

Content Analysis of Studies on Presenteeism in Healthcare Workers

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ABSTRACT: To do a research on presenteeism, which is defined as the inability to give oneself to work while being physically at work, which also shows an increase in the health sector, one of the sectors where human labor is intensive. In this study, it is aimed to examine the studies on presenteeism among healthcare workers in the international literature in terms of sample group, number of samples, country of research, scale used, data collection methods, research method (quantitative/qualitative), compared subjects and results obtained.

Till 2021, 84 articles were published on presenteeism among healthcare workers, which were determined by scanning in the Web of Science (WoS) database, and they have been examined within the scope of the study. The findings have been analyzed through descriptive content analysis, by qualitative research methods.

It is seen that the studies focus on determining the relationship between presenteeism and main issues such as personnel and organizational factors, low back pain/musculoskeletal system disorders, social support, burnout, patient safety. It has been determined that the Stanford Presenteeism Scale (SPS-6), One-Question Presenteeism Questionnaire, World Health Organization (WHO) Health and Work Performance Questionnaire and Burnout Scale have been frequently used as data collection tools in the studies.

As a result of the study, it has determined that presenteeism is widely seen among health workers, and studies on presenteeism have been mainly carried out among nurses.

KEY WORD: Presenteeism, Healthcare Workers, Content Analysis

Date of Submission: 05-02-2022

Date of Acceptance: 18-02-2022

I. INTRODUCTION AND LITERATURE REVIEW

‘When you wake up in the morning, you don’t feel the same as usual. This may be due to a flu, a seasonal allergy such as hay fever, a headache caused by migraine or premenstrual syndrome. You wish to stay home and have some rest, but you also have your reasons to go to work. It may come from the fact that you don’t want backlog, or just because you’re worried that they may fire you. Therefore, somehow you make an effort to go to work for whatever is the reason. In this case, even if you go to work, you may feel sluggish and lethargic there, it will be difficult to concentrate and your work efficiency will decrease. Your manager, even your colleagues, will notice the decrease in your work efficiency.’

The scenario above was prepared by Hooper (2015) to explain the concept of 'presenteeism' used for workers who go to work even though they are sick (Moç, 2018; Balcı, 2016). The fact that workers go to work despite being sick is called 'presenteeism' in the literature (Halbesleben et al., 2004). Presenteeism was first conceptualized in the 1990s by Professor Cary Cooper, Professor of Organizational Psychology and Health at the University of Manchester, UK.1 The word 'presence' means availability, existence, inbeing in English. The concept of presenteeism is derived from the word 'presence' and means being in a place, either in sight or just physically (Çiftçi, 2010). Presenteeism is basically defined as the fact that the employee is solely physically at work but not functionally, being in a different place spiritually, therefore not being able to perform duly (Cooper & Lu, 2016). Presenteeism is used with Turkish equivalents such as 'not being (able to be) present at work' (Çiftçi, 2010), 'not being able to give oneself to work' (Balcı, 2016), 'involuntary presence' (Şanlımeşhur, 2018), 'so-called presence' (Moç, 2018) in the literature.

In addition to chronic diseases, physical health problems such as migraine headaches, seasonal allergies, and cold/flu may cause presenteeism (Burton et al., 204; Howard et al., 2012). Although presenteeism is mostly associated with workers with physical health problems, presenteeism is also about the workers who are physically healthy but cannot be spiritually at work due to psychological or organizational reasons. The fact that workers with low organizational commitment do not give their all attention to work completely, and keep themselves busy with issues unrelated to the work, they may send e-mails to friends while at work, pay personal bills, make personal appointments, spend time on the Internet or listen to music and these factors also cause presenteeism (Söyük, 2020; d’abate et al., 2007).

Since it is a factor that directly affects the efficiency of organizations, the issue of health in the workplace has an increasing importance in the field of organizational behavior. The fact that when workers do not go to work when they are sick (absenteeism), it causes an increase in the costs of organizations. In recent years, it has been determined that absenteeism of workers due to sickness, as well as going to work while they are sick, leads to disadvantages such as decreasing productivity and increasing costs in organizations (Bayram et al., 2018). The hidden cost of not being fully present at work in enterprises is higher than the cost of absenteeism (Çiftçi, 2010; Cooper & Dewe, 2008).

Reasons of Presenteeism: The factors that are effective in the emergence of presenteeism can be grouped under three headings: organizational factors, individual factors and attitudes (Söyük, 2020).

Factors such as fear of disciplinary action or promotion opportunities, job insecurity, perception of the working environment, increased overtime hours, fear of losing the job, difficulties in finding a new job, job satisfaction, perceived pressure from the manager or other workers are organizational factors that lead to presenteeism (Halbesleben et al., 2004; Söyük, 2020). Perceptions of the workers related to their workload are also effective factors in the formation of presenteeism. Workers may tend to go to work when they are sick, thinking that they will not be able to complete their work in case of absenteeism and they will have a lot of work to do (Aronsson & Gustafsson, 2005).

Personal characteristics such as personality structure, depression, stress, age, and financial status also affect presenteeism (Söyük, 2020). Circumstances where the benefit of health services is low or non-existent, and reasons such as workers' thinking that they are not sick enough to require absenteeism are among the individual factors that cause presenteeism (Halbesleben et al., 2004).

Attitudes of workers and managers within the organization are important factors affecting presenteeism. For example, attitudes such as the fact that the manager, who exhibits exemplary behaviors to the workers, comes to work when sick or appreciating the workers who come to work while they are sick, cause presenteeism (Söyük, 2020).

In these scenarios, although workers feel well enough to go to work, their presence at the workplace is only physical (Halbesleben et al., 2004). In the presence of presenteeism, the worker may have to choose between risking his or her own health and occupational risks such as his or her social relationships or future career (Aronsson & Gustafsson, 2005).

Results of Presenteeism: Researches on the absenteeism and disability costs in organizations measures the loss of productivity for a group of workers whose health problems are so severe that they hinder their work. However, organizations have a much larger group of workers whose health problems do not necessarily lead to absenteeism, and the loss of productivity of this group of workers is less frequently measured than the other (Burton et al., 1999)

Presenteeism creates many material and moral negative effects in organizations. With the decrease in productivity and performance in the organization; Negative effects such as harming the work done, slowing down the work production process, decrease in service quality, decrease in innovative and creative thinking skills, inability to focus on work, increase in intra-organizational conflicts, negative effects on organizational communication, and disruptions in planned works may occur (Ertürk, 2020).

As well as the fact that if the workers go to work while they are sick, it may cause a decrease in their productivity, it may also cause an increase in their lack of attention and lead to an occupational accident, and in case of contagious diseases, they may harm the organization more by risking the other workers and clients (Hooper, 2015; Howard et al., 2012; Athey, 2009) In addition, in case of that if the workers go to work while they are sick may cause their existing health problems to increase or their health to deteriorate more (Söyük, 2020). In the long term, presenteeism can cause serious problems in the physical and mental health of workers, because when workers come to work when they are sick, they usually show lower performance and productivity and feel more depressed and exhausted (Cooper & Lu, 2016). It is known that workers may bring on negative attitudes towards their jobs due to presenteeism, for example, nurses may become depersonalized towards their patients or it may lead to different dimensions of burnout (Demerouti et al., 2009).

Although presenteeism may seem insignificant at the beginning, but it is a concept that should be emphasized as it can cause many negative consequences over time. Presenteeism emerges as a phenomenon that harms the institution, the worker, the economy and society. For this reason, organizations should avoid behaviors that may increase presenteeism (Söyük, 2018) Since workers exhibiting presenteeism behavior will do more harm than good to the organization in financial terms, the organization and managers need to make a serious effort to keep their workers present at work (Zincirkıran & Keser, 2018).

1.2 Research Objectives

In this study, the studies on presenteeism among health professionals in the international literature; It was aimed to examine in terms of sample group, number of samples, country of research, scale used, data collection methods, research method (quantitative/qualitative), subjects compared and results obtained.

1.3 Research Methodology and Data Analysis

In January 2021, a literature scan was conducted on the Web of Science (WoS) database with the keyword 'presenteeism' in the Science Citation Index Expanded (SCIE), Social Sciences Citation Index (SSCI) and Emerging Sources Citation Index (ESCI) and, among the 1840 results ranked according to the 'relevancy' level, 97 studies carried out among healthcare workers were detected. The full text of 92 of these studies were reached. 4 studies were excluded due to the lack of having research articles. Since 4 articles among 88 studies were made with the literature scan method, they were excluded from the scope in order to ensure integrity in the evaluation in terms of the sample group.

Within the scope of the study, 84 articles have been examined according to factors such as the year they were conducted, the country, the research method, the sample group and the number of samples, the scale used, and the subject being compared. Most studies on presenteeism were conducted in 2020. The significance of the subject has been understood more and more and the number of studies has increased day by day. For this reason, it was thought that it would be useful to urge upon the studies in 2020 in more detail. The researches of the year 2020, in which the most of the studies were conducted and at the same time the most up-to-date studies were included, have been presented in a detailed table with the title of the article, author, country, method, sample group and number, data collection tool and results (Table 8).

84 researches on presenteeism among healthcare workers, which were conducted until 2021, were examined with descriptive content analysis method. Content analysis studies are carried out with the aim of guiding future academic studies on the subject urged upon and determining the general trend on the subject (Ültay et al., 2021). Descriptive content analysis, which is one of the content analysis methods, is a systematic examination to identify and explain the general trends and research results in a particular research discipline (Çalık & Sözbilir, 2014). The general trends of independent qualitative and quantitative studies can be detected through descriptive content analysis (Selçuk et al., 2014).

1.4 Findings

Within the scope of the study, 84 articles have been examined according to factors such as the year they were conducted, the country, the research method, the sample group and the number of samples, the scale used, and the subject being compared. The researches of the year 2020, in which the most of the studies were conducted and at the same time the most up-to-date studies were included, have been presented in a detailed table with the title of the article, author, country, method, sample group and number, data collection tool and results (Table 1).

Table 1: Distribution of Studies among Health Workers on Presenteeism by Years

Year	n	%
2020	19	22,61
2019	16	19,04
2018	8	9,52
2017	11	13,09
2016	7	8,33
2015	6	7,14
2014	5	5,95
2013	4	4,77
2012	3	3,58
2011	3	3,58
2010	2	2,39
Total	84	100

Table 1 shows the distribution of studies conducted among healthcare workers on Presenteeism by years. Of the 84 studies examined, it has been determined that 22,61% of the studies were carried out in 2020, 19,04% in 2019, 9,52% in 2018, 13,09% in 2017, 8,33% in 2016, 7,14% in 2015, 5,95% in 2014, 4,77% in 2013, 3,58% in 2012, 3,58% in 2011 and 2,39% in 2010. It is seen that most of the studies were carried out in 2020.

Table 2: Findings Concerning the Countries where the Studies were Conducted

Country	n	%
China	15	17,85
United States (US)	10	11,90
Norway	5	5,95
Japan	4	4,76
Australia	4	4,76
Portugal	4	4,76
Brazil	3	3,58
Spain	3	3,58
Croatia	3	3,58

Table 2: Findings Concerning the Countries where the Studies were Conducted (continued)

New Zealand	3	3,58
Korea	2	2,38
Malta	2	2,38
Sweden	2	2,38
Canada	2	2,38
Turkey	2	2,38
Italy	2	2,38
Denmark	2	2,38
England	2	2,38
Iran	1	1,19
France	1	1,19
Switzerland	1	1,19
Germany	1	1,19
Lebanon	1	1,19
Ethiopia	1	1,19
Saudi Arabia	1	1,19
Slovenia	1	1,19
Colombia	1	1,19
South Korea	1	1,19
India	1	1,19
Chile	1	1,19
Netherlands	1	1,19
Finland	1	1,19
Total	84	100

Table 2 shows that the studies were conducted in 32 different countries. Of the 84 studies reviewed, 17,85% were conducted in China, 11,90% in the USA, and 5,95% in Norway. Japan, Australia and Portugal each accounted for 4,76% of the studies; Brazil, Spain, Croatia and New Zealand each accounted for 3,58% of the studies; Korea, Malta, Sweden, Canada, Turkey, Italy, Denmark and England each accounted for 2,38% of the studies; Iran, France, Switzerland, Germany, Lebanon, Ethiopia, Saudi Arabia, Slovenia, Colombia, South Korea, India, Chile, Netherlands and Finland each account for 1,19% of the studies.

Table 3: Findings Concerning the Research Method Used in the Studies

Research Method	n	%
Quantitative	77	91,66
Qualitative	6	7,14
Combined	1	1,20
Total	84	100

According to Table 3, quantitative research method was used in 91,66% of the studies examined, qualitative in 7,14%, and combined research method in 1,20%. Within the scope of the study, it has been determined that the researchers who conducted presenteeism studies mainly use the quantitative method. The

fact that the quantitative method was predominantly used in the studies examined is considered to be a remarkable finding.

Table 4: Findings Concerning the Sample Group on which the Studies were Carried Out

Sample Group	n	%
Nurse	33	39,28
Medical Personnel	32	38,10
Physician	13	15,48
Physiotherapist	2	2,38
Emergency Health Personnel	2	2,38
Dentist	1	1,19
Pharmacist	1	1,19
Total	84	100

Table 4 shows the sample groups of the studies examined. Of the studies examined, 39,28% included nurses, 38,10% medical personnel, 15,48% physicians, 2,38% physiotherapists, 2,38% emergency health personnel, 1,19% dentists, and 1,19% pharmacists as the sample of the study. The group called 'medical personnel'; represents the sample groups of health workers included in the study without any discrimination, such as nurses, physicians or allied health personnel.

Table 5: Findings Concerning the Number of Samples on which the Studies were Carried Out

Sample Number	n	%
10 - 50	5	5,95
51-100	3	3,57
101-500	42	50
501-1000	10	11,90
>1000	24	28,58
Total	84	100

In Table 5, the numerical data of the articles grouped according to their sample numbers in the examined studies are indicated. Samples of 10-50 people in 5,95% of the examined studies were used, samples of 51-100 people in 3,57%, samples of 101-500 people in 50%, samples of 501-1000 people in 11,90% and samples of 1000 or more people in 28,58%.

Table 6: Findings Concerning Data Collection Tools Used in Studies

Scale	n
Stanford Presenteeism Scale (SPS-6)	21
One-Question Presenteeism Survey	12
WHO Health and Work Performance Survey	8
Perceived Working Ability Scale	6
Two-Question Presenteeism Survey	4
Health and Work Survey	2
Sickness Presenteeism Survey	1
Presenteeism Behavior Survey	1
Perceived Effect Scale of Presenteeism	1
Presenteeism Culture Survey	1
Productivity and Sickness Survey	1
Burnout Scale	7

Table 6 shows the scales that were detected to be frequently used in the studies examined and that are used to scale presenteeism. In order to measure presenteeism in the studies examined, the Stanford Presenteeism Scale (SPS-6) was used in 21 studies, the One-Question Presenteeism Survey in 12 studies, the World Health Organization Health and Work Performance Survey in 8 studies, the Perceived Working Ability Scale in 6 studies, the Two-Question Presenteeism Survey in 4 studies, and the Health and Job Survey in 2 studies. Sickness Presenteeism Survey, Presenteeism Behavior Survey, Perceived Effect Scale of Presenteeism, Presenteeism Culture Survey, and Productivity and Sickness Survey are among the surveys used to scale presenteeism in one study per each. In addition, it has been determined that scales related to burnout, especially the Maslach Burnout Scale, were used in 7 studies.

Table 7: Topics Studied along with Presenteeism

Subject	n
Personal / Organizational Factors	8
Low Back Pain / Musculoskeletal Disorders	7
Job Insecurity and Emotional Exhaustion	3
Stress	2
Self-Report Quality of Care and Costs	2

Absenteeism	2
Perceived Social Support	1
Emotional Labor	1
Loss of Efficiency	1
Anxiety and Depression	1
Emotional Commitment and Work Stress	1
Awareness and Self-Efficacy	1

In Table 7, the subjects and the number of studies approached together with presenteeism in the studies examined are seen. It has been determined that the largest number of studies have been conducted on the relationship between personal / organizational factors and presenteeism. Under the title of personal / organizational factors, there are studies investigating the relationship between presenteeism and sub-topics such as work-related factors, psychosocial aspects of work and common mental disorders, workplace safety climate, supervisor support, colleague support and conscientiousness. In Table 7, it is seen that the second important issue that is discussed together with presenteeism is problems caused by physical mobility in the workplace such as low back pain / musculoskeletal system disorders. In addition, various studies have also been carried out with the aim to determine the relationship between presenteeism and issues such as job insecurity and emotional exhaustion, stress, self-report care quality and costs, absenteeism, perceived social support, emotional labor, loss of productivity, anxiety and depression, emotional commitment and job stress, awareness and self-efficacy.

As a result of the scanning criteria, within the scope of the study, it was seen that the most studies on presenteeism were carried out in 2020, and for 2020, these studies were also analysed. Details of 19 articles studied in 2020 are given in Table 8. Table 8 included the name, author, country information, research method (quantitative/qualitative), sample group and sample numbers, data collection tool used in the studies and their results, obtained by descriptive content analysis of the studies on presenteeism among health workers in 2020 according to the WoS database.

Table 8: Presenteeism Studies among Healthcare Workers in 2020

Article Name	Author	Country	Method:	Sample Group / Number	Data Collection Tool	Result	
1	Nurses' Job Insecurity and Emotional Exhaustion: The Mediator Effect of Presenteeism and the Moderating Effect of Supervisor Support	Zhang et al.	China	Quantitative	Nurse / 330	Presenteeism Behavior Survey Job Insecurity Scale Perceived Supervisor Support Scale Emotional Exhaustion Scale	Job insecurity has a significant predictive effect on nurses' presenteeism behavior. Presenteeism partially mediates the relationship between job insecurity and emotional exhaustion in nurses. The higher the supervisor support, the weaker the positive relationship between nurses' presenteeism behavior and emotional exhaustion.
2	Presenteeism and Associated Factors Among Nursing Staff with Low Back Pain: A Cross-sectional Study	Yoshimoto et al.	Japan	Quantitative	Nurse / 668	Low Back Pain Intensity Numerical Rating Scale Tampa Kinesiophobia Scale-11 Brief Job Stress Survey Kessler Screening Scale for Psychological Distress K6 Dutch Work Addiction Scale Work Productivity and Activity Disorder-General Health Survey	Psychological factors such as kinesiophobia and depressive symptoms are associated with presenteeism among nurses with low back pain, regardless of low back pain intensity.

3	Job Stress, Health, and Presenteeism Differ Between Chinese Healthcare Workers In Public And Private Hospitals: A Cross Sectional Study	Yang et al.	China	Quantitative	Medical Personnel	Perceived Working Ability Scale Self-Report Stress Scale On Difficulty and Disability Short Form Health Survey	Work stress is significantly higher in public hospitals. Presenteeism is significantly lower in private hospitals. Seniority is an important factor in difficulty-related job stress.
4	Evaluation Of The Association Between Presenteeism and Perceived Availability Of Social Support Among Hospital Doctors In Zhejiang, China	Xi et al.	China	Quantitative	Physician / 1154	One-Question Presenteeism Survey Interpersonal Support Evaluation List-12 Sociodemographic Information and Factors Contributing to Presenteeism Scale	There is an inverse relationship between presenteeism among doctors and perceived social support.

Table 8: Presenteeism Studies among Healthcare Workers in 2020 (continued)

5	Association Between Presenteeism, Psychosocial Aspects of Work and Common Mental Disorders Among Nursing Personnel	Silva-Costa et al.	Brazil	Quantitative	Nurse / 1218	One-Question Presenteeism Survey Stanford Presenteeism Scale (SPS-6) Demand-Control-Support Survey Self-Report Survey-20 (SRQ-20)	Loss of productivity, heavy psychological demands, and poor social support caused by presenteeism are associated with common mental disorders.
6	Nurse Health, Work Environment, Presenteeism and Patient Safety	Rainbow et al.	USA	Quantitative	Nurse / 270	Hospital Nurse Power Survey Hospital Nurse Fatigue Survey General Patient Safety Perception Subscale of the Hospital Safety Culture Research Burnout Subscale of Occupational Life Quality Scale Health Team Vitality Measurement Tool Development Scale Chalder Fatigue Scale Occupational Fatigue Exhaustion/Recovery Scale Stanford Presenteeism Scale (SPS-6)	Presenteeism depended on work stress can lead to a decrease in nurse performance and, as a result, factors that will increase the risks for patient safety may occur.
7	The Association Between Doctors' Presenteeism And Job Burnout: A Cross-Sectional Survey Study in China	Pei et al.	China	Quantitative	Physician / 1376	One-Question Presenteeism Survey Maslach Burnout Scale	Among physicians, presenteeism is associated with two dimensions of job burnout, emotional exhaustion and cynicism.
8	Presenteeism in Nurses: Comparative Study of Spanish, Portuguese, and Brazilian Nurses	Mosteiro-Diaz et al.	Spain	Quantitative	Nurse / 659	Stanford Presenteeism Scale (SPS-6)	There is a statistically significant relationship between work experience and presenteeism. Age and length of work experience are important predictors of presenteeism.
9	Exploring the Concept of Presenteeism in Nursing: A Hybrid Concept Analysis	Mohammadi et al.	Iran	Qualitative	Nurse / 17	In-depth Semi-Structured Interview Form	Presenteeism is examined in the context of "lack of realization of capacity in the field of presence" and "presence imbalance".

10	H. Healthcare Workers' Presenteeism And Chemoprophylaxis Against Nosocomial Influenza In Patients Hospitalized During The 2018-2019 Season	Miwa et al.	Japan	Quantitative	Medical Personnel	Anonymous Online Survey with 18 Questions	Presenteeism is common among healthcare workers in Japan. There is the understanding among healthcare workers that 'having mild symptoms does not justify taking sick leave'.
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Table 8: Presenteeism Studies among Healthcare Workers in 2020 (continued)

11	Can the Psychosocial Safety Climate Reduce Ill-Health Presenteeism? Evidence From Chinese Healthcare Staff under a Dual Information Processing Path Lens	Liu et al.	China	Quantitative	Medical Personnel / 386	Psychosocial Safety Climate Scale Family Supportive Controlling Behaviors Scale Organic Structure Four-Item Scale Presenteeism Two-item Scale	Psychosocial safety climate is negatively associated with poor health presenteeism. Perceived instrumental support and perceived emotional support mediate the relationship between psychosocial safety climate and poor health presenteeism. The organic structure softens the mediating effect of perceived emotional support, however, it does not create a significant moderation effect of perceived instrumental support on the mediation process.
12	Creating a Sustainable Workplace Environment: Influence of Workplace Safety Climate on Chinese Healthcare Employees' Presenteeism from the Perspective of Affect and Cognition	Liu et al.	China	Quantitative	Medical Personnel /	Workplace Safety Climate Scale (Curcuruto et al.) Impact-Based Trust – Cognition-Based Trust Scales Organizational Formalization Scale Presenteeism Two-item Scale	A workplace safety climate significantly reduces presenteeism. Emotion-based trust plays a full mediator role, while cognition-based trust plays a partial mediator role between the workplace safety climate and Presenteeism. Formalization of the organization has a positive moderation effect on the relationship between presenteeism and affect-based trust.
13	Assessing the Association Between Emotional Labor and Presenteeism Among Nurses in Korea: Cross-sectional Study Using the 4th Korean Working Conditions Survey	Jung et al.	Korea	Quantitative	Nurse / 328	4. Korean Working Conditions Research Survey One-Question Presenteeism Survey	Female nurses who sometimes or always hide their emotions in the workplace are at higher risk of presenteeism than female nurses who rarely hide their emotions at work.
14	Presenteeism Among Healthcare Workers with Laboratory-Confirmed Influenza Infection: A Retrospective Cohort Study in Queensland, Australia.	Imai et al.	Australia	Quantitative	Medical Personnel / 1540	Laboratory Influenza Records Hospital Sick Leave Records	Presenteeism among healthcare workers with influenza increases the potential for transmission, putting both healthcare workers and patients at risk.

15	The Effects of Job Demands on Nurses' Burnout and Presenteeism through Sleep Quality and Relaxation	Gillet et al.	France	Quantitative	Nurse / 378	Quantitative Labor Inventory Frankfurt Emotional Study Scale Pittsburgh Sleep Quality Index Relaxation Scale Stanford Presenteeism Scale (SPS-6) Maslach Burnout Scale	Emotional negativity and workload are negatively related to sleep quality and relaxation, and to presenteeism and emotional exhaustion in lower levels. Workload and affective disharmony are directly and positively related to emotional exhaustion, while affective disharmony is related to higher levels of presenteeism.
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Table 8: Presenteeism Studies among Healthcare Workers in 2020 (continued)

16	Exploring the Presenteeism Among Hospital Physicians Through The Perspective Of Job Crafting	Giaever et al.	Norway	Qualitative	Physician 20	Episodic Interview Technique	The current understanding of presenteeism has been expanded by showing the multifaceted and evolving nature of the ways in which personal diseases and presenteeism are perceived and implemented over time.
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17	Nurses' Perceived Job Performance and Health During Presenteeism: Cross-Sectional Associations With Personal And Organisational Factors	Fiorini et al.	Malta	Quantitative	Nurse / 270	Stanford Presenteeism Scale (SPS-6) Perceived Effect of Presenteeism in the Last Sick Period Single-Item Scale Short Form Health Survey(36) Brief Illness Perception Scale Utrecht Work Engagement Scale Maslach Burnout Scale Management Standards Indicator Tool	Performance levels and disease outcomes during presenteeism; It is related to a combination of disease-related, individual, attitudinal, and organizational factors.
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18	Nurses' Illness Perceptions During Presenteeism And Absenteeism	Fiorini et al.	Malta	Quantitative	Nurse / 270	Cross-sectional Survey of the Study Brief Illness Perception Scale	Perception of illness differs significantly between presenteeism and absenteeism periods and should be included in models of illness behavior. It has been determined that policies can affect illness behavior and that nurses can go to work despite their illness levels.
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19	Adaptation And Validation Of The Stanford Presenteeism Scale-6 In Healthcare Professionals	Baldonado-Mosteiro et al.	Spain	Quantitative	Medical Personnel / 495	One-Question Presenteeism Survey Stanford Presenteeism Scale (SPS-6)	Stanford Presenteeism Scale-6 has shown good psychometric properties to study presenteeism in the Spanish healthcare industry. The prevalence of presenteeism is high in the nursing category. A confirmatory analysis validated that presenteeism factors were positively related to burnout.
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II. DISCUSSION AND CONCLUSION

While employers ignored the impact of health on productivity until recently, this understanding is changing today. Studies conducted show that the importance of employee health is better understood by workplaces day by day. Schultz stated that certain working population groups such as nurses attracts more attention in the presenteeism literature than others (Schultz & Edington, 2007). The fact that 39.28% of the studies we examined were conducted in the nurse sample group supports this point of view.

It has been determined that the examined articles were mostly conducted in China with a percentage of 17.85%. In the WoS database, 2 studies conducted in Turkey on presenteeism in healthcare workers in 2020 has been found. Although presenteeism is seen in workers from all sectors, it is a more common problem especially among those working in the education, social assistance and health fields of the service sector (Şahin, 2019). Health services are one of the most important fields of the service sector. At the same time, it is one of the sectors where human labour is very intense (Söyük, 2020). It should not be forgotten that health workers must first be healthy in order to provide health services as required. Studies on the health of health workers and the effects of presenteeism in health services need to be increased in Turkey.

The first two studies to survey presenteeism among healthcare professionals were found in 2010. By 2020, it is seen that the number of studies increased to 19. It is seen that the importance of presenteeism is better understood day by day in healthcare workers, who are one of the most important building blocks of the society and service sector.

In order to represent the universe, the sample selected in scientific research should consist of sufficient number of participants (Karasar, 2018). It is seen that 90% of the studies examined were conducted on samples consisting of more than 100 healthcare workers. When the methods of the studies with a large population and sample number were examined, it has also been determined that they were designed in accordance with scientific research methods. In quantitative research methods, no problem has been faced in terms of required sample size calculation. In accordance with the quantitative research methods, it is seen that the sample numbers are high in these studies. This shows that sample size was considered duly in order to represent the universe in studies.

In 91.66% of the studies, quantitative research method was used. It is seen that, to scale presenteeism in studies, the Stanford Presenteeism Scale (SPS-6) was used the most. In a study, which was among the studies reviewed, it was determined that the Stanford Presenteeism Scale showed good psychometric properties for examining presenteeism in the Spanish health sector (Baldonado-Mosteiro et al., 2020). It is thought that studies on the suitability of the Stanford Presenteeism Scale, which is most frequently used scale in presenteeism research, for the Turkish health sector will shed light on the researches to be conducted on presenteeism in healthcare workers. In the studies examined, the One-Question Presenteeism Questionnaire was used to determine if there is presenteeism and it is combined with the other questionnaires of the study. Studies on the comparison of presenteeism and absenteeism in healthcare workers have indicated that the perception of the disease and the policies implemented are effective in the development of these behaviours. In addition, the focus of the studies is mainly to compare burnout and presenteeism behaviours and to determine the relationships between these phenomena.

According to the findings obtained within the scope of the study, the following conclusions have been attained:

- Presenteeism is commonly seen among healthcare workers.
- Among the healthcare workers, most of the researches on presenteeism was conducted about nurses. On the other hand, these studies mainly aim to determine the relationship between presenteeism and low back, neck and back pain caused by physical activity during work.
- There is an inverse relationship between perceived social support and presenteeism in healthcare workers.
- Presenteeism can lead to a decrease in the performance of healthcare workers and thus to the emergence of factors that will increase the risks for patient safety.
- There is a positive relationship between burnout and presenteeism in healthcare workers.
- Health workers may experience presenteeism for reasons such as meeting the expectations of their colleagues or the economic or social pressures they perceive.
- Organizational factors such as workplace safety climate and supervisor support are associated with presenteeism.
- Individual factors such as professional experience, age, and attitude towards the diseases are associated with presenteeism.
- Presenteeism, which emerges due to infectious diseases that progress with mild symptoms such as cold and influenza and are mostly seen in a way that does not hinder working, puts the health of both other healthcare workers and those who demand health care services at risk.
- In addition to the visible costs arising from the loss of productivity due to presenteeism in healthcare workers, there are also invisible 'hidden' costs. More studies are needed on the costs caused by presenteeism in healthcare field.

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Selma Söyük., et. al. "Content Analysis of Studies on Presenteeism in Healthcare Workers." *International Journal of Business and Management Invention (IJBMI)*, vol. 11(02), 2022, pp. 01-12. Journal DOI- 10.35629/8028