



Umbrella Summary

Presenteeism

A Summary of Workforce Research Evidence Relevant to the Child Welfare Field

What is presenteeism?

Presenteeism is not simply a matter of attending, or being physically present, at work. Rather, it refers to going to work while ill and, in some cases, also includes the concept of lost productivity as a result (Johns, 2010; McGregor, Sharma, Magee, Caputi, & Iverson, 2017). Unlike absenteeism, which can be measured through personnel records, presenteeism is measured by employee self-report via surveys or interviews. For the more limited definition (going to work ill), employees are asked whether or how often in the past they showed up to work when they were sick and should have taken sick leave (e.g., Aronsson, Gustafsson, & Dallner, 2000; Munir, Yarker, Haslam, Long, Leka, Griffeths, et al., 2007). For the expanded definition, which also focuses on productivity loss, employees are asked to consider their general health or sometimes specific conditions like depression, asthma, or arthritis. They are asked to estimate how their health has affected their productivity, in terms of things like hours of being generally unproductive (Goetzel, Ozminkowski, & Long, 2003) or percentage of time that health issues made it difficult to do specific tasks (e.g., walk or move around, do work without taking breaks; Lerner, Amick, Lee, Rooney, Rogers, Chang, et al., 2003). For this approach to measuring presenteeism, there are many measures, which vary significantly (see Ozminkowski, Goetzel, Chang, & Long, 2004 for a review). This expanded approach has been criticized for conflating the behavior (being present) with the outcome (lost productivity), which can distort the connections between presenteeism and its antecedents and consequences (e.g., Johns, 2010; McGregor et al., 2017; Miraglia & Johns, 2016).

Why is presenteeism important?

Presenteeism is important because it is associated with many job attitudes, stress indicators, and behaviors. When it is measured as just the act of going to work ill (i.e., not as perceived outcomes), higher presenteeism is moderately associated with higher absenteeism, stress, emotional exhaustion (a dimension of burnout), work-to-family conflict, organizational commitment, and productivity loss (Miraglia & Johns, 2016). It is modestly associated with higher engagement and job satisfaction (Miraglia & Johns, 2016). It is not associated with ratings of job performance, possibly because supervisors are not aware that their employees are working while sick or perceive it as a sign of extra effort and commitment (Miraglia & Johns, 2016). There has been no meta-analytic research on the connections between presenteeism and tenure or turnover.

What contributes to presenteeism?

The nature of presenteeism makes it hard to determine its causes and consequences. Even though there is strong evidence about the extent of its connections with other variables, knowledge about the sequence of events is very limited. An examination of five broad categories of potential causes shows modest to moderate connections with presenteeism. Specifically, presenteeism is more likely when people experience mental and physical health complaints, experience social or work challenges like lack of support or high demands, or have personal constraints (e.g., financial stress) or tendencies like high conscientiousness (McGregor et al., 2017). For people with a preexisting chronic health condition, these connections are amplified (McGregor et al., 2017). In other words, when a person with a preexisting chronic health condition faces these precursors, they are even more likely to go to work than someone without such a condition. Examination of additional and more specific factors shows that presenteeism is moderately more likely when there are strict absence policies, higher workload, and understaffing (Miraglia & Johns, 2016). Potentially supportive resources like job control, decision authority, and participation do not appear to matter, but aspects of a supportive work environment (e.g., coworker, supervisor, and organizational support) are modestly associated with a lower tendency to attend work while sick (Miraglia & Johns, 2016).

QIC-WD Takeaways

- ▶ Presenteeism is moderately associated with higher absenteeism, stress, emotional exhaustion, work-to-family conflict, organizational commitment, and productivity loss.
- ▶ Presenteeism is modestly associated with higher engagement and job satisfaction.
- ▶ Presenteeism is not associated with ratings of job performance, and there has been no meta-analytic research on the connections between presenteeism and tenure or turnover.
- ▶ Presenteeism is more likely when people experience mental and physical health complaints, experience social or work challenges like lack of support or high demands, or have personal constraints (e.g., financial stress) or tendencies like high conscientiousness.
- ▶ When a person with a preexisting chronic health condition faces the precursors listed above, they are even more likely to go to work than someone without such a condition.
- ▶ Presenteeism is moderately more likely when there are strict absence policies, higher workload, and understaffing.
- ▶ Potentially supportive resources like job control, decision authority, and participation do not appear to matter, but aspects of a supportive work environment are modestly associated with a lower tendency to attend work while sick.

References

- Aronsson, G., Gustafsson, K., & Dallner, M. (2000). Sick but yet at work. An empirical study of sickness presenteeism. *Journal of Epidemiology and Community Health, 54*, 502–509.
- Goetzel, R. Z., Ozminkowski, R. J., & Long, S. R. (2003). Development and reliability analysis of the Work Productivity Short Inventory (WPSI) instrument measuring employee health and productivity. *Journal of Occupational and Environmental Medicine, 45*, 743–762.
- Johns, G. (2010). Presenteeism in the workplace: A review and research agenda. *Journal of Organizational Behavior, 31*, 519–542.
- Lerner D., Amick, B. C., Lee, J. C., Rooney, T., Rogers, W. H., Chang, H., et al. (2003). Relationship of employee-reported work limitations to work productivity. *Medical Care, 41*, 649–659.
- McGregor, A., Sharma, R., Magee, C., Caputi, P., & Iverson, D. (2017). Explaining variations in the findings of presenteeism research: A meta-analytic investigation into the moderating effects of construct operationalizations and chronic health. *Journal of Occupational Health Psychology, 23*, 584–601.
- Miraglia, M., & Johns, G. (2016). Going to work ill: A meta-analysis of the correlates of presenteeism and a dual-path model. *Journal of Occupational Health Psychology, 21*, 261–283.
- Munir, F., Yarker, J., Haslam, C., Long, H., Leka, S., Griffiths, A., et al. (2007). Work factors related to psychological and health-related distress among employees with chronic illnesses. *Journal of Occupational Rehabilitation, 17*, 259–277.
- Ozminkowski, R. J., Goetzel, R. Z., Chang, S., & Long, S. (2004). The application of two health and productivity instruments at a large employer. *Journal of Occupational and Environmental Medicine, 46*, 635–648.

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