and express concern. For workers suspected of suffering from depression, managers can provide information on available employee assistance programs, the location of nearby mental health clinics, and relevant Web sites, such

as [www.depression.com](http://www.depression.com) or [www.workplacementalhealth.org](http://www.workplacementalhealth.org). Additional strategies suggested by Middaugh<sup>30</sup> include:

1. Conducting anonymous job satisfaction and stress surveys. Ask for specific workplace stressors and suggestions for improvement.
2. Contracting with disability specialists who can help employees with chronic, disabling injuries to modify their work techniques.
3. Scheduling group and individual chat times to allow employees to voice their concerns.
4. Meeting with human resources to better understand policies and benefits.
5. Reminding employees of the provisions of the Family Medical Leave Act, which entitle many workers to take unpaid time off work for their own health problems or the health problems of family members.
6. Exploring community resources and providing information for staff.

Nurse managers must also play an active role in assuring staff safety on the job. Strategies include:

1. Color-code resident lift requirements, posted at the bedside.
2. Ensure that proper lifting equipment is available and in working order.
3. Segregate residents on the basis of need so equipment and staff are appropriately assigned.
4. Establish safe lifting programs.
5. Offer continual training of staff on injury prevention.
6. Support an environment that encourages workers to report injury or illness without fear of reprisal.
7. Ensure adequate staffing is in place to relieve both physical and mental demands placed on direct care workers. Stagger work shifts to provide additional staffing at peak times.
8. Develop staffing models that explicitly account for the health problems of the available staff. For instance, workers with health problems may need to receive less physically demanding assignments or to be temporarily assigned as dining aides.

## **Conclusion**

The traditional approaches to improving care in LTC facilities have been regulation, inspection, and accountability through public reporting.<sup>2</sup> Little attention has been paid to how the health of direct care workers affects quality of care and costs. The authors were fortunate to have received funding from Robert Wood Johnson Foundation's Interdisciplinary Nursing Quality Research Initiative (INQRI) to study the effects of nurse presenteeism on quality of care in hospital settings. The goal of the INQRI program is to generate, disseminate, and translate research to understand how nurses directly contribute and can improve the quality of patient care. The study will specifically examine the impact of presenteeism caused by musculoskeletal problems and depression and how this may contribute to medication errors, patient falls, and perceived quality of care. The costs of presenteeism will also be assessed.

LTC workers are a vulnerable group, typically being relatively poorly educated and receiving poor salaries and few benefits. Further research is needed to address presenteeism in direct care staff and how employee health may affect quality of care in LTC facilities. However, research to date has demonstrated that worker health contributes to decreased job productivity and performance issues. Thus, by recognizing presenteeism, and how common chronic health problems may affect productivity, nurse managers may be able to improve care while simultaneously supporting the health and quality of life of the direct care workforce.

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SUSAN LETVAK, PhD, RN, is an Associate Professor in the School of Nursing, The University of North Carolina at Greensboro, Greensboro, NC.

CHRISTOPHER J. RUHM, PhD, is the Jefferson-Pilot Excellence Professor of Economics at the University of North Carolina at Greensboro, Greensboro, NC and a Research Associate at the National Bureau of Economic Research, Cambridge, MA.