

Improving Resident Awareness of Sick Day Policy

Jennifer Gonzalez, M.D., Tim Blumer, D.O., Zoe Herrera, MPH

BACKGROUND

- There was a lack of clarity around sick day use policies within GME residency programs at Samaritan Health Services (SHS). Appropriate use of sick days allows residents to take care of their physical and emotional well-being.
- Inability to pre-plan health related appointments can lead residents to forego health care. Rural and urban residents without paid sick leave may continue to work and risk infecting others or not seek treatment.¹
- Allowing employees to take care of their physical and mental health need promotes employee wellbeing and reduces long term sick leave in those with chronic illness.²

OBJECTIVES

- This quality improvement project aimed to standardize sick leave policies across GME residency programs at SHS and inform residents of the current policies in place, to empower them to protect their wellness and appropriately utilize sick days.

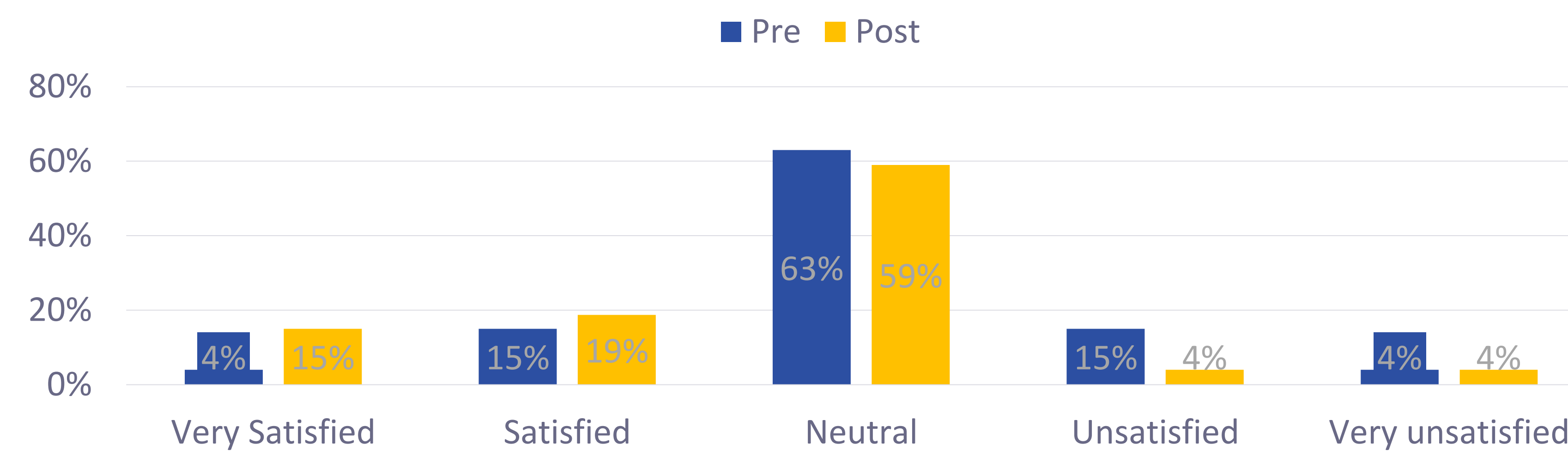
METHODS

- Residents were emailed a pre survey to measure their current satisfaction and understanding of sick day policies.
- Study investigators worked with GME staff and leadership to understand current sick leave policies and standardize rules/policies across all SHS GME residency programs.
- An informational flier on sick day policies was created and disseminated to residents.
- A post survey was emailed after information on sick day policies had been distributed.
- McNemar's tests were used to determine statistically significant changes between pre and post responses.

RESULTS

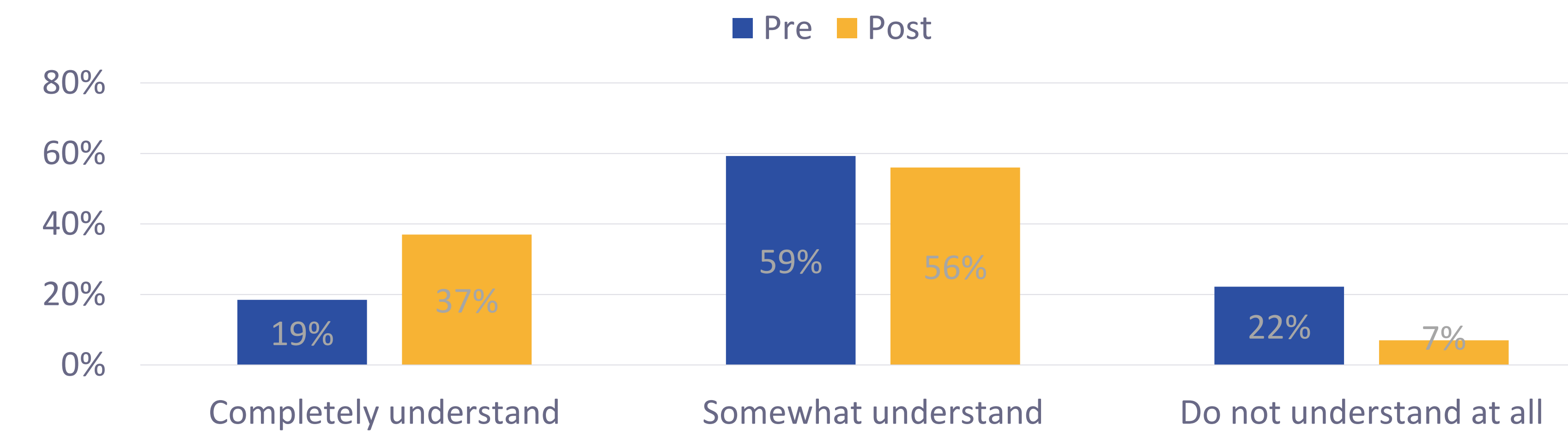
- 27 residents completed the pre and post surveys and were included in the final analysis (Response rate: 26%). 63% of residents found the intervention to be useful.

Figure 1: Residents satisfaction with current sick leave policy (N=27)



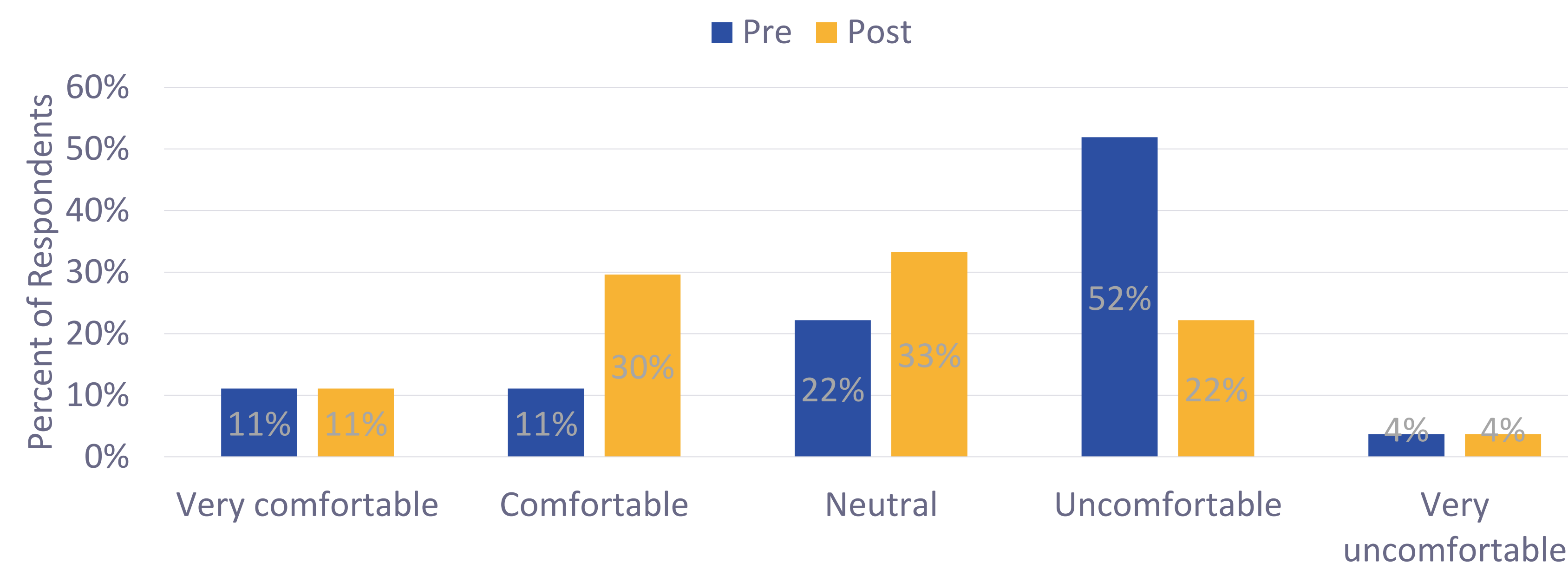
- 19% and 34% of residents reported feeling very satisfied or satisfied with their sick day policies, on the pre and post surveys respectively (p=0.22).

Figure 2: Residents understanding of sick time utilization (N=27)



- 37% of residents reported that they completely understood how to utilize their sick time on the post survey, compared to 19% on the pre survey (p=0.07).
- 70% of residents reported knowing where to find details on ACGME, State, and Institutional policies regarding the use of sick time on the post survey, compared to 41% on the pre survey.

Figure 4: Residents comfort with challenging denied sick time (N=27)



- 56% and 26% of residents reported feeling uncomfortable or very uncomfortable challenging denied sick time on the pre and post surveys respectively (p=0.03).

CONCLUSIONS

- This quality improvement project helped standardize sick leave policies across GME residency programs at SHS and inform residents of the current policies in place.
 - The informational flier increased resident satisfaction and understanding of sick day policy.
 - Residents reported feeling more comfortable challenging denied sick time after distribution of informational flier.
- There was a low response rate which affects the generalizability of the results.
- This study was susceptible to selection bias as residents who require more extensive or frequent sick leave could have been more likely to be interested in the topic and willing to complete the survey.

FUTURE IMPLICATIONS

- The resident handbook has been updated with the most up to date policies to help current and incoming residence access up-to-date information on sick leave policy and help them protect their wellness.
- The longevity of the results of this project could be sustained by yearly reviews of the resident handbook to ensure sick leave policies are across GME residency programs at SHS are up-to- date.
- We hope this information will empower residents to protect their wellness.

REFERENCES & ACKNOWLEDGEMENTS

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2. Boot, C.R.L, van der Heuvel, S.G., Bultmann, U., de Boer, A.G.M., Koppes, L.L.J., van der Beek, A.J., (2013). Work adjustments in a representative sample of employees with a chronic disease in the Netherlands. *Journal Occupational Rehabilitation*, 23: 200-208. DOI 10.1007/s10926-013-9444-y