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# Do No Harm: Attitudes Among Physicians and Trainees About Working While Ill

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**Background.** Physicians working while ill with communicable diseases pose risks to patient and coworker safety. Our goal was to (1) assess physician likelihood of working while ill with contagious symptoms and (2) identify factors supporting staying home when ill.

**Methods.** An anonymous, 10-item semi-structured electronic survey was administered to medical students, residents, fellows, and attending physicians in patient-facing specialties at an academic hospital. Chi-square tests and multivariable logistic regression compared rates by inpatient/outpatient setting, training level, and specialty.

**Results.** Response rate was 60.5% (474 of 784). This included 88 medical students, 193 residents, 40 fellows, and 153 attendings. Among respondents, 96.4% would work despite cold symptoms, 77.6% despite diarrhea, 53.6% despite vomiting, and 36.3% despite test-confirmed influenza. Among those with fever, 84.3% would work despite fever up to 100.9°F, 49.3% despite fever of 101–102.9°F, 24.3% despite fever  $\geq 103^\circ\text{F}$ . Willingness to enter neutropenic patient rooms was 47.3% for cold symptoms, 28.9% for diarrhea, and 12.5% for fever  $\geq 101^\circ\text{F}$ . Responses did not differ between inpatient and outpatient settings ( $p = 0.43$ ). There were significant differences in willingness to work despite confirmed influenza by training level (overall  $\chi^2$ ,  $p < 0.001$ ), with residents most likely (35.5%, 67 of 189) and attendings least likely (9.1%, 12 of 132) to work if ill. On multivariable modeling, emergency medicine and surgical departments reported the highest willingness to work if ill (table).

Reasons for working while ill included the following: symptoms not debilitating enough (89.1%), guilt for having colleagues cover for them (82.0%), and believing transmission risk is low (74.5%). More than 70% identified the following would improve willingness to stay home if ill: Department Chair/Chief sets action protocol for what to do if ill, seeing colleagues sent home if working ill, and lack of negative repercussions when respondents stay home if ill.

**Conclusion.** Many physicians would care for patients despite fever, diarrhea, vomiting, or flu-like illness. Fixed protocols and supportive culture to prevent contagious spread can positively influence physician willingness to stay home if ill.

**Disclosures.** S. S. Huang, Sage Inc, Molnlycke, 3M: Conducting other studies in which participating healthcare facilities are receiving product from Sage Inc, Molnlycke and 3M, Research support

## Author notes

**Session:** 53. HAI: Occupational Health

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