



# Sickness presenteeism determines job satisfaction via affective-motivational states



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## ABSTRACT

**Introduction:** Research on the consequences of sickness presenteeism, or the phenomenon of attending work whilst ill, has focused predominantly on identifying its economic, health, and absenteeism outcomes, in the process neglecting important attitudinal-motivational outcomes.

**Purpose:** A mediation model of sickness presenteeism as a determinant of job satisfaction via affective-motivational states (specifically engagement with work and addiction to work) is proposed. This model adds to the current literature, by focussing on (i) job satisfaction as an outcome of presenteeism, and (ii) the psychological processes associated with this. It posits sickness presenteeism as psychological absence and work engagement and work addiction as motivational states that originate in that.

**Methods:** An online survey on sickness presenteeism, work engagement, work addiction, and job satisfaction was completed by 158 office workers.

**Results:** The results of bootstrapped mediation analysis with observable variables supported the model. Sickness presenteeism was negatively associated with job satisfaction. This relationship was fully mediated by both engagement with work and addiction to work, explaining a total of 48.07% of the variance in job satisfaction. Despite the small sample, the data provide preliminary support for the model.

**Conclusions:** Given that there is currently no available research on the attitudinal consequences of sickness presenteeism, these findings offer promise for advancing theorising in this area.

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## 1. Introduction

Sickness presenteeism is the phenomenon of attending work whilst ill (Aronsson & Gustafsson, 2005). Presenteeism can be deleterious to employee health and costly to organizations. It is a risk factor for future poor health, mental well-being (Gustafsson & Marklund, 2011), and sickness absence (Bergström et al., 2009; Bergström, Bodin, Hagberg, Aronsson, & Josephson, 2009; Demerouti Le Blanc, Bakker, Schaufeli, & Hox, 2009), even in the long-term (Kivimäki et al., 2005; Taloyan et al., 2012). Achieving a better understanding of the outcomes of presenteeism is therefore paramount.

There are two primary issues in the field that need to be addressed. First, the vast majority of research on sickness presenteeism has focused predominantly on its prevalence,

determinants, and financial costs, while omitting research that evaluates potential motivational and attitudinal consequences (Karanika-Murray, Ikhtlaq, Williams, & Biron, under review). Second, the existing literature on presenteeism is in need of conceptual development (Dickson, 2013; Johns, 2011). The present study aims to address these omissions. It achieves this by presenting a model of sickness presenteeism and three attitudinal-motivational outcomes.

Insofar as sickness presenteeism may signify physical presence and psychological absence, it can also be associated with affective-motivational states such as work engagement, work addiction, and job satisfaction. Affective-motivational states are rooted in physical and psychological presence. Presenteeism may deplete job satisfaction because individuals are unable to perform to their full capacity, both mentally and physically, and expected outcomes are not achieved. When psychological presence is jeopardised, as in the case of temporary illness, people may mentally disengage from work but still feel compelled to be physically present in the workplace. Therefore, a weakened psychological presence may also be linked to weakened affective evaluations of work (i.e., job

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satisfaction) through its effect on affective-motivational states (i.e., work engagement and work addiction). In the next section, we briefly outline the recent conceptual and empirical work on presenteeism, highlighting the existing research gaps and areas of dissent. Last, we conclude by presenting a model and a study that could help to bridge these gaps.

### 1.1. The phenomenon of sickness presenteeism

Sickness presenteeism describes the phenomenon of people working despite ill-health, which would normally require rest and absence, and their failure to perform at full capacity (Aronsson & Gustafsson, 2005; Cooper, 1996; Vingård, Alexanderson & Norlund, 2004). It also represents a drive to be physically present, a characteristic that has been linked to future sickness absence, impaired recovery, and reduced on-the-job effectiveness (Bergstrom et al., 2009; Caverley, Cunningham, & MacGregor, 2007; Hansson, Boström, & Harms-Ringdahl, 2006; Kivimäki et al., 2005; Schultz & Edgington, 2007). Persistent presenteeism can lead to long-term health consequences (Bergström et al., 2009; Bergström et al., 2009; Demerouti et al., 2009), including an increased risk for developing coronary heart disease (Kivimäki et al., 2005). Others define presenteeism as productivity loss due to the presence of physical, mental or emotional problems (Dickson, 2013; Schultz & Edgington, 2007, p. 548). However, for the purposes of the present study, the effects of sickness presenteeism on performance will not be considered. In this paper, we refer to sickness presenteeism simply as presenteeism.

Three notable models have been proposed to explain the processes that lead to presenteeism. Johansson and Lundberg's (2004) illness flexibility model suggests that attendance requirements (i.e., negative consequences employees face due to absence) and adjustment latitude (i.e., modifying workloads) can determine sickness attendance and absence. Similarly, Aronsson and Gustafsson (2005) described two types of attendance demands that influence presenteeism: personal factors (e.g., financial situation, lacking individual boundaries) and work factors (e.g., control over pace of work, replaceability). Finally, Johns's (2010) model proposed that a health event interrupts productivity and triggers a choice between presenteeism and absenteeism, and these decisions (i.e., presenteeism) are influenced by work (i.e., ease of replacement, absence policy) and individual factors (i.e., personality and work attitudes).

At present, conceptual research that has attempted to understand the consequences of presenteeism on affective and motivational outcomes is lacking (Karanika-Murray et al., *under review*). By examining the links between presenteeism and affective-motivational outcomes, a number of overarching weaknesses in this relatively new field can be addressed; researchers can better elucidate the nature of presenteeism, build upon and refine earlier research, which can, in turn, open new avenues for conceptual developments.

### 1.2. Presenteeism as voluntary behaviour: physical presence and psychological absence

Presenteeism can also be a volitional behaviour. For example, Johns's (2010) model posits that a choice between presenteeism and absenteeism is triggered when a health event interrupts productivity, and that this choice is based on work-related and individual factors. Aronsson and Gustafsson (2005) suggested that presenteeism and absenteeism are alternatives of the same decision process, whereas Løkke Nielsen (2008) also distinguished between a voluntary and involuntary part in absenteeism, a behaviour closely related to presenteeism (Karanika-Murray et al.,

*under review*). When one's ailment is severe, the choice to be absent or present does not present itself. However, for minor or less serious health ailments, individuals have a choice to work to the extent that they are permitted by their health status. Therefore, under these conditions (i.e., benign ill-health and personal volition), we propose that presenteeism represents the extent to which an individual is physically present and psychologically absent at work. The effort to remain psychologically present despite illness may impact the affective evaluation of work (i.e., job satisfaction) and affective-motivational aspects of work (i.e., work engagement and work addiction). In the next section, we discuss how this process may occur.

### 1.3. Presenteeism and job satisfaction

Being present at work under impaired health results in work outputs that are poorer quality than would be achieved at optimal health (Gifford & Jinnett, 2014), which may contribute to job (dis)satisfaction. To the extent that presenteeism can be viewed as a choice made under pressure and reduced capacity to work, it may therefore also result in reduced job satisfaction.

The majority of existing research has examined job satisfaction as a determinant of presenteeism and with inconclusive results. On one hand, correlational studies have detected weak negative associations between presenteeism and job satisfaction [ $r = -.14$ ,  $p < .05$  (Caverley et al., 2007) and between  $r = -.10$  in Belgium and  $r = -.22$  in the United Kingdom,  $p < .05$  (Claes, 2011)]. Conversely, Cocker, Martin, Scott, Venn, and Sanderson (2013) found no relationships between job satisfaction and number of days of presenteeism in the past month. On the other hand, job satisfaction is conceptualised as a positive presence and motivational factor that contributes to increased presenteeism rates (Aronsson & Gustafsson, 2005). As far as we are aware, only one study, a qualitative investigation, has shown job satisfaction to be an important motivator to stay at work despite the pain (i.e., for people with chronic nonspecific musculoskeletal pain) (de Vries, Brouwe, Groothoff, Geertzen, & Reneman). Due to these conflicting and contradictory findings, the present study deviates from the current literature by approaching job satisfaction as an evaluative outcome of presenteeism rather than as a determinant of presenteeism. Empirically, however, the following hypothesis is limited by the nature of the data (see Method section).

**Hypothesis 1.** Presenteeism is negatively associated with job satisfaction.

### 1.4. The motivational qualities of presenteeism

Presenteeism, in part, restricts psychological presence, which can, in turn, influence motivational states. Nonetheless, no study to date has investigated the relationship between presenteeism and affective evaluative reactions to work and job satisfaction. Although there are a range of intrinsic and extrinsic motives that can influence the occurrence of presenteeism (Biron & Saksvik, 2009), it is also possible that presenteeism may lead to affective-motivational states. Despite an intuitive link between presenteeism and motivation, this has yet to be empirically documented in the literature. Nonetheless, viewing presenteeism as psychological presence (Kahn, 1992) or absence allows us to understand its motivational qualities. When ill-health interrupts psychological presence and leads to presenteeism behaviour, the individual may experience deleterious work consequences as changes in affect and motivation. The present study examines one positive (i.e., work engagement) and one negative (i.e., work addiction) affective-motivational state.

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