

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

INTEGRATIVE REVIEW OF THE LITERATURE

DOI: 10.9789/2175-5361.rpcfo.v15.11910

## PRESENTEEISM IN HEALTH PROFESSIONALS

*Presenteísmo em Profissionais de Saúde**El Presentismo en los Profesionales de la Salud***Rosa Helena Aparecida Gonçalves<sup>1</sup>** **Ana Cintia Ribeiro da Silva<sup>2</sup>** **Jordana Stival Nunes<sup>1</sup>** **Rosana Huppel Engel<sup>2</sup>** **Vivian Jilou<sup>2</sup>** **Ana Lúcia de Assis Simões<sup>1</sup>** 

### ABSTRACT

**Objective:** analysis as scientific evidence on presenteeism in health professionals published between 2008 and 2018. **Methods:** integrative review, using the following controlled descriptors: presenteeism, health personnel and worker's health, in Portuguese and English, in the Latin American and Caribbean Literature in Health Sciences databases, US National Library of Medicine National Institutes of Health and Cumulative Index to Nursing and Allied Health Literature. **Results:** selected articles were published in the last 4 years of the research and all presented a quantitative approach. The findings were: three different concepts of presenteeism; different recall periods; five measuring instruments and factors that influence presenteeism. **Conclusion:** studies investigating presenteeism in health professionals are still scarce, and the lack of standardization of instruments and recall periods cause biases in the results found in the literature and hinder the investigation and application of the theme.

**DESCRIPTORS:** Presenteeism; Health personnel; Worker's health.

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Received: 07/14/2022; Accepted: 08/24/2022; Published online: 02/06/2023

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**How cited:** Gonçalves RHA, Silva ACR, Nunes JS, Engel RH, Jilou V, Simões ALA. Presenteeism in Health Professionals. *R Pesq Cuid Fundam* [Internet]. 2023 [cited year month day];15:e11910. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v15.11910>



## RESUMO

**Objetivo:** analisar as evidências científicas sobre presenteeismo em profissionais da saúde publicadas entre 2008 e 2018. **Métodos:** revisão integrativa, utilizando os seguintes descritores controlados: presenteeismo, pessoal de saúde e saúde do trabalhador, nos idiomas português e inglês, nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde, US National Library of Medicine National Institutes of Health e Cumulative Index to Nursing and Allied Health Literature. **Resultados:** os artigos selecionados foram publicados nos últimos 4 anos da pesquisa e todos apresentaram abordagem quantitativa. Os achados foram: três diferentes conceitos de presenteeismo; diferentes períodos recordatórios; cinco instrumentos de mensuração e fatores que influenciam no presenteeismo. **Conclusão:** estudos que investigam o presenteeismo em profissionais de saúde ainda são escassos, e a falta de padronização de instrumentos e períodos recordatórios ocasionam vieses nos resultados encontrados na literatura e prejudicam a investigação e aplicação da temática.

**DESCRITORES:** Presenteeismo; Pessoal de saúde; Saúde do trabalhador.

## RESUMEN

**Objetivo:** analizar la evidencia científica sobre presentismo en profesionales de la salud publicada entre 2008 y 2018. **Métodos:** revisión integradora, utilizando los siguientes descriptores controlados: presentismo, personal de salud y salud del trabajador, en portugués e inglés, en las bases de datos de Literatura Latinoamericana y del Caribe en Ciencias de la Salud, US National Library of Medicine National Institutes of Health e Cumulative Index to Nursing and Allied Health Literature. **Resultados:** los artículos seleccionados fueron publicados en los últimos 4 años de la investigación y todos presentaron un enfoque cuantitativo. Los hallazgos fueron: tres conceptos diferentes de presentismo; diferentes períodos de recuperación; cinco instrumentos de medida y factores que influyen en el presentismo. **Conclusión:** los estudios que investigan el presentismo en los profesionales de la salud aún son escasos, y la falta de estandarización de instrumentos y períodos de recordación provocan sesgos en los resultados encontrados en la literatura y dificultan la investigación y aplicación del tema.

**DESCRIPTORES:** Presentismo; Personal sanitario; Salud del trabajador.

## INTRODUCTION

With deep and structural changes in the world of work, the capitalist economy has motivated the exploitation of the labor force of workers in order to obtain maximum profitability without considering the negative consequences to the health of these professionals.<sup>1</sup>

Administrators and economists, with the incessant purpose of improving their incomes, began to study other causes of productivity drop besides absenteeism. They observed that when workers showed up to work with some symptoms of illness, they showed a decrease in their usual production. More than two centuries ago, Adam Smith recorded that workers are less productive when they are experiencing health problems. This phenomenon came to be called presenteeism of illness, which, because it is still a recent subject, presents difficulties of understanding, mainly due to the large number of definitions described in the literature.<sup>2</sup>

Since preliminary searches showed the scarcity of publications addressing presenteeism, we aimed to analyze the scientific evidence on presenteeism in healthcare professionals published between 2008 and 2018.

## METHODS

Integrative review, which sought to investigate presenteeism in healthcare professionals, followed the Equator Network's Recommendations for Quality and Transparency in Health Research and according to the Review Articles design.

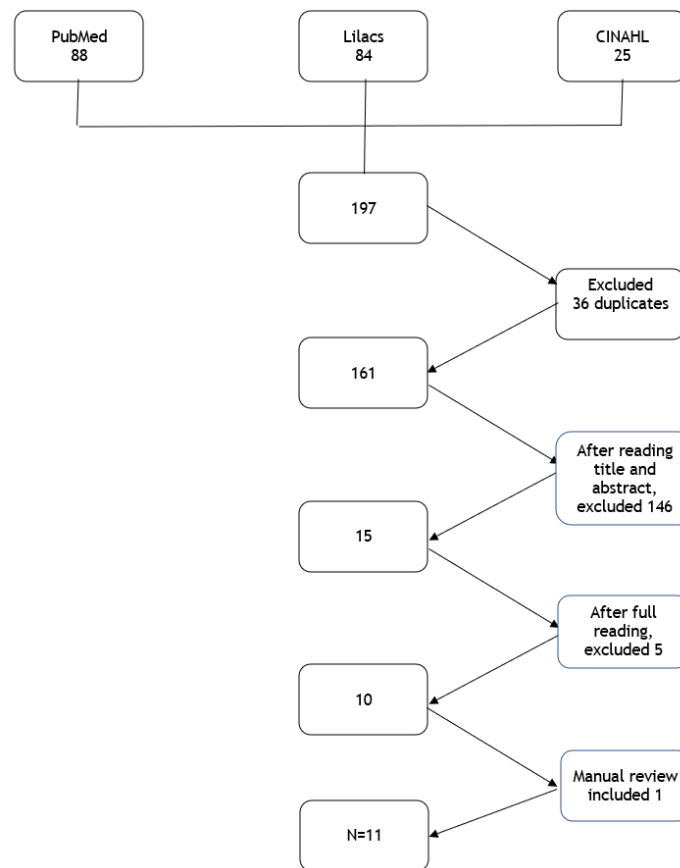
We used the Medical Subject Headings (MeSH) descriptors: Presenteeism, Health Personnel and Occupational Health, and the Health Sciences Descriptors (Decs): presenteeism, health personnel and occupational health and their respective synonyms. Articles in Portuguese, English, and Spanish that answered the research question, published between 2008 and 2018, were included. The search was conducted in the months of September and October 2018.

The inclusion criteria established for the primary studies were articles investigating presenteeism in any class of healthcare professionals. Secondary studies, letter-response, and editorials were excluded.

The search was performed in the following databases: Latin American and Caribbean Literature on Health Sciences (LILACS) (title, abstract and subject), US National Library of Medicine National Institutes of Health (PUBMED) (title and abstract) and Cumulative Index to Nursing and Allied Health Literature (CINALH) (abstract), by combining the aforementioned descriptors and Boolean operators.

Figure 1 shows the flowchart of the identification, selection and inclusion of the primary studies selected, according to the electronic databases consulted during the analysis.

The selected articles were analyzed and classified according to levels of evidence, as follows: level I: systematic reviews, meta-analysis, randomized controlled trials; level II: well designed randomized controlled trial; level III: well designed clinical trial without randomization; level IV: well designed cohort and case-control studies; level V: systematic reviews of descriptive

**Figure 1** – Flowchart of identification, selection of primary studies of the integrative review. Uberaba, MG, Brazil, 2021

**Source:** Prepared by the author, 2022.

and qualitative research, level VI: single descriptive or qualitative research and level VII: point of view of researchers and/or opinions of expert committees<sup>3</sup>.

The entire process was carried out by two independent researchers, and the cases that did not have initial agreement were discussed, with no need to request analysis from a third researcher.

## RESULTS

The integrative review sample consisted of 11 primary studies. The selected articles were published in the last four years of the survey: one published in 2015 (9.10%), one published in 2016 (9.09%), six in 2017 (54.54%), and three in 2018 (27.27%).

Regarding language, ten were published in English (90.9%) and one in Portuguese (9.10%). There were two studies developed in the United States of America (18.20%), two in China (18.18%), two in Australia (18.18%), one in Saudi Arabia (9.09%), one in Turkey (9.09%), one in Croatia (9.09%), one in Western Ethiopia (9.09%) and one in Brazil (9.09%).

Regarding the main author's background, five articles (45.46%) were written by physicians, two articles (18.18%) by economists, and the remaining studies were written by a nurse (9.09%), a pharmacist (9.09%), a psychologist (9.09%), and one (9.09%) by a health management graduate.

In its totality, the type of approach used was quantitative. Regarding the design, ten articles (90.90%) were classified as observational study of descriptive type (level of evidence VI) and one article (9.10%) classified as case-control study (level of evidence IV).

Regarding the professional categories studied, eight (72.72%) studies were developed in health professionals of various professional classes, two (18.18%) in nursing staff and one (9.09%) in physicians.

Of the workplaces of the health professionals who participated in the research, we observed that eight studies (72.72%) were developed in hospital settings, two (18.18%) with professionals from various levels of health care, and one (9.10%) in the home environment.

The synthesis of the primary studies included, considering authorship, year, definition of presenteeism, objectives and outcome, is presented in Chart 1.

## DISCUSSION

Through the analysis of the research material, we chose the process of categorizing the discussion, focusing on values that respected the homogeneity of senses and meanings in an attempt to answer the research objectives. For this, taking as reference: the

**Table 1** – Summary of primary studies according to title, authors, year, definition of presenteeism, objectives, and main results. Uberaba, MG, Brazil, 2021

Article	Author/Year	Definition of Presenteeism	Objectives	Disposal
A1	Pit SW, Hansen V, 2015 <sup>5</sup>	"Going to work while sick"	To examine the relationship between lifestyle, occupational health, and work-related factors with presenteeism among General Practitioners.	Presenteeism was related to age; gender; frequency of physical activity; good balance between work and family life; work-related sleep problems; psychological distress; poor or regular health; increased exhaustion; reduced satisfaction and workability.
A2	Yang T, Guo Y, Ma M, Li Y, Tian H, Deng J, 2017 <sup>15</sup>	"Potential loss of productivity in the workplace due to impaired health status or other events".	To examine associations between job stress, affective commitment, and presenteeism among healthcare professionals.	Job stress was high and the level of presenteeism was moderate among health professionals. It shows the influence of challenge stress and obstacle stress on presenteeism.
A3	Yang T, Ma M, Zhu M, Liu Y, Chen Q, Zhang S, Deng J, 2018 <sup>16</sup>	"Potential loss of productivity in the workplace due to impaired health status or other events".	Investigate presenteeism among Chinese healthcare professionals and then, differentiate the effects of challenge stress and impedance stress on health and presenteeism.	Obstacle stress generates increased presenteeism, while provocative stress generates loss of productivity.
A4	Chiu S, Black CL, Yue X, Greby SM, Laney AS, Campbell AP, de Perio MA, 2017 <sup>6</sup>	"Going to work while sick"	To describe the magnitude and reasons for presenteeism in healthcare professionals with Influenza in different work settings.	Of the 183 interviewees, (41.4%) reported working with symptoms (presenteeism). Pharmacists (67.2%) and physicians (63.2%) had the highest frequency of presenteeism. The healthcare professionals in hospital settings had the highest frequency of working (49.3%) while ill. The most common reasons for working while sick still include being able to perform tasks and not feeling bad enough to miss work.
A5	Aysun K, Bayram Ş, 2017 <sup>7</sup>	"Going to work while sick"	To determine the associations between illness presenteeism and sociodemographic factors; perceived health status and health complaints among health professionals in the hospital setting and to calculate the costs and productivity losses attributed to presenteeism.	Presenteeism was observed mainly in women, obstetric nurses, young employees (30 to 39 years old) and in health workers with low health status. The average productivity loss and cost were reversed in lost work hours, totaling 19.92 hours in 2 weeks and 478.08 hours in 1 year.
A6	Mossad SB, Deshpande A, Schramm S, Liu X, Rothberg MB, 2017 <sup>8</sup>	"Going to work while sick"	Compare the rates of and reasons for Influenza-like illness-associated presenteeism among healthcare professionals working in hospital transplant sectors, compared with those in other sectors.	Presenteeism of 92% was obtained in both groups of health professionals. More prevalent among women aged ≤40 years. Physicians had higher rates of presenteeism than nurses. Professionals working with transplant patients had a higher percentage of mask wearing while ill than in another sector.

**Table 1** – Cont.

A7	Brborović H, Brborović O, 2017 <sup>10</sup>	"Going to work feeling sick instead of presenting sick leave, and having lower work performance as a consequence"	Determine whether presenteeism and absenteeism are associated with patient safety culture.	Those with a high patient safety culture had higher presenteeism and those with a low safety culture had higher absenteeism.
A8	Al Nuhait M, Al Harbi K, Al Jarboa A, Bustami R, Alharbi S, Masud N, ... Almodaimagh H, 2017 <sup>11</sup>	"Act of going to work, sick because you believe that your health problem is not enough to take sick leave"	To identify the reasons for and prevalence of presenteeism and perceptions of the impact of this practice on patient safety among healthcare professionals.	The rate of presenteeism during the previous year was reported as 74%. The most common reasons reported for working while ill were: not wanting to overburden co-workers (71%); feeling committed to the patients (67%); avoiding increased future workload caused by absence (59%).
A9	Mekonnen TH, Tefera MA, Melsew, 2018 <sup>12</sup>	"Going to work feeling sick instead of presenting sick leave and have as a consequence, lower work performance"	To explore the extent of and factors associated with presenteeism among health care workers in Western Ethiopia	Presenteeism was 52.6% and was related to risk factors such as educational level, personal financial problems, absenteeism due to illness, lack of personnel replacement, absence of occupational health services, and pressure from supervisors. The health problems most cited as the cause of presenteeism were: musculoskeletal disorders, hypertension, and diabetes.
A10	Santos HECD, Marziale MHP, Felli VEA, 2018 <sup>13</sup>	"Going to work feeling sick instead of presenting sick leave and have as a consequence, lower work performance"	To identify the prevalence of musculoskeletal Musculoskeletal symptoms in two stages (before and after six months) and observe their association with presenteeism among nursing workers.	Presenteeism occurred in (74.9%) of nursing workers and generated reduced work performance in the presence of musculoskeletal symptoms.
A11	Karimi L, Cheng C, Bartram T, Leggat SG, Sarkeshik S, 2015 <sup>9</sup>	"Employees physically present, but mentally absent"	To verify whether emotional intelligence plays a direct and moderating role in the relationship between presenteeism and stress-related well-being.	The results showed that individuals with higher levels of emotional intelligence are less prone to presenteeism, which may contribute to higher levels of well-being.

**Source:** Prepared by the author, 2022.

**Legend:** A: Article.

concept of presenteeism, instruments for measuring presenteeism, and causes and consequences of presenteeism.

### The concept of presenteeism

The term which has been in use since 1982, when it was first mentioned, as the antonym of absenteeism, in the humorous book *The American Claimant*, has collected a wide diversity of definitions, of which nine were presented in a review.<sup>4</sup>

The articles selected for this review considered three different definitions of presenteeism, five of them (A1, A4, A5, A6, and A11)<sup>5-9</sup> pointed out presenteeism as "Going to work while sick", another four (A7, A8, A9, and A10)<sup>10-13</sup> use the definition of "Going to work feeling sick rather than taking sick leave and having lower work performance as a consequence", which em-

phasizes the loss of productivity caused by illness. This definition best fits the definition used in one study<sup>14</sup>, which consists of a decline in cognitive, emotional, and behavioral engagement during working hours resulting from the fact that the employee goes to work when he or she has a health problem, be it mental or physical.

Meanwhile, articles A2<sup>15</sup> and A3<sup>16</sup> consider that productivity loss may be related to reasons other than health status alone, since the definition applied is "Potential loss of productivity in the workplace due to impaired health status or other events."

One study<sup>17</sup> further explains the definition used in articles A2 and A3, as it shows that presenteeism can still be classified beyond ill health status. Its review shows that the phenomenon also occurs when the employee is unable to delimit the time between personal and organizational activities, resulting in a

drop in productivity, which is classified as "reasons other than illness"<sup>18</sup> and "not illness".<sup>19</sup>

### Instruments used to measure presenteeism

There is a certain difficulty in measuring the exact degree of lost productivity, since the existing instruments consider the worker's self-report, which, even though not as exact, is the most appropriate way.<sup>2</sup>

The recall periods used to measure presenteeism ranged from "present moment" to "previous 12 months," the latter being the most common (A1<sup>5</sup>; A8<sup>11</sup>; A9<sup>12</sup>, A10<sup>13</sup>). Study A1<sup>19</sup> did not specify the recall period.

Thus, the lack of standardization of recall periods to measure presenteeism is also a hindrance to comparative studies and populations, since in studies that use longer periods, such as 12 months, there may be uncertainty of the professional having come to work with some disease problem and how much it affected him/her.

Four publications used a dichotomous measure of presenteeism experience (yes/no) (A1; A4; A6; A9; A10).<sup>5,6,12,13</sup> Study A8<sup>11</sup> used a questionnaire adapted from another author to assess the prevalence and justifications of working sick. Articles A2<sup>15</sup>, A3<sup>16</sup>, A5<sup>7</sup>, A7<sup>10</sup>, and A1<sup>19</sup> used instruments in order to investigate other aspects of the phenomenon studied, including: Ability to Work Scale (PAWS); Health and Work Performance Questionnaire (HPQ); Stanford Presenteeism Scale (SPS-6) and the Stress-related Presenteeism Scale.

Studies A2<sup>15</sup> and A3<sup>16</sup> used the Ability to Work Scale (PAWS) to measure presenteeism. The instrument assesses the worker's perceived loss of productivity through the question, "How many points would you give your current ability to work?" The scale asks respondents to rate their perceived ability on a scale from 0 to 10 (0 = cannot currently work; 10 = work ability is currently the best of your best life). This instrument considers that higher scores mean higher presenteeism and better health status.<sup>15,16</sup>

Studies A5<sup>7</sup> and A7<sup>10</sup> used the Health and Work Performance Questionnaire (HPQ), which aims to measure both absenteeism and presenteeism and has seven items (being subdivided into five sub-items). Absenteeism is expressed by the percentage of expected hours of productive work. Negative scores mean that a person works overtime, while positive scores mean that a person is always absent.

Presenteeism is measured by the relationship between self-assessment of work productivity and the performance of other employees performing the same or similar activities. To perform the calculation, the participants are asked to rate their colleagues' usual performance on a scale from 0 to 10, where 0 is the weakest performance and 10 is the best performance. After that, the employee is asked to rate his or her work performance over the past 28 days.<sup>10</sup>

Both presenteeism and absenteeism are strong institutional indicators of productivity, which, besides serving as a parameter to analyze unfavorable working conditions, also assess the

greater propensity to adverse events related to care, decreased production capacity, and service quality.<sup>20</sup>

The Stanford Presenteeism Scale (SPS-6) was used in study A10.<sup>13</sup> It measures by means of the workers' perception, how much their health condition interfered with their work, preventing them from meeting mental, physical and interpersonal demands.<sup>21</sup> Its score varies from 6 to 30 points, and the lower the score, the lower the presenteeism.<sup>14</sup>

In study A1<sup>19</sup>, we used the Stress-related Presenteeism Scale, which is used to measure stress-related presenteeism at work, which is defined as "a type of passive withdrawal behavior that occurs when the professional is present at work, but his cognitive energy is diverted elsewhere."<sup>22</sup> The scale is likert-type (1= never and 5= all the time) and refers to the following statements: "I cannot concentrate on my work because of work-related stress"; "I spend a significant portion of my workday dealing with work stress"; "Work stress distracts my attention away from my work tasks"; "Mental energy that I should devote to my work is wasted on work stressors"; "I delay starting new projects at work because of stress" and "I spend time talking to co-workers about stressful work situations."

### Presenteeism and related factors

The increased interest in presenteeism has required knowledge of the variables responsible for its occurrence, and thus it has been related to several factors, among them: diverse health conditions, personal and social factors, and the organizational context where they are inserted.<sup>2</sup>

Employees of a company who perform the same activity present different levels of presenteeism, which is justified by the diversity of health problems existing in the same population.<sup>4</sup>

The sample selected in this review pointed out several variables capable of interfering in presenteeism, such as: organizational stress, burnout, work capacity, patient safety, musculoskeletal diseases and emotional intelligence.

A study showed that the nurses in their sample had mental illnesses (depression, anxiety and stress) as the greatest causes of presenteeism.<sup>23</sup>

As for the aspects presenteeism and stress, almost all the studies cited research that related presenteeism to stress, and three studies (A2<sup>15</sup>, A3<sup>16</sup>, and A1<sup>19</sup>) in the sample investigated this relationship. The first two come from the same research and related presenteeism to challenge and obstacle stress in health care workers from different hospitals. They showed that challenge stress has a positive effect on presenteeism and that it generates loyalty in employees. However, when subjected to obstacle stress, it generates possible loss of productivity.

Relating workload, productivity and stress, it was observed that individuals submitted to extreme levels of stress (very low or very high) favor unproductivity<sup>17</sup>. Another research with nurses observed that stress inversely affects productivity.<sup>24</sup>

Study A1<sup>19</sup> investigated the relationship of presenteeism due to stress in relation to emotional intelligence and well-being at work, reaching the conclusion that individuals with higher levels

of emotional intelligence are less prone to presenteeism, which may contribute to higher levels of well-being.

The data corroborate previous studies when it was proven that nurses with greater ability to deal with their emotions (high emotional intelligence) had better well-being and lower levels of stress at work.<sup>9</sup>

Article A1<sup>5</sup> showed that the physicians with the highest burnout rates were present while they should be resting. Burnout negatively interferes with labor productivity, increasing the rate of presenteeism related to emotional symptoms.<sup>25</sup>

Musculoskeletal disorders were investigated in association with presenteeism in nursing professionals in article A10<sup>13</sup>, and were shown to have a negative influence on presenteeism.

The results are similar to those of other research that investigated presenteeism in nursing professionals arising from musculoskeletal disorders. The overall prevalence of presenteeism in nurses due to low back pain was 58.2%, being more common in nurses than in nursing assistants.<sup>26</sup>

A study that investigated the presenteeism caused by musculoskeletal problems in Korean physical therapists, found a prevalence of 81.4% of this phenomenon in these professionals.<sup>27</sup>

It is noteworthy that a recent study had musculoskeletal disorders as the most frequent reason given for not showing up for work while ill.<sup>12</sup>

Patient safety was mentioned in two articles (A7<sup>10</sup> and A8<sup>11</sup>) in association with presenteeism, but with different focuses. While the first analyzed the causal influence, the second investigated whether health professionals who worked with infectious disease were careful to use personal protective equipment so as not to contaminate their patients.

A survey conducted with Brazilian nursing professionals showed strong evidence that presenteeism affects the quality of care, since attendance to work while ill generates team overload and consequently an increase in conflicts, which favors the occurrence of adverse events related to patient care.<sup>28</sup>

Another study showed that the attendance to work of caregivers of a long-stay institution, contaminated by coronavirus, was responsible for disseminating the virus in almost all residents. Healthcare professionals who attend work, presenting symptoms of an infectious disease, extend the risks of presenteeism beyond issues of decreased productivity, but also impact unfavorably on patient safety.<sup>29</sup>

Ability to work appeared in only one study (A1<sup>5</sup>), which showed as a result that low ability to work in relation to the physical and mental demands of the job increases presenteeism.

Investments in promoting workers' health and better health conditions are pointed out as possible tools to reduce presenteeism and increase work capacity.<sup>30</sup>

## CONCLUSION

The scientific evidence presented in this review showed that studies investigating presenteeism in health professionals are still scarce, especially in Brazil, but there has been an increase in

scientific production on the subject in the last four years. Most of the studies presented here were initiated by professionals in the exact sciences, which can be explained by the fact that the term originated in the areas of administration and economics.

Moreover, the lack of standardization of instruments and recall periods causes biases in the results found in the literature and hinders the investigation and application of the theme, making the importance of presenteeism non-functional. It is also possible to observe that there are several factors that influence the increase or decrease of presenteeism, which can be worked on by the worker's health service and thus reduce the consequences of the existence of the phenomenon.

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