



CODEN [USA]: IAJPBB

ISSN : 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

<https://doi.org/10.5281/zenodo.6969336>
Available online at: <http://www.iajps.com>

Research Article

PREVALENCE OF SICK-LEAVES FOR PATIENTS ATTENDING STAFF CLINIC IN KING SAUD MEDICAL CITY (KSMC)

Abdulrahman A. Alenazi ¹, Khaled E. AlTurki ¹, Mohammad O. Almohaini ¹,
Omar A. Alzamil ¹, Bandar S. Alanazi ¹

¹ Family Medicine resident, King Saud Medical city (KSMC), Riyadh, Saudi Arabia

Email: Abdulrahman.a.alneazi@gmail.com

tel.: +966565501444

Email: Khalidturki4@gmail.com

tel.: +966533123895

Email: mo.almohaini@gmail.com

tel.: +966506326162

Email: Alzamil.omar@hotmail.com

tel.: +966562131154

Email: B4nndar@gmail.com

tel.: +966558077993

Article Received: July 2022

Accepted: July 2022

Published: August 2022

Abstract:

Background: due to the complexity of the occupational dangers and the diversity of work types, sick leave is more common among hospital employees. **Objectives:** to assess sick leaves among patient in staff clinics in King Saudi Medical City (KSMC), staff clinic, KSA.

Methods: a cross-sectional study was done at King Saud Medical City

(KSMC), staff clinic, KSA on all employee who work for KSMC from June to July 2022. Medical records of the staff who visited the clinic were reviewed and data about participants' medical diagnosis and the number of days of sick leave were collected.

Results: the most frequent diagnoses for sick leaves were musculoskeletal system complaints (31.8%), post-vaccination side effects (15.9%), sick leaves to take the vaccine (14.5%), and GIT issues (11.5%). Back pain was the main reason for sick days (17.2 percent). The majority of participants (47%) only took one day off due to being sick, while 42% took two days off, for a mean of 1.64 0.66 days. Participants who complained of knee discomfort, hand pain, asthma, ENT complaints, trauma, or other ENT- related conditions were much more likely to have taken the longest amount of sick leave (3 days).

Conclusion: Preventive measures that focus on the relevant causes of sick leave are required. It is necessary to register all information about employee demographics and working circumstances connected to sick leave more thoroughly.

Keywords: Prevalence, sick-leaves, patients, staff, clinic, KSMC

Corresponding author:**Dr. Abdulrahman A. Alenazi,**Email: Abdulrahman.a.alneazi@gmail.com

Tel.: +966565501444

Address: Saudi Arabia

QR code



Please cite this article in press Abdulrahman A. Alenazi et al, Prevalence Of Sick-Leaves For Patients Attending
Staff Clinic In King Saud Medical City (KSMC)., Indo Am. J. P. Sci, 2022; 09(8).

INTRODUCTION:

Utilizing the tools regarding the staff clinic and its importance to ensure a healthy functioning environment is a key aspect of the working flow in any hospital that seek the basic standards of quality management (1).

Sickness absence has been defined as absence from work attributed to illness or disease by the employee and accepted as such by the employer and in association between sickness absence and employment grade; the higher the grade the lower the rate of sickness absence (1).

A study was done in England in 2000 and 2001 that involved 365 doctors from different departments (2). The mean age of responders was 41, and 61% were male. Of the participants, 24% said they had taken sickness absence during the previous 6 months, with 125 reporting one episode of diarrhea or vomiting, 21 reporting two, one reporting three, and one four episodes. There were 916 days of sickness absence over the study periods. Most doctors (89%) rated their health as excellent or good and five (1%) rated their health as poor. A 25% of responders said they would take the day off after a night of diarrhea and vomiting (2).

A study done in Sweden (3) to measure Sick leave before and after the age of 65 years among those in paid work. Those over 65 years who remained in paid work had less sick leave after 65 years than before. They also had less sick leave before turning 65 years old than those not in paid work. Sociodemographic differences in sick-leave benefits were greater before than after standard retirement age (3).

In the Kingdom of Saudi Arabia (KSA), a study was done in King Khalid University Hospital staff clinic, Saudi Arabia in 2012 (4). The study found gender difference in absences due to short period sick leaves (less than 3 days). Being female staff has more percentage of getting sick leave, especially in Saudi staff more than any other nationality. The study revealed that upper tract respiratory symptoms were the predominant factor in giving sick leave (4). Another study was done of 110 nurses in primary health care centers (PHCC) in Hail region, KSA (5). The study aimed to assess factors influencing absenteeism in PHCC and found that health problem (40%), working environment (24.5%), personal and family problem (24.5%), and stress (10.9%) were the most common factors.

Lastly, a study was done in King Faisal Specialist Hospital and Research Center (KFSHRC) (6) to investigate if sick leaves in any healthcare organization can undermine the patients' care. All the employees were seen in family medicine clinics and had an age ranging from 21-71 years. Among those who took at least one sick leave, 136 (54%) were males. 117 (46%) were females. Nevertheless, there was no statistical difference between males and females and between Saudi and Non-Saudi nationalities. Those who were ≤ 40 years had a statistically higher percentage of having sick leaves.

This study aimed to assess sick leaves among patient in staff clinics in King Saud Medical City (KSMC), staff clinic, KSA. And to assess the relationship between sick leave and chief complaint.

SUBJECTS AND METHODS:

Study design, setting and time frame: a cross-sectional study was done at King Saud Medical City (KSMC), staff clinic, KSA in the time from June to July 2022.

Study participants: the inclusion criteria were all employee who work for KSMC and the exclusion criteria were those not working in KSMC.

Sample Size: all staff who visited the clinic during the study period.

Data collection: medical records of the staff who visited the clinic during the study period were reviewed. A checklist was prepared to collect data from medical records of the staff clinic about their medical diagnosis and the number of days of sick leave.

Ethical considerations: an ethical approval for the study was obtained from the research ethics committee of KSMC, KSA.

Data analysis: the statistical package for social science (SPSS) program version 26 was used for data analysis. Qualitative data were expressed as number and percentage and the Chi-squared test (χ^2) was used to assess the association between variables. Quantitative data was expressed as mean and standard deviation (Mean \pm SD), and a p-value of less than 0.05 was considered statistically significant.

RESULTS:

(Table 1) shows that the most common complains categories based on the participants' diagnosis were musculoskeletal system complaints (31.8%), post-vaccination side effects (15.9%), sick leaves to take

the vaccine (14.5%) and GIT complaints (11.5%). As for the duration of sick leave, most of the participants (47%) had only one day as a sick leave, while 42% and

10.5% had two and 3 days respectively. The mean duration of sick leave was 1.64 ± 0.66 days.

Table 1. Distribution of the participants according to their common complains categories based on their diagnosis and the duration of sick leave

Variable	No. (%)
System affected	
Respiratory system (Cough, chest pain, asthma, ...)	10 (3.4)
Musculoskeletal system (neck, shoulder, back, arm, hand, ankle, forearm and knee pain, desk, ..)	94 (31.8)
GIT (abdominal pain, diarrhea, hemorrhoids,)	34 (11.5)
Genitourinary	2 (0.7)
Skin	1 (0.3)
ENT (ENT problems, benign positional vertigo (BPV))	4 (1.4)
Eye (eye pain, eye problems, blurry vision)	13 (4.4)
Teeth	8 (2.7)
Neurological and psychological (OCD)	1 (0.3)
Chronic diseases (DM, HTN, both)	16 (5.4)
General signs (fever, diarrhea, headache, pain, body aches)	15 (5.1)
Post-vaccine	47 (15.9)
Trauma	6 (2)
Vaccine	43 (14.5)
Food allergy, SLE	2 (0.7)
Duration of sick leave	
1 day	139 (47)
2 days	126 (42)
3 days	31 (10.5)
Mean days of sick leaves / days	1.64 ± 0.66

(Figure 1) illustrates that the most common causes of sick leaves were back pain (17.2%), post-vaccine side effects (15.9%), a sick leave to take the vaccine (14.5%), neck pain (4.1%) and GIT pain (3.7%).

(Table 2) demonstrated that participants who had blurry vision (100%), trauma and ENT complaints (66.7%), pain (60%), hand pain (50%), asthma (40%) and knee pain (33.3%) had a significant higher percent of those who had the longest duration of sick leave (3 days) ($p < 0.05$).

(Table 3) shows that participants who neurological and psychological complaints (100%), trauma (66.7%) and respiratory system complaints (30%) had a significant higher percent of those who had the longest duration of sick leave (3 days) ($p < 0.05$).

Figure 1. Distribution of studied participants according to their diagnosis

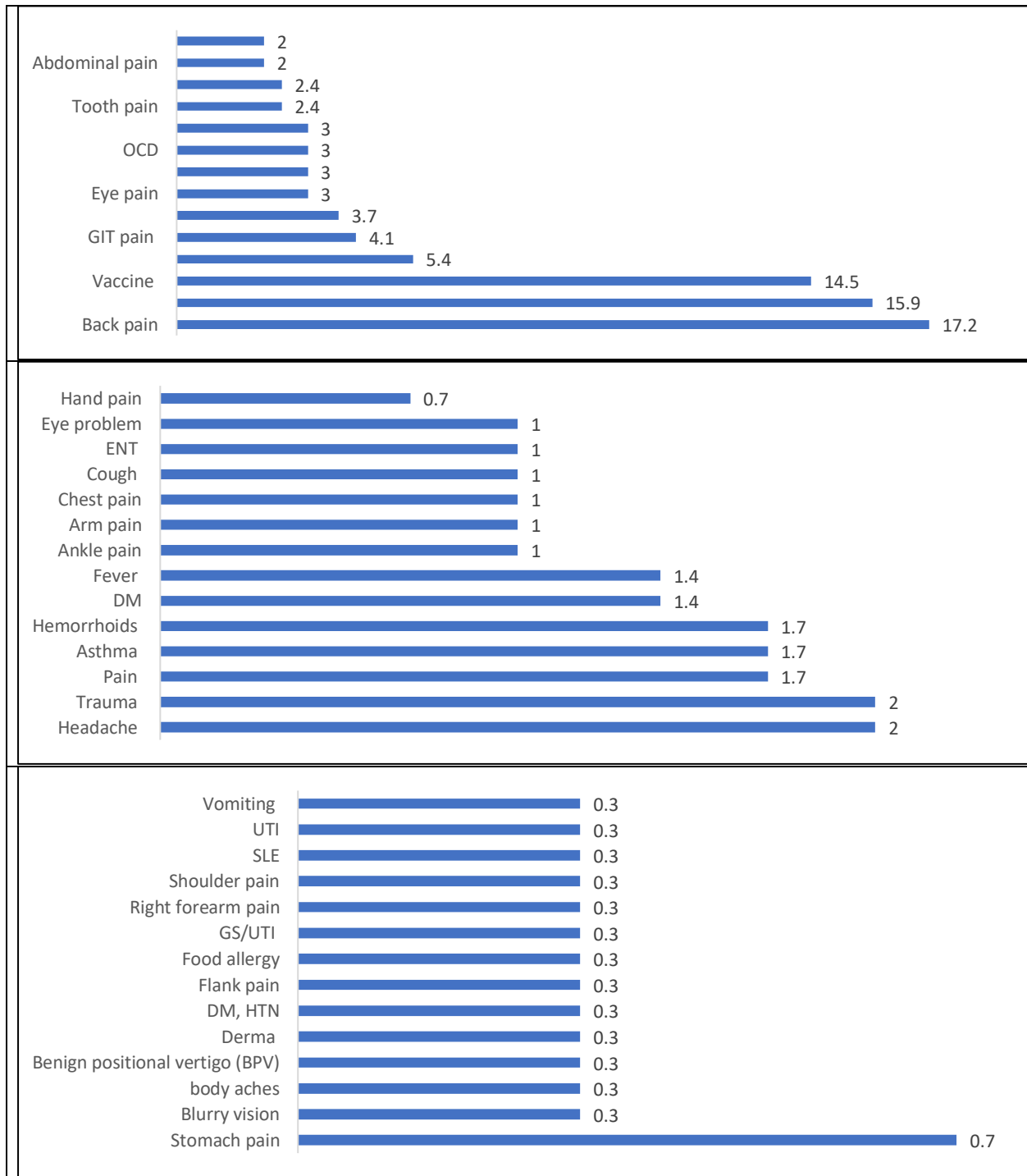


Table 2. Relationship between duration of sick leave and diagnosis

Variable	Duration of sick leave / days			χ^2	p-value
	1	2	3		
Back pain	21 (41.2)	24 (47.1)	6 (11.8)	15.42	< 0.001
Post-vaccine	27 (57.4)	19 (40.1)	1 (2.1)		
Vaccine	28 (65.1)	15 (34.9)	0 (0.0)		
Neck pain	5 (31.3)	10 (62.5)	1 (6.3)		
GIT pain	9 (75)	2 (16.7)	1 (8.3)		
HTN	7 (63.6)	2 (118.2)	2 (18.2)		
Eye pain	1 (11.1)	8 (88.9)	0 (0.0)		
Knee pain	1 (11.1)	5 (55.6)	3 (33.3)		
OCD	0 (0.0)	0 (0.0)	1 (100)		
Post-toothache	0 (0.0)	1 (100)	0 (0.0)		
Tooth pain	4 (57.1)	3 (42.9)	0 (0.0)		
Diarrhea	4 (57.1)	3 (42.9)	0 (0.0)		
Abdominal pain	5 (83.3)	0 (0.0)	1 (16.7)		
Disk	1 (16.7)	4 (66.7)	1 (16.7)		
Headache	2 (33.3)	4 (66.7)	0 (0.0)		
Trauma	0 (0.0)	2 (33.3)	4 (66.7)		
Pain	1 (20)	1 (20)	3 (60)		
Asthma	2 (40)	1 (20)	2 (40)		
Hemorrhoids	2 (40)	3 (60)	0 (0.0)		
DM	1 (25)	3 (75)	0 (0.0)		
Fever	4 (100)	0 (0.0)	0 (0.0)		
Ankle pain	0 (0.0)	3 (100)	0 (0.0)		
Arm pain	1 (33.3)	2 (66.7)	0 (0.0)		
Chest pain	0 (0.0)	2 (66.7)	1 (33.3)		
Cough	3 (100)	0 (0.0)	0 (0.0)		
ENT	1 (33.3)	0 (0.0)	2 (66.7)		
Eye problem	0 (0.0)	3 (100)	0 (0.0)		
Hand pain	0 (0.0)	1 (50)	1 (50)		
Stomach pain	0 (0.0)	2 (100)	0 (0.0)		
Blurry vision	0 (0.0)	0 (0.0)	1 (100)		
Body aches	1 (100)	0 (0.0)	0 (0.0)		
Benign positional vertigo (BPV)	0 (0.0)	1 (100)	0 (0.0)		
Derma	1 (100)	0 (0.0)	0 (0.0)		
DM, HTN	1 (100)	0 (0.0)	0 (0.0)		
Flank pain	1 (100)	0 (0.0)	0 (0.0)		
Food allergy	1 (100)	0 (0.0)	0 (0.0)		
GS/UTI	0 (0.0)	1 (100)	0 (0.0)		
Forearm pain	1 (100)	0 (0.0)	0 (0.0)		
Shoulder pain	1 (100)	0 (0.0)	0 (0.0)		
SLE	0 (0.0)	1 (100)	0 (0.0)		
UTI	1 (100)	0 (0.0)	0 (0.0)		
Vomiting	1 (100)	0 (0.0)	0 (0.0)		

Table 3. Relationship between duration of sick leave and participants' common complains categories based on their diagnosis

Variable	Duration of sick leave			χ^2	p-value
	1	2	3		
System affected					
Respiratory system	5 (50)	2 (20)	3 (30)	78.91	< 0.001
Musculoskeletal	21 (34)	50 (53.2)	12 (12.8)		
GIT	22 (64.7)	10 (29.4)	2 (5.9)		
Genitourinary	1 (50)	1 (50)	0 (0.0)		
Skin	1 (100)	0 (0.0)	0 (0.0)		
ENT	1 (25)	1 (25)	2 (50)		
Eye	1 (7.7)	11 (84.6)	1 (7.7)		
Teeth	4 (50)	4 (40)	0 (0.0)		
Neurological and psychological	0 (0.0)	0 (0.0)	1 (100)		
Chronic diseases	9 (56.3)	5 (31.3)	2 (12.5)		
General signs	7 (46.7)	5 (33.3)	3 (20)		
Post-vaccine	27 (57.4)	19 (40.4)	1 (2.1)		
Trauma	0 (0.0)	2 (33.3)	4 (66.7)		
Vaccine	28 (65.1)	15 (34.9)	0 (0.0)		
Food allergy, SLE	1 (50)	1 (50)	0 (0.0)		

DISCUSSION:

Many employers in the Kingdom of Saudi Arabia adhere to Saudi labour legislation when determining sick leave policy. This reads, "During any service year, the employee may be granted sick leave with full pay for a maximum of thirty calendar days, sick leave with seventy-five percent of full pay for sixty calendar days, and sick leave without pay for thirty calendar days" (7).

In the current study, the majority of participants (47%) only took one day off for illness, while 42 percent and 10.5 percent took two and three days off, respectively. The average number of days spent on sick leave was 1.64 ± 0.66 .

In 2012, 3117 employees participated in a prior cross-sectional survey conducted in Saudi Arabia at King Khalid University Hospital in Riyadh. According to the study, the majority of absences due to illness were brief, and those that lasted longer were typically caused by chicken pox (4). The length of sick leave (1.5-0.8 days) and frequency of absences (1.1 absences per absentee) during this study (4). A study done in Riyadh hospital in 1993 revealed a sickness absence rate of 0.2 days per employee per year or 1.69 days per absentee (8).

Saudi employees were only permitted to get full pay annually for up to 180 days of sick leave, whilst non-Saudi employees were only permitted to receive full pay for up to 30 days. The observed mean length of sick leave was shorter in the current study than in

Malta¹³, Norway¹⁷, and other countries (9,10,11). It was also lower than the two studies conducted in Nigeria (8,13).

According to a 2020 Saudi study, sick days average 4.24 days per absentee and 2.26 days per employee annually (6). On the other hand, our numbers are far lower than some data from other countries. For instance, the Office for National Statistics in the U.K. reported that, on average, each employee missed 4.4 working days in 2018 due to illness or accidents (14). In 2016, the average number of days worked by each employee in other European nations ranged from 2.5 to 18.6 days (15). While in the US, workers typically take 7-9 sick days each year (16).

Hospitals are supposed to provide healthcare services to their local communities around the clock, thus they cannot afford to have their operations interrupted by sick employees. Therefore, the majority of hospitals set up employee's health clinics (EHC) on the premises where their workers work to provide healthcare, weed out whiners, monitor workplace dangers, and assist management in establishing priorities and preventative measures (17,18).

According to this study's findings, musculoskeletal system complaints (31.8%), post-vaccination side effects (15.9%), sick days due to vaccination (14.5%), and GIT issues were the most prevalent complaint categories among participants (11.5 percent).

Employees who experienced knee discomfort, hand pain, asthma, ENT symptoms, trauma, or respiratory system issues also had a significantly greater percentage of those who took the longest amount of sick time (3 days). The similar finding was seen in earlier studies where the primary occupational hazards among different hospital health personnel were musculoskeletal disorders brought on by patient handling (8, 9, 19, 20).

Health care employees may experience a high rate of musculoskeletal issues as a result of improper lifting, moving, or repositioning practices (21, 22). Due to the pattern of dietary habits, the GIT symptoms (11.5 percent) that were discovered among the study participants are also frequent in the Saudi community. One of the leading causes of absence due to illness in the study was irritable bowel syndrome, which is quite common in Saudi Arabia and causes mild to severe abdominal cramps (21, 22).

A prior Saudi study discovered that disorders of the musculoskeletal system, the digestive system, and acute upper respiratory infections were the most frequent reasons of sick leave (4). In order to determine how frequently employees, take sick days, a further quantitative cross-sectional study was conducted in 2020 at King Faisal Specialist Hospital & Research Center (KFSHRC), Riyadh. In our analysis, viral upper respiratory tract infection was the most frequent reason for sick leave. It was shown that employees who are younger, nurses, hospital assistants, and housekeepers are more prone to take sick days (6).

According to this study, 15.9 percent of sick days were brought on by side effects from the COVID-19 vaccine. A retrospective observational cross-sectional study was done in Italy in 2020 and it revealed that 1.6% of HCWs asked for sick time following the first injection. The number of requests dramatically rose (+6.1%) following the second injection (23).

In order to increase workers' job happiness and engagement and, as a result, decrease unnecessarily frequent sick days, many experts in staff management have proposed a few fascinating techniques (24, 25). Making sure all employers have clear paid sick leave policies (26) and attendance policies, for instance (27). However, in order to prevent abuse of these policies, disciplinary penalties for individuals who repeatedly infringe the law should be made explicit (25).

Taking into account a provision for non-medical vacations as well as flexible employment options like part-time employment or working from home (28). But occasionally, some workers ask for sick days for conditions other than being physically or mentally ill (26). Doctors play a big part in lowering the amount of sick days taken for unethical reasons. This can be done by doing a thorough evaluation of the patient to determine their capacity for employment while taking into account the potential for the transmission of infectious diseases if the patient returns to work (24, 29).

Unfortunately, it can be quite challenging realistically for doctors to be aware of those who might be acting sick. A patient might, for instance, assert that they have a headache or back pain while the doctor cannot corroborate this. If in doubt, it may be advantageous to certify the patient with a shorter sick leave period if it was medically necessary. Certain markers have been proposed by some staff management professionals that may assist us spot individuals who may be inflating their symptoms in order to obtain a sick certificate (24, 29).

Limitations

A limitation of the present study was being a cross sectional study that concluded the association between variables without revealing the casual relationships. Another limitation was the limited data as to the diagnosis and the duration of sick leave without studying the participants' demographics and specialties.

CONCLUSION:

This study found that based on the body system of compliant, musculoskeletal system complaints (31.8%), post-vaccination side effects (15.9%), sick leaves to take the vaccine (14.5%) and GIT complaints (11.5%) were the most common diagnosis of sick leaves. The most common causes of sick leaves were back pain (17.2%). Most of the participants (47%) had only one day as a sick leave and 42% had two days with a mean duration of sick leave of 1.64 ± 0.66 days.

Participants with blurry vision, trauma or ENT complaints, hand pain, asthma, respiratory system complaints and knee pain had a significant higher percent of those who had the longest duration of sick leave (3 days). To lessen the sickness absence problem, preventive steps targeting the pertinent causes of sick leave should be taken. For a better understanding of the scope of the issue, more thorough registration of all data pertaining to employee

demographics and working conditions related to sick leave is required.

Acknowledgment: The authors gratefully acknowledge the administration staff of the study setting.

Funding: none

Conflicts of interest: none declared

REFERENCES:

1. I. J. Murphy, Occupational Health Service, Nottingham University Hospitals, Self-reported and employer-recorded sickness absence in doctors
2. Falagas ME, Bliziotis IA, Soteriades ES. A prospective study of services utilization of a hospital-based employee health clinic. *Med Sci Monit.* 2006 Aug;12(8):CR341-4. Epub 2006 Jul 12. PMID: 16865066
3. Kristin Farrants et al. *J Int Med Res.* Sick leave before and after the age of 65 years among those in paid work in Sweden in 2000 or 2005: a register-based cohort study
4. Khawaja RA, Sikander R, Khawaja AA, Jareno RJ, Halepota AT. Medically certified sickness absence among health care workers. *J Pak Med Assoc.* 2012 Sep;62(9):900-4. PMID: 23139972
5. Nashi Masnad Alreshidi NM, Alaseeri RM, Garcia M. for Enhancing Staff Commitment. *Health science journal* 2019, 13:1-7.
6. Elabd K, Alkhenizan A, Aldughaiter A. Sick Leaves Pattern in a Tertiary Healthcare Facility in Saudi Arabia. *Cureus.* 2020 Nov 18;12(11):e11543.
7. Development TMOLaS. LABOR LAW. 2020.
8. Bamgboye E, Olubuyide I, Alshammari S. The rate of sickness absenteeism among employees at King Khalid University Hospital, Riyadh, Saudi Arabia. *East African medical journal.* 1993;70:515-8.
9. Soler JK. Sick leave certification: a unique perspective on frequency and duration of episodes - a complete record of sickness certification in a defined population of employees in Malta. *BMC Fam Pract* 2003; 4: 2.
10. Gjesdal S. [Sickness absence incidence in Norway 1975-2002]. *Tidsskr Nor Laegeforen* 2005; 125: 742-5.
11. dos Reis RJ, La Rocca PdeF, Silveira AM, Lopez Bonilla IM, Navarro i Gine A, Martin M. [Factors related to sickness absenteeism among nursing personnel]. *Rev Saude Publica* 2003; 37: 616-23.
12. Bamgboye EA, Adeleye AI. Sickness absenteeism in a Nigerian teaching hospital. *East Afr Med J* 1992; 69: 450-5.
13. Isah EC, Omorogbe VE, Orji O, Oyovwe L. Self-reported absenteeism among hospital workers in Benin city, Nigeria. *Ghana Med J* 2008; 42: 2-7.
14. ONS. Sickness absence in the UK labour market Office of national Statistics; 2018 [cited 2020. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2018>.
15. WHO. Absenteeism from work due to illness, days per employee per year 2016 [Available from: https://gateway.euro.who.int/en/indicators/hfa_4_11-2700-absenteeism-from-work-due-to-illness-days-per-employee-per-year/].
16. STATISTICS USBOL. Number of paid sick leave days in 2015 varies by length of service and establishment size 2015 [Available from: <https://www.bls.gov/opub/ted/2016/number-of-paid-sick-leave-days-in-2015-varies-by-length-of-service-and-establishment-size.htm>].
17. Donovan TL, Moore KM, Van Den Kerkhof L, McGuinness D, Edgar B. Absenteeism among employees in a south eastern Ontario hospital: A Novel Application of Syndrome Surveillance. *Adv Dis Surveill* 2007; 2: 152.
18. Kivimaki M, Elovania M, Vahtera J. Work place bullying and sickness absence in hospital staff. *Occup Environ Med* 2000; 57: 656-60.
19. al-Shammari SA, Bamgboye EA, Olubuyide IO. Sickness absenteeism among employees of a teaching hospital in Saudi Arabia. *J R Soc Health* 1994; 114: 6-10.
20. Ritchie KA, Macdonald EB, Gilmour WH, Murry KJ. Analysis of sickness abscess among employees of four NHS trusts. *Occup Environ Med* 1999; 56: 702-8.
21. Alhazmi AH. Irritable bowel syndrome in secondary school male students in AlJouf Province, north of Saudi Arabia. *J Pak Med Assoc* 2011; 61: 1111-5.
22. Ayoola AE, Aqeely HM, Gadour MO, Pathak VP. Prevalence of Helicobacter pylori infection among patients with dyspepsia in South-Western Saudi Arabia. *Saudi Med J* 2004; 25: 1433-8.
23. Schianchi A, Ughi N, Cassano G, Del Gaudio F, Dicuonzo A, Scaglione F, et al. Sick leave request following anti-COVID-19 vaccine administration is low among healthcare workers: results from a retrospective cross-sectional monocentric study. *Eur Rev Med Pharmacol Sci* 2021; 25 (23): 7218-7222

24. Business.co.UK S. A step-by-step guide to managing repeated employee absence 2014 [Available from: <https://smallbusiness.co.uk/a-stepbystep-guideto-managing-repeated-employee-absence-2461572/>].
25. work WI. The 6-Step Process for Dealing with Employee Absenteeism: When I Work; 2018 [Available from:<https://wheniwork.com/blog/how-to-deal-with-employee-absenteeism>].
26. Hill HD. Paid Sick Leave and Job Stability. *Work and occupations*. 2013;40(2):10.1177/0730888413480893.
27. Scott D, Markham S, Taylor G. Employee attendance policies: The foundation for successful absenteeism control. 1987.
28. Eurofound. Absence from work 2010 [Available from: <https://www.eurofound.europa.eu/publications/report/2010/absence-from-work>].
29. Whittam E. Put a stop to fake sickness absences! UK: Ellis Whittam; 2020 [Employment Law & HR Support]. Available from: <https://elliswhittam.com/blog/put-stop-fake-sickness-absences/>.