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PRESENTEEISM - UNHEALTHY EXTRA PRESENCE IN THE WORKPLACE

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ABSTRACT

Modifications of working conditions and difficult labour market situation have an influence on employee's health status. Consequently, new psychological phenomena can be observed in the workplace. One of them is presenteeism (sickness presence), i.e. situation when sick employee is present at work. It is associated with the decrease of productivity. The symptoms have an effect on work, its quality and amount by decreasing the productivity, generating the possibilities to make mistakes and distracting the employee from work. In case of the infectious diseases, there is a risk of disease transmission to colleagues and close contacts. Presenteeism can be defined as 'unhealthy officiousness'. It may frequently result from uncertainty, decreased possibilities for finding new work, activities aimed at reducing the absenteeism (especially sickness absenteeism) and associated costs. From the studies transpires that hidden costs of presenteeism exceed the costs of treatment, absenteeism and disability. The chronic presenteeism results in decreasing employee's productivity and potential disability. Initial pilot studies confirm that presenteeism is also observed in Poland. Thus, there is a necessity to conduct further studies on presence of sick employees in the workplace.

Key words: *presenteeism, absenteeism, occupational medicine, public health*

INTRODUCTION

In recent decades we observe modifications of working conditions in developed countries. Labour market is subject to significant transformations which are also noticeable in Poland (1-3). In the employment structure the private sector prevails, the number of self-employed persons is on the increase (frequently under the pressure of replacing a full-time employee status) and outsourcing became a common phenomenon – commissioning tasks to subcontractors (4). The nature of employment is changing: employment contracts, protected by special law provisions (e.g. Labour Code) and preventive occupational medicine examinations are replaced by civil contracts which are not under legal protection. The approach to work is also altering. The workplace culture is changing as well - some environments consider health problems to be the sign of weakness. At certain carrier level, it is not allowed to become sick as disease is manifestation of weakness. All of these working condition transformations and difficulties in finding a satisfactory, qualifications-conform job and often having any work, influence the health of employees. The need for maintaining the job may be more important than taking care of their own health. This favours the occurrence of new psychosocial phe-

nomena in the workplace. One of them is presenteeism (or sickness presence).

Presenteeism is the antonym of absence in the workplace (absenteeism). It is defined as situation when sick employee is present at work and fulfills his working obligations (4), comes to work despite of feeling unhealthy (5-8), which is associated with the decrease in productivity due to health problems (9-11). Presenteeism is also the occurrence of events distracting employee's productivity, e.g. office policy (10,11) or a problem with ensuring the care over child (7,8). The definition of presenteeism can be limited to the following statement: employee is present at work but works less efficiently, he is burdened with health problems and concern for relatives without due care or possibility of his position reduction. Presenteeism can be briefly described as "unhealthy over-zealousness" (12).

The term *absenteeism*, indicating evading the public obligations (13), due to the linguistic difficulties is not widely used. The word *absence* is more frequently employed. In the case of absence due to the disease, *sickness absence* is used. Correspondingly, presenteeism may be more frequently defined as presence (in Polish presence denotes appearance and behaviour of a person (14)). In the case of presence despite the disease, sickness presence is observed. There is a risk

that presenteeism may be confused with presentism (trend in contemporary methodology of historical research, negating the possibility of exploring objective historical truth; method of interpreting the history consisting in the transferring the present problems and phenomena to the past (14)). Kinga Dunin, PhD, from the Department of Epidemiology of Medical University of Warsaw proposed to define the phenomenon of presence of employee in the workplace despite health problems as “extra presence”.

SOCIAL BACKGROUND OF PRESENTEEISM

The reason for interest in presenteeism is twofold. Firstly, the concern that the changing labour market, insecurity of employment caused by the reduction, restructuring and privatization of companies favour the adverse behaviour of employees (over-zealousness manifested by exemplary attendance, working extra hours) triggering stress and diseases (15-18). The organizational changes in workplace based on flexible working hours - possibility to perform assigned duties at home, twenty-four-hour contact with employer (company mobile phone, access to office e-mail at home) - is primarily understood as their extension (4). It has an impact on employee's health - mental burden, stress and violence in the workplace are increasing (4). The studies suggest that employees with health problems in comparison with their healthy colleagues demonstrate more frequent sickness presence and reduced absenteeism (5,19). Increased presenteeism among employees with health problems may be interpreted as a consequence of employment insecurity and diminished chances of finding new job (18).

The second field of interest in the phenomenon of the sickness presence is the impact of particular diseases (e.g. back pain, migraine, depression, allergies, asthma) on productivity - ineffective presence in the workplace (20-22). The medical problems, disease or feeling unhealthy, influence the activities undertaken in workplace. The symptoms affect the work with regard to its quality and quantity. The symptoms reduce labour productivity, distract, increase the risk of making mistakes, decrease the quality of professional life. In the case of infectious diseases, e.g. flu, the presence in the workplace poses a threat to the health of colleagues and their contacts (e.g. persons under charge, customers), consisting in the possibility of infection transmission. The simulation of influenza epidemics conducted in one of the companies demonstrated the benefits of absenteeism of employees (23). The one and two-day absence of employees due to influenza reduces the transmission of infection in the workplace by 25%

and 39%, respectively. A few days of sickness absence can relieve acute health problems and ensure full and committed presence in the workplace. In contrast, a few days of sickness presence may exacerbate health problems, which may result in a prolonged absence due to weakness, complications, further treatment. Some studies proved that working persons who report health problems demonstrate absenteeism of various causes (5,24). Chronic presenteeism can lead to progressive health damage, resulting in a spiral of declining productivity, absenteeism and possible disability (25).

ECONOMIC CONSEQUENCES OF PRESENTEEISM

Research into the phenomenon of presenteeism also concerns its economic aspects – estimation of reduced productivity costs of employees due to health problems. The rising costs of sickness absence - in Poland exceeding PLN 11 billion (including the costs incurred by companies and the Guaranteed Employee Benefits Fund) (3), favour implementation of organizational practices and activities designed to reduce absenteeism, which may contribute to the presence of employees in the workplace despite illness and health problems. The situation in which presenteeism would be perceived as a praiseworthy attitude may be dangerous - loyalty to the company and colleagues, responsibility. Therefore, some researchers decided to reveal the hidden costs of the presence of employees in the workplace despite illness or health problems.

The costs of absenteeism and presenteeism caused by: allergies, arthritis, asthma, any cancer, depression/mental disease, diabetes, heart disease, hypertension, migraine/headache and respiratory tract infections were compared (26). Having analyzed the aforesaid conditions, the costs of presenteeism outweighed other costs (treatment, absenteeism, disability) and accounted for 19% (heart disease), 25% (respiratory tract infection), 53% (cancer), 62% (diabetes), 63% (hypertension), 71% (depression/mental disease), 72% (asthma), 77% (arthritis), 82% (allergy) and 89% (migraine / headache) all of the costs borne - average 61% (26). It was proved that the decrease in efficiency among employees due to joint pain, spine problems and headache, generated the cost of \$ 47 billion while The cost of absenteeism due to these symptoms amounted to little more than \$ 14 billion (21).

PREVALENCE OF PRESENTEEISM IN POLAND

According to the European Agency for Safety and Health at Work, presenteeism is one of new psychosocial

hazards in the workplace. Furthermore, it emphasized the necessity for its detailed analysis (27). In Poland, there is also a need to investigate this phenomenon. This problem has only been mentioned in several papers (4,28,29).

Recently, the author of the present paper conducted the initial pilot study in this subject (30). The aim of the study were to investigate the intensity of presenteeism among Polish employees, examine the reasons of sickness presence and symptoms/complaints reported by the employees. The survey was conducted among white-collar workers, i.a.: teachers, office workers, nurses, call center employees, salespersons, professional drivers, who were selected non-probabilistically by snowball sampling. The respondents were predominantly female (78%). The majority of the respondents demonstrated sickness presence – worked despite disease or health problems. People who declared that they have never worked while being sick, indicated symptoms they worked with. This illustrates that presenteeism is difficult, imperceptible to identify, even for them. The most common symptoms reported by respondents were sore throat, cough and rhinitis, which may be associated with infectious diseases; thus, will pose a threat to the health of employees and their contacts. Equally frequent were headache and fatigue, which can lead to the reduction of concentration and increase of making errors. The results of pilot study indicated a need for further research into presenteeism in Poland.

SUMMARY AND CONCLUSIONS

Presenteeism, as a new psychosocial phenomenon in the workplace, can pose a serious threat to the public health perspective. The invisible sickness presence of employees is difficult, but possible to identify. Therefore, there is a need to perceive the presence of sick employees in the workplace and take actions aimed at reducing this phenomenon.

REFERENCES

1. Rocznik statystyczny pracy GUS. Warszawa 2010
2. Rocznik Statystyczny Ubezpieczeń Społecznych 2006-2008. ZUS. Warszawa 2009
3. Ważniejsze informacje z zakresu ubezpieczeń społecznych 2011. ZUS. Warszawa, czerwiec 2012
4. Rydzyński K, Michalak J. Przemiany gospodarcze i ich znaczenie dla medycyny pracy. *Med Pracy* 2002;53(1):50–57.
5. Aronsson G, Gustafsson K, Dallner M. Sick but yet at work. An empirical study of sickness presenteeism. *J Epidemiol Community Health* 2000;54:502–509.
6. Dew K, Keefe V, Small K. “Choosing” to work when sick: Workplace presenteeism. *Soc Sci Med* 2005;60:2273–2282.
7. Evans CJ. Health and work productivity assessment: State of the art or state of flux?. *J Occup Environ Med* 2004;46:3–11.
8. Johansson G, Lundberg I. Adjustment latitude and attendance requirements as determinants of sickness absence or attendance. Empirical tests of the illness flexibility model. *Soc Sci Med* 2004;58(10):1857-68.
9. Turpin RS, Ozminkowski RJ, Sharda CE, i in. Reliability and validity of the Stanford Presenteeism Scale. *J Occup Environ Med* 2004;46:1123–33.
10. Hummer J, Sherman B, Quinn N. Present and unaccounted for. *Occup Health Saf* 2002;71:40–44.
11. Whitehouse D. Workplace presenteeism: How behavioral professionals can make a difference. *Behav Healthc Tomorrow* 2005;14:32-35.
12. Zakrzewska K, Olejniczak D. Prezenteeizm - niezdrowa nadgorliwość. *Magazyn Pielęgniarki i Położnej* 2011;12:40-41.
13. Słownik wyrazów obcych i zwrotów obcojęzycznych Władysława Kopalińskiego [cytowany: 01 marca 2013]. Adres: <http://www.slownik-online.pl/kopaliniski/9B40F36DD18FB8574125658D005048A8.php>
14. Słownik języka polskiego PWN [cytowany: 01 marca 2013]. Adres: <http://sjp.pwn.pl>
15. Simpson R. Presenteeism, power and organizational change: Long hours as a career barrier and the impact on the working lives of women managers. *British Journal of Management* 1998;9:37-50.
16. Worrall L, Cooper C, Campbell F. The new reality for UK managers: Perpetual change and employment instability. *Work, Employment & Society* 2000;14:647–668.
17. Virtanen M, Kivimaki M, Elovainio J, et al. From insecure to secure employment: Changes in work, health, health related behaviours and sickness absence. *J Occup Environ Med* 2003;60:948–953.
18. Theorell T, Oxenstierna G, Westerlund H, et al. Downsizing of staff associated with lowered medically certified sick leave in female employees. *J Occup Environ Med* 2003;60(9):E9.
19. Aronsson G, Astvik W, Thulin AB. Home-care workers: work conditions and occupational exclusion: a comparison between carers on early-retirement and regular pensions. *Home Health Care Serv Q* 1998;17:71–91.
20. Koopman C, Pelletier KR, Murray JF, et al. Stanford Presenteeism Scale: Health status and employee productivity. *J Occup Environ Med* 2002;44:14–20.
21. Stewart WF, Ricci JA, Chee E, et al. Lost Productive Time and Cost Due to Common Pain Conditions in the US Workforce. *JAMA* 2003;290:2443-2454.
22. Hemp P. Presenteeism: At work—But out of it. *Harvard Business Review* 2004;82:49–58.
23. Kumar S, Grefenstette JJ, Galloway D, et al. Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model. *Am J Public Health* 2013;13:E1-6.
24. Aronsson G, Svensson L, Gustafsson K. Unwinding, recuperation, and health among compulsory school and

- high school teachers in Sweden. *Int J Stress Manag* 2003;10:217–234.
25. Johns G. Presenteeism in the Workplace: A review and research agenda. *J. Organiz Behav* 2010;31:519-542.
26. Goetzel R, Long S, Ozminkowski R, et al. Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting US Employers. *J Occup Environ Med* 2004;46:398–412.
27. Powstające zagrożenia psychospołeczne związane z bezpieczeństwem i higieną pracy (BHP) [cytowany 01 marca 2013]. Europejska Agencja Bezpieczeństwa i Zdrowia w Pracy. Adres: <http://osha.europa.eu/pl>
28. Juszczyk G. Rola i zadania zdrowia publicznego w środowisku pracy. W: Ślusarczyk J. red. *Zdrowie publiczne. Skrypt dla studentów cz. 3. Zdrowie publiczne w praktyce*. Ofic Wydaw WUM. Warszawa 2009:176
29. Malińska M. Prezenteizm – zjawisko nieefektywnej obecności w pracy. *Med Pracy* 2013;64:439-447.
30. Zakrzewska K: Zjawisko prezenteizmu w miejscu pracy - badanie pilotażowe. *Pielęgniarstwo i Zdrowie Publiczne* 2013;3:37–44.

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