

## Factors Affecting Presenteeism among Working SLE Patients in Malaysia

Norshiba Norhisham, Dr Nor Azmawati Husain, Dr Rachel Samuel, Ainaa Idayu Iskandar

Universiti Teknologi Mara (UiTM), Melaka Malaysia

Email: shibahisham@uitm.edu.my, noraz462@uitm.edu.my, rachelsam@uitm.edu.my, ainaa\_idayu@uitm.edu.my

### Abstract

Presenteeism, a contradiction to absenteeism is the act of showing to work even when they are not fit to do so. High workload, company's reward on zero absence, lack of support and employment risk are some of the determining factors identified to affect presenteeism intention among employees. The majority of literature in presenteeism are focusing on employees in specific industry, such as in education, hospitality, medical and banking, as it is claimed that presenteeism usually happened among employees who need to deal with people. The symptoms that have been tested for presenteeism usually is headache, flu, and fever. However, there is a lack of literature to see the presenteeism intention among employees who really suffered health problems and showing such symptoms on regular basis. Employees with chronic such as chronic fatigue syndrome (CFS), endometriosis, fibromyalgia, HIV infection, irritable bowel syndrome (IBS), systemic lupus erythematosus (SLE), arthritis, asthma, and thyroid disease are usually showing symptoms such as prolong fever, fatigue and flu. Therefore, this paper investigated presenteeism intention among employees with SLE illness and the factors influencing the presenteeism.

**Keywords:** Presenteeism, SLE Patients, High Workload, Social Support, Job Insecurity

### Introduction

Absenteeism, generally defined as not showing up for scheduled work (Johns, 2010) has a long history, due to in part to its cost to organization. Presenteeism on the other hand has made the subject of interest among practitioners and researchers as it is starting to represent a "silent" but significant drain on productivity (Demerouti et al., 2009). There are many motives behind the presenteeism among employees, as a study by Biron et al (2006) found that workload and deadlines were the most frequent reasons to presenteeism, followed by professionalism and guilt, perceived seriousness of type of illness, difficulty to be replaced if absent, fear of negative repercussion, and interest in and derived from work.

Various studies have focused on the determinants of absenteeism patterns and productivity losses. However, there is limited empirical knowledge on the determinants of presenteeism (Biron et al., 2006). Aronsson and Gustaffon (2005) claimed that at the individual level, people with children, lower waged workers, employees with poor health status, and those who have

difficulties setting limits when confronted with excessive demands tend to show higher rates of presenteeism. Aronsson et al (2005) also found that low replaceability, insufficient resources and time pressure increased sickness presenteeism.

Edington and Burton (2003) estimates that presenteeism accounts approximately 60% of the total cost of health care, while the remaining 40% is attributable to disability, absenteeism, and medical/pharmacy costs. Burton et al (1999) in Biron et al (2006) demonstrated that productivity losses are mainly attributable to presenteeism, rather than scattered and short-term disability absences. In a long-term perspective of evaluating the costs of presenteeism, the consequences on workers' health also have to be considered. A study by Kivimaki et al (2005) showed that working while ill increases the risk of coronary events. Indeed, by taking time off work, people who are ill or distressed allow themselves to recover from the illness. The same applies to recovering from work during leisure time for all employees, regardless of their health. Kivimaki et al (2005) demonstrated that chronic lack of recovery from work during leisure time increases the risk of mortality due to cardiovascular diseases. Moreover, Stewart, Ricci and Chee (2003) have shown that most lost productivity time costs related to depression can be explained by reduced performance while at work.

### **Problem Statement**

Research on presenteeism behaviour has been conducted to look at how chronic illnesses and work context factors (i.e., job demands and economic conditions) impacted the prevalence of presenteeism (Rainbow et al., 2017). Scholars also have called for longitudinal studies to understand the impact of organizational factors on presenteeism (Johns, 2010). Job demands-resources model has been used as underlying mechanism to predict presenteeism (Bakker et al., 2009; McGregor et al., 2016; Qin et al., 2016). According to this model, the antecedents of presenteeism can be from non-health factors such as high workloads (Biron et al., 2006), time pressure (Claes, 2011), job insecurity (Caverly et al., 2007), work-family conflict (Wang et al., 2010), poor leadership (Karlsson, Bjorklund and Jensen, 2010), low social support (Caverly et al., 2007) and role ambiguity (Qin et al., 2016). These factors respectively contribute to employee's intention to attend work even when they are sick.

However, mostly studies on presenteeism are done among employees such as at health care industry (nurses and pharmacists) that lead to the assumption that their work would be compromised due to illness and fatigue (Demerouti et al., 2009). There are wide studies looking at how working conditions affects presenteeism of employees in industries such as healthcare (Demerouti et al., 2009; Gillbreath and Karimi, 2012; Rainbow et al., 2017), banking (Yildirim et al., 2014), hospitality (Yew and Chu, 2016), education (Aronsson et al., 2000) and other professions (Qin et al., 2016; McGregor et al., 2016). This is to support Aronsson et al., (2000) study that found the highest presenteeism levels are among the care, welfare and education sectors, because this type of work requires the worker to be present to meet the human needs of other people. Furthermore, major studies conducted on presenteeism look at the symptoms of normal illness such as flu, migraine, back and neck pain and allergies (Johns, 2010; McGregor et al., 2016).

This means that literatures looking at "invisible" chronic illness patients and way of coping with employment, absenteeism and presenteeism are scarce. Invisible chronic illness can be described as an on-going condition; one which may be physical, emotional, judgmental, or

cognitive; one that may or may not be treatable or curable (Vickers, 1994). Goffman (1963) ascribed invisible chronic illness to invisible stigma: a condition that is not perceptible, not noticeable, not evident to others. In short it is a condition unseen by others (Vickers, 1997). The examples of these illness are chronic fatigue syndrome (CFS), endometriosis, fibromyalgia, HIV infection, irritable bowel syndrome (IBS), systemic lupus erythematosus (SLE), arthritis, asthma, and thyroid disease. These illness shows frequent symptoms such as prolong fever, flu and fatigue (Vickers, 1997). Some organizations are unsensitized, owing to the lack of a relevant frame of reference (Goffman, 1974), inappropriate knowledge or lack of intimate experience with chronic conditions (Vickers, 1997). This situation somehow hinders the patients' intention to be absent while they are sick.

Therefore, this study will look at the framework of presenteeism among Systemic Lupus Erythematosus (SLE) patients, who must juggle with their sickness and employment at the same time. The findings will be useful for organization to provide adequate support for these employees and to build necessary action in nurturing the required attitude such as awareness.

### **Literature Review**

#### *a) Presenteeism*

Presenteeism – the act of showing up for work when one is ill (Johns, 2010) has witness a rise in attention from practitioners and researcher. Unlike absenteeism which has long been a preoccupation of organizations and one of the oldest research topics in the field of work and organization psychology (Johns, 2010), presenteeism is argued as the proof of employees' commitment or a type of organizational behaviour (Demerouti et al., 2009), therefore the attention through it has just arise recently.

There are several reasons why employees go to work while they are ill which includes perceived pressure from colleagues to not let them down and cause them more work, a "trigger point" system providing incentives for attendance, the fear that sick leave will put promotion opportunities at risk, and the fear of dismissal (Grinyer and Singleton, 2000). However, Roe (2003) disputed on the motives of presenteeism, where he claimed that there are also positive reasons why people continue to work when they could stay at home sick, for example, interesting and stimulating work and good relationships with colleagues and clients. Presenteeism also seems to be dependent on the type of health complaints employees experience, i.e. whether the complaint is serious enough to be considered as a legitimate excuse to stay at home sick (Demerouti et al., 2008).

Presenteeism is considered as risk behaviour for employees because by repeatedly postponing sickness leave that may effectively resolve minor illnesses, more serious illnesses may develop (Grinyer et al., 2000). Moreover, Roe (2003) has argued that presenteeism may have negative consequences for organizations in two ways; (1) individual performance may suffer since sick employees may only be able to produce the same output as healthy colleagues by investing more time or effort and (2) collective performance may suffer because workers become involved in helping sick colleagues, or because sick employees may pass on infectious illnesses to their colleagues and clients.

#### *b) The relationship between workload and presenteeism*

Job demands evoke a health impairment process that exhaust employees' mental and physical resources, leading to presenteeism. Thus, job workload may have a direct positive relationship with presenteeism (McGregor et al., 2016). Evidence from multiple empirical studies of various occupations confirms this positive relationship (Bakker et al., 2009). The strain associated with managing an increase in demands may drain the employees' energy, leaving them fatigue and burned out, which may increase their risk of presenteeism (McGregor et al., 2016). This is because, employee who is not feeling well is likely to have more difficulty concentrating on work tasks than an employee who is healthy. With accordance to Demerouti et al. (2000), this study expects that high workload will have a positive relationship with presenteeism.

### **H1.** High workload will positively lead to presenteeism

#### *c) The relationship between social support and presenteeism*

There is some evidence supporting a positive relationship between social support and presenteeism (Feng et al., 2012) because a large pool of job resources may increase the employee's intention to attend to work. Some research evidence has emerged suggesting that the organizational context may help employees' performance while being ill (Qin et al., 2016). For example, in their study of presenteeism, Patel, Budhwar and Varma (2012) reported that organizational justice reduced productivity losses associated with presenteeism.

According to the social information processing theory, employees rely on significant others (i.e., supervisors) as the main sources of information cues about their role expectations (Qin et al., 2016). This is particularly important for employees who work while ill as illness may impair affected employees' cognitive, physical and psychological resources (Qin et al., 2016). To preserve their limited resources, employees with health problems will have to draw on external resources such as social support to accomplish their tasks (Hobfoll, 2001). Employees will reciprocate supervisor support by bringing out better performance to return the favor. The social exchange perspective contributes significantly to the understanding of the impact of supervisor support on employee's outcomes. Thus, this study expects that high job resources (i.e. supervisor support and social support) will have a positive relationship with presenteeism.

### **H2.** High social support will positively lead to presenteeism

#### *d) The relationship between job insecurity and presenteeism*

Job insecurity has been characterized as a threat to population health (Burgard et al., 2009), a potential mechanism behind health inequalities (Benach et al., 2014), and a tipping point phenomenon both driving and resulting from organizational decline (Greenhalgh and Rosenblatt, 2010). Empirical evidence links job insecurity to poor mental, physical and work-related well-being (Cheng and Chan, 2008), poor job attitude (De Witte, Pienaar, and De Cuyper, 2016) and decrements in performance (Ferrie et al., 2001), creativity (Niessen and Jimmieson, 2016), and adaptability (Probst et al., 2007).

Previous studies provide evidence of job and health related factors as reasons for sickness presenteeism (Heponiemi et al., 2010). Job nature such as feeling insecure about one's job

might deter employees' decision on daily employment. In a few studies, job insecurity has been shown to be the most plausible explanation for sudden drops in sick absenteeism rates during periods of layoffs (Hansen and Andersen, 2008). The nature of the work contract may also be one of them, because non-permanent employees may feel obliged to go to work despite illness to not to risk future employment opportunities (Heponiemi et al., 2010). Virtanen et al (2002) also claimed that employees with contingent employment (e.g. fixed-term appointment) also face this type of fear because their job situation is chronically insecure; thus, expecting higher levels of sick presenteeism amongst this group as well. Therefore, job insecurity is hypothesized to influence the decision to go ill to work in situations where people fear of losing their jobs (Hansen and Andersen, 2008).

**H3.** High job insecurity will positively lead to presenteeism

Working sector involves also play roles in determining the employees' willingness to come to work while ill (Caverly et al., 2007). In some countries, working in public service organization offers a better tenure of employment, therefore reduce employee's anxiety towards job insecurity (Probst, 2002). It can be concluded that sick presenteeism among public service employees would be lower than private service employees.

**H4.** There is a difference in working sector that influence employees' presenteeism

### Research Framework

The variables of this study are presenteeism (independent variables), perceived self-efficacy (mediating variable) and burnout (dependent variable)

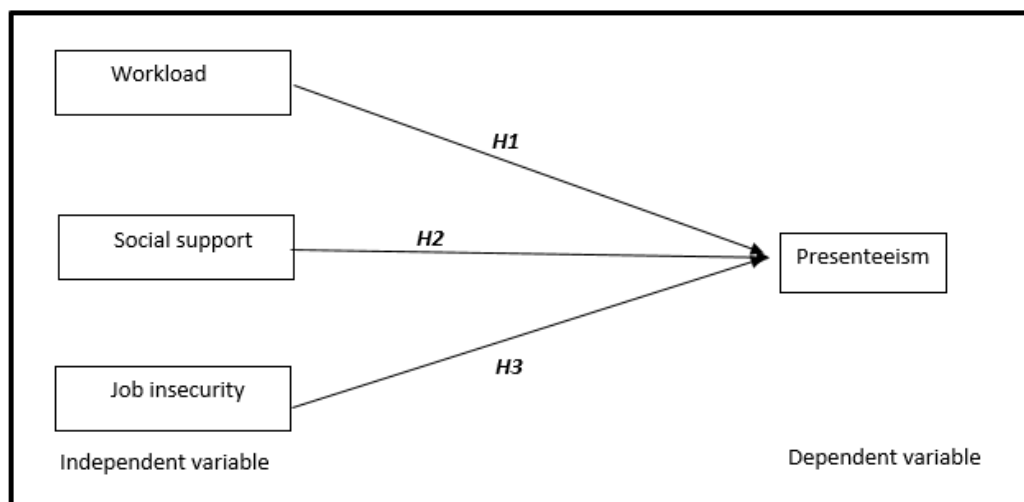


Figure 1: Research framework

### Methodology

A designated questionnaire survey instrument was used to assess the determinants that influence presenteeism among SLE patients. The intended target population in order to conduct the research is the SLE patients in Malaysia that join Facebook page of SLE/Lupus Support Group Malaysia. There are 8100 members of the group and after running G-Power, 74 are sufficient to become the respondents. A total of 20 items were adapted from several sources (Table 1.0) and each variable obtained a sufficient Cronbach Alpha's value in their

reliability test (Sekaran and Bougie, 2013) (Table 1.1). The research data was then entered, edited, and analyzed by using software Statistical Pack and Service Solutions (SPSS) version 20.

Table 1.0

*Instrument development table*

Variables	Authors	Measurement
Workload	Rothmann, Mostert and Strydom (2006)	Job demands resources scale (JDRS)
Social support		
Job insecurity		
Presenteeism	Gilbreath and Frew (2008)	The self-related presenteeism scale [measurement instrument]

Table 1.1

*Cronbach Alpha's value for variables*

Variables	Cronbach Alpha value (Sekaran and Bougie, 2013)	No. of items
Presenteeism	.805	6
High workload	.848	8
Social Support	.823	10
Job Insecurity	.860	6

**Findings**

Questionnaires were distributed to the respondents via Facebook page. 101 questionnaires were answered and returned completely; the other 11 questionnaires were incomplete. The results of the data analysis will be described in the form of the respondents' profile, correlation analysis and independent sample t-test. The results generated are solely based on the research hypotheses established by the researchers.

## a) Respondents profile

Table 1.2

*Respondents profile*

	Age	Frequency	Percentage
	Below 29 years	32	31.7
	30 – 33 years	19	18.8
	34 – 37 years	26	27.7
	38 years and above	24	23.8
<b>Working experience</b>			
	Less than 2 years	28	27.7
	3 – 4 years	2	22.8
	5 – 7 years	28	27.7
	More than 8 years	22	21.8
<b>Years diagnosed with SLE</b>			
	Less than 2 years	29	28.7
	3 – 4 years	17	16.8
	5 – 6 years	16	15.8
	7 – 10 years	20	19.8
	More than 11 years	19	18.8
<b>Race</b>			
	Malay	89	88.1
	Chinese	7	6.9
	Indian	2	2.0
	Other	3	3.0
<b>Highest educational level</b>			
	Completed high school	2	2.0
	STPM/Diploma/Certificate	32	31.7
	Bachelor's Degree	59	58.4
	Master's Degree	8	7.9
<b>Working sector</b>			
	Private	64	63.4
	Government	37	36.6

Based on Table 1.2, majority of the respondents are in age ranged below 29 years old (31.7%), married (80.6%), have 2 – 7 years of working experience (27.7% each), diagnosed with SLE from less than 2 years (28.7%), Malay (88.15) and working in private sectors (63.4%).

## b) Correlation analysis

Table 1.3

*Correlation analysis*

Variable	p value (p<0.01)	r value	Results
High workload	0.01	.246**	H1 accepted
Social Support	0.058	.189**	H2 rejected
Job Insecurity	0.00	.694**	H3 accepted

\*\* . Correlation is significant at the 0.01 level (2-tailed).



The correlation test showed that high workload and job insecurity have a positive relationship with presenteeism while social support in the workplace does not have any relationship with presenteeism. The r value for high workload is 0.246 (weak positive relationship) and r value for job insecurity is 0.694 (moderate positive relationship). Meanwhile, r value for social support is 0.189 with p value .058 (no relationship).

c) Independent sample t-test

Table 1.4

*T-test for differences in employees working sector*

**Independent Samples Test**

	Levene's Test for Equality of Variances	t-test for Equality of Means								
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
TOTpre	Equal variances assumed	1.066	.304	-2.757	99	.007	-.20988	.07612	-.36091	-.05885
	Equal variances not assumed			-2.596	62.497	.012	-.20988	.08084	-.37146	-.04830

The significant value for Levene’s test is 0.304 which is more than  $p > 0.05$  (Pallant, 2016). The significant (2-tailed) of t-test for Equality of Means indicates that  $p = 0.07$  at the level of  $p < 0.05$  (Pallant, 2016), therefore it can be concluded that H4 is rejected because there is no significant difference in the mean score of presenteeism for each group of employment sector (private and government sector).

Therefore, it is clearly shown that job insecurity is the main reason why presenteeism happens among working SLE patients followed by high workload, regarding their working sectors.

**Conclusion**

The key finding in this study is high workload and job insecurity have impact toward SLE patients’ presenteeism intention. This is supported by Feng et al (2012) claiming that a large pool of job resources may increase the employee’s intention to attend to work. Qin et al (2016) also suggesting that the organizational context may help employees’ performance while being ill. Feeling insecure about one’s job might deter employees’ decision on daily employment as well. Hansen and Anderson (2008) show that job insecurity has been the most plausible explanation for sudden drops in sick absenteeism rates during periods of layoffs.



In the workplace, there are a lot of assumptions where an employee who is present shows the most commitment therefore can be considered as better employee. However, these assumptions have a great impact on the well-being of employees, especially when they are certified to not be able to attend work physically. This leads to abandonment of the physical and emotional health of the employees and eventually distracts them from their productivity.

Meijman and Mulder (1998) suggested that if opportunities for recovery from work-related fatigue during the non-working period are insufficient, recovery may not be achieved (also known as sustained activation). The employee who is still in a sub-optimal state, will have to make additional (compensatory) efforts during the next working period. As a result, illness and negative load accumulate, leading to further draining one's energy, and chronic fatigue or even to a total breakdown. Thus, presenteeism, because of its potential for reducing recovery, is likely to lead, in the long run, to higher levels of exhaustion. Alternatively, sickness absence could be health-promoting since it would facilitate recuperation following strain or disease (Aronsson and Gustafsson, 2005). Moreover, because of inadequate recuperation, employees may develop negative attitudes towards their work thus developing depersonalization over time (Sonnentag, 2005).

### **Correspondence Author**

The correspondence author for this study is Dr Nor Azmawati Husain from UiTM Melaka, Malaysia.

Email: noraz462@uitm.edu.my.

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