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Employee Affiliation and Presenteeism in Health-care Settings

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Abstract

BACKGROUND: Affiliation and presenteeism have a profound impact on organizational performance, individual health worker performance and health, and clinical performance, which in turn affects patient outcomes.

AIM: The aim of this study was to identify organizational affiliation and to analyze the causes and determinants of presenteeism among nursing staff in health-care settings.

METHODS: We used a descriptive-empirical method. Data were obtained by survey technique. Health professionals (n = 178) at primary, secondary, and tertiary health-care levels participated in the survey, 91% of whom were women and 9% men. More than half of the respondents (51%) are registered nurses/nursing technicians, 46% are paramedical nurses/nursing technicians, and 4% have a master's degree in various health and nursing disciplines.

RESULTS: The results showed that nursing staff show the greatest organizational loyalty in the way that they are always willing to help colleagues and managers and that they believe in the successful development of their healthcare institution. They are aware that they act irresponsibly toward other colleagues and patients when they come to work sick, but they were present at work despite their reduced ability to perform their job, because they do not want their colleagues to be overwhelmed by them and, despite having a health problem, they were able to complete the difficult tasks of their job, even though it took them more time and energy to do so.

CONCLUSION: Employee adherence influences the quality of patient care, the work environment, and the reputation of the healthcare institution. Presenteeism is an undesirable behavior that receives too little attention from employers. It is a risk for the organization, for patients – service users as well as for health-care providers who are less effective in their work.

Introduction

Researchers have been studying employees and the organization for centuries, recognizing that employees are the driving force of any organization [1]. Organizational fit is an important variable in understanding employee behavior and has a significant impact on organizational performance. In addition to expertise, authority, and competence, employees need to have a sense of affiliation to the organization. Employees who are committed to the organization are unlikely to leave the organization [2]. Employee commitment is also known as employee engagement [3]. According to Mihalič [4], employee commitment can be identified as an individual's expressed sense of affiliation to the organization, supporting his or her manager, acting in accordance with work ethics and professionalism, being committed to the collective good, not leaving the organization in times of crisis, feeling honored to do his or her job, spreading the good name of the organization, and so on. Lorber and Skela-Savič [5] identified five types of loyalty in their study: loyalty to the organization, loyalty to the leader, loyalty to colleagues, loyalty to the work, and loyalty to the vision. Health-care organizations need to respond appropriately to the environmental and technological challenges of the new era [6]. Organizations are under great pressure to ensure their sustainability and competitiveness. In the case of health-care organizations, there are unique characteristics where quality human resource management is crucial. Healthcare institutions represent a special case of an organization where organizational affiliation is even more important, highlighting prolonged work stress, physical and emotional exhaustion, direct patient contact, and workload uncertainty in relation to shifts or ethical working climate [7]. Rofiqi *et al.* [8] suggest that the degree of attachment and affiliation of nurses to their organization has an impact on their clinical performance. Employee attachment is correlated with several elements. Attachment and job satisfaction is correlated with quality, competitiveness of hospitals and their performance. Managers and leaders in nursing need to consider and pay attention to employee affiliation and satisfaction, not just to ensure quality of service [5]. Thirty years ago, Meyer and Allen [9], [10] published a paper defining a model of the three components of employee affiliation. There are three components of organizational commitment [11]: Emotional, sustained or continuous, and normative commitment. Each component is associated with coinciding psychological states [8], which employees

experience to different extents. Each individual is assumed to experience each component of affiliation with varying degrees of intensity [12]. Rofiqi *et al.* [8] identified a number of internal and external factors that influence organizational affiliation in nursing. The factors identified include job satisfaction, trust, organizational culture, leadership style, reciprocity, development, flexibility, employment design, spirituality and personal development, creating a supportive work environment, recognition, and rewards. Employee satisfaction is closely related to affiliation and is a prerequisite for affiliation [4], [13], [14]. The term job satisfaction refers to the attitude (emotional reaction) of an individual toward his/her job. Once job satisfaction is ensured, the building of organizational loyalty of employees will begin [15]. Canning *et al.* [16] found that organizational trust is an important determinant of organizational loyalty. The presence of trust is associated with higher levels of employee loyalty. There is also a positive correlation between trust in the supervisor and innovative behavior and satisfaction with the supervisor. Efforts to improve organizational culture could be a valuable strategy to increase organizational loyalty [17]. Rofiqi *et al.* [8] suggest that managers can create a positive and desirable culture for employees, thereby increasing their accountability to the organization. As a result, employees would seek to achieve organizational goals (normative affiliation), create emotional bonds, and enjoy the organization (affective affiliation). In a study, Al-Yami *et al.* [18] found a significant association between organizational affiliation of health care staff and its correlation with transformational leadership, who became more affiliated with the hospital when their leader exhibited characteristics of transformational leadership. Affiliation is also manifested in distinctive behaviors. People usually experience and express positive feelings toward the entity to which they are committed. Since commitments require an investment of time, as well as mental and emotional energy, most people accept them with an expectation of reciprocity [3]. In the scientific literature, organizational affiliation is associated with the fulfillment of a psychological contract, which represents a form of the aforementioned reciprocity. Non-compliance with the psychological contract between the employee and the organization leads to lower levels of employee loyalty, which may be reflected in lower job performance, higher intention to leave, lower job satisfaction, and lower trust in the organization. The fulfillment or non-fulfillment of obligations between the employee and the employer has a strong impact on the evolving organizational loyalty [7].

Workplace flexibility is the opportunity for workers to decide or influence when, where and for how long they engage in work tasks [19]. Employees who have been given the opportunity to work flexibly tend to show greater loyalty and a willingness to give back to the organization [3]. One of the determinants of loyalty is the form of employment. Part-time, temporary and agency employment have become common practices in organizations around the world [12]. Temporary employees are less committed to the organization than permanent employees [20], and they will generally only do what is expected of them and be less willing to help other employees [21]. Nurses who are more inclined toward spirituality and this type of care have greater professional commitment and better caring skills. Nurses' attitudes toward spiritual care influence their spiritual health, professional affiliation, and spiritual health/professional attitudes [22]. Creating a supportive work environment also supports the enhancement of employee affiliation leading to effective business outcomes. Bag [3] states that an engaging and supportive work environment inspires employees to build their sense of affiliation to their workplace and that receiving recognition and rewards is a key driver of employee engagement, as employees need to feel valued and appreciated in the work they do. These factors can increase organizational loyalty among nurses in integrated health-care services. Khan and Zafar [23] reported a positive association between higher levels of employee loyalty and rewards, teamwork, training, and communication. Lorber and Skela-Savič [5] state that employee loyalty in nursing is related to satisfaction and organizational support.

Presenteeism is defined as a loss of productivity due to health problems or other events that negatively affect employees [24]. Presenteeism is the presence at work, despite illness, ill-health, disease, or other distractions, that causes employees to be <100% effective [25]. Presenteeism is the phenomenon of employees going to work despite health problems, even though they might have been granted sick leave due to illness [26]. Rainbow and Steege [27] define presenteeism as the physical presence at work when one should not be because of one's health and well-being, a stressful work environment, work-life imbalance, or a sense of occupational identity and obligation. Presenteeism has been emerging in the literature in the last decade, so it is a relatively recent phenomenon that occurs in work organizations as a consequence of avoiding absenteeism. In work organizations where absenteeism rates are lower, presenteeism may be more prevalent than average. The incidence of absenteeism is conditioned by the culture of the work organization, which permits the behavior or, in the case of employees, does not permit sick leave because of the working conditions or the nature of the work. The reasons for the exploitation of presenteeism may be due to environmental influences (economic situation and political determinants) and the psychological characteristics of the individual [28]. It is about being present at work, but not being mentally focused and efficient at work due to illness, family or other life stresses, even when there is no time for rest and recuperation. Presenteeism affects not only the work capacity of the affected person, but also that of the colleague or even the patient, as the presence at work, despite the illness, can cause the individual to become infected [29]. Presenteeism is seen as a

kind of falling out of balance, where there is a non-actualization or non-actualization of performance. This incapacity consists of three different aspects: Cognitive, emotional, and motor incapacity. All three components combine to form the physical and mental aspects [30].

Sarabia-Cobo *et al.* [24] defined the profile of a nurse in their study as a middle-aged woman working in a large hospital, with many years of experience, a stable job and a strong sense of affiliation to her unit or work group. Rainbow [31] found in his interviews with nurses that they feel guilty when they are absent from work, because they disappoint the colleagues who will do their work, because they disappoint patients, because their absence means lower efficiency of treatment, but also because they feel that they disappoint their family members, because they do not have free time or because they do not bring enough finances into the family budget. Boštjančič and Sajinčič [32] state that higher demands at work are generally associated with higher levels of presenteeism and burnout. This is because absenteeism is more risky in such jobs, as it is already difficult to do all the work required without absenteeism. Presenteeism is prevalent in the nursing workforce in many countries [33]. However, much is unknown about presenteeism in nursing and it is more prevalent among nurses than in other professional groups [34], [35], [36] and has serious implications for patient outcomes [37]. Presenteeism in the nursing workforce undermines the ability of nurses to care for patients in a safe, responsible, and holistic manner [38].

The profession considers employees to be presenteeism if they have come to work at least twice in the course of a year, even if they have been sick or even injured [39]. Reasons for absenteeism include concerns about reduced promotion prospects or knowing that no one else could do the job (due to not having a guaranteed replacement), the mentality that they cannot afford to be absent, the accumulation of work that would result from absenteeism, and undeferable commitments (meetings or major events). To reduce presenteeism, it would be necessary to increase the number of workers needed to work in a team, to change jobs according to age, seniority, and working conditions [40], [41]. At the extreme, presenteeism causes public health problems, due to prolonged convalescence, the spread of infectious diseases among colleagues, the consequent increase in absenteeism of other employees, the reduction in productivity and, last but not least, the deterioration of the employees' health status [29]. Presenteeism does not only affect the individual, it also indirectly damages the work organization. Much of the damage is in the area of reduced productivity and costs, which are indirect and often hidden.

Risk factors for the development of presentistism include:

- Personal [24], [28], [31], [35], [42], [43], [44], [45], [46], such as: Denial of illness, financial situation, emotional instability, feelings of guilt, motivation, lack of interest in lifestyle change, knowledge, marital status, length of employment, workplace;
- Organizational [24], [28], [31], [36], [47], such as: Lower-paid sick leave, job insecurity, shift work, staff shortages, high job demands, job insecurity or fear of job loss, job permanence, and the form of employment;
- Social [28], [36], [39], [47], such as: Economic crisis fear of job loss, employers' intolerance of sickness absence, reactions to the social system – productivity is more important than employee well-being.

The most common factors of presenteeism include an organizational culture that supports such behavior, working conditions, and the nature of work that do not allow employees to take sick leave in case of illness, employee characteristics (e.g., psychological characteristics of the individual), and environmental influences (e.g., These include the organization's overall positive (supportive) attitude toward presenteeism, bonuses, rewards and incentives [47], strong organizational loyalty [24], [47], interpersonal relationships between employees [35], [46], managerial behavior [47], the nature of the profession [27], work ethics, and the negative consequences of reducing absenteeism [48].

The reasons for presenteeism can also be divided into voluntary (such as interest or expertise) and involuntary (where the cost of absence is too high for the employee or the organization, where people are difficult to replace, there is job insecurity, etc.) [47]. Interpersonal relationships between employees play an important role in the occurrence of presenteeism [46]. Employees who are part of a team do not want to burden their colleagues with their absence, so presenteeism is more common in smaller organizations where employees are more connected to each other [32]. The high rate of presenteeism among nurses is due to several factors: the complex work environment (heavy work hours and high demands), the prevalence of certain medical conditions in staff (e.g., lumbar pain), challenges in achieving work-life balance, and external economic and organizational factors [27].

Due to the marked increase in the departure of nursing employees from the profession even in the post-COVID period and thus the lack of nursing staff for quality and continuous nursing care, the remaining employees are forced to come to the workplace despite illnesses that make them not mentally focused and efficient. The incidence of presenteeism is increasing, so the aim of the research was to identify and analyze the causes and factors that lead to presenteeism among nursing employees in medical institutions. The goals of the research are to determine the organizational affiliation of nursing employees in healthcare institutions, the most common causes and factors that lead to presenteeism in healthcare institutions, and the consequences that lead to presenteeism in healthcare institutions.

Methods

Study design

The research was based on a descriptive and causal non-experimental work method. Quantitative data were collected using an anonymous online survey. For data collection, a structured questionnaire based on similar questionnaires was used [4], [29], [47], [49], [50], [51], adapted, and supplemented for the needs of the study. We also used the Stanford Presentist Scale - SPS-6 [47], which was rated on a Likert scale of attitudes from 1 – "Strongly disagree" to 5 – "Strongly agree".

The first part of the questionnaire relates to demographic data, length of service, education, workplace, and level of the respondent's employment. The remaining part relates to the affiliation and the presenteeism of the work environment, where respondents indicate their level of agreement with the given statements using a 5-point Likert scale, ranging from 1 to 5, with 1 meaning "disagree very much", 2 "disagree", 3 "don't know, can't decide", 4 "agree," and 5 "agree very much".

Participants

The survey was conducted among 178 nursing staff (91% women and 9% men). The majority of respondents are aged 26–35 (47%), 24% are aged 36–45, 19% are aged under 25, 7% are aged 46–55 and 3% are aged 56+. More than half of the respondents (61%) have up to 10 years of working experience, 20% of the respondents have 11–20 years of working experience, 10% of the respondents have 21–30 years of working experience, and 8% of the respondents have 31–40 years of working experience. More than half of the respondents (51%) are registered nurses/nursing technicians, 46% are registered nurses/nursing technicians, and 3% have a master's degree in various health and nursing disciplines. More than half of the respondents (56%) are employed at primary health-care level, 30% are employed at secondary health-care level, and 13% are employed at tertiary health-care level. The respondents work in various jobs, in outpatient clinics (general, referral, dental, gynecological, pediatric dispensary, health education center, prevention – health promotion, and patronage service) in a health center, a senior citizens' home, general hospitals and clinics (surgery, vascular, visceral, gynecological, pediatric, neurology, intensive care and therapy, nursing, internal medicine, emergency, operating theater, endoscopy, anesthesiology, surgical emergency, psychiatric, nursing, otorhinolaryngology, and dialysis), maternity, health, rehabilitation, and spa.

Data analysis

The survey was conducted online using the sampling method for social networks – snowball sampling. The method's strength lies in the fact that it is the best and cheapest way to contact the target population. All respondents participated voluntarily and anonymously.

The reliability of the instrument was acceptable (α = 0.703). Data were coded and analyzed using Statistical Package for the Social Sciences 24.0. The statistical treatment of the results depended on which variables were measured. Pearson's Chi-square test was used to investigate the correlation between two nominal types of variables (absenteeism and age; absenteeism and sex). The Kolmogorov–Smirnov test and the Shapiro–Wilk test were used to test the normality of the distribution of the variables and thus to test whether the variables follow a given distribution in the population. The Mann–Whitney U test was used to compare two independent samples, as the variables studied were not normally distributed. It was used to detect differences between two means for two independent samples (male and female; age up to and including 45 years and 46 years and over; working experience up to and including 20 years and 21 years and over).

Ethical considerations

The research complies with the ethical principles of researching and protecting collected data (the personal data of respondents were not connected with the answers, which prevented us from identifying them with the published results; moreover, the data were used solely for research purposes and not for subsequent non-research purposes which would violate the dimension of information privacy).

Limitations

This study has certain limitations, as a result of which its results cannot be generalized to the entire population of nursing staff in primary, secondary, and tertiary health-care levels; the nursing staff who participated were defended in a way that does not guarantee representativeness; however, the research findings can serve as a starting point for other researchers in this field.

Results

At the outset, we were interested in the extent to which respondents showed a sense of affiliation to the organization where they work.

The results are shown in Table 1. They show the highest level of loyalty by always being ready to help their colleagues ($\bar{x}$ = 4.3; SD = 0.46), their managers ($\bar{x}$ = 3.8; SD = 0.94), believe in the successful development

of their organization ($\bar{x}$ = 3.8; SD = 0.71), and advocate for their colleagues in front of others ($\bar{x}$ = 3.8; SD = 1.06). We can also mention their pride in being able to work in their organization ($\bar{x}$ = 3.7; SD = 0.75) and that they are willing to defend their organizational unit ($\bar{x}$ =3.7; SD=0.75). They are also able to defend the interests of their organization in public ($\bar{x}$ = 3.6; SD = 0.78).

We also wanted to know which factors dominate and influence employees' organizational loyalty. They could choose between all the factors we listed in the theoretical part of the paper and also circle several factors. The respondents think that trust (77%), job satisfaction (63%) and a favorable working environment (61%) are the most important factors influencing their organizational loyalty, followed by management style (56%), organizational culture (44%), flexibility of working hours (28%), reciprocity (27%), form of employment – fixed-term or temporary (28%), and work environment (61%). The least influential factors on organizational affiliation are the receipt of recognition and rewards (6%) and spirituality (1%).

Table 2 shows the results on the respondents' views on presenteeism.

Table 2 shows that respondents are aware of the fact that they act irresponsibly toward other colleagues and patients when they come to work sick ($\bar{x}$ = 3.8; SD = 1.06), but were present at work despite their reduced ability to work because they do not want their colleagues to be overburdened because of them ($\bar{x}$ = 3.7; SD = 1.04) and were able to complete difficult tasks at work despite having a health problem ($\bar{x}$ = 3.5; SD = 0.84). As a result, they often do not take sick leave when they fall ill ($\bar{x}$ = 3.6; SD = 1.23), which they also choose to do out of a sense of duty ($\bar{x}$ = 3.5; SD = 1.33), and their supervisors also find it more acceptable to come to work with reduced performance than to miss work ($\bar{x}$ = 3.5; SD = 1.2). They also find that if their performance is reduced, they need more time and energy to do the job ($\bar{x}$ = 3.5; SD = 1.15), yet they felt energetic enough to complete their work ($\bar{x}$ = 3.2; SD = 0.98). They least agree with the statement that they use presenteeism because of job insecurity or temporary employment ($\bar{x}$ = 2.1; SD = 1.06), with the statement that they also do work during working hours that is linked to tasks outside working hours ($\bar{x}$ = 2.2; SD = 1.13) and with the claim that the replacement system in their organization is not adequately established ($\bar{x}$ = 2.4; SD = 1.19). Higher values for Stanford Scale statements containing the phrase "in spite of" indicate higher levels of presenteeism. It occurs between 17% and 25% of respondents who strongly agreed with the statements and between 24% and 67% who strongly agreed. A good quarter of respondents show a high degree of presenteeism by coming to work solely out of a sense of duty despite illness and 67% generally out of a feeling that they were able to complete the difficult tasks of their job despite health problems. work.

Table 1: Respondents opinion on organizational affiliation

Claims	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	$\bar{\chi}$	SD
I believe in the successful development of our organization	0	6	17	67	11	3.8	0.71
I wouldn't leave if I got a better job	17	39	28	11	6	2.5	1.10
I protect the interests of the organization in public	0	17	11	72	0	3.6	0.78
I am proud to work for this organization	0	6	28	56	11	3.7	0.75
It would do a lot for the good of the organization	0	22	28	44	6	3.3	0.91
I am always ready to help the leader	6	6	6	72	11	3.8	0.94
I consider my job to be a prestigious one	6	22	22	39	11	3.3	1.13
I always defend my organizational unit	0	6	28	56	11	3.7	0.75
Our organizational climate has a good public reputation	11	22	22	44	0	3.0	1.08
I stand up for my colleagues in front of others	6	6	17	50	22	3.8	1.06
I am always ready to help my colleagues	0	0	0	72	28	4.3	0.46
He spoke only positively about our organization	0	28	28	39	6	3.2	0.94

SD: Standard deviation.

Table 2: Respondent's views on presenteeism

Claims	1 (%)	2 (%)	3 (%)	4 (%)	5 (%)	$\bar{\chi}$	SD
In the last year, despite my presentism, I have been present at work out of a sense of duty	11	18	8	38	25	3.5	1.33
I came to the job despite being overworked because of the disorganised way in which I was covering my own job	12	21	15	28	24	3.3	1.36
To avoid a reduction in my monthly income, I practice presenteeism	24	27	18	21	9	2.6	1.31
I think that presenteeism is more common among my colleagues than among me	7	21	40	22	9	3.1	1.06
I am present at work, despite presentism, because of my sense of affiliation in the work organization	8	20	19	36	17	3.3	1.22
I come to work despite presenteeism, because I fear losing control of my work	15	29	22	24	9	2.8	1.22
I believe that by being present, I avoid the negative consequences that could affect relationships in the event of absenteeism	8	22	28	29	12	3.1	1.14
Despite my presenteeism, I am present at work to prevent an increase in work that would occur if I were absent	8	17	23	36	16	3.3	1.18
Often when I get sick I don't use sick leave	8	14	14	41	23	3.6	1.23
Presentism prevents me from doing my job well	12	21	21	35	12	3.1	1.22
If my productivity is reduced, I need more time and energy to do my job	8	11	22	42	17	3.5	1.15
Presenteeism at work reduces my productivity	12	18	21	35	15	3.2	1.24
For supervisors, it is more acceptable to come to work with reduced performance than to miss work	11	8	23	39	19	3.5	1.2
Despite having a health problem, I was able to complete the difficult tasks in my work	0	17	17	67	0	3.5	0.84
During working hours, I also do work that involves tasks outside working hours (making various calls, going to the hairdresser or beautician, shopping online, checking up on the work organization, etc.)	34	35	12	19	1	2.2	1.13
I use presentism because of insecurity or temporary employment	38	31	21	8	2	2.1	1.06
I am aware of the fact that I am being irresponsible to other colleagues and patients when I come to work sick	5	6	14	48	26	3.8	1.06
Despite my reduced ability to do my job, I am present at work because I don't want my colleagues to be overworked because of me	4	11	18	48	19	3.7	1.04
Despite having a health problem, I felt energetic enough to finish all my work	0	33	17	50	0	3.2	0.98
The manager expresses his dissatisfaction in the event of sickness absence of our staff	9	17	21	41	12	3.3	1.16
The manager knows his/her team very well and is therefore effective in taking early action and finding solutions in the event of an employee's absence	13	17	33	27	11	3.1	1.17
Our organization has an adequate replacement system in place	33	23	22	20	2	2.4	1.19

Next, we tested whether gender, age, personal income, and years of work influence the level of presenteeism.

In Table 3, we show the average ranks for the statement related to the use of presenteeism ("Often when I get sick I do not use sick leave.") by gender. It can be seen that the lowest level of agreement is with the statement "Often when I get sick, I do not use sick leave." Men ($\bar{R} = 47{,}78$) Women ($\bar{R} = 48{,}02$).

Table 3: Average rank for the use of presenteeism

Claim	Gender	n	Average ranks	Sum of ranks
I often don't use sick leave when I get sick	Woman	162	48.02	4130.00
	Men	16	47.78	430.00
	Together	178		

In Table 4, we show the Mann–Whitney test for the statement related to presenteeism ("I don't use sick leave often when I get sick") by gender. The value of the Mann–Whitney test for "Often when I get sick, I do not use sick leave" (U = 385.00, sig. = 0.979) is not statistically significant, which means that there are no statistically significant differences according to the gender of the respondents.

Table 4: Mann–Whitney test for the use of presenteeism

Statistics	I often don't use sick leave when I get sick
Mann–Whitney U	385.000
Wilcoxon W	430.000
Z	−0.027
Significant	0.979

Source: Own source, 2020.

In Table 5, we show the average ranks for the statement related to the use of presenteeism by age. It can be seen that respondents aged between 46 and 55 years agree the least with the statement "To avoid a reduction in my monthly income, I practice presenteeism" ($\bar{R} = 39{,}60$) and the most frequent among respondents aged 25 and under ($\bar{R} = 64{,}10$).

Table 5: Average rank for the use of presenteeism

Claim	Age (years)	n	Average rank
To avoid a reduction in my monthly income, I practice presenteeism	Up to 25	34	64.10
	26–35	84	47.63
	36–45	43	45.43
	46–55	12	39.60
	56 and over	5	42.50
	Total	178	

In Table 6, we show the Kruskal–Wallis test for the proposition related to age-related presenteeism. The value of the Kruskal–Wallis test for "To prevent a reduction in my monthly income, I resort to presenteeism." (χ^2 =4.564, sig.=0.335) is not statistically significant, which means that there are no statistically significant differences according to the age of the respondents.

Table 6: Kruskal–Wallis test for presenteeism

Statistics	To avoid a reduction in my monthly income, I practice presenteeism
Kruskal–Wallis test	4.564
df	4
Significant	0.335

Source: Own source, 2020.

In Table 7, we show the average ranks for the statement relating to the use of presenteeism by length of service. It can be seen that the lowest level of agreement is with the statement "I often do not use sick leave when I get sick." Respondents with between 21 and 30 years of working experience ($\bar{R} = 30{,}85$), and the most likely to agree with respondents with 11–20 years of working experience ($\bar{R} = 53{,}50$).

Table 7: Average rank for sickness absence

Claim	Working hours (years)	n	Average ranks
Often when I get sick I don't use sick leave	Up to 10	109	49.70
	11–20	37	53.50
	21–30	18	30.85
	31–40	14	40.25
	Total	178	

Source: Own source, 2020.

In Table 8, we show the Kruskal–Wallis test for the proposition relating presenteeism to tenure. Kruskal–Wallis test value for "I do not use sick leave often when I get sick" (χ^2 = 6.318, Sig. = 0.097) is not statistically significant, which means that there are no statistically significant differences according to the respondents' length of service.

Table 8: Kruskal–Wallis test for sickness absence

Statistics	Often when I get sick, I don't use sick leave
Kruskal–Wallis *H*	6.318
df	3
Asymptotic significant	0.097

Source: Own source, 2020.

Table 9 lists the most common health problems that respondents experienced when they were present at work despite health problems, even though they should have been on sick leave.

Table 9: Health problems during presenteeism

Health problem	Yes (%)	No (%)	From time to time (%)
With a servant	0	93	7
By sight	23	62	15
S skin	11	76	14
Spine and skeletal system	31	43	26
With upper or lower body muscles	17	66	17
Digestive, stomach or other intestinal problems	25	53	22
With the respiratory tract or lungs	5	86	8
Heart or circulatory problems (high blood pressure, angina)	5	87	7
With hormonal disorders	11	81	8
Metabolic disorders (diabetes, high cholesterol)	3	95	2
With damage	6	89	4
With mood disorders	15	65	20
With neurological disorders	4	95	1
Other	1	92	7

Just under a third of respondents (31%) came to work despite having back and skeletal problems, vision problems (23%) and digestive, stomach or other intestinal problems (25%). 17% came to work despite having upper or lower body muscle problems, and 15% because of mood disorders.

Discussion

Compared to the foreign literature, the concept of presenteeism is less well researched and understood, as only a few studies have been conducted [28], [29], [51]. The research that has been conducted is based on the impact of the employee's health status on work performance. In the foreign literature, most of the research appears in

the United States, Canada, and Australia. In Europe, the Scandinavian countries and the United Kingdom lead the way [28]. On average, Slovenian employees are more likely to work with a reduced work capacity than other employees across Europe, and they do so regardless of their health status. In Slovenia (2010), 63.1% of women and 55.9% of men were reported to have used presenteeism. The European average is 41.0% for women and 37.8% for men [26]. Reasons for being present at work despite a reduced ability to work include: Sense of duty, loyalty, responsibility, irreplaceability, other organizational reasons, influence of supervisor, or colleagues [29]. Researchers consider the following factors to be useful to monitor for presenteeism: job, occupation, job security, total work at home, length of service in current job, distance from home to work, physical and mental strain of the job, and shift work [26]. Based on the survey results [28], highlighted potential determinants of presenteeism, which are mainly lack of motivation, due to the way work is done: Disorganized organization of work, inadequate distribution of responsibilities, monotonous work, lack of two-way communication between managers and subordinates, and unequal performance appraisal and payouts.

Health professionals are a specific professional group working within health organizations, where organizational affiliation is very important. When self-assessing their level of organizational affiliation, respondents rated their affiliation slightly higher than their overall affiliation. Our study found that nurses have a moderate level of organizational commitment, which was also found by Labrague *et al.* in their study of Filipino nurses [52]. The results of a study by Lorber and Skela-Savič [5], in which 5.4% of all nursing staff in Slovenian hospitals participated, show a higher level of organizational commitment than in our study, indicating that nurses' organizational commitment is at a high median. However, it should be stressed that this was a survey conducted in the pre-referral period, when nurses had not yet expressed an intention to leave the profession and had no intention to leave the profession. However, a study carried out by the European Federation of Nurses' Associations [53] found that 40000 nurses had left the profession during and after the pandemic and that 30% of nurses in the European Union had expressed an intention to leave the profession. Many nurses have taken themselves off the register of nurses and are no longer looking for a job as a nurse, but have left the profession, which is certainly a worrying figure.

When assessing the individual factors, we found that health professionals are most committed to their colleagues, with the highest scores for the commitment factor "I am always willing to help my colleagues" ($\bar{x}$ = 4.3; SD=0.46). A similar result was also presented by Kreft and Kaučič [13] in their study of nursing staff at Murska Sobota General Hospital, where they also rated the factor "I am always ready to help colleagues" ($\bar{x}$ = 4.6; SD=0.75). The lowest rated statement is that they would not leave the organization if a better job opportunity was offered, which means that better offers are an important factor in the decision to leave and that organizational loyalty is low in this case. The results of the survey [52] also showed a similar result.

In their study [43], they identified the determinants of presenteeism and divided them into personal factors (denial of illness, financial situation – sick leave is less paid, emotional instability, interest in lifestyle change – diet, exercise, habits), organizational (lower paid sick leave, job insecurity, and shift work) and social (economic crisis, fear of job loss, employers' intolerance of sick leave, reactions to the social system – productivity is more important than employees' well-being). The Swedish study indicates that reasons such as loss of income and loss of status are more common in presenteeism among men than among women. Conversely, women were more likely to cite patient care and daily work accumulation as reasons for presenteeism. No significant gender differences were found for the cause of concern for colleagues [54]. Our study showed that presenteeism is more common among female health workers aged 36–45 years to prevent a reduction in monthly income than among other health workers. Respondents aged up to 25 years use presenteeism to prevent a reduction in monthly income, while respondents aged 46–55 years use presenteeism the least. The age of the employees does not make a statistically significant difference in the choice of presenteeism.

Researchers have also found that health factors that lead to presenteeism are more common in people with allergies, depression, higher susceptibility to stressful situations and consequent risk of burnout, respiratory diseases (asthma and chronic obstructive pulmonary disease), various forms of headaches (migraine), metabolic diseases (diabetes), degenerative diseases (spinal disorders and arthritis), gastrointestinal diseases, and chronic pain [29].

Female health workers with up to 10 years' service are more likely to use presenteeism than other health workers. While the results confirm that women do not use sick leave more often than their male counterparts, they do not show statistical differences according to the length of service (up to 10 years). The results show that the use of presenteeism is more frequent among respondents with up to 10 years of service, but there are no statistical differences between the sexes. Pavli [55] states in his study that 66% of employees occasionally come to work with reduced performance. Presenteeism is more common in employees who have younger children, lower income, poorer immune systems, are being treated for a pre-existing chronic illness, and do not recognize the dangers of demanding working conditions [29]. In a Swedish study, it was found that women are generally

more likely to engage in long-term as well as short-term presenteeism than men. Gender differences are more likely to be due to the difficulty of combining work life with family and family-related commitments, and less likely to be due to marital status, number of children, and position in the workplace [54].

The fifth European survey on workplace conditions in Slovenia in 2010 found that on average, women work more, are less satisfied with their working conditions, experience more job insecurity and are more likely to be present. A higher proportion of respondents confirmed that they experience stress at work, and almost half of those surveyed complain of fatigue. Research [41] has shown that presenteeism has a worse impact on the quality of work, on the physical ability to do a job, on family life, on the age of employees, and on the number of health workers on a shift who work as a team. A study in Sweden [54], which looked at gender differences in presenteeism among healthcare workers, found significant differences between men and women. About 74% of women and only 59% of men responded positively to the statement that they sometimes go to work sick too often. The survey goes on to say that 49% of women and 40% of men definitely came to work sick.

Presenteeism in employees poses a significant risk to the individual – especially to their health; to the patient – risk of poorer quality of care, resulting in poorer treatment outcomes; and to the organization in which the employee works – possible infection of colleagues, higher costs, etc. Health-care professionals are aware that presenteeism poses a risk to the patient, the individual, and the organization. Similarly, a survey of health-care professionals in Saudi Arabia [46] found that 91% of employees are aware that their behavior puts the patient at greater risk. They found that in European countries, the proportion of healthcare workers practicing presenteeism in the workplace ranges between 70% and 86% and that it is related to the workplace of the employee (90% prevalence in emergency departments and 60% prevalence in pediatric wards). According to Sánchez-Zaballos *et al.* [56], the prevalence of presenteeism among healthcare workers is 52%. A survey on the prevalence of presenteeism in women [35], conducted among employees of the UKC Ljubljana in a sample of 3392 healthcare workers (64.5% of whom were nurses), showed 57% presenteeism. Furthermore, Mosterio-Diaz *et al.* [57] reported between 30% and 35% prevalence of presenteeism in a study of Spanish, Portuguese, and Brazilian nurses.

Conclusion

Many organizations are facing the issue of organizational affiliation, as the level of affiliation is declining or people are no longer as affiliation as they used to be. The level of affiliation of health workers affects the performance of the organization and its competitiveness, the performance of all employees and their clinical performance – quality of care and patient satisfaction. The sense of organizational affiliation cannot be forced on employees, all an organization can do is to implement activities that focus on the factors that foster affiliation, that is, to ensure a high level of trust, satisfaction, and a supportive working environment; this may lead to employees' affiliation as well. Satisfaction among health workers, as well as affiliation, also influences the incidence of presenteeism. Presenteeism, with its negative consequences and risks for the individual, the patient, and the organization, requires further research. People who come to work despite feeling unwell are less productive and the chances of making mistakes increase. Presenteeism among healthcare workers erodes the competence of staff to provide safe, responsible, and holistic healthcare to patients. To ensure effective, efficient, quality, and professional care, it is important that health professionals take responsibility for their own health and put it first, because only when they are healthy will they be able to function optimally for the benefit of the patient, the organization, and themselves.

References

1. Stinglhamber F, Marique G, Caesens G, Desmette D, Hansez I, Hanin D, *et al.* Employees' organizational identification and affective organizational commitment: An integrative approach. PloS One. 2015;10(4):e0123955. https://doi.org/10.1371/journal.pone.0123955
   PMid:25875086
2. Rofiqi E, Nuritasari RT, Wiliyanarti PF. Factors affecting the organizational commitment of nurses in comprehensive health services: A systematic review. J Ners. 2019;14(3):195-8. https://doi.org/10.20473/jn.v14i3(si).17056
3. Bag P. Employees commitment fostering organizational outcomes. Int J Trend Res Dev. 2018;5(2):63-6.
4. Mihalič R. Let's Increase Employee Satisfaction and Loyalty. Škofja Loka: Mihalič and Partner; 2008.
5. Lorber M, Skela-Savič B. Factors affecting nurses' organizational commitment. Slov Nurs Rev. 2014;48(4):294-301. https://doi.org/10.14528/snr.2014.48.4.34
6. Akkaya B. Linking organizational commitment and organizational trust in health care organizations. Organizacija. 2020;53(4):306-18. https://doi.org/10.2478/orga-2020-0020
7. De las Heras-Rosas C, Herrera J, Rodrígues-Fernández M. Organisational commitment in healthcare systems: A bibliometric analysis. Int J Environ Res Public Health. 2021;18(5):2271. https://doi.org/10.3390/ijerph18052271
   PMid:33668880
8. Rofiqi E, Nuritasari RT, Wiliyanarti PF. Factors affecting the organizational commitment of nurses in comprehensive health services: A systematic review. J Ners. 2018;14(3):195-8. https://doi.org/10.20473/jn.v14i3(si).17056

9. Meyer JP, Allen NJ. A three-component conceptualization of organizational commitment. Hum Resour Manag Rev. 1991;1(1):61-89. https://doi.org/10.1016/1053-4822(91)90011-Z
10. Meyer JP, Allen NJ. TCM Employee Commitment Survey Academic Users Guide. Canada: University of Western Ontario; 2004.
11. Karem MA, Mahmood YN, Jameel AS, Ahmad AR. The effect of job satisfaction and organizational commitment on nurses' performance. Humanit Soc Sci Res. 2019;7(6):332-9. https://doi.org/10.18510/hssr.2019.7658
12. Andolšek DM, Štebe J. Emotional and continuous employee loyalty: An international comparison. Theory Pract. 2011;48(4):852-74.
13. Kreft T, Kaučič BM. The influence of demographic factors on the affiliation of nursing employees. J Health Sci. 2014;1(2):3-14.
14. Rachmaliya NS, Efendy H. Analysis of employee performance, organization culture, work satisfaction and organization commitment. Hum Resour Res. 2017;1(1):41-57. https://doi.org/10.5296/hrr.v1i1.11740
15. Hendri MI. The mediation effect of job satisfaction and organizational commitment on the organizational learning effect of the employee performance. Int J Prod Perform Manag. 2019;68(4):1208-34. https://doi.org/10.1108/IJPPM-05-2018-0174
16. Canning EA, Murphy MC, Emerson KT, Chatman JA, Dweck CS, Kray LJ. Cultures of genius at work: Organizational mindsets predict cultural norms, trust, and commitment. Pers Soc Psychol Bull. 2020;46(4):626-42. https://doi.org/10.1177/0146167219872473
PMid:31502926
17. Bahrami MA, Barati O, Ghoroghchian MS, Montazer-Alfaraj R, Ezzatabadi MR. Role of organizational climate in organizational commitment: The case of teaching hospitals. Osong Public Health Res Perspect. 2016;7(2):96-100. https://doi.org/10.1016/j.phrp.2015.11.009
PMid:27169007
18. Al-Yami M, Galdas P, Watson R. Leadership style and organisational commitment among nursing staff in Saudi Arabia. J Nurs Manag. 2018;26(5):531-9. https://doi.org/10.1111/jonm.12578
PMid:29573023
19. Hill EJ, Grzywacz JG, Allen S, Blanchard VL, Matz-Costa C, Shulkin S, *et al*. Defining and conceptualizing workplace flexibility. Community Work Fam. 2008;11(2):149-63. https://doi.org/10.1080/13668800802024678
20. Biggs D, Swailes S. Relations, commitment and satisfaction in agency workers and permanent workers. Empl Relat. 2006;28(2):130-43. https://doi.org/10.1108/01425450610639365
21. Broschak JP, Davis-Blace A, Block ES. Nonstandard, not substandard: The relationship between work arrangements, work attitudes, and job performance. Work Occup. 2008;35(1):3-43. https://doi.org/10.1177/0730888407309604
22. Chiang YC, Lee HC, Chu TL, Han CY, Hsiao YC. The impact of nurses' spiritual health on their attitudes toward spiritual care, professional commitment, and caring. Nurs Outlook. 2016;64(3):215-24. https://doi.org/10.1016/j.outlook.2015.11.012
PMid:26712386
23. Khan F, Zahar S. The Influence of Organizational Factors on Employees' Commitment Levels: A study of the Banking Sector of Pakistan. United States: PBR. 2014. p. 571-90. Available from: https://hdl.handle.net/123456789/12373 [Last accessed on 2023 Feb 15].
24. Sarabia-Cobo CM, Sáenz-Jalón M, Cabeza-Díaz P, Torres-Manrique B, González-Martínez OM, Alonso-Jiménez E *et al*. Why are Spanish nurses going to work sick? Questionnaire for the measurement of presenteeism in nurses. Nurs Rep. 2021;11(2):331-40. https://doi.org/10.3390/nursrep11020032
PMid:34968210
25. Bajt M, Klanšček HJ, Britovšek K. Mental Health at Work; 2015. Available from: https://www.nijz.si/files/publikacije-datoteke/dz_na_delovnem_mestu.pdf [Last accessed on 2023 Feb 15].
26. Fikfak MD, Bric TK, Škerjanec A, Telič JJ, Lazar T. Analysis of workers' health. In: Milek DM, Lazar TU, editors. Chilli for Work, a Textbook for Occupational Health Promotion. Ljubljana: Univerzitetni Klinični Center, Clinical Institute of Occupational; Transport and Sports Medicine; 2016. p. 129-64.
27. Rainbow JG, Steege LM. Presenteeism in nursing: An evolutionary concept analysis. Nurs Outlook. 2017;65(5):615-23. https://doi.org/10.1016/j.outlook.2017.03.005
PMid:28416202
28. Mlakar P, Stare J. Some characteristics of employees as risk factors for presenteeism. Int J Public Adm Rev. 2013;11(2):31-55. https://doi.org/10.17573/ipar.2013.2.a02
29. Božič J, editor. Managing Psychosocial Risks in the Workplace: A Selection of Good Practice Examples from Domestic and Foreign Companies. Ljubljana: University Rehabilitation Institute of the Republic of Slovenia-Soča; 2011. Available from: https://www.ir-rs.si/f/docs/razvojni_projekti/obvladovanje_psihosocialnih_tveganj_na_delovnih_mestih.pdf?irrs_admin=rasqkug2haca5b89m4kg1b1qi4 [Last accessed on 2023 Feb 17].
30. Mohammadi MM, Nayeri ND, Varaei S, Rasti A. Exploring the concept of presenteeism in nursing: A hybrid concept analysis. Int J Nurs Knowl. 2020;32(4):166-76. https://doi.org/10.1111/2047-3095.12308
PMid:33295699
31. Rainbow JG. Presenteeism: Nurse perceptions and consequences. J Nurs Manag. 2019;27(7):1530-7. https://doi.org/10.1111/jonm.12839
PMid:31397508
32. Boštjančič E, Sajinčič N. Presenteeism-a scourge of slovenian employers. Hum Res Manag Mag. 2016;2(3):64-7.
33. Freeling M, Rainbow JG, Chamberlain D. Painting a picture of nurse presenteeism: A multi-country integrative review. Int J Nurs Stud. 2020;109:103659. https://doi.org/10.1016/j.ijnurstu.2020.103659
PMid:32585449
34. Lui JN, Andres EB, Johnston JM. Presenteeism exposures and outcomes amongst hospital doctors and nurses: A systematic review. BMC Health Serv Res. 2018;18(1):985. https://doi.org/10.1186/s12913-018-3789-z
PMid:30567547
35. Škerjanc A, Fikfak MD. Sickness presence among health care professionals: A cross sectional study of health care professionals in Slovenia. Int J Environ Res Public Health. 2020;17(1):367. https://doi.org/10.3390/ijerph17010367
PMid:31935800
36. Webster RK, Liu R, Karimullina, K, Hall I, Amiot R, Rubin GJ. A systematic review of infectious illness presenteeism: Prevalence, reasons and risk factors. BMC Public Health. 2019;19(1):799. https://doi.org/10.1186/s12889-019-7138-x
37. Letvak SA, Ruhm CJ, Gupita SN. Nurses' presenteeism and its effects on self-reported quality of care and costs. Am J Nurs. 2012;122(2):30-8. quiz 48, 39. https://doi.org/10.1097/01.NAJ.0000411176.15696.f9
PMid:22261652
38. Brborović H, Brborović O. Patient safety culture shapes presenteeism and absenteeism: A cross-sectional study

among Croatian healthcare workers. Arh Hig Rada Toksikol. 2017;68(3):185-9. https://doi.org/10.1515/aiht-2017-68-2957
PMid:28976879

39. Podjed K, Klanšček HJ. How much does worker ill health cost us? Hum Resour Manag Mag. 2016;2(5):51-5.
40. Arh S, Čuk V, Touzery SH, Pesjak K, Savič BS, Beravs PV. Preprečevanje in Obvladovanje Bolečine v Križu Pri Zaposlenih v Zdravstveni Negi. Jesenice: Fakulteta za Zdravstvo; 2016.
41. Demšar A, Savič BS, Zurc J. Associations between selected risk factors and the incidence of low back pain in healthcare workers. Nurs Horiz. 2016;50(1):57-64.
42. Somrak K, Šturbej M, Vujčić S. Vpliv Prezentizma na Učinkovitost Dela; 2014. Available from: https://psihologijadela.files.wordpress.com/2014/04/vpliv-prezentizma-na-ucinkovitost-dela.pdf [Last accessed on 2023 Feb 16].
43. Bastug G, Pala A, Kumartasli M, Günel I, Duyan M. Investigation of the relationship between organizational trust and organizational commitment. Univ J Educ Res. 2016;4(6):1418-25. https://doi.org/10.13189/ujer.2016.040619
44. Caers R, Akgul KL, Baert S, De Feyter T, De Couck M. Too sick or not too sick? The importance of stress and satisfaction with supervisor support on the prevalence of sickness presenteeism. Int J Occup Saf Ergon. 2021;27(1):278-89. https://doi.org/10.1080/10803548.2019.1570720
PMid:30653410
45. Shan G, Wang S, Wang W, Guo S, Li Y. Presenteeism in nurses: Prevalence, consequences, and causes from the perspectives of nurses and chief nurses. Front Psychiatry. 2021;11:584040. https://doi.org/10.3389/fpsyt.2020.584040
PMid:33488418
46. Al Nuhait M, Al Harbi K, Al Jarboa A, Bustami R, Alharbi S, Masud N *et al.* Sickness presenteeism among health care providers in an academic tertiary care center in Riyadh. J Infect Public Health. 2017;10(6):711-5. https://doi.org/10.1016/j.jiph.2016.09.019
PMid:28343794
47. Garrow V. Presenteeism: A Review of Curent Thinking (Report 507). Brighton: Institute for Employment Studies; 2016.
48. Gaudine A, Saks AM, Dawe D, Beaton M. Effects of absenteeism feedback and goal-setting interventions on nurses' fairness perceptions, discomfort feelings and absenteeism. J Nurs Manag. 2013;21(3):591-602. https://doi.org/10.1111/j.1365-2834.2011.01337.x
49. Flerin M, Tuškej M, Turšič I, Rupar B, Kozlovič K, Novak P, *et al.* Planiranje in Razvoj Kadrov: Praktikum. Kranj: Moderna Organizacija; 2002.
50. Svetlik I. Oblikovanje dela in kakovost delovnega življenja. In: Svetlik I, Zupan N, editors. Menedžment Človeških Virov. Ljubljana: Faculty of Social Science; 2009. p. 337-81.
51. Rozman N. The Problem of Presenteeism in Kindergartens in Kranj. Bachelor Thesis. Kranj; 2016.
52. Labrague LJ, Petitte DM, Tsaras K, Jonas P, Colet PC, Gloe DS. Perceptions of Organizational commitment and turnover intention among rural nurses in the Philippines: Implications for nursing management. Int J Nurs Sci. 2018;5(4):403-8. https://doi.org/10.1016/j.ijnss.2018.09.001
PMid:1406855
53. De Raeve P. Departments are Closing all over Europe Because there are Simply no Nurses. Interview in the Saturday Supplement of the Newspaper Delo. 2022. p. 4-5.
54. Sendén M, Scenck-Gustafsson K, Fridner A. Gender differences in reason for sickness presenteeism-a study among GPs in a Swedish health care organization. Ann Occup Environ Med. 2016;28:50. https://doi.org/10.1186/s40557-016-0136-x
PMid:27660717
55. Pavli T. Vpliv Motivacijskih Dejavnikov na Absentizem. Diplomsko Delo. Ljubljana: Ekonomska Fakulteta; 2016.
56. Sánchez-Zaballos M, Baldonedo-Mosterio M, Mosterio-Díaz MP. Presenteeism among emergency health care staff. Emergencias. 2018;30(1):35-40.
PMid:29437308
57. Mosterio-Diaz MP, Baldonedo-Mosteiro M, Borges E, Baptista P, Queiros C, Sanchez-Zaballos M, *et al.* Presenteeism in nurses: Comparative study of Spanish, Portuguese and Brazilian nurses. Int Nurs Rev. 2020;67(4):466-75. https://doi.org/10.1111/inr.12615
PMid:32844446