



Antecedents of Presenteeism

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Abstract

Presenteeism is a global phenomenon. Presenteeism mostly defined as going to work ill. The existing literature is inconsistent with regards to the reasons for presenteeism. Aims and objectives of this review are to identify the relationships and contradictions of existing theories of presenteeism, identify various focus areas, identify antecedents of the concept, and to provide future research directions. Systematic literature review method is used by reviewing 23 articles from 2009 to 2019. Data were collected through online databases using key words “presenteeism, sickness absence, working despite illness, & presentees”. Finding reveals most of the researchers focused on sickness presenteeism. Two major types of antecedents were identified. First is sickness related factors (SRF) and the second is non-sickness related factors (NSRF). Work related factors, Personal factors and organizational factors have been identified as SRF. NSRF are namely “engage in personal business, organizational citizenship behavior, organizational restructuring, poor management, stress, and counter-productive work”. The review provides practical implications and future research directions for practitioners and academics in the field.

Keywords: *Antecedents; Non-sickness related factors; Presenteeism; Sickness presenteeism; Sickness related factors*

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Introduction

Background of the Study

The phenomenon of presenteeism does not have a long history. The concept is emerged in to the field of management in 1990s. Presenteeism gained an increased attention by academic researchers and the practitioners in employee wellbeing and human resources. Many scholars believe the cost of presenteeism is greater than the cost of absenteeism. Per head cost of employee health benefit in 2009 is \$9,552, which is 6% of increment compared to 2008. Presenteeism encounter 61% out of total cost of the organization (Lack, 2011). Lack (2011) reports Presenteeism results in productivity loss of 10.4 days each year. According to Fernando, Caputi and Ashbury (2017) presenteeism is 62% compared to 38% of absenteeism within examination of three months. There are no any government assistance programs to help unemployed people in Sri Lanka. In such a situation Sri Lankans need a job to survive. Therefore, they exhibit presenteeism. The cost of presenteeism is huge when the productivity relies on all members of a team. Presenteeism not only affect the presentee but also the coworkers as they may not achieve their productivity targets.

The theories of presenteeism differ. Some of them cover the antecedents and consequences of presenteeism at the same time; of those that include antecedents some are restricted to one kind of factor (i.e., personal or contextual variables); the majority precisely distinguish between only two categories (i.e., personal variables and contextual variables); only a few of the theories account for both presenteeism and absenteeism; and the majority do not specify the way how the decision to presenteeism have been taken. Lohaus and Habermann (2019) argue that none of the theories that have been presented to date are sufficiently comprehensive and able to explain the occurrence of presenteeism satisfactorily. More detailed classification of antecedents would be helpful for the investigation and understanding of presenteeism, for the design of well-targeted HR management and organizational health management interventions to address presenteeism. Considering the facts, the paper provides an in-depth analysis of antecedents of the phenomenon while addressing the following questions;

1. What are the focus areas of Presenteeism?
2. What are the types of presenteeism?
3. What are the antecedents of Sickness presenteeism?
4. What are the antecedents of other forms of presenteeism?

Aims and objectives of this review are to identify the relationships and contradictions of existing theories of presenteeism, identify gaps in presenteeism literature, identify various focus areas of presenteeism, to identify antecedents of the concept, and to provide future research directions.

Introduction to Presenteeism

The term presentee has been originally used by the American author Mark Twain in 1892 in his book titled 'The American Claimant' (Werapitiya, Opatha, & Fernando, 2015). Some authors believe presenteeism introduced by Cooper in 1994. Cooper (1994) defined presenteeism as "people turning up to work, who are so distressed by their jobs or some aspect of the organizational climate that they contribute little to work" (Gilbreath & Karimi, 2012). As Lack (2011) reports, Whitmer used the term in the late 1990s, after which it began to appear in health and productivity literature. Historically, presenteeism has been studied through a culture linked to an economic climate where downsizing and restructuring often lead employees to be motivated by a fear of loss of employment or income (Lack, 2011). According to Lack (2011) Presenteeism is being present at work but unable to be fully engaged in the work environment. Gillbreath and Karimi (2012) states Presenteeism happens when employees are at work, but their cognitive energy is not devoted to their work. They have explained that presenteeism occurs when employees are physically present, but mentally absent. Johns (2010) summarizes nine definitions of presenteeism in the literature (Table 01).

Table 1: Definitions of Presenteeism

S/No:	Author	Definition	Focus
1	Smith, 1970	Attending work, as opposed to being absent	Sickness
2	Canfield & Soash, 1955; Stolz, 1993	Exhibiting excellent attendance	Other factors
3	Simpson, 1998; Worrall et al., 2000	Working elevated hours, thus putting in face time, even when unfit	Sickness & other
4	Sheridan, 2004	Being reluctant to work part time rather than full time	Other factors
5	Kivimäki et al., 2005	Being unhealthy but exhibiting no sickness absenteeism	Sickness
6	Aronsson et al., 2000; Dew et al., 2005	Going to work despite feeling unhealthy	Sickness
7	Evans, 2004; Johansson & Lundberg, 2004	Going to work despite feeling unhealthy or experiencing other events that might normally compel absence	Sickness & other
8	Turpin et al., 2004	Reduced productivity at work due to health problems	Sickness
9	Hummer, Sherman, & Quinn, 2002; Whitehouse, 2005	Reduced productivity at work due to health problems or other events that distract one from full productivity	Sickness & other

Source: Johns (2010)

Four of the definitions identified were related to only sickness related factors (SRF) whereas, the other five definitions were related to sickness as well as non-sickness related factors (NSRF) of presenteeism. Definition no 06 is widely used by many researchers.

Werapitiya *et al.* (2015) reviewed 40 articles and presented three dimensions of presenteeism. Further they have introduced two more dimensions based on 13 actual observations of Sri Lankan business firms. Accordingly, they define presenteeism as “being at work despite being sick, working more than the time assigned on a particular job, not full engagement in work, recorded at present but not in the work assigned & overactive and hyperactive in the work”. The definition provided by Werapitiya *et al.* (2015) is considered in this study as this a comprehensive definition including all the dimensions as to identify several antecedents of the phenomenon without focusing on a specific type. Further, their definition focuses on SRF as well as NSRF.

Methodology

The Systematic Literature Review method proposed by Tranfield, Denyer and Smart (2003) is utilized in the study. The purpose of the current study is to analyze, summarize, and draw conclusion about presenteeism by highlighting the antecedents of the phenomenon. The paper also provides research directions to future researchers.

Time Horizon

Journal articles from 2009 to 2019 have been considered. The reason for selecting 2009 as the starting point for reviewing was that the presenteeism cost increased heavily in organizations (Lack, 2011). Lack (2011) reports the cost associated with presenteeism is greater than the cost associated with absenteeism. Per head cost of employee health benefit in 2009 is \$9,552, which is 6% of increment compared to 2008. Articles were reviewed up to 2019 as to obtain recent knowledge in the discipline.

Selection of Databases

Journal articles were obtained through several online databases. The databases were Scopus, Emerald Insight, Sage Publications, Science Direct, Open Access Journal, and Google Scholar.

Article Selection

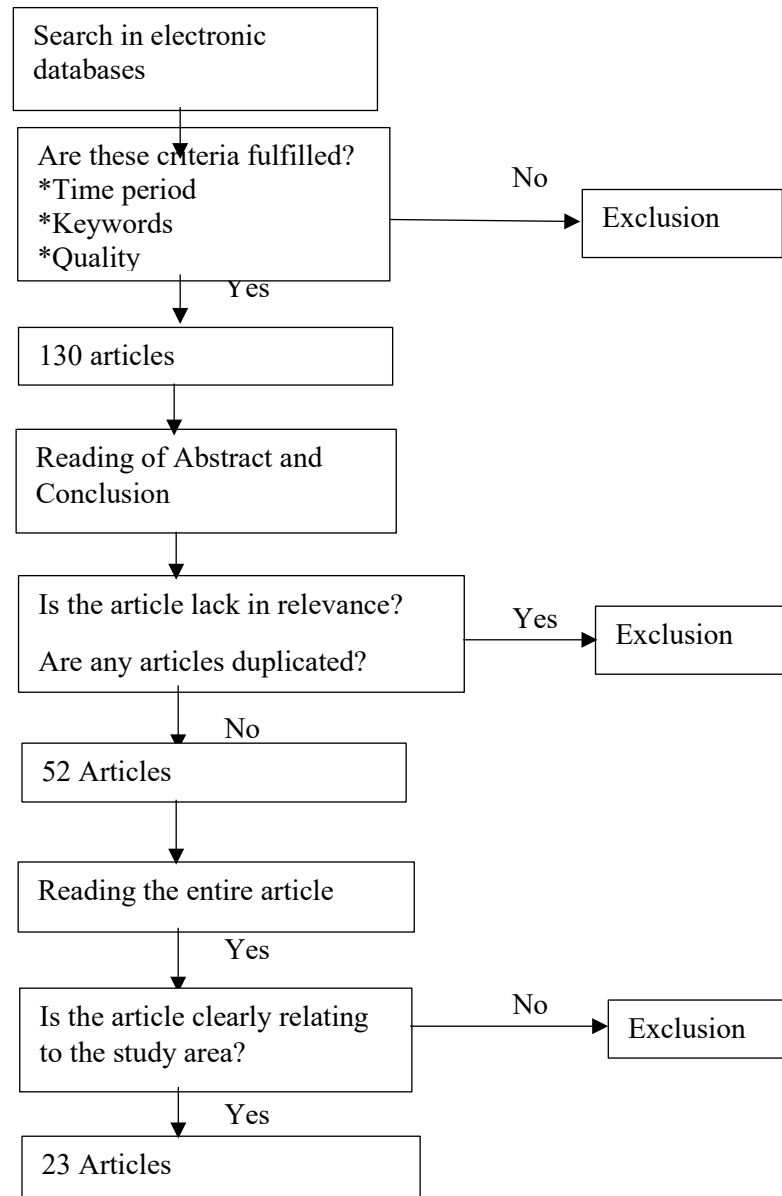


Figure 1: Article selection Process

Results and Discussion

Findings

According to the Table 2 the model for presenteeism proposed by Johns (2010) focused on the health event which is acute (eg: virus), episodic (migraine) or chronic (eg: arthritis) where fully productive attendance is interrupted. Accordingly, nature of the health event will determine the choice among presenteeism. Johns (2010) expects employees with positive work attitudes and favorable justice, workaholics, conscientious, and psychological hardy exhibit presenteeism. The study conducted by Demerouti, Blanc, Bakker, Schaufeli, and Hox (2009) is considered to be the first study to found job demand and exhaustion leads to presenteeism. They found working condition such as job demand leads

to presenteeism and it is reciprocal to stress symptoms such as burnout overtime. As their study was based on nursing profession they identified two demands namely patient demand and physical demands. Further, they have found the only one democratic characteristic which related to presenteeism was gender. They reported men reports more presenteeism than women do.

Table 2: Key Findings of the Previous Studies

Author	Focus	Major Causes	Antecedents
Demerouti <i>et al.</i> (2009)	Sickness	Job Demand	Time Pressure, Conflicting demands, Work pressure Workload, Patient demand, Physical demand
Johns (2010)	Health event (Acute, Episodic, Chronic)	1.Contextual Factors 2.Personal Factors	Job demand, Job security, Reward system, Policy Absence/Presence culture, Teamwork, Replacement Work attitudes, Personality, Perceived justice, Stress Perceived absence legitimacy, Proclivity for sick role, Health locus of control, Gender
Lack (2011)	Sickness	1.Health Concern 2.Job Issues	Health risk factors, Aging workforce Dependent care issues Perceived job pressure, Fear of loss of income or employment, Stress
Prater & Smith (2011)	Sickness	1.Working after hours	Self-imposed pressure, Pressure from immediate supervisor, Performance goals, Promotion
		2.Organizational	Sick days, Not burden peers, Job insecurity, Absence culture and reward, Employment, Replacement
		3.Personal	Illness status, Available sick leave, Financial obligation, Sense of duty
	NSRF	1. Engage in Personal Business 2.Stress 3.Poor Management 4.Organizational changes	Child care, Financial worries, Addiction, Family problems, Divorce Work-life imbalance, Overworking, Health issues Financial issues Lack of motivation, Defined goals Accountability, Pressure from supervisors Management, Operation, Work methods
Gilbreath and Karimi (2012)	Sickness	Personal and Org. factors	Age Supervisor behavior
	Job Stress	Personal and Org. factors	Personal factors Organizational factors
Cartwright (2012)	Sickness	1.Work demands	Irreplaceability, Insufficient resources, Conflicting demands, Control, Time pressure, Management style Policies, Job insecurity, Support, Occupational group
		2.Personal Factors	Severity of illness, Individual boudarlesness, Financial demands, Team responsibility, Over commitment, Conservative attitude
Johansen <i>et al.</i> (2014)	Sickness	1.Reporting variables	Poor health status, Job dissatisfaction
		2.Personal Demands	Financial demands
		3.Work Related Demands	Less replacement, Time pressure, Working time arrangement, Public/Private sector Heavy work, Work-family conflict
Barnes (2016)	Sick & Pretending	Personal factors	Workaholism, Work ethic, Devotion Financial needs, Stress
	Stress	1.Demand	Empowerment

		2.Resources	Hardiness
Arslaner & Boylu (2017)	Sickness and NSRF	Contextual factors	Organizational support, Work-family conflict Family-work conflict
Fiorini, Griffiths, & Jonathan, (2018)	Sickness	1.Organizational Factors	Less Peer support, Less Supervisor support Team work, Low staffing level
		2.Personal factors	Personal life, Preference of illness behavior Perceived legitimacy of absence
		3.Illness Perception	Identity, Timeline, Cure & control Antecedence, Consequences, Coherence
		4.Attitude	towards - Peers, Organization, Work, & Customers
Løvseth & Giaever (2018)	Caregiving (Sickness)	Ill Children, Pregnancy	Organizational structure, Professional culture, Personal sphere
	NSRF	Counterproductive work	Settle down time, Chatting/phone calls, Break thoughts, Return from break, Clearing the table
MacGregor & Cunningham (2018)	Sickness	1.Job demand	Workload, Time pressure, Reorganization, Face time
		2.Job resources	Job insecurity, Career opportunities, Less supervisor/coworker support, Less role clarity
		3.Job characteristic	Feedback, Variety, Autonomy, Task significance Task identity, Creative achievement
Lohaus & Habermann (2019)	Environmental Influences on Sickness Presenteeism (Distal/Proximal Factors)	1.Personal Factors	Health, Emotional exhaustion, Experienced stress, Absenteeism, Optimism, Depression, Affective commitment, Family-work conflict, Work engagement, Job dissatisfaction, Financial difficulties, Self-efficacy, Life style, Health locus of control, Proclivity-sick role, Legitimacy of absence
		2.Work Related Factors	Role demands, Time demands, Overall job demands Work-family conflict, Low quality leadership, Less replacement, Low supervisor support, Adjustment latitude, Having difficult clients, Role conflicts Having supervisory duties, Kind of profession
		3.Organizational Factors	Absence policy, Understaffing, Less organizational support, Harassment, Organizational justice, Discrimination, Job insecurity, Organizational downsizing, Sick leave policy, Reward system Health-related measures
Kinman et al. (2019)	Sickness	Working environment	Absence management system, Management pressure, Shortage of staff, Attitude-colleagues, Job security
Giæver & Løvseth (2019)	Occupational health	1.Health	Illness Nature, Personal and work related situation
		2.Pressures	Replacement, Workload, Pace, Job insecurity
		3.Individual and Cultural	Loyalty to colleagues and patients, Sanctuary /battleground culture, Identity, Impression
		4.Job crafting (Task/relational/cognitive)	Task: Loyalty, Secure promotion, Job demand Relational: Loyalty to colleagues, Legitimacy of absence, Positive feedback Cognitive: Time off for children's illness, Feeling

Lack (2011) divided health concern into physical and mental health. Cardiovascular disease; hypertension and coronary heart disease, musculoskeletal problems; low back pain, chronic conditions; headaches, allergies, arthritis, and asthma which fall under physical health problems have been identified as major sources of presenteeism. Mental health issues such as depression, stress have shown to drive SP (Sickness Presenteeism) (Lack, 2011). Further, he reports aging workforce would experience chronic conditions such as depression, sleep disorders, musculoskeletal problems, allergies

which affects productivity and leads to presenteeism. Employees exhibit presenteeism when they are ill to save time off for when their children are ill. Lack (2011) expected that the dual earner couple and growing sandwich generation exhibit presenteeism.

Perceived job pressure is found to be the most common reason for presenteeism based on the study of Lack (2011). According to a survey conducted in 2008 for Cigna found an average seven days of presenteeism experienced by an employee per month (Prater & Smith, 2011). Employees remain at work longer than needed to show their commitment is associated with presenteeism. As a result of losing employment protection laws and reducing benefits employee exhibit presenteeism because of fear of loss of income or employment (Lack, 2011). Presenteeism is common in employees who engage in high stress work where employees have a little control over their work. Female workers show more presenteeism than male workers. Further, they revealed age and working hours has a positive relationship with presenteeism and stress.

Prater and Smith (2011) identified several contributing factors of presenteeism. The factors are; not experiencing a serious sickness, did not want to use their available sick leave, no sick days available, need of money or other financial obligations, sense of duty, not burden peers, managerial responsibility, work demands (prevent work pile up, looming deadlines, scheduled meetings with clients), fear of loss of job, thought of viewing them as slacker if they are absent, penalties if they stay home, probationary employees, no replacements available, corporate culture to attend work while ill, working long hours for promotion. The authors also explored other forms of presenteeism namely engage in personal business during office hours. 61% of the respondents stated that they engage in personal business during office hours. The average number of hours spent on personal business was 2.17 hours. Conducting personal business in office hours spread between 0 to 4 hours per day. Men engage more in personal business compared to women amounting more than 1.2 hours as of women. Types of personal business are; scheduling Doctor's appointment, handling debit or credit card issues, vehicle purchasing or repair, childcare, teacher conference, home purchasing or home repairs, eldercare, foreclosure, or personal relationships (Prater & Smith, 2011). Stress is another factor causing presenteeism. The reasons for stress are work-life balance issues, overworking, debit or credit card problems, and health issues. Poor management and organizational changes also identified as other causes of presenteeism. Factors related to poor management which cause presenteeism are; lack of motivation, defined goals, accountability and pressure from managers to show up face time. The rationale men used for presenteeism are; their responsibility as people report to them, sense of duty, prevent work pile up, and they were self-employed. The rationale women used for presenteeism are; work culture of reporting to work despite illness, and do not want to use their sick leave (Prater & Smith, 2011).

According to the study of Gilbreath and Karimi (2012) it was revealed presenteeism is significantly correlates with job stress, age and supervisor behavior. Further, they found negative supervisor behavior has a greater impact on presenteeism than positive supervisor behavior. They believe job stress as an antecedent of presenteeism (Gilbreath & Karimi, 2012). Cartwright (2012) focused on SP. He identified work related demands and personal factors as antecedents. Work related demands such as irreplaceability, insufficient resources, conflicting demands, low control over the job, time pressure, management style, sickness policy, job insecurity, occupational group (managerial employees more inclined toward presenteeism) and lack of support influenced presenteeism. Further, his finding revealed person related factors such as severity of illness (less severe, more presenteeism), individual boudarlesness (say no to others), financial demands, team responsibility, over commitment, and conservative attitude drows presenteeism. Interesting finding of their study was even they come to work ill they did not want to be infected by others those who come to work ill. Lu, Cooper and Lin (2013) focused on sickness presenteeism. Their study results shows negative relationship between presenteeism and exhaustion is stronger for employees who have more supervisor support. In other words, when there is a low level of supervisor support there is a higher level of presenteeism and exhaustion.

Johansen et al. (2014) collected data from a survey in Norway and Sweden in 2011. Accordingly, it was revealed 56% of the respondents of both the countries experienced SP in 2010. Most of the respondents reported reasons for sick leave such as; they could not burden colleagues, they enjoy work, feel of indispensable. Some of the respondents reported they could not afford of taking sick

off, they depend on the pride of not taking sick leave, or if they have taken sick leave they will be considered lazy or unproductive. Lower proportion of respondents reported they experience presenteeism due to health benefit, suspected for cheating, shame, to maintain social network, and to avoid the risk of lay off. There are clear differences among Norwegian and Swedish respondents related to antecedents of sickness presenteeism. Swedish respondents are over represented because they cannot afford of taking sick leave (high rate of SP reported by employees who do not have a managerial level job, earning a lower salary, and low educated). However, Norwegian respondents are over represented mentioning the benefits of attending while ill and considering lazy or unproductive if they are on sick leave (high rate reported by middle managers and executives, who are highly educated, receiving a medium to high earning, and self or private employed (Johansen *et al.*, 2014).

The drivers of presenteeism are workaholism, work ethic, devotion to the organization, strong conscience, and financial needs (Barnes, 2016). They focused on sickness and pretending to be sick in his study. McGregor, Magee, Caputi, and Iverson (2016) applied health impairment (burnout) and motivational factor (work engagement) to link JD-R model and presenteeism. According to their results, when job demands such as workplace bullying, work-family conflict, and time pressure are higher then the energy required to achieve those demands lead to increase in burnout and finally, it will result in presenteeism. Further, they have suggested when the job resources (social support, quality leadership) are perceived to be low because the employees feel unappreciated, which in turn leads to reduce work engagement, increase burnout and finally, more presenteeism is experienced.

Panari and Simbula (2016) found work responsibilities as an antecedence of presenteeism. He further describes when work responsibilities increases, presenteeism will increase and it will lead to emotional exhaustion. The result of the study conducted by Arslaner and Boylu (2017) highlights negative relationship between perceived organizational support and presenteeism, positive relationship between work-family conflict and presenteeism. Accordingly, they found organizational support and work-family conflict as antecedents of presenteeism.

JD-R Model is used by Chia and Chu (2017) to identify the presenteeism in hotel industry. High empowerment is considered as a job demand where as high hardiness is considered as a resource to explain their model. Accordingly, they suggested the balance between high empowerment and high hardiness will result in high work engagement, which will result in absence of stress. The high hardy employees are capable to control and resolve their stress situations quickly thus resulting in reduced need of presenteeism. They theorized lowering of stress will lower the likelihood of presenteeism. There is a loss of control when employees attend work with high stress, which will inturn result in high degree of presenteeism. The stress is the focusing factor of their study.

A qualitative study conducted by Fiorini *et al.* (2018) identified factors of presenteeism. Attitude toward work and the organization such as strong feeling of responsibility; enjoyed, satisfaction, and or proud of the work will lead to presenteeism. Attending to work to avoid burdening coworkers with additional work and attending despite illness because of the familiarity with the patients also drive presenteeism (attitude toward peers and customers). Teamwork, interpersonal relationship with coworkers, attending ill to help coworkers in high workload situations are reasons for presenteeism (work environment/culture). Employees attend ill in days where higher rates of payment is applicable, and prior day of the vacation leave as vacation cannot be taken after a sick leave. However, a meta-analytic finding indicated inconclusive picture. Accordingly, negative relationship between interpersonal relationship, coworker support, and supervisory support has been revealed (Fiorini *et al.*, 2018). Employee beliefs about the perceived legitimacy of absence behavior also drive presenteeism. Employees engage in presenteeism in situation where they believe the sickness absence will tarnish their image, attend while ill for financial benefit, attend while ill as request by family members or to set a positive example for their children (personal life) (Fiorini *et al.*, 2018).

MacGregor and Cunningham (2018) states the presenteeism literature provides only few reasons why presenteeism occurs or the factors accosiated. JD-R model used by them as to their substitution hypothesies that the model provide a theoritical guide to presenteeism as it provides theoritical model for absenteeism. Accordingly, job demand increases SP and job resources decrease

SP. They report public sector organizations exhibit presenteeism more than twice as private sector organizations. Further revealed, service sector organizations exhibit more presenteeism due to higher level of feeling of responsibility to clients. They also agree that sickness presenteeism overweighted sickness absenteeism.

There is a lack of knowledge regarding caregiver presenteeism in presenteeism literature (Løvseth & Giaever, 2018). Caregiver presenteeism is known as parents attend work while their children are ill, when pregnant woman attend while their unborn are ill. The impact of family and parental responsibilities should take in to account. Accordingly, there is a positive relationship between work life conflicts and caregiver presenteeism. Spouse's occupation is important for flexible work scheduling. Moreover, the personal support system is also an important factor to reduce caregiver presenteeism. However, result indicated employees were stayed at home when their children are ill than they are ill. Though the pregnant woman is healthy she will experience nausea, vomiting, back pain, heartburn, leg cramps and fatigue. Therefore, she needs a rest in first trimester. Accordingly, work-leisure conflict it assumed with regarding caregiver presenteeism of pregnant woman. Løvseth and Giaever (2018) found attendance pressure is the most influencing factor of caregiver presenteeism. Pregnancy and pregnancy symptoms were considered as weakness which reduce the possibility of future permanent employment. This caused attendance pressure to showcase dedication and productivity. Løvseth and Giaever (2018) further reports caregiver presenteeism is moderated by personal, organizational and professional cultural factors. Personal factors; such as work engagement, enjoy work, ambitions, Organizational factors; insufficient staffing, type of shift, professional cultural factors such as; culture of dedication and availability. Work adjustment of caregivers is suggest to reduce caregiver presenteeism in organizations.

Tawiah, Opata, and Tetteh (2018) conducted a study in selected public and private sector organizations in Ghana to identify the productive time lost. Accordingly, they found the unproductive time in a week which are consists; of time taken to settle to work after reporting is 150 minutes, time spent in between meal breaks is 50 minutes, the time spent for break thoughts and return from break to settle to work is 275 minutes, time spent for clearing the table before leaving is 75 minutes. The total presenteeism (counter-productive work) time per week is 550 minutes out of 40 hours of productive time per week. Theory proposed by Lohaus and Habermann (2019) includes antecedents and consequences of presenteeism found in existing literature as well as their views which could be considered in future researches. They have subdivided contextual factors into distal and proximal factors. Distal factors include economic, cultural, societal, legal, political, natural environment and infrastructure. Proximal factors categorized into work related and organization related factors. Factors influence the choice between presenteeism and absenteeism is described at the counter part of the model (eg: expectancy theory of motivation). This is an extension of the existing theory of presenteeism.

U.K Prison officers were the study group of Kinman, Clements, and Hart (2019). They have reported presenteeism is likely to depend upon the characteristics of job, working environment and the individual employee. Punitive absence management system, short staffing, pressure from the management, job insecurity, fear to let colleagues down, duty and professionalism, fear of disbelief and shaming influenced presenteeism in prison sector. Punitive system was found to be the most common reason for presenteeism behavior.

Job crafting is the major antecedent of presenteeism identified by Giaever and Løvseth (2019). Job crafting includes three dimensions; task crafting, relational crafting, and cognitive crafting. Task crafting is physicians organize their behavior around task on sick days with the aim of performing tasks as they are well. Loyalty toward patients, more concern for patient than own health, career path and secure promotion were lead to presenteeism. Relational crafting is about consideration of colleagues (situation, views on illness). Respecatability and legitimacy of illness also taken into account for the decision of SP. Positive feedback is another factor influenced presenteeism. Physicians considered legitimate of absence due to their sick children than their illness absence. They also compared their illness with their patients which was more legitimate. They felt positive about SP on work ethic, and rewarding.

Discussion

High workload (Demerouti *et al.*, 2009; Johns, 2010; Prater & Smith, 2011; Johansen *et al.*, 2014; McGregor & Cunningham, 2018, Giæver & Løvseth, 2019), feel pressured to work (self-imposed pressure and pressure by immediate supervisor) identified as an antecedent of SP. Financial worries found by several authors (Prater & Smith, 2011; Johansen *et al.*, 2014, Barnes, 2016; Lohaus & Habermann, 2019) as antecedents of presenteeism. Employees report to work ill when they believe their coworkers need them (Prater & Smith, 2011; Fiorini *et al.*, 2018). Lack (2011) reported private sector employees do not receive paid sick leave which cause them to exhibit presenteeism. However, Johansen *et al.*, (2014) and McGregor and Cunningham (2018) reported public sector employees are more inclined towards presenteeism than private sector employees.). Organizational restructuring is a reason for SP (Lack, 2011; Prater & Smith, 2011

Most common reason of presenteeism

Johns (2010) believe a couple of days of absence might alleviate the health problem and lead to fully engaged attendance. But, presenteeism may exacerbate the illness and lead to absenteeism. Finally, it may capable of contribute to the continuum of withdrawal. Perceived job pressure is found to be the most common reason for presenteeism based on the study of Lack, 2011. Whereas, punitive absence management system was the most common reason of SP (Sickness Presenteeism) based on the study results of Kinman *et al.* (2019). Attendance pressure was the most common reason for presenteeism as to the study result of Giæver and Løvseth (2019). Several authors namely, Prater and Smith (2011), Demerouti *et al.* (2019), Lohaus and Habermann (2019), Kinman *et al.* (2019) found job pressure leads to SP.

Job insecurity

Job insecurity is most common reason for presenteeism identified by several authors (Lack, 2011; Prater & Smith, 2011; Cartwright, 2012; Kinman *et al.*, 2019; McGregor & Cunningham, 2018; Lohaus & Habermann, 2019). However, Johns (2010) critic on Job insecurity thesis. Accordingly, he says sometimes permanent employees may be insecure in the face of part time or contract workers who can assume their duties. But most of the theory suggests insecurity of contract and part time workers. Further, Fiorini *et al.* (2018) stated job insecurity demonstrated mixed findings.

Gender & team work

Gender plays a role in presenteeism where women employees are more inclined toward presenteeism than of men employees (Johns, 2010; Lack, 2011). However, Demerouti *et al.* (2009) and Prater and Smith (2011) reported male employees are more inclined towards presenteesim than women. Interdependent work designs such as teamwork (Johns, 2010; Cartwright, 2012; Fiorini *et al.*, 2018) and vulnerable clients (Demerouti *et al.*, 2009; Fiorini *et al.*, 2018; Lohaus & Habermann, 2019, Giæver & Løvseth, 2019) has been identified as causes of presenteeism. However, team work demonstrated mixed findings for the study conducted by Fiorini *et al.* (2018

Work culture & work nature

Johns (2010) and Lohaus and Habermann (2019) have included Job Demand in their conceptualizations. Whereas lack (2011) has identified this concept as job pressure. However, job pressure can be considered as a job demand. Fiorini *et al.* (2018) have identified work culture as an antecedent of presenteeism. Not burden colleagues, maintain social network, having difficult clients, relationship coworkers and teamwork are some of the work cultural factors which impact on presenteeism (Johns, 2010; Johansen *et al.*, 2014; & Fiorini *et al.*, 2018).

Some authors (Prater & Smith, 2011; Cartwright, 2012) believe managers exhibit more presenteeism than non-managerial employees. However, this finding is contradictory as some authors do not accept the argument. High sickness presenteeism is suffered by executives and managers compared to non-managerial employees. Working after hours is organizational culture where executives and middle managers experience self-imposed pressure to work or pressure of immediate supervisor or

managers which leads them to exhibit presenteeism (as cited in Prater & Smith, 2011). However, managers expect employees to work extra hours in a competitive culture causes employees to exhibit presenteeism (Prater & Smith, 2011). But, kind of work or profession is considered as an antecedent. If the work consists with supervisory duties, managerial responsibilities, pressure from supervisor or self-imposed pressure, and high workload then the employee exhibit presenteeism (Prater & Smith, 2011).

Several authors (Johns, 2010; Gilbreath & Karimi, 2012; McGregor & Cunningham, 2018) found peer and supervisor support has a negative relationship with SP. The role of peer and supervisor support demonstrated mixed findings for the study conducted by Fiorini *et al.* (2018). Johansen *et al.* (2014) reported different types of factors related to SP according to Swedish, Finnish, Norwegian, and Danish studies. However, they conclude it is difficult to make conclusion about their survey results due to inconsistent results.

Job-demand resource model

Demerouti *et al.* (2009) found job resources and exhaustion leads to presenteeism and in the overtime it will result in burnout. Some authors have previously applied the JD-R framework in the context of presenteeism; however, they did not specifically examine these pathways in their research. McGregor *et al.* (2016) utilized the JD-R model to investigate the association between job demand and resources with presenteeism. Further they have found JD-R and presenteeism are indirectly related through burnout and work engagement. This study represents an important contribution to the literature by demonstrating that health impairment (i.e., burnout) and motivational (i.e., work engagement) processes proposed by the JD-R model link job demands and resources with presenteeism (McGregor *et al.*, 2016). Chia and Chu (2017) found JD-R indirectly influence SP. Accordingly, they explained high hardiness (job demand) and high empowerment (job resources) lead to high work engagement, it will result in low stress therefore low level of presenteeism behavior is expected. However, McGregor and Cunningham (2018) found job demand increases SP whereas job resources decreases SP.

Factors influence the choice between presenteeism and absenteeism is described by the model (eg: expectancy theory of motivation) introduced by Lohaus and Habermann (2019). This is an extension of the existing theory of presenteeism. However, decision to choose between presenteeism and absenteeism only touches one type of presenteeism namely, SP (Lohaus & Habermann, 2019). Johns (2010) as well as Lohaus and Habermann (2019) state productivity of presentees need not be framed as a loss but can be seen as a gain compared to absenteeism. However, this gain is short term because, there is a long term productivity loss due to absenteeism, which is expected in the future. Johns (2010) suggests theory of presenteeism should recognize the subjectivity of health. But it is not the sole consideration as there are NSRF. Furthermore, the relationship of absenteeism and presenteeism can be taken into account only when considering SP.

Non-sickness related factors

Johns (2010) states minor acts of withdrawal (daydreaming, surfing the internet) foreshadow serious acts (absenteeism) and ultimately leads to turnover. Minor acts of presenteeism such as daydreaming and surfing the internet are NSRF. Prater and Smith (2011) reported presentees engaged in personal business (NSRF) despite performing their job. They stated in the past the main attributable factor for presenteeism and absenteeism was workers being sick. But, they have provided NSRF of presenteeism. As per Middaugh, presenteeism behaviours are not always medical. NSRF of presenteeism are child care, financial worries, addiction, divorce, or family problems (family-work conflict). Further it is indicated that the family obligations cause employees to miss work. In 2010, claims related to Family Medical Leave Act increased by greater than 10% because of personal illness or injury, caring for a child and or elderly relative (Prater & Smith, 2011). Family-work conflict is identified as an antecedent by some authors (Lack, 2011; Gilbreath & Karimi, 2012; Johansen *et al.*, 2014; Arslaner & Boylu, 2017; Lohaus & Habermann, 2019). Accordingly, financial difficulties and life style include in FWC introduced by Lohaus and Habermann (2019) whereas dependent care issue is considered as FWC by Lack (2011) and domestic worries considered by Gilbreath and Karimi (2012). Another determining factor of employee presenteeism is managerial neglect (Prater & Smith, 2011).

Johns (2010) states daydreaming and surfing the internet are the means of engage in personal business. Prater and Smith (2011), and Johansen *et al.* (2014) stated work life imbalance practices are the means of engage in personal business at office hours. Prater and Smith (2011) lists out several work life imbalance practices such as scheduling doctor's appointments, handling debit/credit card issues, vehicle purchasing/repair, childcare, teacher conference, home purchasing/repair, eldercare, foreclosure, personal relationships. Organization citizenship behaviors such as strong work ethic, workaholic, psychological hardiness, and low self-esteem people exhibit presenteeism (Prater & Smith, 2011). As cited in Lack (2011) organizational restructuring also impacts on presenteeism. Stress (Lack, 2011; Prater & Smith, 2011; Gilbreath & Karimi, 2012; Chia & Chu, 2017) and poor management (Johns, 2010; Prater & Smith) are the other factors which influence presenteeism. Stress and depression are mental health issues. Several authors reveal stress as a major antecedent of presenteeism. Johns (2010) list out "stress" under personal factor whereas Lack (2011) list out "stress" under work related factor. This act as a both SRF and NSRF of presenteeism. In other words, stress is an antecedents of SP (SRF) and antecedent of other forms of presenteeism (NSRF).

Organizational citizenship behaviour

Several authors namely Johns (2010), Prater and Smith (2011), Johansen *et al.* (2014), and Lohaus and Habermann (2019) had proven Organizational Citizenship Behavior as an antecedent of presenteeism. Lohaus and Habermann (2019) found affective commitment, emotional exhaustion, work engagement, and job satisfaction as antecedents of presenteeism. Employees with strong work ethic (Johns, 2010; Prater & Smith, 2011; Barnes, 2016; Fiorini *et al.*, 2018) workaholics (Barnes, 2016), internal health locus of control (Johns, 2010; Lohaus & Habermann, 2019), trait of psychological hardiness and low self-esteem (Johns, 2010; Barnes, 2016) are prone to presenteeism.

Personality and perception

Johns (2010) includes personality in his conceptualization. Whereas, Lohaus and habermann (2019) includes optimism and self-esteem in their conceptualization. The latter are types of personality. Johns (2010) and Lohaus and Habermann (2019) suggest perceived legitimacy of absence, health locus of control, & proclivity for the sick role influence presenteeism even though empirical support is lacking. Fiorini *et al.* (2018) provides supporting for perceived legitimacy of absence. However, further studies should be conducted to support the argument.

Conclusion

Contribution

Sickness is most commonly discussed topic in the Presenteeism literature. The study finding also revealed most of the authors have focused on sickness and they have found several antecedents of SP. NSRF have been little researched. However, stress is the secondly most researched area of study in presenteeism literature. Some researchers consider stress as a SRF and some authors consider stress as a NSRF. Antecedents of stress related presenteeism is also gained a good attention in the literature. Despite stress, all other NSRF were little researched.

The types of presenteeism found in the literature are Sickness Presenteeism, Stress related presenteeism, caregiving presenteeism and other types which were not specifically named (eg: personal business related, organizational citizenship behavior related, counter-productive work related). There are several antecedents for presenteeism found in the existing literature. However most of the antecedents are SRF. SRF have several similarities and contradictions in the existing literature as discussed earlier. The author has provided a clear findings and discussion. Accordingly, the author has provided a summary of findings of the antecedents (Figure 2) which includes only the similar viewpoints without any contradictions. The antecedents which have contradictions in the existing literature need further supporting. Therefore, those contradictory antecedents were suggested for future research directions and removed from the framework.

According to the figure 2, two major types of antecedents were identified. First is SRF and the second is NSRF. SRF were sub divided into three sections. Accordingly; Personal factors, work related factors, and organizational factors. Major Antecedents of other forms of presenteeism (NSRF) are; engage in personal business, organizational citizenship behavior, organizational restructuring, poor management, stress and counter-productive work. Sub antecedents of NSRF are not included in the model and those were discussed in findings (Table 2). SRF does not directly influences presenteeism. SRF act as intervening variable. First sickness activates, then Sickness related factors activates and then lead to presenteeism. However, NSRF directly influences presenteeism (Eg: engage in personal business, counter-productive work). However, identified NSRF are little researched and need further studies to fill the gap in the presenteeism literature.

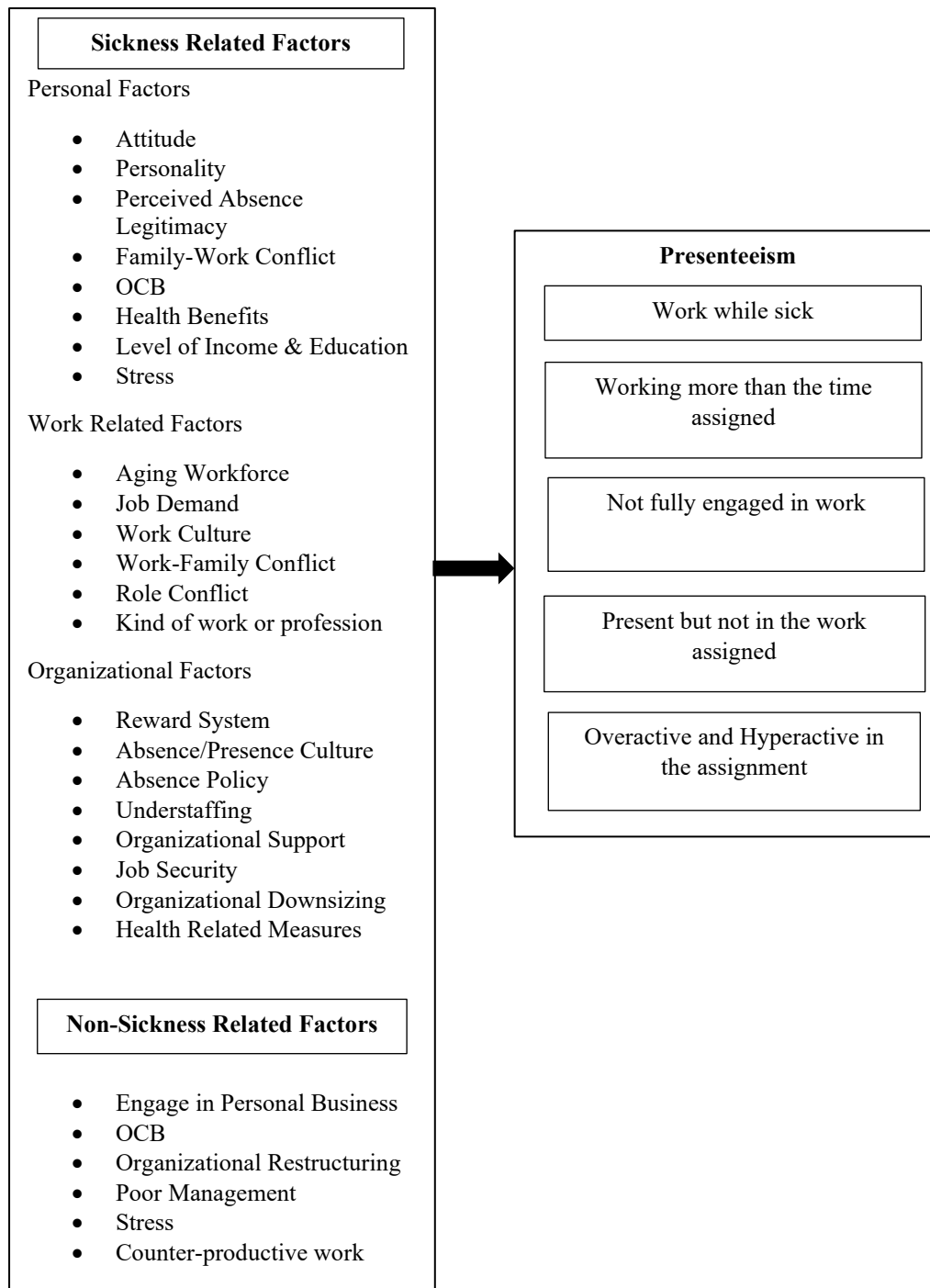


Figure 2: Antecedents of Presenteeism

Practical Implications

Presenteeism is costlier than absenteeism. Sickness presenteeism results in employee turnover in the long run. Presenteeism consequences are applicable for organization as well as to the employee. Considering SP, in the long run it will result in more severe health problems. Organization may also face employee turnover when the continuum of withdraw reaches its maximum. Managers need to identify the health problems of the employees. Better attendance management system and better attendance/absence policy should be implemented by reducing the attendance pressure. Employee protection laws would be helpful to reduce the impact. Less organizational support is one of the major antecedent identified. Therefore, organization and supervisor support is important for the wellbeing, motivation and satisfaction of the employees.

Caregiving presenteeism and some aspects of personal business related presenteeism (family obligations including elder care, credit/debit card worries, scheduling doctor's appointments) can be minimized using flexible work arrangements. Management by wondering around and management by objective tactics may reduce some other forms of presenteeism (eg: surfing the internet, playing games, daydreaming) and counter-productive works. Stress relief programs such as exercises may reduce stress related presenteeism.

Direction for Future Research

The decision to choose between sickness presenteeism and absenteeism is found by some researchers. However further studies are required to explain the decision making process. Although there have been several researches to identify antecedents of the phenomenon, they mainly focused on SP and stress related presenteeism. Other forms of presenteeism should be researched to gain a complete knowledge about the phenomenon.

Still a comprehensive model for presenteeism is not developed. Several contradictions are available in the literature. They need to be solved by further research findings. JD-R model is used in the recent literature. However, a clear understanding is required. Personality traits and OCB are little researched. Academics can direct their research in that area to fill the gaps. Most of the researchers get inferences about presenteeism from absenteeism patterns. However, that may only work with sickness presenteeism. The relationship of Supervisor support, absence management systems, family-work conflict, with presenteeism is an interested area to study to gain more insight about presenteeism. Research regarding other forms of presenteeism such as caregiver presenteeism, personal business related presenteeism, poor management, organizational restructuring are highly essential to get a holistic knowledge. Research regarding types of presenteeism which are not available in the literature (adding new knowledge) will be interesting and necessary.

Conflict of Interest

The author declares that there is no conflict of interest.

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Appendix 1

Database of Articles

S/ No:	Year	Author	Title	Journal
1	2009	Demerouti et al.	Present but sick: a three-wave study on job demands, presenteeism and burnout.	Career Development International
2	2010	Johns	Presenteeism in the Workplace: A Review and Research Agenda	Journal of Organizational Behavior
3	2011	Lack	Presenteeism Revisited: A Comprehensive Review	AAOHN Journal
4	2011	Prater & Smith	Underlying Factors Contributing to Presenteeism and Absenteeism	Journal of Business and Economics Research
5	2012	Gilbreath & Karimi	Supervisor Behavior and Employee Presenteeism	International Journal of Leadership Studies
6	2012	Cartwright	Why come into work ill? Individual and organizational factors underlying presenteeism.	Employee Relations
7	2013	Lu et al.	A cross-cultural examination of presenteeism and supervisory support	Career Development International
8	2014	Johansen et al.	Positive and negative reasons for sickness presenteeism in Norway and Sweden: A cross sectional survey	BMJ Journal
9	2015	Werapitiya et al.	Presenteeism: Its Importance, Conceptual Clarifications, and a Working Definition	SSRN Electronic Journal
10	2016	Barnes	Presenteeism – how it can be managed and even used to the benefit of the unwell who want to work and the employer organization	Strategic HR Review
11	2016	McGregor et al.	A job demands - resources approach to presenteeism	Career Development International
12	2016	Panari & Simbula	Presenteeism “on the desk”, International Journal of Workplace Health Management	International Journal of Workplace Health Management
13	2017	Arslener & Boylu	Perceived organizational support, work-family/family-work conflict and presenteeism in hotel industry	Tourism Review
14	2017	Chia & Chu	Presenteeism of hotel employees: interaction effects of empowerment and hardiness	International Journal of Contemporary Hospitality Management
15	2017	Fernando et al.	Impact on employee productivity from presenteeism and absenteeism: evidence from a multinational firm in Sri Lanka	Journal of Occupational and Environmental Medicine
16	2018	Fiorini et al.	Reasons for Presenteeism in Nurses working in geriatric settings: A qualitative study	Journal of Hospital Administration
17	2018	Lovseth & Giaever	Physician Parents Attending Work Despite Own Sick Children: A Qualitative Study on Caregiver Presenteeism Among Norwegian Hospital Physicians	Health Service Insights
18	2018	McGregor & Cunningham	To be or not to be at work while ill: A choice between sickness presenteeism and sickness absenteeism in the workplace	Journal of Organizational Effectiveness: People and Performance
19	2018	Tawiah et al.	Time Management: Presenteeism versus Management-by-Objectives	International Journal of Law and Management
20	2018	Wang et al.	Effects of leader-member exchange and workload on presenteeism	Journal of Managerial Psychology
21	2019	Lohaus & Habermann	Presenteeism: A Review and Research Directions	Human Resource Management Review
22	2019	Kinman et al.	When Are You Coming Back? Presenteeism in U.K. Prison Officers	The Prison Journal
23	2019	Giaever & Lovseth	Exploring presenteeism among hospital physicians through the perspective of job crafting.	Qualitative Research in Organizations and Management: An International Journal,

