



## RISK FACTORS AND EFFECTS ON PRODUCTIVITY: EMPLOYEES SICKNESS PRESENTEEISM

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### ABSTRACT

Presenteeism is the practise of showing up for work while unwell. It is important to be aware of the risks associated with presenteeism as well as the factors that promote it as a developing health concern. Presenteeism is correlated with a variety of contextual and personal characteristics. Workers in other industries, like the healthcare industry, seem to be more vulnerable. Presenteeism should be regarded as a risk-taking behaviour and carefully assessed and regulated, according to the developing understanding of the costs of it, especially in safety-critical workplaces. More precise data on employee health will be provided by measuring both presenteeism and absenteeism. It is essential to increase knowledge of the dangers of working while sick as well as the pressures that employers, employers' families, and society place on workers to do so. Based on scientific findings, presenteeism management requires systemic measures. Employees that are sick presenteeism continue to work despite being ill. It is critical to determine the prevalence of presenteeism and its effects on wellbeing and productivity across a range of occupational groups because presenteeism is influenced by contextual and individual differences factors.

**Keywords:** Productivity, Job Performance, Mental Health, Presenteeism

### INTRODUCTION

Presenteeism describes circumstances where employees show up to work despite being too ill to call in sick. This type of behaviour is not uncommon; according to According to a recent poll of UK employees, For every day lost to absenteeism, 1.5 working days were lost owing to presenteeism, with 88 percent of workers continuing to show up for work when they were sick. It's not necessarily dangerous to work when unwell, and going back to work

Working while ill is not always harmful, and returning to work after experiencing more major health issues might be advantageous even if you are not totally recovered. Despite this, there is mounting

proof that presenteeism can have a negative impact on wellbeing, work performance, and even other people's health and safety. A paradigm created by Karanika-Murray and Biron delineates four aspects of presenteeism: functioning, malfunctioning (when presenteeism results in a loss in health and performance), over-achieving, and chronic, and therapeutic. This approach acknowledges both the benefits and drawbacks of working while ill.

Working situations Staffing shortages, excessive expectations, poor management, stress at work and job instability can significantly raise the probability of sickness presenteeism, as can organisational characteristics like strict attendance

requirements and limited entitlement to sick pay. Presenteeism has also been connected to aspects of the workplace social environment, with experiences of bullying and a lack of support from superiors and coworkers serving as major risk factors.

Kabadi, Anute (2019), high work pressure, job insecurity, long working hours, inadequate salary, inadequate leaves, and high sales targets are the main reasons for stress at the workplace.

Additionally, organisational cultures can promote presenteeism through the stigmatisation of sick leave, which makes individuals fear being seen as weak, lazy, or careless, and through conceptions of the "ideal" employee as someone who shows their dedication by working through illness. However, it should be noted that when workforce levels are low, sickness presenteeism may be preferred to absenteeism, particularly in cases when the task is safety-critical or highly specialised.

There is proof that the qualities of the job, the person, and the organisation interact dynamically to form sickness absence behaviours. In order to design context-relevant interventions to lessen its detrimental impacts, Understanding the elements that increase presenteeism risk in distinct occupational categories is essential. Prison officials are the subject of this study, a profession that may have a high presenteeism risk. Because of the slips, gaps in concentration, and mistakes that can happen when people are feeling "below par," they operate in circumstances where presenteeism has the potential to endanger not just their own health and safety but also the wellness of others.

In addition, respondents typically mentioned a strong sense of commitment to coworkers and worries about their well-being and

safety as a motivation for presenteeism, particularly if staffing was low. People were believed to work while ill due to worries about how others would perceive them, Along with a strong sense of obligation and professionalism, there were sentiments of remorse and humiliation. This was due to the fact that insufficient staffing levels would leave offenders cooped up in their cells with little chance for meaningful activities or contact with other inmates. These findings are used in this study to pinpoint the precise motivators for prison officials to report for duty unwell.

## RESULTS

92.3 percent of respondents said they occasionally or usually went to work while feeling ill in the preceding year, with 43.4 percent saying they always did it. Only 8.7% of respondents said they never (3.4%) or only seldom (5.3%) worked while ill. The range of days worked while ill among individuals who reported presenteeism was 2 to 240, with a median of 10 and a mean of 17.08 (SD = 26.21). Overall, 42% of the sampled people indicated going to work despite being ill for at least 10 days, while 19% said they went for 20 days or more. The reasons given for presenteeism are listed in descending order in Table 1 where greater ratings indicate a stronger recommendation).

Reluctance to disappoint colleagues, remorse, and a mix of organisational and personal motives, such as duty and professionalism, were the most often cited justifications for working when sick. Concerns about losing their job and reluctance to disappoint their manager were typically viewed as less significant. Correlations between each possible cause of presenteeism and the average number of days that respondents who reported working

while ill reported working are also displayed in Table 1. The association with not letting one's management down was non-significant, but the strongest relationships were seen with worry about job loss, disciplinary action, and worries that one's

illness wouldn't be taken seriously. Table 1 lists the causes of presenteeism in decreasing order, along with descriptive statistics and correlation coefficients for the mean presenteeism days (greater scores indicate higher levels of endorsement).

**Table 1 Causes of Presenteeism in Decreasing Order**

Item	Mean	SD	$r_s$
professionalism and obligation	4.29	0.87	0.06***
not disappointing coworkers	4.07	0.99	0.16 ***
a sense of guilt	3.87	1.19	0.17 ***
apprehensive about sanctions	3.68	1.29	0.23 ***
unsafe levels of staffing	3.60	1.19	0.17 ***
expectations set by others	3.49	1.13	0.18 ***
management's pressure	3.46	1.28	0.21 ***
worries about a supposed ailment	3.44	1.27	0.20 ***
leading by example	3.33	1.15	0.06*
intense work load	3.31	1.17	0.14 ***
worried about losing a job	3.17	1.35	0.27 ***
Keeping manager happy	2.91	1.21	-0.00

The frequency of worker's non-absenteeism (i.e. presenteeism), the number of sick days taken, self-reported mental health (reported by themselves), job performance, and the climate of workplace safety are all correlated, as shown in Table 2. Reportable absence rates, signs of mental illness, job performance, and workplace safety and its

environment are all significantly correlated, indicating that respondents who reported being absent from work When absent from work more often, people often reported worsening mental health and job performance as well as an unfavourable atmosphere for workplace safety.

**Table 2 Correlations between study variables.**

Study Variables	M	SD	I	II	III	IV	V
Attendance	3.31	0.58	1.0				
Days of Labour	17.08	26.20	0.15***	1.01			
GHQ-12	1.50	0.81	0.28***	0.31***	1.0		
Work Efficiency	2.90	0.74	-0.13***	-0.24***	-0.58***	1.0	
Climate of Safety	4.71	0.74	-0.25***	-0.17***	-0.45***	0.31***	1.0

\*\*\* $p < 0.001$

The probable causes of presenteeism are listed in Table 3, which also emphasises the major determinants of the three end variables (mental health, work performance, and safety climate). Heavy workload, management pressure, worries that sickness wasn't taken seriously, feeling guilty, and worries about losing one's job were the main risk factors for mental health status, with the model accounting for 30% of the variation. Heavy workload, worries about disciplinary action, doubts about oneself, and

management pressure were the most effective predictors of badly evaluated job performance, with the model accounting for 34% of variation. The perceived safety atmosphere varied by 17 percent across the causes for presenteeism, with managerial pressure, hazardous staffing levels, and severe workloads contributing most significantly to unfavourable opinions. Table 3 lists the outcome variables' predictors, including safety environment, work performance, and mental health.

**Table 3 Outcome Variables' Predictors**

Reason for Presentation	Mental Health	Job Performance	Safety Climate
apprehensive about sanctions	0.02	-0.16***	0.06
worried about losing a job	0.12***	-0.07*	0.04
management's pressure	0.16***	-0.13***	-0.27
unsafe amounts of staffing	0.06*	-0.08**	-0.19***
not disappointing coworkers	0.04	-0.03	-0.13
Keeping management happy	0.05*	-0.11*	-0.10***
worries about a supposed ailment	0.14*	-0.15***	0.01
a sense of guilt	0.13***	0.12***	0.01
professionalism and obligation	0.09**	-0.12***	0.02
expectations set by others	0.11***	-0.12***	-0.08*
Workload being Extreme	0.19***	-0.21***	-0.11***
A Good Example Being Set	0.02	-0.12***	0.03
Total R <sub>2</sub>	0.30***	0.34***	0.17***

\* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

## IMPLICATIONS

This study looked at how hard prison guards in the UK work when ill, the reasons for it, and the effects it has on their mental health, work output, and opinions of the atmosphere around workplace safety. The results show that presenteeism is widespread among prison guards for a number of factors related to the position itself, the organisation, and the person. Prison officers who reported working while ill often felt their job performance was

negatively impacted, the workplace had a lower atmosphere for safety, and they were more likely to have mental health issues.

Nearly half of respondents said they always worked while unwell, and More than 90% of respondents claimed to do so at least sometimes. This proportion is higher than what was seen in a previous study of prison employees in the UK, suggesting that the demand to reduce presenteeism may have increased over time. Given that the information was obtained just before the

COVID-19 epidemic, this is very concerning. The extent of presenteeism due to illness is concerning considering that working while ill has become a major risk factor for mental health and job performance, according to previous study results. Officers who worked while ill more often tended to report greater levels of cognitive impairments including trouble focusing and making judgments as well as mental health symptoms like sadness, anxiety, and sleeplessness.

According to research, individuals are more inclined to keep working through mental health issues than physical ones, sometimes as a result of the ongoing stigma associated with such disorders. Prison officials have an especially high risk of having poor mental health, yet they often hesitate to tell their employers about their problems and seek help.

Employees should be encouraged to seek treatment early on and take time off from work if necessary since continuing to work in a stressful and unpredictable workplace might be harmful to their mental health. Long-term studies are required on the significance of stigma in prison settings and how institutional, social, and self-stigmatizing elements, such as person beliefs, societal norms, and practises, may encourage sickness presenteeism. The finding that common excuses for working while sick included shame, embarrassment, and a fear of other people's opinions raises the prospect that being away from work due to illness in general—and not just because of mental health issues—might be stigmatised in prisons.

This research has provided some justifications for why sick prison guards show up to work. Even though the pattern of predictors differed depending on the

outcome, organisational demands, such as a demanding workload and management pressure, were found to be risk factors for mental health, job performance, and the safety climate.

Being presenteeism owing to guilt and fear of being disbelieved was among the most effective indicators of mental health status, reflecting the stigmatisation of mental health disorders outlined above. Working while unwell has a detrimental impact on work performance because of internal and external constraints, such as the need to set a good example for others and concerns about facing disciplinary action. One of the biggest predictors of a bad safety atmosphere was continuing to work when ill because of fear of understaffing and disappointing coworkers, which is in line with other research showing that mutual support, loyalty, and trust are important factors in determining an organization's safety climate. Positive connections between coworkers are a significant source of job satisfaction that may counteract the risk of stresses associated to the workplace, according to prior studies with prison officials. Officers may consequently be compelled to work when unwell in order to protect their professional connections while downplaying or ignoring the possible implications to their health and functionality. In this research, the effects of presenteeism on work performance were also addressed. It was usually believed that when officers were ill, their capacity to fulfil their duties successfully was compromised. Working while ill may make the pressures already present at work worse, sap energy, and have a negative influence on task completion, particularly for more difficult activities.

Given that prison officers operate in stressful, safety-critical circumstances, feeling "below par" might have substantial negative effects on their personal health as well as the welfare of both the inmate prisoner population and their colleagues. These worries are made worse by the persistent understaffing, overcrowding, and possibility of assault and harassment from other prisoners in UK jails.

There is evidence that organisational changes including reducing deadlines and boosting independence, assistance, and mobility may lower the probability of presenteeism. These methods will further aid in combating workplace stress, which is a significant contributor to presenteeism. Organizations may significantly influence how people feel about taking time off for illness. In prisons, a "healthier" culture of sick days is required, where supervisors support workers' use of sick days as a responsible and caring action. Professionals in occupational health are most qualified to assist workers and managers and provide advice on "healthy" absence management policies and procedures.

Any organisation must have consistent, transparent, and fair absence management rules and processes, and it is widely accepted that those who overuse sick time should face consequences. However, this research found that one of the main causes of presenteeism among prison guards was worries about disciplinary action.

Reducing "unnecessary" absence without fostering detrimental presenteeism is tough, and it can be especially difficult in positions where safety is at stake and maintaining ideal personnel levels is essential. The severity of the effects of working while sick will vary depending on a number of variables, including the disease kind,

personal responses, job responsibilities, and the availability of assistance. There may be little or no dangers to health or performance when a disease is mild or when individuals can operate within their limitations.

By using the paradigm created by Karanika-Murray and Biron, it is possible to determine if presenteeism is therapeutic, dysfunctional, or overachieving and take appropriate action. However, it is obvious that there is a need to increase awareness of the substantial concerns that presenteeism poses to the present and future wellness of personnel as well as the secure operation of institutions. However, managers' responsibility to keep jails safe from overcrowding may take priority over their need to treat their personnel with respect. There is an immediate need for additional workers, and it is necessary to find alternate methods of staff attendance management in order to prevent future illness absence and degraded performance over the long term.

## LIMITATIONS AND FUTURE RESEARCH

There are a few restrictions on this research. Since the data were self-reported and the study was correlational in nature, causation could not be shown. In order to emphasise causal effects, more research using a longitudinal design is required. Furthermore, it is impossible to determine a response rate since it is unclear how many participants were exposed to the survey. It is difficult to determine how many officers are employed by public sector jails in the four UK countries.

Despite the size of the accepted sample, the findings could not have correctly mirrored the beliefs and experiences of the general community. If police regularly worked while unwell or had more negative perceptions of

their company, they could have been more driven to react. The study's assessment of presenteeism's likely causes was based on prior research with jail officials, and although the scale has undergone pilot testing, further psychometric and validation work is still needed.

Furthermore, presenteeism frequency was measured with only one item. However, research should employ multiple-item tests to determine the incidence of presenteeism among prison staff or prison officers employed in a variety of settings, the symptoms or diseases most often associated with working while ill in such contexts, and the effects these have on health and job performance. Prison officers, for instance, are susceptible to sleep problems, which may result in weariness on the job that jeopardises their safety, while physical health problems may limit their ability to assist co-workers in the event of an emergency.

This study offers some evidence that staff absences due to illness are stigmatised in prisons, but more investigation may reveal the illnesses that are accepted as acceptable and invalid excuses for missed work. Further research is required on managers' and officers' perceptions of how working while ill affects job performance in a highly interdependent, safety-critical workplace.

#### References:

1. Aronsson, G. and Gustafsson, K. (2005), Sickness Presenteeism: Prevalence, Attendance Pressure Factors, and an Outline of a Model for Research, *Journal of Occupational and Environmental Medicine*, Vol.47, pp.958–966.
2. Caverley, N., Cunningham, J.B. and MacGregor, J.N. (2007), Sickness Presenteeism, Sickness Absenteeism, and Health Following Restructuring in a Public Service Organization, *Journal of Management Studies*, Vol.44, No.3, pp.04–319.
3. Hansen, C.D. and Andersen, J.H. (2008), Going Ill to Work - What Personal Circumstances, Attitudes and Work-Related Factors are Associated with Sickness Presenteeism?, *Social Science & Medicine*, Vol.67, pp.956–964.
4. Kabadi S, Anute N, (2019) Stress Management Among The Sales Executives: Causes And Remedies, *Ayushi International Interdisciplinary Research Journal (AIIRJ)*, ISSN 2349 - 638x Special Issue-49, Page No. 1543-1549.
5. Johns, G. (2011), Attendance Dynamics at Work: The Antecedents and Correlates of Presenteeism, Absenteeism and Productivity Loss, *Journal of Occupational Health Psychology*, Vol.16, pp.483–500.
6. Nuhit, M., Harbi, K.A., Jarboa, A.A., Bustami, R., Alharbi, S., Albekairy, A. and Almodaimegh, H. (2017), Sickness Presenteeism among Health Care Providers in an Academic Tertiary Care Center in Riyadh, *Journal of Infection and Public Health*.
7. Yang, K.S. and Bond, M.H. (1990), Exploring Implicit Personality Theories with Indigenous or Imported Constructs: The Chinese Case, *Journal of Personality and Social Psychology*, Vol.58, No.6, pp.1087-1095.