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Research paper

# Assessing workplace infectious illness management in Australian workplaces

Stephanie Hansen, Peta-Anne Zimmerman, Thea F. van de Mortel\*

School of Nursing and Midwifery, Griffith University, Parklands Drive, Southport, QLD, 4222, Australia

Received 6 November 2016; received in revised form 28 December 2016; accepted 30 December 2016

## KEYWORDS

Employee health;  
Infection prevention;  
Vaccination;  
Hand hygiene;  
Workplace;  
Infectious illness

**Abstract** *Objectives:* Infectious illnesses create substantial cost and productivity impacts on organisations. This study explored what employers know about infection prevention strategies in the workplace, and why and how such strategies are utilised and evaluated in order to inform methods to reduce the impacts of infectious illness in workplaces.

*Methods:* A qualitative interpretative descriptive methodology was used. Semi-structured interviews were conducted with representatives from small, medium and large public and private organisations. Data were analysed using thematic analysis.

*Results:* Fourteen Australian organisations – six small, six medium, and two large – from nine industries participated. Eight were from the private sector. Emergent themes included: absenteeism, presenteeism, factors influencing presenteeism, perceived risk, risk reduction, perceived lack of risk, motivations, fear of infection, and lack of knowledge. Participants could describe infection transmission modes but could not quantify specific costs of infectious illness to their business. Various infection mitigation strategies were employed, but few organisations had formal infectious illness policies. Reasons for employing infection prevention strategies included legal and moral obligations and prevention of reoccurrence of serious infectious illness incidents. Participants were not aware of current evidence regarding workplace infection prevention and control, or the efficacy of their chosen strategies. Limitations included the potential for recall bias and socially desirable responding.

*Conclusion:* Research on the uptake and evaluation of various infection prevention and control strategies in workplaces is minimal. This paper provides preliminary data to inform further investigations on improving the workplace management of infectious illnesses.

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\* Corresponding author. Fax: +61 7 5552 8526.

E-mail address: [t.vandemortel@griffith.edu.au](mailto:t.vandemortel@griffith.edu.au) (T.F. van de Mortel).

## Highlights

- Infectious illnesses in the workplace place substantial cost and productivity burdens on organisations and businesses.
- Australian workplaces described using a range of strategies to prevent infection.
- Employers were unclear on the cost and productivity impacts of infectious illness on their organisation.
- Employers were unaware of research evidence supporting their infection prevention strategies, and did not evaluate their effectiveness.

## Introduction

There is growing awareness of the cost burden and productivity losses related to infectious diseases in the workplace [1–3]. Globally an estimated 320,000 deaths occur due to communicable diseases resulting from work-related exposures to biological hazards [4,5]. For example, up to 60% of workplace absences are related to infectious illnesses [6], and a review of literature from multiple countries demonstrated that <1–5.9 days may be lost annually on average per employee due to influenza alone [7]. Additionally approximately 50% of employees contract other infectious respiratory ailments annually and just under a third of those take sick leave [8,9]. While rates of gastroenteritis are lower (~10–13%), the associated absence rate is higher (~45%) [9].

Estimated financial impacts related to infectious illness-associated productivity losses range from \$10–15 billion annually in France and Germany to \$46 billion in the United States [10–13]. The costs to workplaces are not only associated with workplace infectious illness absenteeism but also to the lost productivity associated with ‘presenteeism’ (attending work while ill). Workers who attend the workplace while ill are considerably less productive than their well counterparts, and the cost of this lost productivity is thought to be higher than losses related to sick leave [14–16].

Businesses and organisations may use various strategies to mitigate the impacts of infectious illnesses on operating costs and productivity. These include influenza vaccination programs, hand hygiene programs (including the use of alcohol-based hand sanitisers and hand hygiene education), respiratory etiquette reminders, isolation (by asking the ill staff member to stay at home), and environmental cleaning [17–22].

A recent review [23] found evidence to support influenza vaccination to reduce the incidence of influenza and influenza-related absenteeism amongst employees, and associated productivity costs. For example, 12 of the 17 studies reviewed demonstrated reductions in episodes of influenza or influenza-like illnesses of 24–79.9%, and thirteen studies reported reductions in staff sick leave of 13–81.4% [23]. Of the 10 studies that examined the cost benefit of influenza vaccination, nine reported favourable cost-benefit ratios [23].

Hand hygiene programs in workplaces are also supported by the literature [23]. For example, six of seven studies that examined the effectiveness of hand hygiene programs (the majority using alcohol-based hand sanitisers) in

workplaces demonstrated a significant decline in infectious illness rates, three also found a significant decline in infectious illness related absences, and a further two found a non-significant decline in absenteeism [23].

While there is evidence to support the effectiveness of particular infection prevention strategies in the workplace, information on the uptake of these strategies and on how organisations choose and evaluate the effectiveness of these strategies in various workplaces is absent in the literature. Therefore, this project explored what employers know about infection prevention strategies in the workplace, what evidence they use to select these strategies, and how such strategies are evaluated in order to inform future strategies to assist organisations to manage their infectious illness risk and related impacts. The research questions were:

1. What do businesses know about the transmission, prevention and productivity costs of common infectious illnesses in the workplace?
2. What strategies and/or policies are commonly employed in workplaces in order to address infectious illness-related risk and absenteeism and why?
3. Are these strategies/policies effective and how do businesses evaluate their efficacy?

## Methods

### Research design and participants

A qualitative interpretative descriptive methodology was used to explore these questions, using individual semi-structured interviews to obtain rich descriptive data regarding participant’s meanings of an experience [24]. Participants were recruited with a specific focus on managers and health and safety officers as they would be more likely to provide information regarding the company’s infection prevention measures or data on infectious illness incidence and absenteeism rates. Participants from a mixture of small, medium and large Australian businesses from both the public and private sectors were sought. Small, medium and large businesses are defined by the Australian Bureau of Statistics [25] as having less <20, 20–199 and ≥200 employees, respectively. This study specifically excluded healthcare workplaces such as hospitals and aged care facilities as these have a specific focus on infection prevention.

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