

From lack of respect in the workplace to hidden absenteeism among psychiatric nurses: Mediated chain mediation effect

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Abstract

Objective: To explore the relationship between lack of respect in workplace and hidden absenteeism of psychiatric nurses.

Method: The study was conducted in March 2023 in Jiangsu, China, and comprised nurses working in psychiatry and psychology departments of hospitals of different grades in the province. Demographic and professional data was collected, and the lack of respect in the workplace, psychological disengagement, empathy fatigue, emotional exhaustion and hidden absenteeism among the nurses were assessed. The chain mediation model was established to examine the mediating effect of lack of respect in the workplace on hidden absenteeism. Data was analysed using SPSS 29

Results: Of the 1203 subjects with mean age 33.86 ± 7.76 years, 1,087 (90.36%) were females and 232 (19.29%) were specialised nurses. Absenteeism rate was significantly higher among specialty nurses, night nurses and those working in psychiatry wards ($p < 0.001$). Lack of respect in the workplace was positively correlated with empathy fatigue, emotional exhaustion and hidden absenteeism ($p < 0.001$), and psychological disengagement was negatively correlated with empathy fatigue, emotional exhaustion and hidden absenteeism ($p < 0.001$).

Conclusion: There was a mediated chain mediator between lack of respect in the workplace and hidden absenteeism of psychiatric nurses. Empathy fatigue and emotional exhaustion played a mediated chain mediator, and psychological detachment could regulate the mediation.

Keywords: Respect, Absenteeism, Nurse, Psychiatric, Emotional exhaustion, psychological detachment.

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Introduction

Hidden absenteeism is a part of impaired health productivity, which refers to the behaviour of employees who insist on working when their physical and mental health is not good, and the resulting low work efficiency leads to impaired productivity.¹ The incidence of hidden absenteeism in medical care industry is significantly higher than in other industries, which is 3-4 times that of ordinary workers.² Long-term high frequency of hidden absenteeism seriously consumes nurses' health capital, reduces work efficiency, increases nursing safety risks, potentially increases the burden of patient care, and damages the quality and image of nursing services.³ The causes of nurses' hidden absenteeism are complicated, and their recessive absenteeism is affected by many factors, such as individual behaviour, social psychology and situation.⁴

Psychiatric patients are prone to physical attacks, mental abuse, threats, intimidation and other violent acts, and nurses are easy to become the target of such aggression, which makes psychiatric nurses more susceptible to lack of respect than other nursing groups.⁵ This not only causes

physical and mental harm to psychiatric nurses, but also increases the hidden absenteeism of psychiatric nurses.⁶

The current study was planned to explore the mediated chain mediation effect between lack of respect in workplace and hidden absenteeism of psychiatric nurses.

Subjects and Methods

The study was conducted in March 2023 in Jiangsu, China, and comprised nurses working in psychiatry and psychology departments of hospitals of different grades in the province, including Yangzhou Wutai Shan Hospital, Suzhou Guangji Hospital, Zhenjiang Mental Health Centre, Nanjing Brain Hospital, Changzhou De'an Hospital and Xuzhou East Hospital. The sample size was determined using the formula:⁷ $(n = \mu \cdot \alpha^2 \cdot (\rho(1-\rho)) / \delta^2)$ ($\alpha = 0.05$, $\rho = 45.4\%$, $\delta = 0.1 \times \rho$), and 5% was taken as inefficiency. The sample size was inflated by about 150%. The sample was raised using purposive sampling method. Those included were nurses aged 20-60 years with professional qualification certificate who were engaged in clinical frontline work for ≥ 6 months. Those excluded were unofficial nurses, such as those studying or practicing, those who were absent from work for 6 months for various reasons, such as sick leave/maternity leave, and non-clinical workers. This study was approved by the Institutional Ethics Review Committee of Affiliated Brain Hospital of Nanjing Medical University

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After taking written informed consent from all the subjects, data was collected regarding gender, age, education, ability level, specialist nurse status, night shift and department. The revised version of the Lack of Respect in the Workplace scale⁸ was used that had 6 items and was scored on a 5-point Likert scale ranging from “never experienced” to “many times”, with scores indicating the perceived lack of respect in the workplace. The alpha (α) coefficient of the scale in the current study was 0.944. The 13-item revised version of the Empathy Fatigue Scale⁹ was used to adopt the most commonly used 5-level score, ranging from completely inconsistent to completely consistent,¹⁰ representing the degree of empathy fatigue. The α coefficient in the current study was 0.952. The 4-item revised version of Emotional Exhaustion Scale¹¹ was used, with 7-level scores ranging from “never” to “very frequent”, having an established reliability and validity,¹² with an α coefficient of 0.949. The 6-item revised version of the Invisible Absenteeism Scale¹³ was used with a 5-level score ranging from “totally disagree” to “fully agree”, reflecting the degree of hidden absenteeism.¹⁴ The α coefficient of the scale in the current study was 0.745. Finally, the revised version of 4-item Psychological Disengagement Scale¹⁵ was used with 5-level responses ranging from “totally disagree” to “fully agree”, indicating the level of psychological disengagement with an α coefficient of 0.872 in the current study.

The questionnaire was distributed online within a unified time range and with unified guidelines. The questionnaire was designed to incorporate the method of concealing interview information, the method of randomly configuring items, the method of concealing the meaning of questions, the method of organising the meaning of items, and the method of choosing a mature scale of reliability and validity as a tool. Professionals in leadership roles were selected from the hospitals. They were interviewed and given standardised training to have a clear understanding of the purpose of study, including the criteria for inclusion and exclusion of subjects, and to supervise the subjects to complete the responses carefully. Omission limits were set up on the platform so that only complete answers could be submitted. The quality control personnel used Epidata 4.6 audit, proofreading the responses.

Data was analysed using SPSS 29 and PROCESS 4.3 syntax. The mediating effect was analysed using the application of Bias-Corrected Bootstrap,¹⁶ and the moderated chain mediating effect was analysed using a class of sequential tests with the lowest error rate.^{17,18} The inspection level α was 0.05. Harman’s single-factor test was used along with

the maximum variance rotation principal component method to extract 6 factors with feature roots >1 and the variance explanation rate of the first common factor was 20.50%, <40%. The count data was expressed as frequencies and percentages, and was tested using chi-square test. P<0.05 was taken as statistically significant.

Results

Among the 1,225 subjects, 1,203 (98.2%) completed the study, with a mean age of 33.86±7.76 years. There were 1,087 (90.36%) females, and 232 (19.29%) were specialised nurses. Overall, 172 (14.30%) nurses had a college degree or less, and 1,031 (85.70%) had a bachelor’s degree or higher. There were 311 (25.85%) nurses who did not work in the night shift, 340 (28.26%) nurses who worked night shift once a week, 417 (34.66%) nurses who worked night shift twice a week, and 135 (11.23%) nurses who worked night shift ≥3 times a week. Among them, 267 (22.19%) were in N0-N1 class, 490 (40.73%) in N2 class, 363 (30.17%) in N3 class and 83 (6.91%) in N4 class. There were 683 (56.77%) psychiatric nurses and 520 (43.23%) psychological nurses (Table 1). The mean score for lack of respect in the workplace was 12.09±4.35, empathy fatigue was 27.15±9.79, emotional exhaustion 9.36±5.73, hidden absenteeism 14.80±4.24 and psychological disengagement

Table-1: Demographic distribution of hidden absenteeism rate.

Distinction	Low Hidden Absenteeism	High Hidden Absenteeism	χ ²	p-value
Gender				
Female	525(48.30)	562(51.70)	1.541	>0.05
Male	49(42.24)	67(57.76)		
Clinical Nurse Specialist				
Not	482(49.64)	489(50.36)	7.483	0.006
Yes	92(39.66)	140(60.34)		
Age (years)				
20~	242(50.95)	233(49.05)	4.734	>0.05
31~	221(44.47)	276(55.53)		
41~	82(46.59)	94(53.41)		
51~60	29(52.73)	26(47.27)		
Education Background				
≤College Degree	91(52.91)	81(47.09)	2.169	>0.05
≥Bachelor Degree	483(46.85)	548(53.15)		
Night Shift				
Has not	178(57.23)	133(42.77)	25.334	<0.001
Once a week	168(49.41)	172(50.59)		
Twice a week	183(43.88)	234(56.12)		
≥3 times a week	45(33.33)	90(66.67)		
Ability Level				
N0~N1	131(49.06)	136(50.94)	3.404	>0.05
N2	241(49.18)	249(50.82)		
N3	159(43.80)	204(56.20)		
N4~M	43(51.81)	40(48.19)		
Departments				
Psychology	334(64.23)	186(35.77)	100.153	<0.001
Psychiatric	240(35.14)	443(64.86)		

10.95±3.70.

The median score of recessive absenteeism was 15, with median <7 indicating low recessive absenteeism 574(47.71%), and ≥15 indicating high recessive absenteeism 629(52.29%). Specialist nurses ($p=0.006$), night nurses ($p<0.001$) and psychiatric nurses ($p<0.001$) had higher rates of hidden absenteeism.

Lack of respect in workplace was positively correlated with empathy fatigue ($r=0.640, p<0.01$), emotional exhaustion ($r=0.553, p<0.01$) and hidden absenteeism ($r=0.611, p<0.01$). Empathy fatigue was positively correlated with emotional exhaustion ($r=0.680$) and hidden absenteeism ($r=0.683, p<0.01$). Emotional exhaustion was positively correlated with hidden absenteeism ($r=0.567, p<0.01$). Psychological disengagement was negatively correlated with empathy fatigue ($r=-0.220, p<0.01$), emotional

exhaustion ($r=-0.194, p<0.01$) and hidden absenteeism ($r=-0.194, p<0.01$).

The chain model was established with night shift nurses, department nurses and specialist nurses as covariables (Table 2). BC Bootstrap showed that the total effect (TE) of lack of respect in workplace → hidden absenteeism was 0.537 ($t=22.991, 95\% \text{ confidence interval [CI]: } 0.491\sim0.582$), direct effect (DE) was 0.250 ($t=9.665, 95\% \text{ CI: } 0.199\sim0.301$), total indirect effect (TIE) was 0.287 ($t=15.073, 95\% \text{ CI: } 0.251\sim0.323$), with PM 53.45%. The indirect effect (IE) of lack of respect → empathy fatigue → hidden absenteeism was 0.230 ($t=12.061, 95\% \text{ CI: } 0.196\sim0.268$) was greater than that of DIFF 0.210 ($t=9.497, 95\% \text{ CI: } 0.169\sim0.253$) The IE of lack of respect → emotional exhaustion → hidden absenteeism was 0.021 ($t=3.491, 95\% \text{ CI: } 0.010\sim0.035$) and it was greater than DIFF 0.195 ($t=8.113, 95\% \text{ CI: } 0.150\sim0.243$). IE of lack of respect → empathy fatigue → emotional exhaustion → hidden absenteeism was 0.035 ($t=3.489, 95\% \text{ CI: } 0.017\sim0.055$). The IE of lack of respect → empathy fatigue → emotional exhaustion → hidden absenteeism was greater than that of lack of respect → empathy fatigue → emotional exhaustion → hidden absenteeism DIFF 0.014 ($t=1.989, 95\% \text{ CI: } 0.004\sim0.031$).

Lack of respect in the workplace × psychological disengagement → empathy fatigue was significant ($\beta=-0.265, t=-11.619, 95\% \text{ CI: } -0.310\sim-0.221$) and the simple slope was $K=a_1+a_5PD$ (Figure 1, Table 2). Lack of respect in the workplace × psychological disengagement → emotional exhaustion was significant ($\beta=-0.221, t=-6.072, 95\% \text{ CI: } -0.292\sim-0.150$)

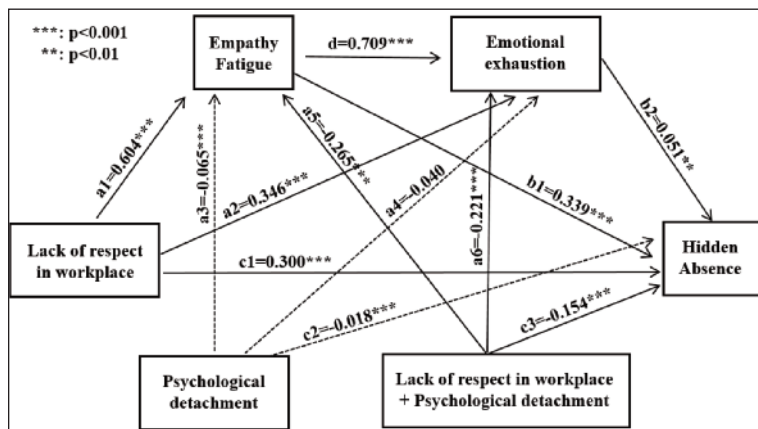


Figure-1: Moderated chain mediating model.

Table-2: Regression analysis of hidden absenteeism.

Predictive Variable	Outcome Variable =Empathy Fatigue			Outcome Variable =Emotional Exhaustion			Outcome Variable =Hidden Absenteeism		
	β	SE	t-test	β	SE	t-test	β	SE	t-test
Chain Mediating Model									
Night Shift	0.063	0.017	3.659	0.074	0.025	2.969	0.044	0.015	2.984
Department	0.215	0.035	6.198	0.166	0.051	3.249	0.066	0.030	2.170
Clinical Nurse Specialist	0.095	0.042	2.272	0.069	0.060	1.136	0.046	0.036	1.281
Lack of Respect	0.601	0.024	24.921	0.285	0.043	6.647	0.250	0.026	9.665
Empathy Fatigue				0.802	0.042	19.216	0.384	0.028	13.568
Emotional Exhaustion							0.073	0.017	4.267
R ² & F	R ² =0.437, F=232.253			R ² =0.494, F=233.580			R ² =0.532, F=226.881		
Moderated Chain Mediating Model									
Night Shift	0.054	0.016	3.319	0.073	0.025	2.956	0.045	0.015	3.095
Department	0.192	0.033	5.868	0.168	0.050	3.337	0.071	0.03	2.396
Clinical Nurse Specialist	0.088	0.039	2.242	0.070	0.060	1.182	0.047	0.035	1.346
Lack of Respect	0.604	0.023	26.122	0.346	0.044	7.918	0.300	0.026	11.347
Psychological Detachment	-0.065	0.017	-3.824	-0.040	0.026	-1.558	-0.018	0.015	-1.185
Lack of respect x Psychological Detachment	-0.265	0.023	-11.619	-0.221	0.036	-6.072	-0.154	0.022	-7.070
Empathy fatigue				0.709	0.044	16.253	0.339	0.028	11.909
Emotional Exhaustion							0.051	0.017	3.007
R ² & F	R ² =0.501, F=200.137			R ² =0.510, F=177.698			R ² =0.552, F=183.608		

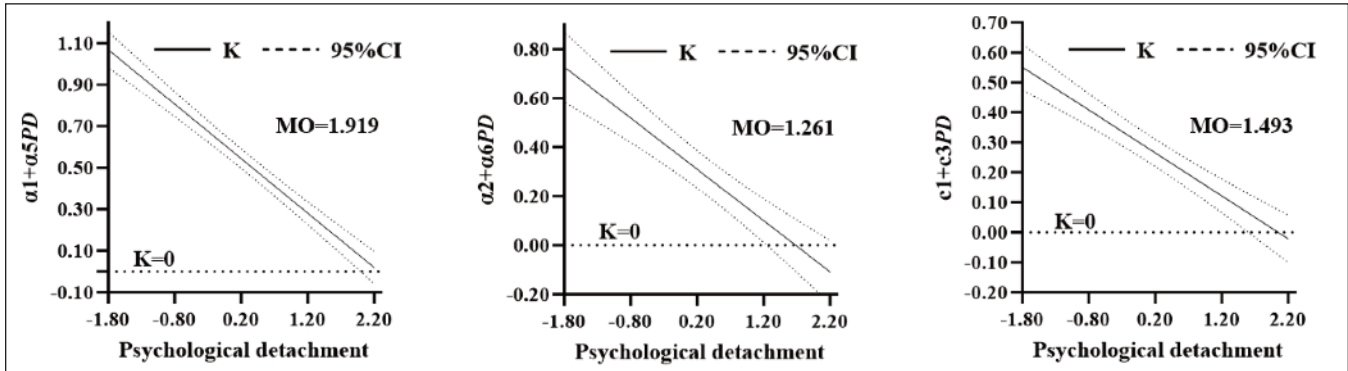


Figure-2: Moderating effect of psychological detachment.

Table-3: Conditional chain mediating effect.

Condition	Path	Effect	SE	LLCI	ULCI
Psychological Detachment=M-SD	1. Lack of Respect → Empathy Fatigue → Hidden Absenteeism	0.288	0.026	0.238	0.339
	4. Lack of Respect → Emotional Exhaustion → Hidden Absenteeism	0.028	0.011	0.009	0.051
	7. Lack of Respect → Empathy Fatigue → Emotional Exhaustion → Hidden Absenteeism	0.031	0.012	0.009	0.055
Psychological Detachment=M	2. Lack of Respect → Empathy Fatigue → Hidden Absenteeism	0.204	0.018	0.170	0.242
	5. Lack of Respect → Emotional Exhaustion → Hidden Absenteeism	0.018	0.007	0.006	0.033
	8. Lack of Respect → Empathy Fatigue → Emotional Exhaustion → Hidden Absenteeism	0.022	0.008	0.007	0.039
Psychological Detachment=M+SD	3. Lack of Respect → Empathy Fatigue → Hidden Absenteeism	0.121	0.015	0.093	0.153
	6. Lack of Respect → Emotional Exhaustion → Hidden Absenteeism	0.007	0.004	0.002	0.018
	9. Lack of Respect → Empathy Fatigue → Emotional Exhaustion → Hidden Absenteeism	0.013	0.005	0.004	0.024
Compare	1 vs. 2	-0.083	0.010	-0.105	-0.065
	1 vs. 3	-0.166	0.021	-0.211	-0.129
	2 vs. 3	-0.083	0.010	-0.105	-0.065
	5 vs. 4	-0.010	0.004	-0.021	-0.003
	6 vs. 4	-0.021	0.009	-0.042	-0.007
	6 vs. 5	-0.010	0.004	-0.021	-0.003
	8 vs. 7	-0.009	0.003	-0.016	-0.003
	9 vs. 7	-0.018	0.007	-0.033	-0.006
	9 vs. 8	-0.009	0.003	-0.016	-0.003
Index of Moderated Mediation	Lack of Respect → Empathy Fatigue → Hidden Absenteeism	-0.090	0.011	-0.114	-0.070
	Lack of Respect → Emotional Exhaustion → Hidden Absenteeism	-0.011	0.005	-0.023	-0.004
	Lack of Respect → Empathy Fatigue → Emotional Exhaustion → Hidden Absenteeism	-0.010	0.004	-0.018	-0.003

CI: Confidence interval, LL: Lower limit, UL: Upper limit.

and the simple slope was $K=a2+a6PD$. Lack of respect in the workplace \times psychological disengagement \rightarrow hidden absenteeism was significant ($\beta=-0.154$, $t=-7.070$, 95% CI: -0.197~-0.111) and the simple slope was $K=c1+c3PD$. Johnson-Neyman technique (Figure 2) showed that after centering, the simple slope decreased as psychological detachment rose, and was no longer significant after psychological detachment >1.919 , 1.261 and 1.493 , respectively.

Lack of respect \rightarrow empathy fatigue \rightarrow hidden absenteeism had a mediating effect with $IE = (a1+a5PD) b1$, and the significance of $a1$, $a5$ and $b1$ was tested successively, $a1=0.604$ ($t=26.122$, 95% CI: 0.558~0.649), $a5=-0.265$ ($t=-11.619$, 95% CI: -0.310~-0.221), and $b1=0.339$ ($t=11.909$, 95% CI: 0.283~0.394). Lack of respect \rightarrow emotional exhaustion \rightarrow hidden absenteeism had a mediating effect,

with $IE = (a2+a6PD) b2$, along with $a2=0.346$ ($t=7.918$, 95% CI: 0.260~0.432), $a6=-0.221$ ($t=-6.072$, 95% CI: -0.292~-0.150), and $b2=0.051$ ($t=3.007$, 95% CI: 0.018~0.085). Lack of respect \rightarrow empathy fatigue \rightarrow emotional exhaustion \rightarrow hidden absenteeism had a mediating effect, with $IE = (a1+a5PD) d \times b2$, and with $d=0.709$ ($t=16.253$, 95% CI: 0.624~0.795). BC Bootstrap showed that the three mediating effects decreased with the increase of psychological disengagement (Table 3), and the 95% CI of the index did not contain 0.

Discussion

The current study explored the relationship between lack of respect in the workplace and hidden absenteeism among psychiatric nurses, and examined the mediated chain mechanism.

The findings indicated that specialist nurses, night nurses and psychiatric nurses had higher rates of hidden absenteeism. Studies have shown that complex clinical tasks, interpersonal conflict, and workplace aggression are triggers for hidden absenteeism.¹⁹ Patients with mental disorders often have disorganised speech and behaviour, and the relationship between nurses and patients in the ward is relatively tense.²⁰ Most psychiatric nurses in a study showed that they had encountered workplace violence, which led to a decline in the attendance rate of psychiatric nurses.²¹ At the same time, the lack of human resources is also related to this behaviour, and there is a serious shortage of nursing human resources in psychiatric wards.²² Therefore, managers should pay more attention to the task of formulating targeted strategies from various aspects, such as coordinating work arrangements, improving nurse-patient relationship, reducing violent incidents, and increasing human resources.

Besides, the current study indicated that lack of respect in workplace was positively correlated with empathy fatigue, emotional exhaustion and hidden absenteeism. Empathy fatigue was positively correlated with emotional exhaustion and hidden absenteeism. Emotional exhaustion was positively correlated with hidden absenteeism. Psychological disengagement was negatively correlated with empathy fatigue, emotional exhaustion and hidden absenteeism. Empathy fatigue refers to the secondary trauma caused by nurses after long-term contact with patients suffering from disease trauma, resulting in a sense of job burnout, which is manifested by emotional and behavioural responses, mainly reduced empathy.²³ Psychological disengagement means that an individual does not engage in work-related affairs and thinking during the off-duty period, and both body and mind are withdrawn from work.²⁴ Emotional exhaustion refers to an emotional fatigue syndrome caused by constant stress and poor stress management, including emotional exhaustion, a sense of personal detachment, and a decreased sense of personal accomplishment, resulting in decreased work performance.²⁵ Researches have shown that when bullying and other aggressive behaviours occur in work and organisations, it certainly has a negative impact on individuals' mental state and work performance.²⁶ If one is affected by such pressure and dissatisfaction for a long time, job satisfaction and work engagement would be reduced, and even emotional exhaustion would occur.²⁷ This may be the reason for the hidden absenteeism of psychiatric nurses in the current study.

The current results showed that empathy fatigue and emotional exhaustion played a mediating role between lack of respect in the workplace and hidden absenteeism

of psychiatric nurses, and psychological detachment played a moderating role in the mediating chain. Therefore, hospital managers should pay close attention to the lack of respect of psychiatric nurses in the workplace, reduce the empathy fatigue and emotional exhaustion of psychiatric nurses, and promote psychological detachment of psychiatric nurses.

The current study has some limitations. First, the study had a cross-sectional design which could not address causality. Second, the study focussed on psychiatric nurses, and the findings may not be applicable to nurses across the board. Finally, the sample survey was conducted in one Chinese province. In order to improve ecological validity, the scope of investigation has to be expanded.

Conclusion

There was a mediated chain mediator between lack of respect in the workplace and hidden absenteeism of psychiatric nurses. Empathy fatigue and emotional exhaustion played a mediated chain mediator, and psychological detachment could regulate the mediation.

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