

Presenteeism a hidden productivity distractor in the workplace

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ABSTRACT

This paper highlights the findings from an exploratory study on presenteeism in a Texas, USA region. Presenteeism, going to work while sick, is an unrecognized factor within organizations. The authors explored awareness of presenteeism and health factors affecting presenteeism. Recommendations for organizations are presented as presenteeism becomes a more mainstream issue for organizations.

Keywords: presenteeism, productivity, distractors, illnesses

INTRODUCTION

Past literature has focused on the negative aspects of absenteeism within the workforce (Koopman & Pelletier, 2003). Although absenteeism is an important aspect for organizations to be aware of, presenteeism should also be of great concern for organizations. According to the Commerce Clearing House (CCH) 2005 *Unscheduled Absence Survey*, 48 percent of employers report presenteeism as a problem for their organizations; up from 39 percent in 2004 (2005). For the purpose of this study, presenteeism is defined as someone going to work although the individual is sick or has a health related issue potentially affecting one's productivity (Kivimäki, Head, Ferrie, Hemingway, Shipley, Vahtera, & Marmot, 2005). Health related issues and the associated impact on productivity are costing organizations billions of dollars in productivity each year (Turpin, Ozminkowski, Sharda, Collins, Berger, Billotti, Baase, Olson, & Nicholson, 2004). Health related issues include, but are not limited to, common colds, migraines, stress, depression, and allergies. Prasad (2004) suggested "health impairment often results in work impairment; indeed, approximately 32% of working adults have chronic illnesses that interfere with their job performance" (p. 226). According to Shamansky (2002), presenteeism can be more damaging than absenteeism since organizations are currently focused on knowledge-based work versus a quantifiable number of items created by an employee throughout the day.

This research study focused on examining employees' ability to work with health-related issues within a growing, high technology organization within Central Texas. Additionally, the research aspires to help organizations develop ways to become more wellness-driven environments where employee productivity and organizational performance successfully intersect.

RESEARCH METHODOLOGY

The research methodology used a self-administered web-based survey instrument. The survey instrument included twenty questions generally, closed-ended, requesting demographic as well as work-based behavioral information. The Stanford Presenteeism Survey (SPS-6) created in conjunction with Merck and Co., Inc. was utilized as the primary research instrument within this study. The SPS-6 instrument explores an employee's ability to work within the organization's environment given an employee's health-related problems (Turpin, Ozminkowski, Sharda, Collins, Berger, Billotti, Baase, Olson, & Nicholson, 2004).

In addition to the SPS-6 questions, the respondents were asked using a Likert-based scale to *strongly agree* through *strongly disagree* regarding the respondent's feelings towards the following statements: *missing work affects my income; my manager/team members expect me to come to work; and no one else can do my work*. These respondents were asked to allow the researchers to further examine workplace behaviors and motivations of the employees. The demographics included age, gender, education level, main job activity, level within the organization, and number of people who reported to the respondent. The final questions were open-ended requesting the respondents to answer *Why do you go to work when you are not feeling well* and to *Identify the health problem you thought about while taking this survey*.

The SPS-6 scores were tabulated for each participant to determine one SPS-6 score. According to Koopman and Pelletier, "lower scores indicate lower presenteeism and reduced performance. Higher scores indicating increased presenteeism and peak performance.(Koopman & Pelletier, 2003, ¶14).

RESEARCH SAMPLE

The sample for this research study focused within the high technology industry in Central Texas. This organization employs 150 employees within multiple disciplines. The survey yielded a 45.3 percent response rate (n=68). Gender response was 51.5 percent of the respondents were male, while 48.5 percent of the respondents were female. Age ranged from 22 through over sixty with the median of the population within the age bracket of 41-50 (45.5 percent); 31-40 age bracket (28.8 percent); and 51-60 (15.2 percent). The primary education level within the organization was a four-year college degree (56.1 percent). The additional education levels of the organization included some college (19.7 percent), master's degree (9.1 percent), high school/GED (1.5 percent), and doctoral degree (1.5 percent). The level within the organization varied with 65.2 percent being associates or employees; 27.3 percent middle manager, and 7.6 percent holding senior level management positions. The majority of the employees did not have any direct reports (64.6), while 20 percent of the respondents had 1-2 employees reporting to the employee. Respondents with 3-5 direct reports encompassed 9.2 percent of the sample. The tenure mean is 8.48 years with the mode of tenure 7.0 years. The respondents were asked to select the number of hours the employee works per day. 61.6 percent of the respondents work 9-11 hours per day.

RESULTS

The findings presented focus on analyzing the different gender responses to the SPS-6 instrument as well as the SPS-6 results from the sample population. Furthermore, investigating health problem patterns aligned with the

SPS-6 instrument to explore potential associations between health related problems and high scores within the SPS-6 and behavioral questions.

The findings focus on identifying if gender creates any differences in the organizational means of the respondent's answers within the survey instrument. The initial nine questions of the survey asked the respondents to identify the respondent's level of agreement or disagreement based on a Likert scale on 1-I strongly disagree with this statement; 2-I somewhat disagree with this statement; 3-I am uncertain about my agreement with the statement; 4-I somewhat agree with the statement and 5-I strongly agree with this statement. Table 1 identifies the mean responses from the sixty-eight respondents. When the respondents considered the questions one, three, four, six, seven and nine were unconcerned about the agreement with the statement (mean=3.12, 3.48, 2.15, 3.06, 2.85, 2.86, respectfully). The respondent's answer to questions two, five, and eight illustrate and I somewhat agree with the statements: despite having my (health problem), I was able to finish hard tasks in my job; at work, I was able to focus on achieving my goals despite my health problem; my manager / team members expected me to come to work (3.87, 3.64, 3.98 respectively).

Using bivariate cross-tabulation, the authors investigated the SPS-6 initial statements and the three workplace behavioral questions by the respondent's gender. Males responded 44.1 percent of the time to the question, I somewhat agree with the statement stresses of the job were much harder to handle; while, females responded with 45.5 percent. Males somewhat agreed with despite my health problem, I was able to finish hard tasks in my work (47.1 percent), while females somewhat agreed 31.1 percent. My health problem distracted me from taking pleasure in my work received a somewhat agree response from 35.3 percent from males and 34.4 percent from females. Males somewhat agreed with I felt hopeless about finishing certain work tasks, due to my health problem (44.1 percent) while females somewhat agreed 40.6 percent. Males responded 38.2 percent of the time to the question, at work, I was able to focus on achieving my goals despite my health problem; while, females responded with 37.5 percent.

When the respondents were asked despite having my health problem, I felt energetic enough to complete all my work. Male respondents somewhat agreed (38.2 percent), while female respondents somewhat disagreed (46.9 percent) with the statement. The respondents strongly disagreed that missing work affect my income (32.4 percent male; 28.2 percent female). Males and female strongly agreed when answering my manager/team members expect me to come to work (48.5 percent males and 51.6 percent females). Males somewhat agreed no one else can do my work with 41.2 percent selecting somewhat agree while females somewhat agreed with this statement (41.6 percent).

Analysis of the SPS-6 instrument included assigning the appropriate point values for questions 1, 3, and 4 to according to the SPS-6 scoring instructions. The score range per respondent should be between 6 and 30. When reading the results, the lower the score, the less presenteeism and lower performance, while higher scores indicate higher presenteeism (Koopman & Pelletier, 2003). The analysis of the SPS-6 data resulted in a high percentage of the presenteeism within the organization. Chart 1 exhibits the presenteeism within the organization. The organization's score ranged from six to twenty-two with 22.3 percent of the sample's SPS-6 (n=22) score above 18 points. The median SPS-6 score for the organization was 16 (n=13). Approximately, 40 percent of the population fell below the median SPS-6 score.

Since the majority of the SPS-6 presenteeism scores are at or above the median the sample as a whole is presenteeism can be expected within the organization. Given the potential presenteeism within the organization, the authors analyzed the respondent reported health issues to further explore possible causes of presenteeism

within the workplace. Through an open-ended question respondents were asked to identify the health issue the respondent thought of while answering the survey. This question was optional resulting in many blank responses. The responses provided are presented in Table 2 and includes a cross-tabulation of gender. The most common ailment within the sample included cold and flu, migraine and headaches as well as stress, depression and tiredness.

Table 3 presents the presenteeism by main health problem within the sample. Cold and flu was the main health problem reported by the employees, the main health problem also resulted in a high presenteeism score. Migraines and headache had the highest presenteeism score (22) from one respondent with the remaining respondents at or below the median. Stress, depression, and tiredness resulted in median presenteeism scores within the sample. Back and neck pain resulted in very high presenteeism scores ranging from 18 through 21. The results demonstrate that high presenteeism is associated with cold and flu, migraines and headaches, stress, depression, and tiredness, as well as back and neck pain.

CONCLUSION

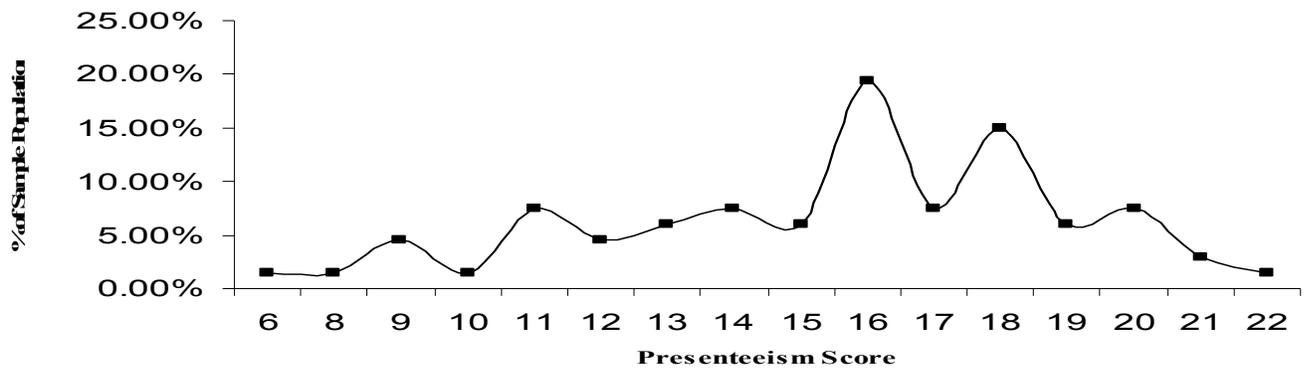
The findings from this exploratory research highlight the need for further investigation into the reasons why employees head to work even though the employee is not feeling well. Additionally, exploration into how organizations can support employees who need support for health related issues is also an avenue for further research. The health related issues the employees bring to the work environment; not only affect the employee, the employee's co-workers, but also the health issue can affect the bottom line of the organization. Further exploration is recommended within larger organization as well as across industries.

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The stresses of my job were much harder to handle.	3.12
I was able to finish hard tasks in my work.	3.87
Distracted me from taking pleasure in my work	3.48
Felt hopeless about finishing certain work tasks	2.15
Able to focus on achieving my goals	3.64
Felt energetic enough to complete all my work	3.06
Missing work affects my income	2.85
Manager/Team expects me to come to work	3.89
No one else can do my work	2.86

Health Ailment	Gender		Total
	Male	Female	
Cold/Flu	7	6	13
Migraine/Headache	4	6	10
Upset Stomach	1	1	2
Kidney Stones	1	1	2
Stress/Depression/ Tiredness	2	4	6
Back & Neck Pain	1	5	6
Pregnancy	0	2	2
Misc	3	1	4
Heart Problems	2	1	3

Table 3		Cold/Flu	Migraine/Headache	Stress/Depression/ Tiredness	Back & Neck Pain	Total
SPS-6 Result	8	1				1
	9	1				1
	10	1				1
	11		1	1	1	3
	12		1		1	2
	13	1		1		2
	14	1	2	1		4
	16	4	3	2		9
	17		1			1
	18	4	1		1	6
	19	1		1	1	3
	20				1	1
	21	1			1	2
	22		1			1
Total		15	10	6	6	37

Chart 1: Presenteeism Score



References

Kivimäki, M., Head, J., Ferrie, J.E., Hemingway, H., Shipley, M.J., Vahtera, J, Marmot, M.G. (2005). Working while ill as a risk factor for serious coronary events: The Whitehall II Study. *American Journal of Public Health*, 95, 1, 98-102.

Koopman, C. & Pelletier, K. (2003). Bringing health to the bottom line. Retrieved on March 13, 2006 from <http://www.managedhealthcareexecutive.com/mhe/article/articleDetail.jsp?id=134250>.

Prasad M, Wahlqvist P, Shikiar R, & Shih YC. (2004). Review of self-report instruments measuring health-related work productivity: a patient-reported outcomes perspective. I. 22, 4. 225-44.

Sheridan, A. (2004). Chronic presenteeism: the multiple dimensions of men’s absence from part-time work. *Gender, Work and Organization*, 11, 2, 207-225.

Turpin, R., Ozminkowski, R., Sharda, C., Collins, J., Berger, M., Billotti, G., Baase, C., Olson, M., & Nicholson, S. (2004). Reliability and validity of the Stanford Presenteeism Scale. *Journal of Occupational and Environmental Medicine*. 46, 11, 1123-1133.