

PREDICTORS OF PRESENTEEISM AMONG NURSES: A LITERATURE REVIEW

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Abstract

Background: Nurses are considered the backbone of hospitals (healthcare institutions) who, despite being ill, provide care for their patients. This phenomenon of working while ill or suffering from a health condition is called presenteeism. This phenomenon negatively impacts nurses causing stress and burnout, a decline in productivity and performance, and ultimately resulting in decreased quality of care.

Methods: To describe presenteeism and its associated factors among nurses, literature was searched using different databases including PubMed, Google Scholar, and ScienceDirect, adhering to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Studies from the past ten years (2013- 2023) were included that focused on presenteeism and its predictors. After inclusion of the studies, the data were analysed thematically.

Findings: There is a lack of in-depth research on presenteeism among nurses in Pakistan. With a focus on presenteeism, a number of relevant studies were found in the literature. These are described under the sections; (a) prevalence of presenteeism, (b) factors associated with presenteeism, and (c) consequences of presenteeism.

Discussion: This literature review highlighted the need for understanding presenteeism, its associated factors, and the consequences resulting from presenteeism to overcome this phenomenon in order to improve nurses' health while ultimately increasing their quality of care.

Conclusion: Understanding and addressing the underlying causes of presenteeism in the nursing profession is vital for promoting the overall health condition and productivity of nursing staff while ensuring high-quality patient care as well.

INTRODUCTION

Working when sick, being physically or mentally unwell is called presenteeism and it's becoming more common (Broom, 2020). This phenomenon has become more widespread in the health protection sector, especially among nurses (Kotomska et al, 2023). Presenteeism includes both antecedents and implications for employees. Antecedents to presenteeism include stress, medical issues, and a loss of professional image, while implications include an increase in medical expenses, compromised care, and health-related issues (Rainbow & Steege, 2017). Presenteeism has a variety of negative effects such as workplace burnout and depression (Jun et al., 2021), a decline in communication, productivity, and clinical skills, which ultimately results in their decreased patients' care depicted in their prognosis (Rainbow et al., 2020; Rasool et al., 2019). Additionally, presenteeism also affects nurses when providing basic nursing skills like toileting, medication, health promotion, and assistance with diet (Lima et al., 2020). A rise in adverse events, such as errors in medication administration, transmission of diseases and infections, and increased risk of falls have been associated with presenteeism (Rainbow et al., 2020).

Presenteeism has more consequences as it raises health expenses, lowers efficiency, increases the number of work incidents, and also causes institutional losses (Homrich et al., 2020). Similarly, it has been observed that job-related attributes, such as shifting work, job demands and instability, unfavorable working environment, and relationship with co-workers, are linked to a greater incidence of presenteeism (Allemann et al., 2019; d'Errico et al., 2016; Min et al., 2022; Miraglia & Johns, 2016). Presenteeism is caused by a "self-sacrifice culture" that encourages healthcare workers to remain at work despite being sick and expects the same from their co-workers to prevent understaffing, insufficient staff-patient ratios, or a lack of clinical skills (Rainbow & Steege, 2017). Based on the hospital's viewpoint, it was discovered that presence in the

workplace is a culture or based on a desire to be seen. In fact, this behavior is common and strongly exist in the Asian healthcare industry, as well as in rural services where finding a substitute is a challenging task because of the shortage of nursing workforce (Lui et al., 2018). The purpose of this review was to explore the phenomenon of presenteeism, its associated factors, and the consequences among nurses.

Method

Search Strategy

An organized and thorough literature search was conducted using the following databases: PubMed, Google Scholar, and ScienceDirect. The search utilized Boolean operators (AND, OR) to combine words such as "predictors", "factors", "presenteeism", "working while sick", and "nurses". The literature review was limited to articles published between last ten years (2013-2023), and only those available in full text and in English were included.

The initial search produced 24,133 results for presenteeism and its predictors among nurses. To get the relevant articles, the search engines were instructed to include all full text publications published in English language during the past ten years. The combined result was ten assessed for non-duplicates. In this respect, out of 178 articles, 110 articles were excluded after going through the title and abstract. Finally, for the full review, 20 studies were included in the literature review (table 1). Studies focusing on presenteeism, consequences, and its associated factors among nurses were included. Articles that did not meet these criteria were excluded. Moreover, data from the selected studies were extracted and analysed. The review adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (PRISMA) (figure 1) guidelines to ensure a thorough systematic approach.

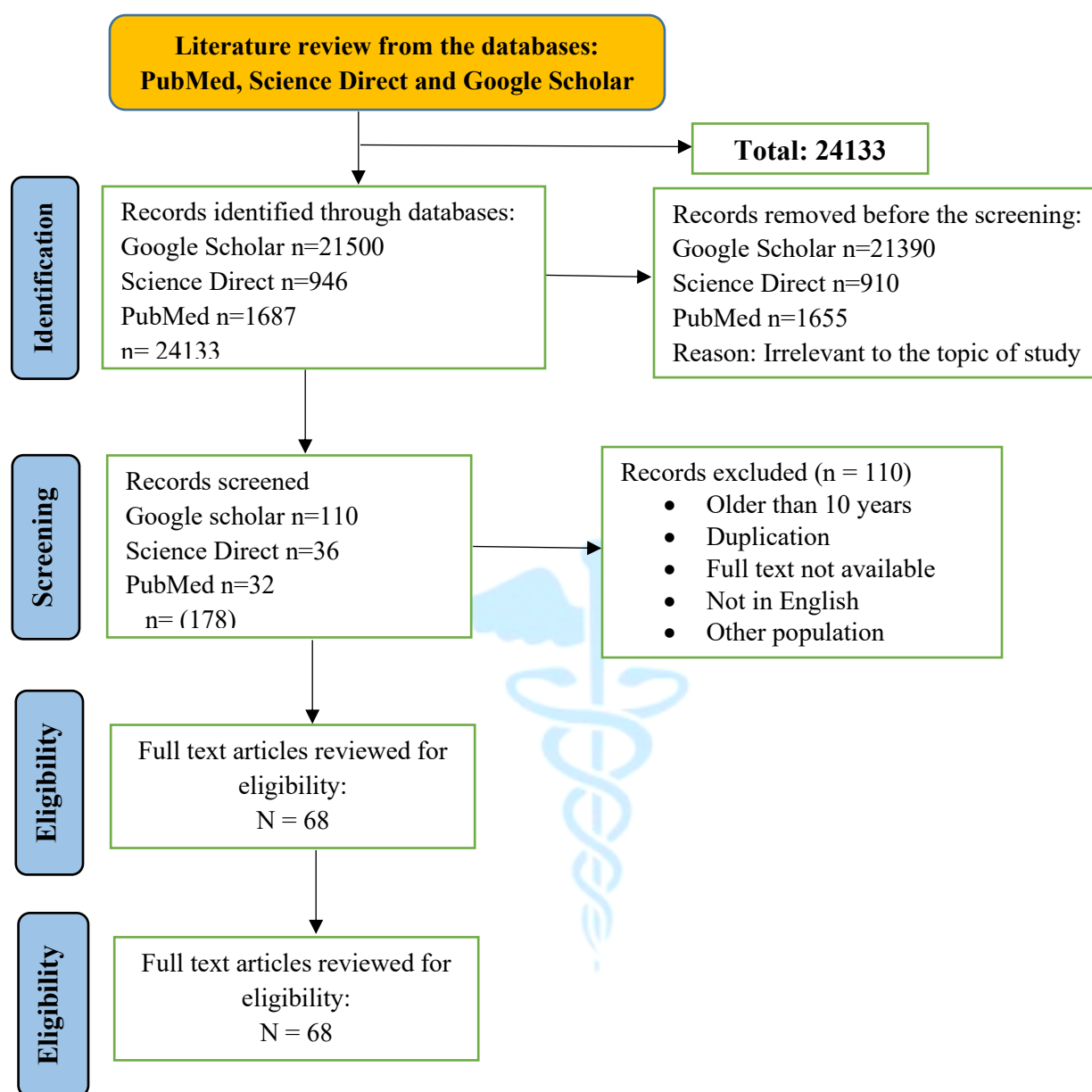


Figure 1. PRISMA Flow Diagram

Findings

Prevalence of Presenteeism

The literature review highlighted a knowledge gap about the phenomenon of presenteeism among nurses in Karachi, Pakistan. The review identified that a substantial proportion of the nurses were unaware of this particular problem. It was made clear that in other professions, nurses go through times of

job insecurity because of their insecure work, excessive hourly workloads, and psychological demands. However, they are also vulnerable to several job-related risks, including psychosocial and biological hazards (Carvalho et al., 2017). A cross-sectional survey found that 74% of the participants showed sickness presenteeism (Al Nuhait et al., 2017). Cross-sectional research found that the

prevalence of presenteeism among healthcare professionals was 52.9% (Sánchez-Zaballos et al., 2018). Similarly, in a comparison study, the incidence of presenteeism was found to be significantly greater among Portuguese nurses (55%), as compared to Brazilian (36%) and Spanish (30%) nurses (Mosteiro-Díaz et al., 2020).

However, this percentage increased as evidenced in one of the studies in which 98.2% of the nurses reported experiencing presenteeism at some point during the COVID-19 pandemic (Khamis Mohamed et al., 2021). In a meta-analysis, it was found that the pooled prevalence of presenteeism from 14 countries was 49.2% (Min et al., 2022). Recent studies conducted in several countries showed that presenteeism is highly prevalent among nurses, including 52.6% among American nurses (Freeling et al., 2020), 55% among Portuguese nurses (Mosteiro-Díaz et al., 2020), while in China, it is 82.1% to 94.25% among nurse managers and nurses respectively (Shan et al., 2021).

Factors Associated with Presenteeism

Despite the prevalence, this literature review also showed those factors which were causing presenteeism among nurses. One study revealed that nursing being a high demanding job emerged as a significant cause leading to sickness presenteeism. Other predominant factors among nurses were unable to adjust workload, health issues, and lack of social support (Mdziniso, 2016). Another study found that nurses cited personal issues such as illness, and organizational issues like staffing levels, patients' requirements, and workloads as driving presenteeism (Rainbow et al., 2021).

Moreover, in a research they cited organizational factors as the primary cause of presenteeism including fear of disciplinary action, inadequate staff, institutional guidelines, and inadequate compensation for sick leave. Meanwhile, a large proportion of participants cited individual factors as the cause of their presenteeism. Individual factors

include lack of job security and alternate employment possibilities, being recognized as a valuable team member, sense of professional responsibility, and dedication to work (Khamis Mohamed et al., 2021). Additionally, it has been discovered that job-related attributes such as shifting work, high workload, job demands and instability, unfavourable working environment, and relationship with colleagues are linked to a greater incidence of presenteeism (Alleman et al., 2019; d'Errico et al., 2016; Min et al., 2022; Miraglia & Johns, 2016).

Consequences of Presenteeism

Despite the prevalence and associated factors, this literature review also revealed the consequences that were caused while experiencing presenteeism. One study revealed mental problems, decreased interaction, increased disease transmission, reduction in patient care, and their own health were the consequences faced by nurses (Rainbow, 2019). A study from China showed a decrease in staff productivity when sick employees showed up for work (Shan et al., 2021). In a qualitative study, it was reported that presenteeism led to a decrease in both attention and motivation at work, as well as a decline in self-esteem. A reduction in productivity, increased aggressive and irritable behaviour leading to a stressful and challenging working environment, low standard of care, and a negative perception about nurses were found to be associated with presenteeism (Pereira et al., 2021).

Additionally, stress, medical issues, a loss of professional image, increase in medical expenses, compromised care, and health-related issues were also found (Rainbow & Steege, 2017). Backache, migraine, and stress were the most frequently reported health issues during presenteeism (Simonetti et al., 2021). However, lack of supportive leadership and sufficient personnel were linked to greater rates of presenteeism (Dhaini et al., 2016).

Table 1: Studies included in the literature review (n=20)

Author (s) Name and Year of Publication	Purpose of Study	Study Design	Sample Size	Key Findings
Al Nuhait et al., (2017)	To identify the reasons for and prevalence of SP and perceptions of the impact of this practice on patient safety among HCPs.	A cross-sectional study	279	Sickness presenteeism was prevalent among the majority of the surveyed HCPs. A lack of awareness regarding the existing rules and policies related to sick leave was reported by more than half of the participants. The influence of external enabling factors, i.e., sympathy towards coworkers and not wanting to overburden them and feelings of duty toward patients, were the most common reasons reported for coming to work while sick.
Carvalho et al., (2017)	To analyze the association between the productivity loss of nursing workers and workloads in a teaching hospital.	A descriptive study with quantitative approach	211	Workers presented productivity loss and work limitations associated with workloads, which shows they have difficulty performing the activities in part of the work time.
Dhaini et al., (2016)	To explore care workers' self-reported absenteeism and presenteeism in relation to nursing homes' psychosocial work environment factors	Cross-sectional study	3176	Self-reported presenteeism was more common than absenteeism in Swiss nursing homes, and leadership and staffing resource adequacy were significantly associated with presenteeism, but not with absenteeism.
Fiorini et al., (2022)	To determine personal and organizational factors associated with work performance and illness outcomes during presenteeism in a cohort of nurses.	A cross-sectional study	270	Work performance and illness outcomes were often reported as poor during presenteeism. Older age and manager support were also associated with better work performance. Performance levels and illness outcomes during presenteeism were associated with a combination of illness-related, individual, attitudinal, and organizational factors.
Jun et al., 2021	To examine the relationship between emotional labour and presenteeism in nurses in Republic of Korea.	A cross-sectional study	328	Presenteeism in nurses could cause various negative secondary effects; therefore, and alternative should have been sought to mediate nurses' emotional labor to prevent presenteeism.

Kamel, & Abou-ElWafa, (2022).	To measure the prevalence of presenteeism among nurses at intensive care units and determine its possible associated risk factors.	Comparative cross-sectional study	160	High presenteeism represented a health problem among nursing staff. It could be ameliorated through health education, provision of rest breaks during work, and regulation of work for facilitating sick leaves when needed.
Khamis Mohamed et al., 2021	To assess the job stress and presenteeism prevalence, as well as verify the association between two concepts among nursing staff during the outbreak of COVID-19	The descriptive correlational design	503	Organizational factors were the dominant reasons for presenteeism among nurses rather than personal factors. Overall, 98.2% of participants experienced presenteeism during COVID-19.
Mdziniso, 2016	To determine the extent of sickness presenteeism among nurses working in selected health facilities, identify predisposing factors and determine the link between job demand, locus of control and social support among nurses working in different health facility types or categories.	A quantitative descriptive design	264	The extent of sickness presenteeism (SP) was 80.7%. Psychological illnesses 74.3%, severe chronic illnesses 63.6% and acute illnesses 61.7% were major predisposing factors for SP. Causes of SP were inability to adjust work and amount (58%), high job demand (57.7%), health problems (47.9%) and social support (44.2%).
Min et al., 2022	To estimate the overall presenteeism prevalence in the nursing workforce.	A meta-analysis	17408	The overall pooled estimate of presenteeism prevalence among nursing workforce was 49.2%. Results showed variations across different reporting time frames.
Mohammadi et al., 2021	To explain the reasons for presenteeism in nurses.	A qualitative study using qualitative content analysis method	17	The nurse, who has been responsible for caring, supporting, advising, advocating, and educating the patient, has now been left without a nurse. In other words, not nursing the nurse has given rise to the emergence of presenteeism.
Mosteiro-Diaz et al., 2020	To compare presenteeism levels among three samples of nurses and to identify the relationship between presenteeism	Multicenter cross-sectional study	659	Portuguese nurses showed greater prevalence of presenteeism, followed by Brazilian and Spanish nurses. Age and length of professional experience proved to be significant

	and sociodemographic and professional characteristics.			predictors of total presenteeism.
Pereira et al., 2021	To understand presenteeism among frontline nurses and nurse managers in acute, primary, and long-term health care settings and to contribute to the development of future interventional studies and recommendations	A qualitative study	8 FGDs	The findings will contribute to a better understanding of where the thresholds for presenteeism lie. To gain more insight into the dilemmas facing nurses as a result of all causes of presenteeism among frontline nurses and nurse managers in different healthcare settings.
Rainbow et al., 2020	To describe factors leading to and consequences of nurse presenteeism	A cross-sectional survey	295	Multiple factors led to nurse presenteeism and there were negative consequences to nurses' health, work environment and patient care outcomes.
Rainbow et al., 2021	To understand nurse awareness of coping and decision making regarding presenteeism and the consequences thereof.	Qualitative descriptive	16	Both personal and work factors contribute to presenteeism. To decrease presenteeism, healthcare leaders and systems should consider reviewing and changing sick-leave policies, unit cultures, and a lack of resources that contribute to and encourage an awareness of presenteeism, thereby decreasing nurse fatigue.
Sánchez-Zaballos et al., 2018	To estimate the prevalence of presenteeism among different categories of hospital and pre-hospital emergency healthcare professionals in the Principality of Asturias, Spain, and to define the sociodemographic characteristics and workplace factors associated with presenteeism in all categories.	A cross-sectional descriptive study	323	The prevalence of presenteeism is high among emergency staff in the Principality of Asturias, which is associated with diverse factors.
Santos et al., 2018	To identify the	A	211	Presenteeism lead to a reduction in

	prevalence of musculoskeletal symptoms (before and after six months of the first stage) and its association with presenteeism among nursing professionals.	longitudinal study with quantitative data		work performance and was manifested in the presence of musculoskeletal symptoms. In addition, shoulder pain caused loss of concentration at work.
Shan et al., 2021	To evaluate the prevalence, consequences and causes of presenteeism in Chinese nurses from the perspectives of nurses and chief nurses.	A cross-sectional study	481 nurses, 282 chief nurses	94.25% nurses and 82.08% chief nurses experienced presenteeism in the past 6 months. Workload, leave system, and conscientiousness were the main reasons for nurse presenteeism. The annual monetary loss was estimated to be 4.38 and 2.88 billion Yuan.
Simonetti et al., 2021	To assess the prevalence of presenteeism among Italian nurses	A cross-sectional multicentric study	652	Male nurses showed a lower degree of presenteeism than women, which also tended to be less severe with increasing age.
Yokota et al., 2019	To investigate the relationship between acute or chronic low back pain (LBP) and presenteeism in hospital nursing staff.	A cross-sectional study	765	Chronic LBP in nurses was significantly related to time management, mental interpersonal relationship, and output. The importance of preventing a decline in work productivity by taking precautions to prevent chronic LBP and depression was suggested.

Discussion

This literature review revealed that presenteeism is a prevalent phenomenon among the nursing profession. Similarly, due to a lack of research on presenteeism in our country, there is a significant knowledge gap about presenteeism among nurses in Pakistan. One study in Turkey found the most common health issues because of presenteeism were persistent fatigue and poor energy, joint pain and musculoskeletal complications, and persistent low back/neck pain. Regarding gender, their study found that females were more susceptible to presenteeism resulting from health issues (Aysun & Bayram, 2017). A systematic review showed that presenteeism is prevalent among nurses which vary from 35% to 97%. This was linked to various health disorders,

and has consequences for the economy, patient safety, and the well-being of nurses (Webster et al., 2019). Studies found that presenteeism negatively impacts both physical and psychological well-being of nurses, reduces involvement and satisfaction in work, fosters job stress, and also has an impact on the financial strength and output of medical institutions (Aysun & Bayram, 2017; Shan et al., 2020). A study in Australia found that an important contributing element to the COVID-19 outbreak and its transmission in Australian healthcare institutions was presenteeism (Eisen, 2020). In another study, the most common health issues reported by nurses were back pain, migraine, and stress (Simonetti et al., 2021). A substantially higher presenteeism was found among nurses who were

female and married, having highly demanding jobs, and those working in shifts (Kamel, & Abou-ElWafa, 2022). A qualitative study found that nurses faced challenges such as limited power, injustice, compulsory presence, inadequate facilities, damaged professional identity, insufficient knowledge, physical and mental health complications, job stress, burnout, multitasking, and impaired communication (Mohammadi et al., 2021). The results of this literature review are important to the healthcare sector and its institutions because presenteeism problem in this sector is an unexamined field among nurses especially in Pakistan. Moreover, this review also highlighted future implications for conducting further studies to gain better understanding of the phenomenon of presenteeism, its consequences, and the factors that contribute to it among nurses in Pakistan.

Conclusion

This literature review highlights the urgent need for understanding the phenomenon of presenteeism among nurses in Karachi, Pakistan. The review revealed that while there is an awareness of the potential consequences of presenteeism such as health problems which ultimately lead to a decrease in productivity, attention and motivation, aggressive and irritable behaviour, stressful and challenging working environment, physical and mental complications, and job stress and burnout. Being a high demanding job, presenteeism makes nurses more likely to work while not feeling well. Nurses who have heavy workloads and less resources might be more inclined to experience presenteeism due to health issues like stress, fatigue, musculoskeletal problems, and burnout. High job demands and insufficient resources can lead to burnout, emotional exhaustion, and physical health issues. Job resources in the nursing profession can encompass supportive factors such as effective teamwork, support from colleagues and supervisors. Hence, by recognizing the job resources available to nurses in their work places can also act as buffers against job demands and contribute to nurses' well-being. Incorporating resilience and ergonomic training into students' educational programs is crucial, and healthcare managers should actively support and reinforce these initiatives. The healthcare sector should establish an

environment that enables nurses to keep a balance between their professional responsibilities and challenges leading to presenteeism. There is a need to implement preventive strategies to reduce nurses' presenteeism at individual, organizational, and national levels. Understanding the association between health-related problems and presenteeism emphasizes the need for well-being programs tailored to address those issues among nurses. Future research should focus on investigating comprehensively the phenomenon of presenteeism within the nursing workforce. Studies are required to elucidate the connection between presenteeism and various aspects of working conditions, including leadership styles, organizational environment, job satisfaction, job demands, and relationships with colleagues, and other relevant factors. By addressing these issues, healthcare systems in Pakistan can provide a better working environment to nurses, ultimately improving their health and enhanced quality of care for patients.

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