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# The Antecedents of Presenteeism and Sickness Absenteeism: A Research in Turkish Health Sector

Harun Yıldız<sup>a\*</sup>, Bora Yıldız<sup>b</sup>, Cemal Zehir<sup>a</sup>, Mustafa Aykaç<sup>c</sup>

<sup>a</sup> Yıldız Technical University, Istanbul, 34349, Turkey

#### Abstract

Presenteeism is usually defined as being in the workplace while sick. On the other hand, sickness absenteeism is absence of employees due to illness. Sickness absenteeism has aroused broad interest in the literature for many years. However, the antecedents of presenteeism are still limited in terms of cultures. In this respect, the aim of this study is to determine the antecedents of presenteeism and sickness absenteeism in Turkish culture. The research examines the effects of working time match and efficiency demands on presenteeism and sickness absenteeism. The data, which consist of 168 Turkish health care employees' responds, was analyzed with logistic regression analysis. As a result of this study, matching of desired and actual weekly working hours decrease presenteeism. We also find that efficiency demands decrease presenteeism for those employees. Lastly, the effects of working time match and efficiency demands on the prevalence of sickness absence and presenteeism are significant. Managerial and further research implications are provided.

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#### 1. Introduction

Presenteizm and absenteeism attracted great interest management science in the past. However, they still maintain their importance in the literature. The Turkish literature has been rather limited in this process (Yıldız and Yıldız, 2013; Günbeyi and Gündoğdu, 2010). Presenteeism is defined as the presence in the workplace while ill (Hansen and Andersen, 2008; Caverley et al., 2007; Meerding et al., 2005; D'Abate, 2007; Kompier and Cooper, 1999; Cooper, 1998). In literature, the terms such as "presenteeism", "sickness presence" (Hansen and Andersen, 2008) and "sickness presenteeism" (Caverley et al., 2007; Meerding et al., 2005) refers the presenteizm. On the other hand, Sickness

Email address: dryildizharun@gmail.com

<sup>&</sup>lt;sup>b</sup> Gebze Technical University, Kocaeli, 41400, Turkey

<sup>&</sup>lt;sup>c</sup> Kırklareli University, Kırklareli, 39020, Turkey

<sup>\*</sup> Corresponding author. Tel. + 90-555-562-2806 fax. +90-000-000-0000

absenteeism is defined the absence in the workplace because of the illness. Especially in sectors which have intense working hours such as health sector, employees are obliged to do presenteeism for various reasons (the fear of dismissal, the loss of a variety of compensation etc.) (Yen et al., 1991; Yen et al., 2003; Boles et al., 2004; Burton et al., 2006; Johns, 2010; Aronsson and Gustafsson, 2005). On the other hand sickness absenteeism leads to productivity losses for businesses, but it is a resting state which is necessary for the continuation of the employees' health status (Böckerman and Laukkanen, 2010b; Aronsson and Gustafsson, 2005). In this respect, this study aims to determine the effects of matching desired and actual working hours and efficiency demands which are the antecedents of presenteeism and absenteeism.

#### 2. Theoretical Background and Model

#### 2.1. Presenteeism

There are serious costs of presenteeism on organizations so that it should be evaluated carefully by senior managers and HRM managers. Accordingly, determining the reasons what give rise to presenteeism is an important research area. Strict attendance management policies are one of the effective mehthos to prevent absenteeism (Munir, et al., 2008:1461-1462). Whereas, the explosive degree of pressure (Cooper, 1998) a low psychological mood caused by pressure and other negative psychological states (Lerner, 2001), and psychological health risk perception (Burton et al., 2006) lead to presenteeism. Moreover, the possibility of violation of ethical values based on the disclosure of illness (Meerding et al., 2005), fear of being deprived of promotion –career opportunities–, cultural barriers in the workplace, fear of staff replacement, mismatching of the desired and actual working hours, organizational norms, time pressure to meet job demands –excessive workload– (Simpson, 1998; Carveley et al., 2007: 318; Munir et al., 2008: 1461; Böckerman and Laukkanen, 2010; Aydemir, 2011) also cause the presenteeism behaviors.

According to relevant literature, the presenteeism is associated with the some socio-demographic characteristics such as age specifically elder workers (Heponiemi et al., 2010), gender specifically female workers (McKevitt et al., 1997; Aronsson et al., 2000; Theroell et al., 2003; Aronsson and Gustafsson, 2005) male workers in some studies (Simpson, 1998; Demerouti et al., 2009). Likewise, job insecurity is also one of the most important triggers of presenteeism (Cooper, 1998; Theroell et al., 2003). It causes to presenteeism bringing with social and economic pressures (Dew et al., 2005). Overall, work-related factors seem to be slightly more important than personal circumstances or attitudes in determining people's decision to go to ill at work.

On the other hand, the prevalence of presenteeism is lower when working hours are fit. In terms of efficiency demands employees give more attention to their health instead of efficiency because of public sector employees and thus they do less presenteeism. It follows;

H1a. Working hour match is negatively associated with presenteeism in the public health sector.

H2a. Efficiency demands are negatively associated with presenteeism in the public health sector.

# 2.2. Absenteeism

Sickness absenteeism is defined the absence in the workplace because of the illness. Past researches indicate that people, who working some stressful conditions such as organization' downsizing and modernization phase, for fear of lose jobs exhibits lower levels of absenteeism and presenteeism behaviors (Firns et al., 2006: 115; Caverley et al., 2007; Watson Wyatt Worldwide, 2007; Munir et al., 2008: 1461; Aydemir, 2011). Meanwhile, in sectors where the prevalence of presenteeism is high, the prevalence of absenteeism is high. This is due to the strict policies for the prevention of absenteeism (John, 2010; Aronsson et al., 2000). Whether employees are temporary or permanent employees are also effective for absenteeism. As they are permanent such as public sector employees, they are higher prevalence of the absenteeism (Virtanen et al., 2003).

On the other hand, the prevalence of absenteeism is lower when working hours are appropriate. Therefore, employees, who work under the good conditions in terms of their health, do not need to absenteeism. Likewise, in terms of efficiency

demands employees give more attention to their health instead of efficiency because of public sector employees and thus they do less absenteeism. It follows;

H1b. Working hour match is negatively associated with sickness absenteeism in the public health sector.

H2b. Efficiency demands are negatively associated with absenteeism in the public health sector.

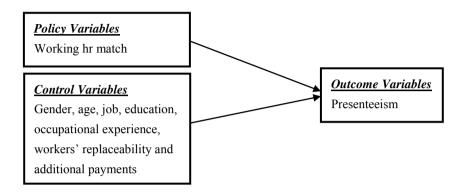


Figure 1. Research Model

#### 3. Method

#### 3.1. Sample and Data Collection

The data were taken a face-to face questionnaire by convenience sampling of the Turkish health care employees between the ages of 19 and 50 years. The sample size is 168 health care employees. All of the respondents in the survey are monthly paid white-collar workers. The demographic characteristics are presented in Table 1.

#### 3.2. Measures

The outcome variables, absenteeism and presenteeism, and the predictor variables, working hour match and efficiency demands are constructed exactly from research conducted by Böckerman and Laukkanen (2010b). Additionally we have some control variables such as gender, age, job, education, occupational experience, workers' replaceability and additional payments, according to the literature (Böckerman and Laukkanen, 2010a; 2010b; 2010c).

#### 3.3. Data Analysis

We used logistic regression models, because our outcome variables are dichotomous indicators that categorize the data into two groups. We used SPSS version 21.0 to estimate the models. The predictor variables in Table 1 are entered in the logistic regression models in a single group. After we have extracted the control variables, we have also estimated the models. The all results are the same, but the measurable extent of the policy variables is significantly affected. We only submit the marginal effects because of to better understand the results. Therefore, these are calculated as differences in the estimated probabilities for binary variables (Böckerman and Laukkanen, 2010b).

#### 4. Results

Those who have never been or once absent (present while sick) during the last 12 months are marked as zero and those who have been absent (present) two or more times as one. This gives a prevalence of 32% for absenteeism and 65% for presenteeism (Table 1).

Working time match between desired and actual weekly hours decreases presenteeism in the whole sample. (Table 2; panels A–B). These results are consistent with the past studies (Böckerman and Laukkanen, 2010a; Böckerman and

Laukkanen, 2010c). Working time match reduces the prevalence of presenteeism by 62% for the whole sample, but it does not have any influence on presenteeism. We also find that efficiency demands decrease absenteeism by 66%, but it does not have any influence on sickness absenteeism.

Table 1. Definitions and Averages of the Variables as Percentages

Variable	Definition	All	
Outcome Variables			
Absenteeism	Person has been absent two or more times because of illness during the past $12 \text{ mo} = 1$ , otherwise $= 0$	32	
Presenteeism	Person has been present two or more times while sick during the past 12 mo $= 1$ , otherwise $= 0$		
Predictor Variables	,		
Policy Variables			
Working hr match	Desired and actual weekly working hr match exactly = $1$ , otherwise = $0$	32	
Efficiency demands	In tough situations efficiency rules out everything else in firm, according to the survey respondent $= 1$ , otherwise $= 0$	49	
Control Variables			
Gender	Male = 1	70	
	Female = 0	30	
Age (yr)	18-35 = 1	61	
Age (yl)	>35 = 0	30 61 40 7 33 60	
	Doctor/Dentist = 1, otherwise = 0 (reference)	7	
Job	Nurse/Midwife = $1$ , otherwise = $0$	33	
	Health Technician = $1$ , otherwise = $0$		
Education	Health College/Associate Degree = 1, otherwise = 0 (reference)	27	
	Undergraduate Degree = $1$ , otherwise = $0$		
	Postgraduate Degree = $1$ , otherwise = $0$	60	
Occupational Experience (yr)	1-10 = 1, otherwise = 0 (reference)		
	11-20 = 1, otherwise = 0		
Experience (yr)	>20 = 1, otherwise = 0	11	
Replaceability	Replacement is not possible = $1$ , otherwise = $0$ (reference)	11	
	Replacement is possible by substitutes = 1, otherwise =0	_	
	Replacement is possible by colleagues = $1$ , otherwise = $0$	ise = 0 15 ise = 0 74	
A 1177 1 1 D	Additional payments are cut back when employees has been absent = $1$ , otherwise = $0$	60	
Additional Payments	Additional payments are not cut back when employees has been absent = $1$ , otherwise = $0$	40	
N	one moe	168	

Those who have never been or once absent (present while sick) during the last 12 months are marked as zero and those who have been absent (present) two or more times as one. This gives a prevalence of 32% for absenteeism and 65% for presenteeism (Table 1).

Table 2. Predictors of Sickness Absenteeism and Presenteeism

Panel A: Absenteeism		Panel A: Presenteeism	
Working hr match	-0,283 (0,403)	Working hr match	-0,616* (0,019)
Efficiency demands	-0,660* (0,007)	Efficiency demands	-0,129 (0,711)
Control variables	Yes	Control variables	Yes
Cox&Snell R <sup>2</sup>	0,045	Cox&Snell R <sup>2</sup>	0,032
Nagelkerke R <sup>2</sup>	0,063	Nagelkerke R <sup>2</sup>	0,044
N	168	n	168

Reported estimates are marginal effects from the logistic regression models. These are calculated as differences in the predicted probabilities for binary variables. The values in parentheses are p-values. The two models are added the unreported control variables (Table 1).

<sup>\*</sup>p< 0.05.

There is also some variation in absenteeism and presenteeism that is not explained after the effects of the predictor variables have been considered, as represented by Cox&Snell R<sup>2</sup> and Nagelkerke R<sup>2</sup>. According to Böckerman and Laukkanen (2010b) its reason can be cross-sectional data because constant individual characteristics, such as personality cannot be controlled. Additionally, we believe that the result can originate from individual-level variables, such as job engagement, workaholism, and fear of dismissal. As a result, hypothesis 1b and 2a are supported, but hypothesis 1a and 2b are not supported.

#### 5. Discussion and Conclusion

In this study, the effects of working time match and efficiency demands on presenteeism and sickness absenteeism was investigated in terms of Turkish culture. Compared with the Finnish studies this study has nearly same results in the Turkish culture. We find that working time match between desired and actual hours decreases presenteeism. One of the reasons of this result is that employees allow giving more attention to their health when working time balance is appropriate. In other words, it supports employees' health. Under these conditions, employees behave properly for both business and themselves. If they do not use sick leave or rest, they may have more serious health problems. Therefore, they should not unnecessarily come to the workplace. Conditions such as sick leave, treatment and rest are the necessary options to healing of diseases and illnesses. Being public employees of our sample is another reason of it. As aforementioned the prevalence of presenteeism for permanent employees is quite low. This result was also supported by Böckerman and Laukkanen (2010c). Additionally, job security causes employees to engage in their own health protective behavior. Thus, it is also possible to prevent work accidents.

On the other hand, efficiency demands decrease the prevalence of sickness absenteeism. One of the reasons of this result is that violating the rules and procedures to efficiency during intensive working periods such as inspection. The prevalence of sickness presenteeism decreases because they would not like to be exposed to situations such as fear of dismissal, pressure, mobbing unless employees compensate efficiency demands. Employees fear turning into a pressure tool of sick leave because of lack of adequate organizational support and bureaucracy reasons. Therefore, employees could refrain from engaging sickness absenteeism. However, they may also have such a decision themselves due to intrinsic reasons such as personality, job engagement, responsibility in the intensive working periods. Even so it is important to employees be provided suitable working hours by businesses and regulated in a proper manner to the health of employees.

There are several limitations to this study that may give an opportunity for future research. Previously this study is a cross-sectional study. We suggest longitudinal studies for other research. Our study is conducted in public health sector. For this reason, it is limited in terms of the generalizability of our findings. Moreover, the responses of employees are measured by self-reported. Additionally, this study neglects the existence of attitudinal and individual factors such as personality traits.

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