



Research Article

**DETERMINING THE RELATIONSHIP BETWEEN PRESENTEEISM AND  
ORGANIZATIONAL SUPPORT IN NURSING**

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**Abstract:** *High rates of presenteeism among the nurses decreases their performances, increases the patient safety risks, and causes negative results in healthcare institutions. Presenteeism is affected by individual and organizational factors. The study was carried out to determine the presenteeism situation of nurses and their relationship with perceived organizational support. The research was carried out at a hospital in Kayseri/Turkey. The hospital has 372 nurses work there. Research population and sample the population of the research consisted of all the nurses working in the hospital (N=372). Thus, the research was conducted on 330 nurses. The research was carried out between September 2019 and November 2019. In the study, the data were collected by using the information form which was prepared by the researcher, the presenteeism scale, and the perceived organizational support scale. The total mean score of the participants' presenteeism is  $23.64 \pm 2.56$ . The lowest possible score which was obtained from the scale is 11 and the highest is 28. When the average of the perceived organizational support scale is examined; the average of the score was medium and the average score was  $122.76 \pm 8.53$ . It was determined that there was a significant relationship between the absence of attention-distraction, which is the sub-dimension of presenteeism scale, and the total score of perceived organizational support ( $p < 0.05$ ), there was no significant relationship with completion task and presenteeism total scale scores ( $p > 0.05$ ). The high rate of presenteeism in nurses, decrease in work efficiency and job satisfaction, causes absenteeism. These studies suggest that measures should be taken by institutions to prevent and avoid negative situations that are caused by presenteeism.*

**Keywords:** *Nursing, Presenteeism, Perceived organizational support.*

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## 1. Introduction

'Presenteeism', which means being absent at work is seen as a frequently used concept especially among healthcare professionals [1]. Being absent at work is defined as "Continuing to work while the person needs to rest despite having health problems and disease complaints" [2]. The nursing profession is directly related to patient and patient care, so it seems that the employee comes to work causes not only financial losses due to decreased productivity but also a decrease in patient care quality [3-5]. Working in case of physical and mental illness affects the relationship between the colleagues, the

quality and quantity of the job, and increases the probability of making mistakes [1]. In the literature, factors such as job insecurity, the influence of co-workers, financial losses, insufficient number of staff, failure to do the job, time pressure, and lack of competent employees are shown as reasons for absence at work [6]. According to a study which was conducted in Singapore, the first five reasons for participants to go to work despite being ill were their commitment to the organization (35%), the disease was not very serious (28%), the need to comply with deadlines (27%), concerns about not completing the studies (23%) and not being allowed to leave without completing their job (15%) [7].

Presenteeism is not only related to the medical dimension, it is necessary to consider the organizational dimension as it is affected by individual and organizational factors [8]. It has been determined that organizational causes have a greater effect than individual causes among the factors affecting presenteeism [9]. Teamwork has a strong effect on the absence of work because employees think that their absence will affect their relationships with their colleagues [10]. Employees can avoid getting reports or permission to avoid negative reactions from their colleagues or managers and not to compromise their current jobs [11]. On the other hand, Gurchiek reports that the fact that managers create a work environment that supports the stay and rest of the sick employee both reduces the risk of disease transmission to other workers and speeds up the recovery process of the sick employee [12].

Perceived organizational support represents the beliefs and thoughts of the employees that their efforts for the organization will be valued and rewarded, and that their health and well-being will be valued [13]. It is stated that the employee, who thinks that there is no organizational support, feels worthless by thinking that their efforts are unrequited and does not expect support such as when he/she does not feel well or is allowed to be sick. Employees who feel fear of the organization continue to work in order not to get the reaction of their managers and teammates and avoid receiving reports and permits [14]. In a study, it was found that poor working conditions, ineffective managers, and work/life imbalance were effective in increasing presenteeism [15]. According to a study which was conducted in Switzerland, presenteeism is less common in workplaces that exhibit democratic management behavior, while presenteeism is more common in companies that adopt autocratic management behavior [16]. Employees' going to work while sick results in decreased organizational support, decreased job satisfaction, and increased absenteeism [6]. In the literature, the number of studies that determine the presenteeism status of nurses is low. The study was carried out to determine the current situation of nurses and their relationship with organizational support.

## **2. Material and Methods**

### **2.1. Place of Research and Its Properties**

The research was performed in a descriptive design. The research was carried out at a hospital in Kayseri/Turkey. The hospital has 372 nurses work there. The population of the research consisted of all the nurses working in the hospital (N=372). In total, 42 nurses were excluded from the study. Among them, 112 rejected participating. Thus, the research was conducted on 330 nurses.

### **2.2. Data Collection**

In the study, the data were collected by using the information form which was prepared by the researcher [5-7], The Presenteeism Scale, and The Perceived Organizational Support Scale.

### 2.3. Measuring Tools

*Information Form:* The personal information form is a form consisting of 11 questions characteristics such as age, gender, and profession.

*The Presenteeism Scale:* The scores from the Presenteeism Scale vary between 6-30. The increase in the score shows that the inability to employ himself increases. Expressions are answered with 5-point likert type and according to "Strongly disagree", "Disagree", "Slightly agree", "Agree" or "Strongly agree" answered as. The responses given to the statements in scoring are based on the statement "Absolutely disagree" It is coded as 1-2-3-4-5 towards the statement "Strongly Agree". Internal consistency reliability Cronbach alpha is 0.91 [10].

*The Perceived Organizational Support Scale:* Perceived Organizational Support Scale consists of 36 questions and responses are listed as Likert type and 1-totally disagree, 6- completely agree. Perceived Organizational Support Scale scores in the study; a low level of 36-95.99 points was evaluated as a medium level between 96-155.99 points and a high level between 156-216 points. Internal consistency reliability Cronbach alpha is 0.88 [14-15].

### 2.4. Implementation of the Research

The research was carried out between September 2019 and November 2019. Firstly, the nurse of each clinic was interviewed and information about the objective of the research was given and written permission was obtained from the nurses who agreed to participate in the research by the researcher. Then an appointment was made from each nurse included in the sample and questionnaires were given to the nurses at appointment time. It took about 15-20 minutes to fill in the questionnaires. The questionnaires were then collected by the researcher.

### 2.5. Data Analysis

The SPSS 22.0 program was used in all the analyses. In the research, frequency and percentage distributions of the nurses' descriptive characteristics were given. The average score was used in the total mean scores of the scales. The normality test was applied to all variables in terms of knowledge level scores by using Kolmogorov-Smirnov and Shapiro-Wilks statistics, Mann Whitney U tests, and Spearman test was used. A p-value of less than 0.05 ( $p < 0.05$ ) was considered statistically significant.

### 2.6. Ethical Consideration

Care was taken to comply with ethical principles at every stage of the research. Before the study, permission was obtained from the Ethics Committee of Cappadocia University (Accept no: 29533901-770.99-16224, Year: 2019). In addition, the purpose of the research was explained to the participants, and information about the research was given and their written approvals (Informed Volunteer Consent Form) were obtained.

## 3. Results

The average age of the nurses who were included in the study was  $28.06 \pm 2.1$  and 60.6% ( $n = 200$ ) were between the ages of 20-30. Of the participants, 89.4% ( $n = 295$ ) were women, 36.37% ( $n = 120$ ) worked between 1-10 years. Of the participants, 59.0% ( $n = 182$ ) stated that they had difficulty in getting permission from their institutions while they were sick (Table 1).

**Table 1.** Demographic Features of Participants

Age	n	%
20-30	200	60.6
31-40	100	29.9
41 and older	30	9.1
<b>Sex</b>		
Female	295	89.4
Male	35	10.6
<b>Working years</b>		
1-10	190	57.6
11-20	85	25.8
21-30	45	13.6
31 and older	10	3.6
<b>Getting permission while sick</b>		
I have difficulty	182	59.0
I do not have difficulty	148	41.0

The total mean score of the participants' presenteeism is  $23.64 \pm 2.56$ . The lowest possible score which was obtained from the scale is 11 and the highest is 28. Presenteeism scale subscale mean scores were found to be  $8.94 \pm 1.89$  to avoid distraction and  $12.69 \pm 2.03$  in task completion (Table 2).

**Table 2.** Presenteeism Scale Total Score

Scale total	X±SD	Min.-Max.
Avoiding distraction	8.94±1.89	4-12
Completing mission	12.69±2.03	6-15
<b>Presenteeism total score</b>	<b>23.64±2.56</b>	<b>11-28</b>

When the presenteeism total score averages are compared according to the permission status of the participants when they are sick; It was determined that the difference between the status of getting permission and avoidance of distraction and the total score of presenteeism was significant and that the subscale avoidance of attention distraction subscale ( $U = 6955.500$ ) and presenteeism scale total score ( $U = 9360.000$ ) were higher ( $p < 0.05$ ) (Table 3).

**Table 3.** Comparison of Participants' Permission Status while such and Presenteeism Total Points and Sub-dimensions

<b>Presenteeism total score</b>			
Getting permission while sick	Avoiding distraction (X±SD)	Completing mission (X±SD)	Total scale (X±SD)
I have difficulty (n=182)	8.77 ±2.06	9.74 ±2.06	21.40 ±2.64
I do not have difficulty (n=148)	6.13 ±1.60	9.62 ±2.00	18.11 ±2.25
	=6955.500 <b>p=0.000</b>	=13121.00 p=0.684	=9360.00 <b>p=0.000</b>

When the average of the perceived organizational support scale is examined; it was determined that the nurses got the lowest 96 and the highest 139, the average of the score was medium and the total score of the scale ranged between 39 and 206, and the average score was  $122.76 \pm 8.53$  (Table 4).

**Table 4.** Perceived Organizational Support Scores of Nurses and The Relationship Between Presenteeism and Perceived Organizational Support

	<b>X±SD</b>	<b>Min.-Max.</b>
<b>Total perceived organizational support score</b>	122.76±8.53	96-139
<b>Presenteeism Scale Dimensions</b>	<b>Perceived Organizational Support Total Score</b>	
<b>Avoiding distraction</b>	rho=0.141 ; <b>p=0.010</b>	
<b>Completing mission</b>	rho=0.17 ; p=0.753	
<b>Total scale</b>	rho=0.093 ; p=0.092	

It was determined that there was a significant relationship between the absence of attention-distraction, which is the sub-dimension of presenteeism scale, and the total score of perceived organizational support ( $p < 0.05$ ), there was no significant relationship with completion task and presenteeism total scale scores ( $p > 0.05$ ).

#### 4. Discussion

Presenteeism is mostly a situation in which workers' productivity is low because they are not physically or psychologically good [17]. This is a global phenomenon associated with being sick and therefore unable to continue or even remain at work [18]. The concept of presenteeism is influenced by different factors [10]. These factors are the working environment, organizational culture, attitudes of managers, colleagues, and personal differences [19]. Presenteeism affects many professions, but it has been found that presenteeism is more common among nurses than in other professions [2, 20]. Nurses with presenteeism experience reduced work efficiency, discontinuation, dissatisfaction, and job satisfaction. All these causes a decrease in the quality of care which is essential for the nursing profession and puts patients at risk [21, 22].

Employees may request leave due to current health or personal problems [6, 20]. However, sometimes employees continue to work even in the event of illness due to the fear of losing the job and the negative attitude of managers. Such reasons affect employees' leave-taking behaviors while they are ill [23, 24]. Özkan et al. stated that 44.1% of the nurses could not use their sick leave in their studies in which nurses' working conditions were examined [25]. Of the participants, 59.0% ( $n = 182$ ) stated that they had difficulty in getting permission from their institutions while they were sick (Table 1). These results suggest that nurses may have difficulties in obtaining permits due to reasons such as high working conditions, the low number of working nurses, the high number of patients who are cared for, administrative problems or communication problems with managers, and the tendency to workaholics.

High rates of presenteeism among the nurses decrease their performances, increases the patient safety risks, and cause negative results in healthcare institutions in time [26]. In the study which was conducted by Pei 2020 et al [27]. With healthcare workers, it was found that 86.8% of the participants had high presenteeism scale scores. In the literature, there are many studies conducted with nurses and

where the rates of presenteeism are high [28-30]. In the study, the presenteeism total score averages of the participants which support the literature were found high ( $23.64 \pm 2.56$ ). The high rate of presenteeism in nurses, decrease in work efficiency and job satisfaction, causes absenteeism, and increased intention to quit. The decrease in job satisfaction causes nurses to leave work [31]. These data suggest that measures should be taken by institutions to prevent and avoid negative situations that are caused by presenteeism.

When the presenteeism total score averages are compared according to the permission status of the participants when they are sick; it was determined that the difference between the status of getting permission and avoidance of distraction and the total score of presenteeism was significant and that the subscale avoidance of attention distraction subscale ( $U = 6955.500$ ) and presenteeism scale total score ( $U = 9360.00$ ) were higher ( $p < 0.05$ ) (Table 3). This result shows that employees experience presenteeism when they cannot get permission while they are ill. This situation suggests that nurses may be exposed to physical and psychological negative results that are brought by presenteeism.

The negative results of the presenteeism situation cause loss of efficiency and effectiveness both on behalf of the individual and the organization they work for [32]. The organization's ability to provide profitable and quality service depends on the workforce and effort of the employee. This, however, depends on the employee, without any performance and low productivity, which will affect the work of the employee and require him/her to be absent. Organizations that can prevent the presentation of the presenteeism situation will be more successful in this case [33]. If the problems which occur in workflows in organizations arise despite all measures taken, it may be due to employees. Therefore, it is necessary to investigate the physical or mental conditions of the employees and whether they have any discomfort [16]. As a result of the comparison of presenteeism and perceived organizational support in our study; it was found that there was no significant relationship between presenteeism total scale scores of the participants and the perceived organizational support ( $p > 0.05$ ). In this case, it can be said that high or low perceived organizational support levels of employees do not cause presenteeism problems. These results suggest that classifying employees with presenteeism problems as employees with a high or low perception of organizational support is not a correct form of classification.

Perceived organizational support is the perception that is developed based on the level of awareness of the value of the organization and the importance of the person's happiness as a result of the employee's contributions to the organization [34]. In perceived organizational support studies about nurses, scale scores were generally found to be at an average level [35, 36]. In our study, the mean score of the perceived organizational support scale was found to be moderate ( $122.76 \pm 8.53$ ) (Table 4). This result of the study is similar to the literature. The high perceived organizational support score enables nurses to be more optimistic, to trust themselves in their jobs, and to increase their level of hope [37]. Therefore, this moderate scale score shows that nurses perceive that organizational support is not given enough support.

## 5. Conclusion

Presenteeism affects the nursing profession like many other professions. Presenteeism is affected by individual and organizational factors. Organizational causes have a greater effect than individual causes among the factors affecting presenteeism. In the study, the presenteeism total score averages of the participants were found high. As a result of the comparison of presenteeism and perceived



organizational support in our study; it was found that there was no significant relationship between presenteeism total scale scores of the participants and the perceived organizational support. Nurses with presenteeism experience reduced work efficiency, discontinuation, dissatisfaction, and job satisfaction. Therefore, it is very important to prevent presenteeism. This study suggests that measures should be taken by institutions to prevent and avoid negative situations that are caused by presenteeism.

#### **Conflict of interest**

The authors declare that they have no conflict of interest.

#### **Ethical Statement:**

Before the study, permission was obtained from the Ethics Committee of Cappadocia University (Accept no: 29533901-770.99-16224, Year: 2019). In addition, the purpose of the research was explained to the participants, and information about the research was given and their written approvals (Informed Volunteer Consent Form) were obtained.

#### **The compliance to the Research and Publication Ethics:**

This study was carried out in accordance with the rules of research and publication ethics.

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