

Presenteeism Amongst Employees with Musculoskeletal Health Problems

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Abstract: *Introduction:* The purpose of this project was to explore the levels of presenteeism amongst employees with musculoskeletal health problems attending an occupational health service at a North London National Health Service Foundation Trust in the United Kingdom. *Methods:* An OPAS-G2 database was utilized to identify and select employees with musculoskeletal health problems that attended the occupational health service within the data collection period. Employees were mailed the SPS-6 questionnaire and asked to complete and return it in a pre-paid envelope. *Results:* A total of 49 (64.5%) employees met the cut-off point of 19 or above on the SPS-6 questionnaire indicating a high level of presenteeism. A total of 27 (35.5%) employees met the cut-off point of 18 or below on the SPS-6 questionnaire indicating a low level of presenteeism. *Conclusion:* The level of presenteeism amongst employees with musculoskeletal health problems was high. The data gathered in this project can be used to inform the development and/or improvement of organizational policies, processes and practices around presenteeism.

Keywords: SPS-6 Questionnaire, Presenteeism, Occupational Health, Employees, Musculoskeletal health.

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INTRODUCTION

Presenteeism is generally understood as attending work in spite of health problems and in the past has not gained enough attention in organizations as its counterpart absenteeism [1]. This could be attributed to the fact that, in contrast to absenteeism, presenteeism is not formally registered and is thus more difficult to determine [2]. However, over the last decade, the evidence has suggested that presenteeism is a much costlier problem than absenteeism, and consequently the phenomenon has gained exponential attention [3]. Presenteeism can appear appealing for organisations and induce employees to opt for presenteeism because they avoid costs associated with unplanned absence [4]. However, the data indicates that employees who go to work when unwell tend to commit errors more frequently and report lower levels of performance and productivity [5, 6]. What drives employees to come to work when unwell? The answer to this question is complex and includes varied reasons such as wanting to avoid accumulated work on return to work, reduce overload to co-workers by being off-sick, financial issues, not being seen as unproductive, concerns with dismissal or retaliation, commitment to the job and/or employer, and the belief that one is healthy and fit to be at work [7-9]. The consequence of presenteeism is that employees often manifest symptoms of exhaustion and burnout derived from inadequate recovery from illness. According to Chênevert et al. [10] a vicious cycle ensues: the job demands continually grow while employees have less and less energy to cope with such increasing demands, which leads to presenteeism, and to the perpetuation of the cycle. The purpose of this project was therefore to explore the levels of presenteeism amongst employees with musculoskeletal health problems attending an occupational health service at a North London National Health Service Foundation Trust in the United Kingdom.

METHODS

Data were collected from January 1 to June 30, 2024, at an occupational health service based within a North London National Health Service Foundation Trust in the United Kingdom. This Trust is one of the main healthcare providers within the North London borough of England. It employs approximately 11,000 staff members who are eligible to access the occupational health service for work-related or work-impacting health conditions. An OPAS-G2 database was utilized to identify and select employees with musculoskeletal health problems that attended the occupational health service within the data collection period. Musculoskeletal health problems were chosen because it is the most common reason for employees at the Trust to be absent from work, but its impact on presenteeism remains unknown [11, 12]. Employees were mailed the Stanford Presenteeism Scale (SPS-6) and asked to complete and return it in a pre-paid envelope. Demographic data such as age, gender, years of service, work status and site of pain/injury were captured on a

spreadsheet. The SPS-6 is an instrument that consists of six statements of which three are positively worded and three negatively worded, across two dimensions i.e. work processes (avoiding distraction) and work outcomes (completing work) as depicted in Table 1. It is both a valid and reliable scale and participants are asked to rate their experiences in the past month [13]. The scale uses a five-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree,’ with ‘uncertain’ being the neutral answer. For statements 2, 5, and 6 on the scale, which are positively worded, the scoring is as follows: 1=strongly disagree; 2=somewhat disagree; 3=uncertain; 4=somewhat agree; and 5=strongly agree. For statements 1, 3, and 4 on the scale, which are negatively worded, the scoring is as follows: 5=strongly disagree; 4=somewhat disagree; 3=uncertain; 2=somewhat agree; and 1=strongly agree. The total score on SPS-6, which can vary from 6 to 30, is obtained by the sum of the scores to all six statements across the two domains. A score of 18 or below indicates a low level of presenteeism, and a score of 19 and above indicates a high level of presenteeism [14]. Data analysis was performed using the Statistical Software for Excel package. This project was classified as a service improvement initiative and therefore ethical approval was not required [15].

RESULTS

A total of 166 SPS-6 questionnaires were posted during the data collection period. Overall, 76 (45.8%) employees completed and returned the SPS-6 questionnaire and were included in the analysis. The demographic characteristics of employees are shown in Table 2. The mean age of the employees was 44.8 years, and the mean years of employment was 8.1 years. More females (67.1%) presented with musculoskeletal health problems than males (32.9%). The most common site of pain/injury was reported as the spinal (57.9%), followed by the lower limb (22.4%), and the least reported site was the upper limb (19.1%). Of those attending the occupational health service for musculoskeletal health problems, more were at work (76.3%) compared to being off work due to pain/injury (23.7%). Table 3 depicts the levels of presenteeism. A total of 49 (64.5%) employees met the cut-off point of 19 or above on the SPS-6 questionnaire indicating a high level of presenteeism. A total of 27 (35.5%) employees met the cut-off point of 18 or below on the SPS-6 questionnaire indicating a low level of presenteeism.

Table 1: Stanford Presenteeism Scale (SPS-6)

Work Processes (Avoiding Distraction)	
Question	Statement
1	Because of my musculoskeletal health problem the stressors of my job were much harder to handle
3	My musculoskeletal health problem distracted me from taking pleasure in my work
4	I felt hopeless about finishing certain work tasks, due to my musculoskeletal health problem
<i>Likert scale: 1=strongly agree; 2=somewhat agree; 3=uncertain; 4=somewhat disagree; 5=strongly disagree</i>	
Work Outcomes (Completing Work)	
Question	Statement
2	Despite having my musculoskeletal health problem, I was able to finish hard tasks in my work
5	At work, I was able to focus on achieving my goals despite my musculoskeletal health problem
6	Despite having my musculoskeletal health problem, I felt energetic enough to complete all my work
<i>Likert scale: 1=strongly disagree; 2=somewhat disagree; 3=uncertain; 4=somewhat agree; 5=strongly agree</i>	

Table 2: Demographic Characteristics

Variables	n	%
All employees	76	100
Years in service	8.1	
Gender		
Female	51	67.1
Male	25	32.9
Work status		
At work	58	76.3
Not at work	18	23.7
Site of pain/injury		
Spinal	44	57.9
Upper limb	15	19.7
Lower limb	17	22.4

Table 3: Levels of Presenteeism

Level	<i>n</i>	%
High level presenteeism	49	64.5
Low level presenteeism	27	35.5
<i>SPS-6 score of 19 or above = high level of presenteeism</i>		
<i>18 or below = low level presenteeism</i>		

DISCUSSION

This project revealed a worryingly high level of presenteeism amongst employees with musculoskeletal health problems attending an occupational health service at a North London National Health Service Foundation Trust in the United Kingdom. This outcome affects the employee considerably because it indicates the possibility that they are performing their work activities inadequately. The health of the employee is further exacerbated if the causes of the presenteeism are not removed because musculoskeletal health problems are likely to be aggravated [16]. The signs and symptoms of musculoskeletal health problems that limits or minimize the quality of work can also contribute to presenteeism [17]. The most common reason for employees not to seek assistance is their belief that they are healthy and fit to be at work [9]. In most cases, there are no clear diagnosis of the musculoskeletal health problem often leading to employees feeling sceptical about the extent of their condition. Thus, employees continue to undertake their work activities even if it is not performed satisfactorily [6]. The strength of this project is that it provided a glimpse into the levels of presenteeism of employees presenting with musculoskeletal health problems. This project was limited by the relatively small number of participating employees and so the findings cannot be generalized. Although this project was anonymous to make employees as comfortable with responding honestly as possible, it is possible that some employees who had experienced presenteeism did not wish to respond because they did not feel comfortable disclosing this information. The authors of the SPS-6 questionnaire acknowledge that asking employees about their work experiences in the past month may be affected by environmental and personal factors, and if employees were asked about their experiences in a different month or over a longer period, responses may have been different, but this approach would be departing from the SPS-6 protocol [13].

CONCLUSION

In conclusion, the SPS-6 was found to be a useful instrument for providing a framework within which to explore levels of presenteeism of employees with musculoskeletal health problems at a healthcare Trust in North London, United Kingdom. Presenteeism is more likely to occur amongst healthcare employees because the jobs are highly demanding and require considerable commitment. Providing healthcare under poor physical and psychological conditions can interfere with attention and concentration and impair the delivery of quality care with consequent risk to clients and organization. The level of presenteeism amongst employees with musculoskeletal health problems was high. It is recommended that organizations recognize presenteeism as an existing phenomenon in the workplace and develop and/or improve policies and processes that guarantee its identification and support appropriate onward referral to occupational health services.

REFERENCES

- Gosselin, E., Lemyre, L., & Corneil, W. (2013). Presenteeism and absenteeism: differentiated understanding of related phenomena. *Journal of Occupational Health Psychology, 18*(1), 75-86.
- Hansen, C. D., & Andersen, J. H. (2008). Going ill to work – What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine, 67*(6), 956-964.
- Evans-Lacko, S., & Knapp, M. (2016). Global patterns of workplace productivity for people with depression: Absenteeism and presenteeism costs across eight diverse countries. *Social Psychiatry and Psychiatric Epidemiology, 51*(11), 1525-1537.
- Ruhle, S. A., Breitsohl, H., Aboagye, E., Baba, V., Biron, C., Correia Leal, C., Dietz, C., Ferreira, A. I., Gerich, J., Johns, G. & Karanika-Murray, M. (2020). “To work, or not to work, that is the question”– Recent trends and avenues for research on presenteeism. *European Journal of Work and Organizational Psychology, 29*(3), 344-363.
- Baker-McClearn, D., Greasley, K., Dale, J., & Griffith, F. (2010). Absence management and presenteeism: The pressures on employees to attend work and the impact of attendance on performance. *Human Resource Management Journal, 20*(3), 311-328.
- Niven, K., & Ciborowska, N. (2015). The hidden dangers of attending work while unwell: A survey study of presenteeism among pharmacists. *International Journal of Stress Management, 22*(2), 207-221.
- Aronsson, G., Gustafsson, K., & Dallner, M. (2000). Sick but yet at work: An empirical study of sickness presenteeism. *Journal of Epidemiology and Community Health, 54*(7), 502-509.
- Dew, K., Keefe, V., & Small, K. (2005). ‘Choosing’ to work when sick: Workplace presenteeism. *Social Science & Medicine, 60*(10), 2273-2282.

9. Demerouti, E., Le Blanc, P., Bakker, A., Schaufeli, W., & Hox, J. (2009). Present but sick: A three-wave study on job demands, presenteeism and burnout. *Career Development International*, *14*(1), 50–68.
10. Chênevert, D., Kilroy, S., & Bosak, J. (2019). The role of change readiness and colleague support in the role stressors and withdrawal behaviors relationship among health care employees. *Journal of Organizational Change Management*, *32*(2), 208-223.
11. Chetty, L. (2011). Effectiveness of physiotherapy provision within an occupational health setting. *Indian Journal of Physiotherapy and Occupational Therapy*, *5*(3), 50-53.
12. Chetty, L. (2014). A critical review of physiotherapy as a clinical service in occupational health departments. *Workplace Health & Safety*, *62*(9), 389-394.
13. Koopman, C., Pelletier, K. R., Murray, J. F., Sharda, C. E., Berger, M. L., Turpin, R. S., Hackleman, P., Gibson, P., Holmes, D. M., & Bendel, T. (2002). Stanford presenteeism scale: Health status and employee productivity. *Journal of Occupational and Environmental Medicine*, *44*(1), 14-20.
14. Brborović, H., Brborović, O., Brumen, V., Pavleković, G., & Mustajbegović, J. (2014). Are nurse presenteeism and patient safety culture associated: A cross-sectional study. *Archives of Industrial Hygiene and Toxicology*, *65*(2), 149-155.
15. Health Research Authority. (2017). *Defining Research Table*. Retrieved from http://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable_Oct2017-1.pdf
16. Pohling, R., Buruck, G., Jungbauer, K. L., & Leiter, M. P. (2016). Work-related factors of presenteeism: The mediating role of mental and physical health. *Journal of Occupational Health Psychology*, *21*(2), 220-234.
17. Karanika-Murray, M., & Biron, C. (2020). The health-performance framework of presenteeism: Towards understanding an adaptive behaviour. *Human Relations*, *73*(2), 242-261.