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PRESENTEEISM: A RESEARCH ON NURSES

Burcu Yiğit*

Abstract

With the increasing competitive business environment, presenteeism is known as one of the problems of new business world. Even though employees attend to work, they are not working efficiently. This situation affects both the efficiency of employees and organizational efficiency.

The aim of this study is to determine the presenteeism behavior of nurses and to reveal wheather demographic features of nurses have an effect on their presenteeism behavior or not. The sample of the study consists of nurses that are working in an Education and Research Hospital in İstanbul/Turkey. The application data were collected by easy sampling method chosen by 77 nurses in the Education and Research Hospital.

Standford "presenteeism scale" was used for data collection. According to the result of this study, there are not statistically significant differences between demographic variables.

Key Words: Presenteeism, Nurses, Health Sector, Public Hospitals

PRESENTEEİSM: HEMŞİRELER ÜZERİNE BİR ARAŞTIRMA

Öz

Gün geçtikçe artan, rekabete dayalı iş çevresinde, presenteeism (iş'te var olma) davranışı yeni iş dünyasının bir problemi olarak bilinmektedir. İş görenler işe devam etmelerine ragmen, verimli çalışmazlar. Bu durum da, hem iş görenleri hem de örgütün etkinliğini etkilemektedir.

Bu araştırmanın amacı, hemşirelerin presenteeism davranışını incelemek ve demografik özelliklerin presenteeism davranışında etkili olup olmadığını ortaya koymaktır. Çalışmanın örneklemini İstanbul'da bir Eğitim Araştırma Hastanesi'nde çalışan hemşireler oluşturmaktadır. Kolayda örnekleme yöntemi ile seçilen 77 hemşire ile araştırmanın verileri toplanmıştır.

Verilerin toplanmasında Standford "Presenteeism Ölçeği" kullanılmıştır. Çalışmanın sonucu olarak, hemşirelerin demografik değişkenlerinin istatistiksel olarak anlamlı bir farklılık olmadığı tespit edilmiştir.

Anahtar Kelimeler: Presenteeism, Hemşire, Sağlık Sektörü, Devlet Hastanesi

1. INTRODUCTION

Employees began to neglect their own health with rapidly developing and changing competitive business environment. Going to work despite illnesses, the concept of presenteeism has been raised. In the case of presenteeism, employees are physically present, but mentally absent (Gilbreath, Karimi, 2012:115). Attending work when sick will leads lack of concentration and so thus, employers will not performing effectively on the job (Johns, 2010:521). When employees are only present physically at work, their performance and also

*PhDc Burcu Yiğit. Yıldız Technical University. brcygt@hotmail.com

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motivation decrease (Koopman et al., 2002). When motivation and performance of employees are low, they will tend to make more mistakes, provide lower-quality service, take wrong decisions and also will be less innovative in their job.

Healthy individuals are working more effectively and efficiently. Presenteeism means going to work despite illness (Johns, 2010:521) and working when sick (O'Donnell, 2009:23), being at work despite their illnesses, injuries or other conditions (Hemp, 2004:2), present at work although employees are suffering from medical conditions or illnesses (D'Abate, Eddy, 2007:361). Flu, allergies, asthma, diabetes, hypertension, back and neck pain, arthritis, and also migraine/headache are the common health conditions that have been generally studied by researchers (Oladoja, 2017:33).

Presenteeism is a phenomenon that emerged at the end of the 1990's (Knani, 2013:93). Cary Cooper, first come up with this term, described both overwork and feelings of job insecurity resulting from downsizing and restructing (Lowe, 2002:1). Presenteeism includes both physical and physiological conditions. When the literature is examined, we see two types of presenteeism; one is acute illnesses such as cold or the flu; the other is chronic illnesses such as arthritis (Schultz, Chen, Edington, 2009:367). When employees get flu or cold, and still at work, they can infect their illnesses to other employees. Chronic health problems, decreasing productivity, also increase health costs (Burton et al., 2004:39). It has determined that depression set US employees back some 35 billion dollars a year in reduced performance at work and that pain conditions such as arthritis, headhaches and back problems cost nearly 47 billion dollars in the Journal of the American Medical Association (Hemp, 2004:51). When employees are sick and at work, health costs will damage both employees and organizations.

In addition to this, physiological issues such as depression, anxiety and problems related to stress cause presenteeism behavior (Schultz, Chen, Edington, 2009:367). Employees' health conditions, migraines, back pain and other types of episodic pains, allergies, sinus trouble, anxiety, and depression are the most seen issues about presenteeism (Yıldırım, Saygın, Uğuz, 2014:3).

Health problems such as allergies, arthritis, chronic pain, diabetes, mental health causes presenteeism behavior (Schultz, Edington, 2007:367; Munro, 2007:22). Sanderson et al. (2007) stated that depression and anxiety have an effect on presenteeism. Hemp (2004) stated that unhealthy diets, obesity, stress, smoking and alcohol abuse are the causes of presenteeism. Lowe (2002) stated two types of presenteeism; firstly, overwork in order to express loyalty or work insecurity. Secondly, employees goes to work when he/she is sick or injured. So thus, presenteeism results from overwork or illnesses.

Presenteeism is the opposite concept of absenteeism and it is more dangerous for organizations when it is compared with absenteeism. In a US survey, Dixon (2005) stated that 56 percent of employees think "presenteeism" as a huge problem in their organization; employee burnout and lost productivity were 7.5 times greater with presenteeism than absenteeism (Baker-McClearn et al., 2010:314). Employees' illnesses have a negative effects on organizations. Illnesses reduces productivity and presenteeism causes lost productivity, the indirect or hidden costs for organizations. (Schultz et al., 2009:366; Hemp, 2004:4; Epstein, 2005). Health problems are the first reason that causes in productivity loss (Johns, 2010:522). So thus, presenteeism reduces organizational productivity (Aronsson, Gustafsson, 2005:503; Janssens et al., 2016; Cicei et al., 2013:325; Munro, 2007:22; Martinez, Ferreira, 2012:298;

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Kim et al., 2016:33; Gachui, Were, 2014:23). Scientists interprets presenteeism behavior as negative organizational behavior (LeBlanc et al., 2009:51).
Care-and-welfare, education and health sectors are the leading sectors in presenteeism behavior (Böckerman, Laukkanen, 2009:1010; Martinez, Ferreira, 2012:299). Hospitality workers, especially nurses and doctors contact with people directly and have a risk of exposure to microbes. People that are working in health care services have increased risk of being at work when sick (Rantanen, Tuominen, 2011:225). Employees working in the educational or well-fare sectors, e.g. nurses, nursing home aids and teachers at compulsory schooling levels have higher risk of sickness presenteeism (Bergström et al., 2009:1180).

We, therefore, set up this study in nurses working in Education and Research Hospital to associate with demographic variables. It is believed that this study will gain a different perspective to other researches.

2. METHODS

2.1. Design and Study Settings

The study realized by easy sampling method chosen by 77 nurses in the Education and Research Hospital depending on the Health Ministry in May, 2017.

2.2. Hypotheses

H1: Demographic variables have an effect on presenteeism behavior.

2.3. Measures

Participants of gender, age range, education level, marital status, working years in this institution and in this profession, working places such as operating room, clinic and polyclinic were recorded as demographic data. 6 questions "Stanford presenteeism scale" has been applied to participants. Answers were evaluated with 5-point Likert scale "strongly disagree, disagree, neither agree nor disagree, agree, strongly agree" expressions.

2.4. Data Collection

The sample was chosen from nurses primarily from Education and Research Hospital. Then survey forms, accompanied by an information note, prepared and distributed to participants. After enough time taking, the collected questionnaires delivered and data were recorded.

2.5. Analyses

Exploratory Factor Analysis was used for the statistical analysis of presenteeism questionnaire. The feasibility of measuring of exploratory factor analysis was evaluated by Kaiser-Meyer-Olkin (KMO) measuring the adequacy and Bartlett's sphericity test.

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For statistical analysis, NCSS (Number Cruncher Statistical System) 2007 (Kaysville, Utah, USA) program was used. Data were analyzed using descriptive statistical methods (mean, standard deviation, median, frequency, rate, minimum, maximum) as well as in the two-group comparisons of parameters of normal distribution for the comparison of quantitative data and Student's t test, while the two-group comparisons of parameters in normal distribution Mann-Whitney U test were used. In comparison group of three or above normal distribution and the comparison of the normal distribution, Oneway Anova test; and Kruskal-Wallis test used for three and older group. Significance was evaluated between $p < 0.01$ and $p < 0.05$.

3. RESULTS

The age of the participants ranged from 21 to 50. The age ranges studied; 20.8% (n = 16) from 21 to 25 years, 19.5% (n = 15) from 26 to 30 years, 7.8% (n = 6) from 31 to 35 years, 28.6% (n = 22) 36-40 years, 14.3% (n = 11) aged 41-45 and 9.1% (n = 7) were found to be in the 46-50 age range.
89.6% of participants (n = 69) were female, 10.4% (n = 8) were male; 58.4% (n = 45) were married, 41.6% (n = 32) was single. 9.1% of participants (n = 7) high school, 33.7% = 26) undergraduate degree, 45.5% (n = 35) and 11.7% of the bachelor's degree (n = 9) were considered for graduate school (Table 1).

Table 1: Distribution of Descriptive Characteristics

		N	%
Age	**21-25 age**	16	20.8
	26-30 age	15	19.5
	31-35 age	6	7.8
	36-40 age	22	28.5
	41-45 age	11	14.3
	46-50 age	7	9.1
Gender	**Women**	69	89.6
	Men	8	10.4
Education Level	**High School**	7	9.1
	Undergraduate	26	33.7
	Bachelor's Degree	35	45.5
	Graduate Degree	9	11.7
Marital Status	**Married**	45	58.4
	Single	32	41.6

When working year of participants in the profession is examined; it was detected that 6.5% (n = 5) less than one year, 20.8% (n = 16) 1-3 years, 7.8% (n = 6), 4-6 years, 11.7% (n = 9) 7-9 years, 53.2% (n = 41) the second 10 years or older.

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When the working year in the institution studied; it was found that 15.6% (n = 12) less than a year, 33.7% (n = 26) 1-3 years, 15.6% (n = 12) 4-6 years, 7.8% (n = 6) 7-9 years, 27.3% (n = 21) in the 10 years and older.
When working places are examined; it was found that 39.0% (n=30) operating room, 31.2% (n = 24) clinic and 29.8% (n = 23) polyclinic (Table 2).

Table 2: Distributions Related to Working years in this Institution and in this Profession and Work Places

		n	%
Working year in this profession	**< 1 year**	5	6.5
	1-3 year	16	20.8
	4-6 year	6	7.8
	7-9 year	9	11.7
	≥ 10 year	41	53.2
Working year in the institution	**< 1 year**	12	15.6
	1-3 year	26	33.7
	4-6 year	12	15.6
	7-9 year	6	7.8
	≥ 10 year	21	27.3
Work Places	**Operating Room**	30	39.0
	Clinic	24	31.2
	Polyclinic	23	29.8

The distribution of responses for presenteeism scale showed in Table 3.

Table 3: Answers to presenteeism Scale

	Definitely Disagree		Disagree		Undecided		Agree		Definitely Agree	
	n	%	n	%	n	%	n	%	n	%
1. Because of my health problems*, I find it hard to describe the stress.	8	10.3	10	13.0	14	18.2	31	40.3	14	18.2
2. Despite health problems*, I can overcome difficult tasks.	5	6.5	13	16.9	24	31.2	25	32.4	10	13.0
3. Because of my health problems*, I could not have enjoyed the work I've done	5	6.5	8	10.4	18	23.4	31	40.3	15	19.4

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enough.										
4. Because of my health problems*, even at work I have difficulty in carrying out my daily duties.	6	7.8	18	23.4	13	16.8	29	37.7	11	14.3
5. Despite health problems*, I can focus on my career goals.	7	9.1	22	28.6	19	24.7	19	24.6	10	13.0
6. Despite health problems*, I find myself the energy that I can fulfill all tasks.	9	11.7	21	27.3	20	26.0	17	22.0	10	13.0

The alpha coefficient (Cronbach Alpha) for testing the reliability of the scale was used. After examining the internal consistency reliability of presenteeism survey, $\alpha = 0.723$ value was obtained.
It was found to be grouped under a single factor in our questions in exploratory factor analysis with Varimax rotation. After the results of the factor analysis application, question 2 was excluded in the first stage because of being under the weight factor of 0.40 (Table 4).

Table 4: Factor Analysis of Presenteeism Scale

	Factors
	1
4. Because of my health problems*, even at work I have difficulty in carrying out my daily duties.	0.777
3. Because of my health problems*, I could not have enjoyed the work I've done enough.	0.767
6. Despite health problems*, I find myself the energy that I can fulfill all tasks.	-0.653
5. Despite health problems*, I can focus on my career goals.	-0.632
1. Because of my health problems*, I find it hard to describe the stress.	0.610
2. Despite health problems*, I can overcome difficult tasks.	-0.181

It was applied again exploratory factor analysis for presenteeism Scale, remaining 5 questions for factor analysis (Varimax method) and was seen to gather under a single factor (Table 5). When weight of factors were analysed; it was seen that the highest, 0.597 and the lowest, 0.796.

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Tablo 5: Factor Analysis Results of Presenteeism Scale

	Factors
	1
4. Because of my health problems*, even at work I have difficulty in carrying out my daily duties.	0.796
3. Because of my health problems*, I could not have enjoyed the work I've done enough.	0.793
1. Because of my health problems*, I find it hard to describe the stress.	0.636
6. Despite health problems*, I find myself the energy that I can fulfill all tasks.	-0.617
5. Despite health problems*, I can focus on my career goals.	-0.597

The measuring of the feasibility of exploratory factor analysis was evaluated by the Kaiser-Meyer-Olkin (KMO) adequacy measurement and Bartlett's sphericity test (Table 6).

Table 6: KMO and Bartlett's Sphericity Tests

Kaiser-Meyer-Olkin Sample Adequacy Measurement		**0.613**
Bartlett Sphericity Test	**Chi-Square**	115.950
	Degree of Freedom	10
	Significance	**0.001**

KMO: Kaiser-Meyer-Olkin

In this study, the measurement of sample adequacy value of KMO is found 0.613 and thought appropriate. Bartlett sphericity test used to test the hypothesis if it is similar to the matrix of the correlation or not and the hypothesis rejected in p <0.001 level. According to presenteeism scale total scores; age, gender and marital status of participants were not statistically significant (p> 0.05). Education levels of participants also were not statistically significant (p = 0.072; p> 0.05) (Table 7). However, the measurements points of bachelor's degree and over graduate degree were found higher than high school and undergraduate degree.

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Table 7: Evaluation of Presenteeism Scale Total Scores according to Descriptive Properties

		Presenteeism Scale Total Scores			
		n	**Min-Max (Median)**	**Mean±Standard Deviation**	***p***
Age	**≤ 35 age**	37	1.4-4.4 (3.2)	3.16±0.89	[a]***0.374***
	> 35 age	40	1.4-5.0 (3.2)	3.33±0.76	
Gender	**Women**	69	1.4-5.0 (3.2)	3.29±0.82	[b]***0.251***
	Men	8	1.4-3.8 (3.0)	2.90±0.81	
Education Level	**High-school/ Undergraduate Degree**	33	1.4-5.0 (3.0)	3.05±0.84	[a]***0.072***
	Bachelor's Degree and over	44	1.4-4.8 (3.4)	3.40±0.78	
Marital Status	**Married**	45	1.4-5.0 (3.2)	3.28±0.82	[a]***0.701***
	Single	32	1.4-4.6 (3.2)	3.21±0.84	

[a]*Student t Test* [b]*Mann Whitney U Test*

Working years and working places of participants were not found statistically significant (p> 0.05) (Table 8).

Table 8: Evaluation of Presenteeism Scale Total Scores according to Working Year in Institution and Working Places

		Total Score of Presenteeism Scale			
		n	**Min-Max (Median)**	**Mean±Standard Deviation**	***p***
Working Year in the Institution	**< 1 year**	12	1.4-4.4 (3.1)	3.08±1.03	[c]***0,689***
	1-3 year	26	2.2-5.0 (3.4)	3.43±0.72	
	4-6 year	12	2.6-4.4 (3.3)	3.35±0.53	
	7-9 year	6	1.4-4.8 (3.0)	3.03±1.08	
	≥ 10 year	21	1.4-4.6 (3.0)	3.12±0.90	
Working Places	**Operating Room**	30	1.4-4.6 (3.2)	3.05±0.81	[d]***0,203***
	Clinic	24	2.2-4.4 (3.4)	3.45±0.72	
	Polyclinic	23	1.4-5.0 (3.0)	3.30±0.91	

[c]*Kruskal Wallis Test* [d]*One-way Anova Test*

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4. DISCUSSION

4.1. Overview of Study Findings

Employees go to work despite illnesses, it seems attractive at first glance, but this situation decreases organizational productivity, bring together low motivation and wrong decisions.
In this study, the effects of demographic variables on presenteeism behavior were evaluated. The total scores of presenteeism scale of age, gender, and marital status were not found statistically significant. When the literature is examined, presenteeism behavior varies according to demographic characteristics.
According to relevant literature, the presenteeism is associated with some socio-demographic characteristics such as age specifically elder workers, gender specifically female workers, male workers in some studies (Yıldız et al., 2015).
Dew et al. (2005) argued that the elderly men and women exposed to presenteeism behavior much more than young people. Aransson and Gustafsson, (2005) reported that presenteeism behavior is mostly seen in middle age.
Gosselin et al. (2013) stated that young people and women appear to be more likely to demonstrate presenteeism behavior. As a result of this study, there was no relationship between age and presenteeism behavior.
Aronson and Gustafsson (2005) stated that women expose to presenteeism behavior when compared with men. Koopman et al. (2002) argued that women are more emotional and tend to illnesses such as depression and migraine. So thus, women exposed to presenteeism behavior much more than men. Mandıracıoğlu (2013) reported that presenteeism behavior appears more in women. As a result of this study, there was no relationship between gender and presenteeism.

Aronsson ve Gustafsson (2005) argued that there is no change between education level and presenteeism behavior. Mandıracıoğlu (2013) and Coşkun (2012) stated that presenteeism behavior appears mostly in low education people. As a result of this study, although there is no statistically significant between the education level and presenteeism behavior, the measurement point of bachelor's degree and over are higher than high-school and undergraduate degree. There is no relationship between working year in the institution, working places and presenteeism behavior in this study.
After examining the internal consistency of our survey, $\alpha = 0.723$ reliability values obtained. According to this, our measurement is considered as fairly reliable. The results of questionnaires indicate that the data are feasible to apply factor analysis.
The variance of our measurement found 48.09%, we can interpret this an acceptable ratio in the social sciences.

4.2. Limitations of Study

The study was applied to a single Education and Research Hospital and only the hospital nurses. Future studies can broaden even within the same institution, can apply to both doctors and other health workers. Although the number of participants are adequate to evaluate statistically, it can be considered to increase the number of data. Another limitation of this

study, the nursing profession in Turkey are predominantly female. Therefore, a small number of males were included in this study.

5.CONCLUSION

In this study, the effects of demographic variables on presenteeism behavior were evaluated. Our hypothese has rejected. The total scores of presenteeism scale of age, gender, marital status, working year in the institution, working places were not found statistically significant. Although the effect of education level on presenteeism behavior is not statistically significant, the measurement point of bachelor's degree and over are higher than high-school and undergraduate degree. Future studies should focus on all health workers with the higher number of participants.

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