
Presentism in Workplace: Systematic Review and Development of an Integrated Model

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INTRODUCTION

Presentism is a relatively new concept that is catching fast attention among researchers across the globe. Presenteeism, even though sounds like an obvious antonym of absenteeism, are not essentially opposite concepts. Absenteeism is defined as not showing up for scheduled work, has a long research history, due in part to its perennial cost to organizations and its status as an indicator of work adjustment (Harrison & Martocchio, 1998; Johns, 1997, 2008, 2009). Many definitions of the presentism point to different directions, and there is still a vagueness deriving a common definition. This lack of clarity has happened because the concept is relatively new and its recently that presenteeism has become a subject of interest.

This article intends to review several conceptualizations of presenteeism, and synthesize them into a single model. Such a model will contribute in understanding Presentism as a theoretical concept, as well as in practice. Various definitions of Presentism are considered and various organizational, occupational, and medical correlates are reviewed. Finally, a model that explains how various correlates influence and get influenced by presentism is put forward.

WHAT IS PRESENTEEISM?

Definitions of Presentism can be classified into various clusters based on key words they focus.

1. Antonym of Absenteeism-

Presenteeism made occasional appearances in business-related periodicals, including Everybody's Business (1931), the National Liquor Review (1943), and Contemporary Unionism (1948). In all of these early uses, and through the 1970s, the term was clearly meant either to be the literal antonym of absenteeism, or to connote excellent attendance.

- a. Attending work, as opposed to being absent (Smith, 1970)
- b. Exhibiting excellent attendance (Canfield & Soash, 1955; Stolz, 1993)

2. Extra time they work-

- a. Simpson claimed that presenteeism is "the tendency to stay at work beyond the time needed for effective performance on the job". Such kind of Presenteeism arise from the fear of redundancy and uncertainty over promotion opportunities lead to a need to demonstrate visible commitment. Such Presenteeism hardly leads to any productive results to the organization, and in turn leads in increase of supportive cost involved. He

- puts forward an interesting term called ‘**competitive presenteeism**’- whereby managers compete over who stays longest in the office. (Simpson, 1998)(Worrall et al., 2000)
- b. Being unhealthy but exhibiting no sickness absenteeism (Kivimaki et al., 2005)
 - c. Going to work despite feeling unhealthy or experiencing other events that might normally compel absence (e.g., child care problems) (Evans, 2004; Johansson & Lundberg, 2004)
 - d. Being reluctant to work part time rather than full time (Sheridan, 2004)

3. Health Condition-

- a. Going to work despite feeling unhealthy (Aronsson et al., 2000; Dew et al., 2005)
- b. Reduced productivity at work due to health problems (Turpin et al., 2004)
- c. Reduced productivity at work due to health problems or other events that distract one from full productivity (e.g., office politics) (Hummer, Sherman, & Quinn, 2002; Whitehouse, 2005)

METHODOLOGY USED TO STUDY PRESENTISM-

Various researchers have used different methodologies to measure presentism, determining on how they define the concept. But broadly, they can be measured as

1. The act of presenteeism

Aronsson and colleagues appended to Statistics Sweden’s labor market survey the following question meant to probe the frequency of presenteeism: ‘Has it happened over the previous 12 months that you have gone to work despite feeling that you really should have taken sick leave because of your state of health?’ (Aronsson & Gustafsson, 2005; Aronsson et al., 2000). The response format consisted of never, once, 2–5 times, or over 5 times.

Variations of this retrospective frequency measure have also been used by other researchers (e.g., Demerouti et al., 2009; Hansen & Andersen, 2008; Johansson & Lundberg, 2004; Munir et al., 2007; Sanderson et al., 2007). In the earlier Aronsson study, 37 per cent of respondents reported attending work while sick more than once. In the later Aronsson study, 53 per cent made the same declaration (38 per cent 2–5 times and 15 per cent more than 5 times). The reason for this increase is unclear.

2. Productivity loss ascribed to presenteeism

Many health-related work productivity loss measures have been generated in recent years, and even while focusing on broader area of productivity loss, they have adopted various strategies.

- a. **Effect of pharmaceutical treatment on work productivity** Productivity loss instruments generally ask respondents to self-report some information concerning their health and to estimate how their health has affected their productivity. Some measures are “generic” in that they examine the impact of general health status on productivity; others pertain to specific health conditions such as migraine, allergies, or depression. (Amick, Lerner, Rogers, Rooney, & Katz, 2000).

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- b. **Impact of illness on various aspects of work functioning** (e.g., The Work Limitations Questionnaire [WLQ], Lerner, Amick, Rogers, Malspeis, Bungay, & Cynn, 2001). The WLQ (Lerner et al., 2001) asks respondents to report health conditions requiring medication or treatment by a physician and to estimate the impact of these conditions on multiple items pertaining to their time management, physical activities, mental and interpersonal activities, and overall work output. The five-point response scale ranges from “all of the time (100 per cent)” to “none of the time (0 per cent).” Scholars in the area readily impute percentages of productivity loss to such responses and attach dollar figures to the loss (e.g., Ozminkowski et al., 2004).
- c. **Measuring global productivity rating** (e.g., the World Health Organization Health and Work Performance Questionnaire [HPQ], Kessler et al., 2004),
- d. **Degree of agreement to a primary health condition-** (eg. short form of the Stanford Presenteeism Scale (SPS-6) is a 6-item scale to which respondents reply on a Likert format indicating degree of agreement pertaining to a primary health condition. A sample item is “Despite having my (health problem), I was able to finish hard tasks in my work” (Koopman et al., 2002, p.20).

1. Antecedents

a. Temporary and permanent employment

Temporary and permanent employment are often considered when examining the antecedents of presenteeism. More specifically, researchers have studied these positions with the thought that lack of job security will cause those who do not have permanent positions to come to work more often even if they are sick (Jones, 2010).

This hypothesis, however, has not received complete support. Aronsson et al. discovered that permanent employees were more prone to presenteeism than those in more seasonal positions (Aronsson & Gustafsson, 2005). In contrast, Aronsson and Gustafsson found no effect of job type. Furthermore, Heponiemi et al. found that fixed-term employees as opposed to permanent employees were less likely to report working while ill (Heponiemi et al., 2010) and the work of Bockerman and Laakkanen supported this finding (Bockerman & Laakkanen, 2010). Based on these inconclusive results, Johns noted that researchers had to reconsider the job insecurity hypothesis.

b. Occupations and work environments

Individuals working in certain occupations may be more prone to presenteeism. (i) In a study in Sweden, Aronsson et al. found that those offering welfare and teaching services demonstrated higher rates of presenteeism. The authors pointed out that these employees often worked with those in more vulnerable populations such as the elderly.

(ii) Outside of education and healthcare, most of the occupations had lower rates of presenteeism; however, the results did suggest that higher risks jobs, which had more physical workload and stress, saw increased levels of presenteeism. Certain work environments may stimulate presenteeism. To explore this topic, Dew, Keefe, and Small qualitatively examined a private hospital, a large public hospital, and a small factory. In the private hospital, there was little pressure from management to exhibit presenteeism; however, a sense of family seemed to

exist between the staff, and a strong loyalty to coworkers pushed employees to come to work while unhealthy. The public hospital had a distant management, but presenteeism was fostered by "loyalty to professional image, colleagues, and the institution as a whole." Finally, in the factory, there was strong pressure from management for employees to exhibit presenteeism. Furthermore, workers often had few other employment options, which often resulted in increased presenteeism. (Dew et.al, 2005)

c. Ease of replacement

The ease with which one can be replaced on the job also affects levels of presenteeism. Specifically, if one feels that he or she cannot be replaced, that individual is more prone to attend work while sick. (Bockerman & Lakkenen,2010). Doctors are often examined in this regard. For example, Jena et al. studied residents in training and noted high rates of presenteeism, which they concluded were the result of feeling irreplaceable. Further extending the examination of the medical field, McKeivitt, Morgan, Dundas, and Holland studied hundreds of healthcare professionals and found that more than 80 percent of respondents had worked while ill. Individuals listed some of the reasons they had not taken sick days, and many cited the fact that they felt large pressure to work. In some cases, general practitioners did not want to burden their partners, and many felt a strong commitment to the job that prevented them from taking sick leave (McKeivitt et.al, 1997)

d. Workloads and job demands

Jobs that have large workloads and many demands are often associated with higher levels of presenteeism. Individuals felt they had to come to work while ill or injured because they believed they had high workloads, many deadlines, and often very little backup support. Complementing this finding, McKeivitt et al. (1997) also found that individuals feared their work would pile up if they did not go to their job. Moreover, Demerouti, Le Blanc, Bakker, Schaufeli, and Hox examined job demands and found that they had a positive relationship with presenteeism. In the case of this study, the authors defined job demands as aspects of the job that require physical and/or psychological effort.

e. Workaholism

Those who exhibit workaholism tend to demonstrate higher levels of presenteeism. As defined by Schaufeli, Bakker, van der Heijden, and Prins, workaholics tend to work excessively and compulsively, and they are internally motivated to work to an excessive extent. In addition to their high levels of presenteeism, Schaufeli et al.(2009) discovered that workaholics also displayed the highest burnout and lowest happiness levels relative to other groups who were not defined as workaholics

f. Organizational policies

Organizational policies concerning pay, sick pay, attendance control, downsizing, all influence Presenteeism.

Lovell (2004) cites a lack of paid sick leave as a particular stimulus for presenteeism among female workers. She also notes that workers report going to work ill to "save" any sick leave they have for dealing with children's health problems, something that is covered by few sick leave plans, especially for those earning low wages.

Vahtera et al. (2004) found that the rate of sickness absenteeism increased in occupational groups in which there had been the greatest amount of downsizing, but only among permanent employees. They inferred that temporary employees might have been engaging in presenteeism, as they were most vulnerable to job cuts.

g. Performance-based self-esteem

Performance-based self-esteem (PBSE) has also been considered another antecedent of presenteeism. This term describes the idea that individuals' self-esteem may depend on their performance. Employees who demonstrate high levels of this construct have to prove their worth while on the job. Love et al. found that PBSE positively predicted presenteeism; however, the authors also discovered that the relationship between PBSE and presenteeism was strengthened when workers experienced high physical and psychological work demands. This finding suggested that demanding work environments could interact with employees' overambitious work styles, which could result in over performance and increased levels of presenteeism. (Love et.al, 2010)

h. Health factors

Certain health factors serve as risk factors for presenteeism as opposed to absenteeism. Boles, Pelletier, and Lynch examined a variety of emotional and physical health symptoms and noted that the odds of reporting presenteeism were largest for those with high stress compared to those without stress. Those with poor diet and less emotional fulfillment also reported higher levels of presenteeism than those without these conditions. The researchers noted that individuals with diabetes tended to report higher levels of absenteeism as opposed to those without the condition. Individuals who partook in no physical activity were more prone to report higher levels of both absenteeism and presenteeism compared to those who took part in some physical activity. (Boles et.al., 2004)

CONSEQUENCES

a. Productivity loss

One consequence of presenteeism is productivity loss, and scholars have attempted to estimate these productivity numbers. While examining productivity decrements, however, it is implied that losses are measured relative to not having a sickness or health issue. Furthermore, in comparison to being absent from a job, those exhibiting presenteeism may be far more productive. Nonetheless, a large study by Goetzel et al. estimated that on average in the United States, an employee's presenteeism costs or lost on-the-job productivity are approximately \$255 (Goetzel et.al; 2004).

The authors concluded that of all the health-related costs faced by employers, one fifth to three fifths of those expenses could be attributable to on-the-job productivity losses. Complementing that study, Schultz and Edington provided a detailed review of the effects of certain health conditions on productivity (Shultz, 2007). These authors examined conditions such as allergies, arthritis, chronic pain, diabetes, and mental health disorders. The studies in the review showed, for example, that increases in pollen are associated with decreased performance (Burton, 2001).

Moreover, Schultz and Edington noted that chronic pain had to be studied more thoroughly to better understand its effects on productivity.

b. Poor health and exhaustion-

Exhaustion and future poor health are often other consequences of presenteeism. For example, Bergstrom et.al., found that sickness presenteeism was a risk factor for future sick leave. Furthermore, in their study of job demands and presenteeism, Demerouti et al. found that presenteeism resulted in increased exhaustion. (Demerouti et.al., 2009)

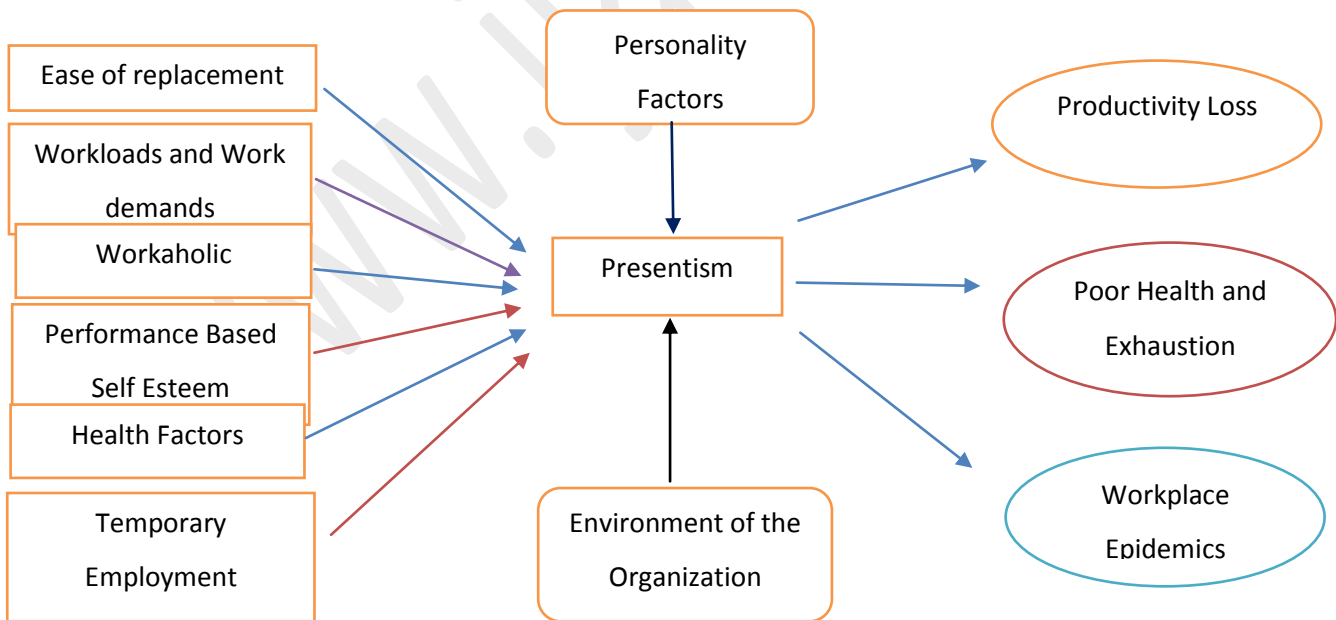
Presenteeism can also influence occupational injuries for workers. A 2012 study from the National Institute for Occupational Safety and Health showed that workers with access to paid sick leave were 28% less likely overall to suffer nonfatal injuries than workers without access to paid sick leave. (Asfaw et.al., 2012)

c. Workplace epidemics

In the case of an infectious disease such as influenza a culture of presenteeism will inevitably also lead to further infections throughout the workforce compounding the ill-effects and leading to a much wider problem. In a 2014 survey by Canada Life Insurance over 80% of respondents stated that they had become ill as a result of an infection contracted in the workplace

DEVELOPING A RESEARCH MODEL-

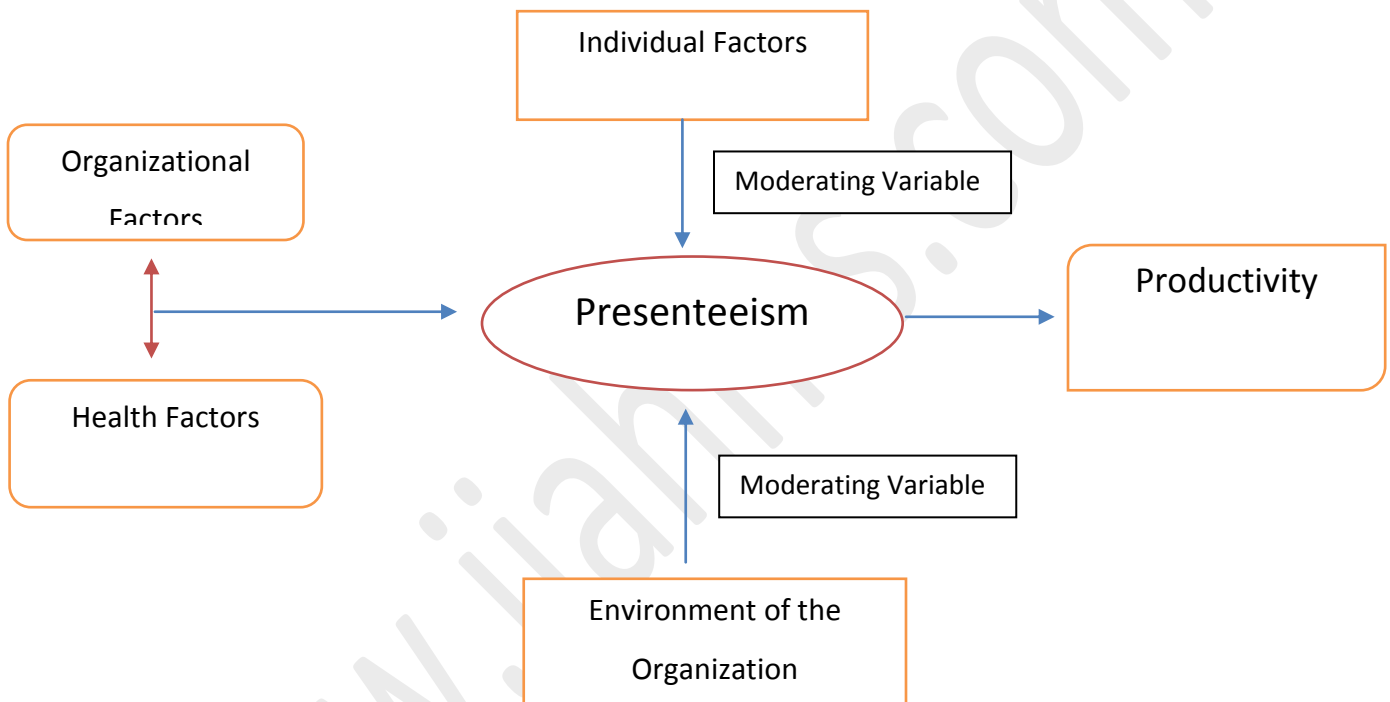
The exhibit 1, shows a summary of all the studies that have been reviewed in a flow chart.



Review of literature on presenteeism reveals the existence of many antecedents and consequences that are caused by it. Even though many independent studies have been conducted

defining linear and correlational relationship between Presentism and other variables, no specific study has been done that brings all the concepts under an umbrella, and does an interventional study where the antecedents are altered to see its direct effect on consequences. This review study put forwards a model than can provide a structural sequence to conduct an intervention study.

Exhibit 2 shows the proposed research model for conducting an intervention study, which has been synthesized out of the review of literature.



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