

IMPACT OF SICKNESS PRESENTEEISM AMONG NURSES

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Abstract: Sickness presenteeism may at best represent a physical presence only but psychological absence in the workplace. The study and research of sickness presenteeism has gained less interest from researchers in comparison to sickness absenteeism. The researchers of the topic seem to have reached a common agreement that employees working in the health care profession or care givers are more vulnerable to sickness presenteeism. Among health care professionals, nurses are highly susceptible to sickness presenteeism adversely affecting delivery of patient care responsibilities. SP in nurses is associated with loss of productivity, an increase in medication errors, patient falls, along with poorer quality of patient care.

Various studies conducted over a period of time confirmed that combination of different factors have causative effects on sickness presenteeism namely: organizational policies, job design and culture of presenteeism. This study has taken into account the findings of the researchers that suggest – what, why – of sickness presenteeism, primarily among nurses and recommends enforcement of policies as solutions how sickness presenteeism can be minimized. The policies should include availability of unrestricted paid sick leaves, systematic approach to screen staff before shifts and to provide adequate staffing. During the study, it was felt that there is scope of further research as to how sickness presenteeism can be minimized without affecting loss of the organization

Keywords: Sickness presenteeism, nurses, presenteeism, Working through illness.

1. INTRODUCTION

Sickness presenteeism (SP) is the condition of an employee attending work when sick (Aronsson and Gustafsson, 2005). It is prevalent in both health care professionals and non-health-care professionals. SP has been explored to lead to decreased productivity, depression and general poor health. It can be deteriorating in case of health care professional compromising patient safety. SP is also a risk factor for the employee's health due to non management of sickness, mental well being and future absenteeism. Sickness presenteeism may at best represent a physical presence only but psychological absence in the workplace. The factors leading to SP can range from misplaced priorities, inability to manage sick leave or job commitment.

The study and research of sickness presenteeism has gained less interest from researchers in comparison to sickness absenteeism. But according to Hansen and Andersen, 2008; it is as common as Sickness absenteeism. Traditionally, employers are understandably skeptical of loss of work and output due to absenteeism. However, the recent findings provide enough proof at hand that indicates significant cost to company due to sickness presenteeism. Productivity gets significantly reduced when sick or medically compromised workers report on duty to work.

Research in sickness presenteeism has two different approaches. Due to lack of enough quantitative data and research literature on the subject, many researchers adopted a qualitative research methodology. Johns, 2010 pointed out a *European approach* (job securities and other characteristics of the occupation) and an *American approach* (concerning productivity in the organization). The researchers of the topic seem to have reached a common agreement that employees working in the health care profession or care givers are more vulnerable to sickness presenteeism.

Among health care professionals, nurses are highly susceptible to sickness presenteeism adversely affecting delivery of patient care responsibilities. This observation was pointed out by Aronsson, Gustafsson and Dallner, 2000. Along with

loss of productivity, presence of nurses on duty with communicable illness is highly likely to act as vector of transmission. Eric Widera and colleagues (Widera, Chang and Chen, 2010a) reported sickness presenteeism of nursing staff as one of the key factors for the outbreak and extension of infectious disease (viral gastroenteritis) in a health care setting. The nature of job of a nurse involves dedication and sacrifice through working in shifts, night duties and presenting when sick. Another association of sickness presenteeism among nurses can be observed in Patient Safety Culture (PSC). Letvak, Ruhm and Gupta, 2012 found that presenteeism in nurse was associated with an increase in medication errors and patient falls, along with poorer self reported quality of care. Another systematic review conducted by Gärtner, et al., 2012 evidenced that chronic mental illness due to presenteeism were negatively associated with patient safety. Apart from patient safety, sickness presenteeism could also lead to long term consequences like future unavoidable absenteeism as presented by Hansen and Andersen, 2008 and Dellve, Hadzibajramovic and Ahlborg Jr, 2011. Researchers over a period of 2006 -2012 have also showed that SP reduces the health conditions of the employees (Johns, 2010; Dellve, Hadzibajramovic and Ahlborg Jr, 2011; Martinez and Ferreira, 2012). The gravity of the situation involving health and safety of patients and nurses alike make this a crucial study to obtain clear understanding of the causes, solutions and challenges of sickness presenteeism.

This assignment is aimed to highlight the problem of sickness presenteeism among nurses in the health care setup. First, a **description of the problem** will be provided and discussed with support from available published literature. Next the possible **root causes** of sickness presenteeism shall be identified and discussed. After that, the **potential solution(s)** for the problem will be presented and elaborated. Potential solutions shall be followed by the probable **challenges in their implementation** will be enlisted. The assignment shall be completed with the **conclusions** that are drawn at the end.

2. SICKNESS PRESENTEEISM

A. Description

Chapman explained that Sickness presenteeism was introduced in literature for the first time during 1990s (Chapman, 2005). It was described as the incidence when workers attend work for fear of losing their employment despite being ill. Johns, 2010 in his article enlisted sickness presenteeism in ten different definitions, each definition reiterating the presence of a sick employee at work. Of the many definitions of sickness presenteeism, the ones listed by researcher Johns focused on the problem differently. The definitions ranged from “attending work as opposed to being absent” or “reduced productivity at work due to health problems”. One definition of SP agreed upon by scholars and in health literatures is given by Swedish group of Aronsoon, Gustafsson and Dallner (Johns, 2010) . They opined that “going to work, despite having medical conditions that suggest you should be absent” is what sickness presenteeism means.

SP is also termed as “sickness attendance” (Johansson and Lundberg, 2004; Hansson, Boström and Harms-Ringdahl, 2006; Dellve, Hadzibajramovic and Ahlborg Jr, 2011), “Working through illness” (Dew, Keefe and Small, 2005) and “Inappropriate non-use of sick leave” (Grinyer and Singleton, 2000).

B. Impact/ Risk

Nursing is an occupation where direct contact with the patients, visitors and other nursing staff is unavoidable. The nature of their job entails responsibility of health and wellbeing of patients, posing a hazardous threat when they work while sick themselves. In non health care settings, sickness presenteeism may reduce productivity and efficiency but in nursing, the outcomes can be severe (Widera, Chang and Chen, 2010; Letvak, Ruhm and Gupta, 2012; Martinez and Ferreira, 2012).

According to Martinez and Ferreira, if a nurse works when she should actually avail sick leave, it increases risk of medical errors and jeopardize patient safety. Letvak & colleagues (Letvak, Ruhm and Gupta, 2012) seconded this observation in their own study. They opined that there is a strong link between fall of patient and sickness presenteeism in their nursing staff. It also verified the findings of previous study about increased number of medical errors, for example, inducing medicine wrongly or incorrect dosage. Not only does the quality of nursing care is compromised due to presenting sick, but also the health and safety of patient is compromised. A patient admitted in a health care setting who is already in a immunocompromised state posing a greater risk of further transmission from sick nurses. One sick nurse on duty is likely to be in contact with tens of patients in one shift alone, increasing chance of widespread transmission of infectious disease. Widera, Chang and Chen, 2010; in their report on health risk due to SP , presented a fictive event of a 34 day long outbreak of norovirus initiated by sick workers. They had exhibited symptoms of diarrhea, nausea, and vomiting, endangering patients and staff members. However, not all sickness is infectious and a nurse presenting herself with a non-communicable disease would not endanger the already reduced immune system of a patient.

Martinez and Ferreira, 2012 claim there is a connection between deteriorating health condition of a worker and sickness presenteeism practiced by them. Sickness presenteeism has thus been associated with negative and detrimental effects on the nurses health as claimed in various reports by researchers (Dew, Keefe and Small, 2005; Johns, 2010; Umann, Laura de and Silva, 2012; Martinez and Ferreira, 2012). Umann & colleagues found that if the physical health was affected the ability to perform work tasks was limited. Aronsson, Gustafsson and Dallner, 2000 highlighted in his findings that sickness presenteeism is a real risk for future sickness absence and repetition of sickness presenteeism episodes in future. Sickness presenteeism can eventually lead to loss of nursing spirit. This was observed by Kim, et al., 2016, who noted that nurses didn't get enough care from fellow nurses, bosses, patients or family members. They further stated that "having no care for nurses leads to losing one's nursing mind".

In addition to future implications on one's health due to presenteeism, it has been found that sickness presenteeism is also negatively associated with job satisfaction. This relation was studied by Karanika-Murray, et al., 2015. The team of researchers also suggested that work engagement and work addiction fully mediate the relationship between presenteeism and job satisfaction

The processes and factors concerning sickness presenteeism can be described in three (3) theoretical models. All three models are based on earlier research. The proposers and model's salient features are as follows:

- **Steers and Rhodes, 1978**

The model by Steers and Rhodes though concerns sickness presenteeism in general, is considered to be very important and influential in presenteeism research. The idea behind this model points out two factors that influence presenteeism or absenteeism-

- ✓ personal motivation of the employee
- ✓ his/ her ability to come to work

The team mentioned two characteristics affecting job situation- personal characteristics, ability to attend and handle pressure and regards for values and job expectations of concerned employee. This model was developed by reviewing 104 empirical studies and put forward many influential factors of SP like job satisfaction, attendance motivation and employee attendance. However, this model was deemed as difficult to implement and found to be restricted to just general presenteeism.

- **Aronsson and Gustafsson ,2005**

The second model developed by Aronsson and Gustafsson ,2005 directly addressed sickness presenteeism. The model is divided in two parts-

- ✓ The first part denotes sickness presenteeism and sickness absenteeism as two possible outcomes when a worker is sick. They suggested the characteristics of worker's work environment and personal demands which might influence his decision to be present or absent at work.
- ✓ The second part of this model suggested a longitudinal relationship between sickness presenteeism and sickness absenteeism and future health status of the worker. It shows that both presenteeism and absenteeism leads to long term effects on worker's health.

- **Johns,2010**

The third model was proposed by Johns,2010 and it presented a future perspective view. This model is based on existing evidence and addresses both sickness presenteeism and sickness absenteeism. According to the model-

- ✓ A condition of "fully engaged attendance" is interrupted by a "health event" which could be acute, episodic or a chronic event. The interruption or break thus appeared results in either presenteeism or absenteeism.

Decision for being present or absent is affected directly or indirectly by work context or personal factors. After making the decision, there are other factors that decide how this would influence the health of the employee. John intended his model to be viewed in a long term perspective.

C. Root Causes of Sickness Presenteeism

Various studies conducted over a period of time confirmed that combination of different factors have causative effects on sickness presenteeism (Crout, Chang and Cioffi, 2005a; Martinez and Ferreira, 2012). The literature or theory concerning general presenteeism and factors related to work environment, personal or organizational limitations have been highlighted as major causes. Johns, 2010 divided his research in three categories, namely: organizational policies, job design and culture of presenteeism. Organizational policies have further been sub categorized as problems related to salary, downsizing and permanency of employment. Under the second category, job design, issues related to job demands, adjustment latitude, ease of replacement and team work have been identified. The third category, presenteeism culture, concerned itself with the cultures practiced generally in contradiction to absenteeism culture.

Of a collection of related studies, it was found that Johns’ research could substantially indicate the plausible root causes of sickness presenteeism. Earlier studies conducted by Aronsson and Gustafsson ,2005 had all indicated that characteristics pertaining to work related and personal demands influenced sickness presenteeism or absenteeism. Due to the nature of the study, qualitative research was conducted by the researchers to study the implications and causes of sickness presenteeism.

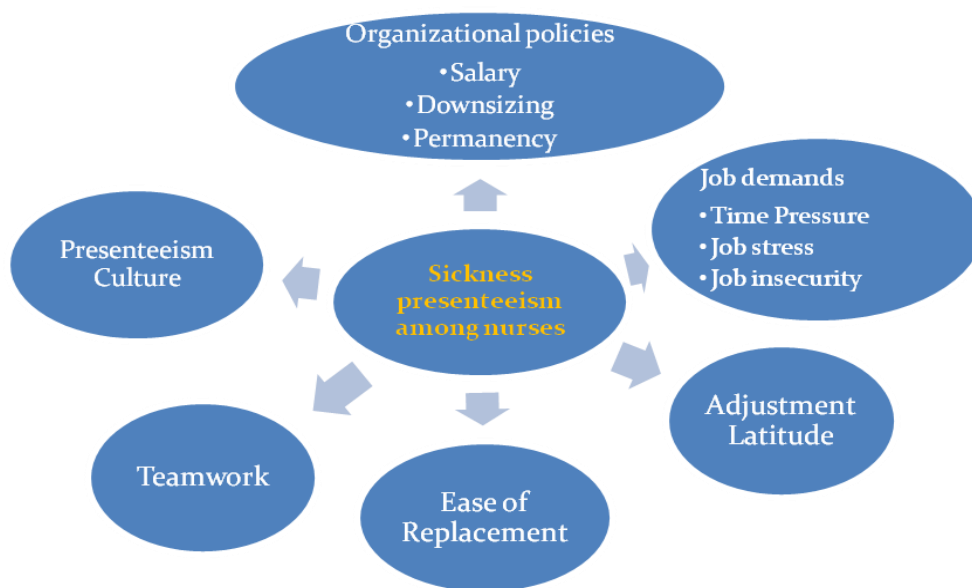


Figure 1 Source: Adapted from Johns (2010)

1) Organisational policies: In their paper, Kevin Dew & colleagues shared their findings on the role of organizational environment in sickness presenteeism (Dew, Keefe and Small, 2005). They suggested that workers were subjected to very different work environments and relationships with management and co workers. In some cases, work environment was encouraging for workers whereas in other cases, forced presenteeism was observed. According to their study, presenteeism pressures differed by class and position in the social structure. Also, organizational policies restricting certain entitlements like accident at work compensation also prompted sickness presenteeism. Another organizational aspect applicable to medical setting is the lack of proper formal training in regards to maintaining health and safety of health workers and patients. This was observed by Veale, Vayalunkal and McLaughlin, 2016 .Since medical education and health care training is based on mentorship, the lack of adequate training by the infection prevention and control staff might result in attributing low or no priority to patient safety and infection transmission.

Johns, 2010 proposed three subheadings under organizational policies-

1. SALARY earned by an employee, entitled sick leaves and attendance control are some of the reasons that influence sickness presenteeism (Johns, 2010). If a worker earns low wages, limited sick leaves and/or his wages are determined by the number of times he attended work, it might reflect in less absenteeism or sick presenteeism. According to Lovell, 2004 lack of paid sick leaves act as stimuli for presenteeism especially in working women. The limited paid sick leaves are then “saved” for later use.

2. DOWNSIZING by an organization owing to policy changes may prompt sickness presenteeism for fear of losing job, job changes reducing absence viability, increased workload, chances of visibility amongst other co workers and promotion (Simpson, 1998). However, this trend varied with permanent employees and temporary employees. Vahtera, Kivimaki and Pentti, 1997 noted that incidence of absenteeism increased among permanent employees only. So they inferred temporary workers might have indulged in presenteeism (sickness also) as they are at a vulnerable working position.

3. PERMANENCY OF EMPLOYMENT- Further to Vahtera's observations many authors inferred that temporary and fixed contract workers were prone to attend work even when sick than their permanent colleagues (Karasek, 1979). This could be attributed to the nature of permanency of their jobs. Several studies have found that non-permanent or contingent employees exhibit less sickness absence than permanent employees.

2) Job demands: This term denotes the demands applicable to the employee in his working condition. The definition given by Karasek, 1979 using his Demand- Control model, job demand implies the pace of work, working time, time pressure and stress. According to this model, job demand can influence both sickness presenteeism and sickness absenteeism depending on the degree of control over the working situation an employee commands. Based on Karasek's model and other research studies, suggested that job demands can be divided in four sub categories-

1. TIME PRESSURE: Researchers have shown that the first category, time pressure, is in direct connection with sickness presenteeism. The study by Hansen and Andersen, 2008 showed effect of having a supervisory role and working for more than 45 hours per week as main causes of increased sickness presenteeism. This finding was supported by Dellve, Hadzibajramovic and Ahlborg Jr, 2011 and Claes, 2011. On the contrary, the study by Martinez and Ferreira, 2012 on women workers showed that longer working hours made them less susceptible to sickness presenteeism. The reason for longer working hours could be related to their extended workload. More workload per employee could be an indication of insufficient staff. Nurses in European countries like Norway have been overloaded due to the country's economic pressure resulting in lack of employees (Aronsson, Gustafsson and Dallner, 2000). On the other hand, longer working hours by some employees could also mean that they have better health conditions than the rest and are less sick (Aronsson, 2005). An interesting point to note here is that the contradictory findings in regard to relationship between time pressure and sickness presenteeism by Martinez and Ferreira, 2012 and Claes, 2011; Dellve, Hadzibajramovic and Ahlborg Jr, 2011 could be due to different study areas. While Martinez and Ferreira studied in a Portugese hospital, Claes and Dellve & colleagues researched England, Belgium, Spain and Scandinavia.

2. PERCEIVED WORK STRESS: Second category, perceived work stress was studied by Elstad and Vabø, 2008; Linnerud, 2013 and they opined that there was an increased risk of sickness presenteeism where the level of stress was high. The stress quotient that a nurse faces at her work is much worse than a non health care professional; simply because a nurse cannot choose to postpone or suspend her duties towards a patient endangering his life. They are in constant touch with people and under pressure to perform flawlessly. On the other hand, some job stress is likely to be positive. In the opinion of Linnerud, 2013 the solution to this could be the right amount of job stress that shall promote good working environment, good health and reduce sickness presenteeism in nurses.

3. JOB INSECURITY: The third category, job insecurity has been connected to presenteeism as a motivation to go to work despite illness for fear of losing their jobs. This connection was studied by Hansen and Andersen, 2008 and Martinez and Ferreira, 2012. They also observed that job insecurity is evident where unemployment levels are higher. Since employees with high absenteeism rates are perceived as non profitable for the company, there is a tendency in employees to present themselves at work. However, based on earlier research, sickness presenteeism doesn't reflect employee's optimum performance.

4. JOB SATISFACTION: The fourth and last category, job satisfaction is found to curb sickness presenteeism. According to a theory by Dew, 2011; low level of job satisfaction promotes sickness presenteeism. This was confirmed by Claes, 2011 in his study that indicated satisfied employees did not go to work when sick. The findings of Dew and Claes contradict popular assumption that unsatisfied workers would not want to go to work when sick. They argue that unsatisfied employees seeking a change of jobs would want to create a good impression.

In a longitudinal study of nurses, Demerouti, et al., 2009 found out that high job demands were associated with presenteeism and eventual burnout. Job demands that necessitate attendance, for example, in case of care givers, might as well result in presenteeism. In the case of nurses, their occupation involves a high degree of interaction with people. It can

thus be imagined that their job demands come from both directions- top down from management and bottom up from patients.

3) Adjustment latitude: Adjustment latitude refers to the possibilities that an employee possesses in order to reduce or alter work output and procedures, when he is unwell Johansson and Lundberg, 2004.

Johns, 2010 highlighted two outcomes that with adjustment latitude, the employee turns but adjusts his pace of work. A contradictory indication of adjustment latitude was provided by Aronsson and Gustafsson, 2005 that shows less control over work pace was associated with more presenteeism. Three arguments for the contradictory findings were thus suggested- First, people with low control over work pace had “poorer work” and under financial obligations to attend work despite being sick. Aronsson and Gustafsson however adjusted for personal financial status. Second, people controlling own work pace were healthier and need not present themselves at work when sick. Again, the results did not change with the adjustments by Aronsson and Gustafsson on health account. The third and last argument was that people who could control their own pace of work have a higher threshold of being sick at work, than people who couldn’t control their work pace.

Based on arguments, it can be summarized that high adjustment latitude would be associated with a higher degree of sickness presenteeism. The reason for this being the varying possibility to adjust one’s own work tasks in accordance to the health condition he /she is in.

In case of nurses, every nurse has a set of workload which is normally not flexible, owing to patient needs. If however, the workload is lessened or altered, the remaining workload shall have to be shifted to another nurse. In majority of cases, nurses work in shifts and being sick on their shift might not make them eligible for sick pay. Their occupation is of critical nature where the work has to be finished at a certain time and place. “Here-and-now” is the kind of work procedure that they follow. Hence, adjustment latitude is less relevant for nurses, as they will merely be able to adapt to their workload. This doesn’t however explain high incidence of sickness presenteeism as per Johns model (Johns, 2010). So it can be inferred that there are more influential factors at play that decides whether a nurse will report on duty or not while being sick.

4) Ease of replacement: According to Johns, 2010; ease of replacement is “the amount of work that has to be redone when returning to work after absenteeism.” Another definition of ease of replacement perceives it as a threat to job security if it is easy to replace one employee by giving his tasks to somebody else. The pressure of being replaced might force the employee to sickness presenteeism. John argues that one is more likely to exhibit presenteeism if he fears that his job is getting piled up during his absence. However, this theory of Johns doesn’t seem to apply in the case of nurses as their appointed task is surely not going to wait for them to return. Their “here-and-now” tasks shall be assigned to other nurses on duty, which in fact should act as an incentive for being absent from work. On the contrary, nurses exhibit highest degree of sickness presenteeism. Though the nurses follow the same routine tasks and can easily be replaced by other nurses, practically this is not evident in the health sector. Understaffing is a major concern in the health sector and non availability of substitutes when one nurse is absent promotes presenteeism. Since the tasks of nurses have to be done anyhow, other nurses would be loaded with twice the tasks. This non availability of replacement as a cause of presenteeism was suggested in a study by Mckevitt, et al., 1997. Another study by Aronsson, Gustafsson and Dallner, 2000 suggested that sickness presenteeism was related to non availability of replacement.

5) Teamwork: Several researchers, like Grinyer and Singleton, 2000; Hansen and Andersen, 2008; Johns, 2010; found that working as a team in close association with co workers promoted presenteeism. The reason for this was cited as a sense of obligation towards fellow members by Johns, 2010. Grinyer and Singleton, 2000; in their study stated that working in teams could have an impact on short term sick leave but accentuates sickness presenteeism. This finding was supported by Kivimaki, et al., 2001 who said that teamwork was a major reason for sickness presenteeism in head nurses and ward sisters. The same study also said that teamwork had induced sickness absenteeism in physicians though. Increased workload for co-workers would promote presenteeism according to a study by Mckevitt, et al., 1997. They feel obligated for their role in the team, especially if the group is small. The same holds true for nurses, where they know that if they are absent their work shall have to be done by another fellow nurse. They “don’t want to let the team down” as found in a study of cooperative nurses by Crout, Chang and Cioffi, 2005. If the team is small, the absence is more noticeable. Also, most team members tend to follow the trend of the team that governs their working conditions. If the norm of the team, in an unsaid or said manner, is to be present at work even if sick, then most team members tend to abide by that.

For nurses, working closely in teams of two and sharing part of their task together is commonplace due to the nature of the job. Unlike other occupations, nursing involves more frequency of working together. They share one task with other nurses along with their own. These could include caring for a sick patient that takes two to handle. One of the nurses might feel obligated towards their team member and come to work even if sick worrying that only one of them cannot do the job alone.

Teamwork can however have positive or negative influence on an employee's psychology. This was studied by Kivimaki & colleagues who highlighted certain advantages and disadvantages of teamwork (Kivimaki, et al., 2001). If a member does not get along with his team, it will not promote sickness presenteeism due to lack of camaraderie. On the other hand, a low team bonding might prompt the employee to abstain from absenteeism in order to avoid the tag of someone "always sick" thus promoting sickness presenteeism.

6) Presenteeism Culture: Aronsson, Gustafsson and Dallner, 2000 suggested that occupations in caring, helping and primary teaching sectors were prone to presenteeism due to a culture predicated in part on loyalty to and concern for vulnerable clients like patients and children. Dew, Keefe and Small, 2005 opined that different work setups exhibited different cultures. The first culture was "battleground" culture- where top management didn't force presenteeism but an individual's own identity and loyalty fostered presenteeism. The second was "sanctuary" culture where in a strong teamwork ethos and obligation to co workers drove employees to presenteeism. The third culture is the "ghetto" culture wherein the working conditions are very poor and there is pressure from the management to be present at work even when sick.

Apart from the causes mentioned by Johns (2010), similar causes were identified by Kim, et al., 2016 in their study of registered nurses. They opined that majorly two factors could be identified as causes of presenteeism- (i) *their own failure to take care of themselves* (ii) *implicit and explicit pressure from their colleagues or organization*. In the first case, the nurses did not care for their own condition and came to work to fulfill their duties. They did so as they did not want to tell their colleagues about their sickness and they felt sorry for their colleagues for being forced to share their load. The second cause is explained to be pressure from fellow nurses who made it evident that they had to or have to work hard when someone is sick and absent. So, nurses have faced situations when they had to come to work as no one was there to replace them. Nurses have had to face uncaring attitude from their bosses, fellow nurses, patients and their family members that has led to sickness presenteeism. The eventuality of sickness presenteeism was reported to be loss of nursing spirit and manpower.



Figure 2 Source: Adapted from (Aronsson and Gustafsson, 2005; Crout, Chang and Cioffi, 2005b; Johns, 2010; Widera, Chang and Chen, 2010b; Kim, et al., 2016; Veale, Vayalumkal and Mclaughlin, 2016)

D. Probable Solutions

The topic of sickness presenteeism has attracted limited research in the last decade only and sickness presenteeism among nurses is further restricted (Linnerud, 2013). The researchers have found difficulty in gathering quantitative data for study and due to the factors and implications of sickness presenteeism, qualitative research has been conducted. The why's and what's of sickness presenteeism among nurses are being continually explored further. The causes of sickness presenteeism are related to personal traits, sociological conditions and societal circumstances as found by researchers like Johns, 2010; Aronsson and Gustafsson, 2005; Crout, Chang and Cioffi, 2005 and others. Hence the possible solutions to discourage sickness presenteeism also suggest improving or eliminating the causes. According to a Korean study by the group of Kim, et al., 2016 nurses who take good care of their patients should take an equally active leadership in caring for themselves and their colleagues. They should do so with as much earnest and spirit of caring so the experiences of presenteeism can be changed into positive experiences.

In the health care setup, mentoring has a big impact in shaping up of work conduct (Veale, Vayalumkal and McLaughlin, 2016). If students are encouraged to stay at home when they are suffering from infectious disease as part of professional behavior, the incidence of sickness presenteeism is likely to get controlled. Health care providers like nurses must be mentored in a manner so they understand that a minor illness like common cold or Gastroenteritis can prove to be disastrous for an immunocompromised patient.

In this Canadian study conducted by Pamela M Veale and her group, they pointed out that to reduce sickness presenteeism among the subjects; few organizational changes had to be made. These included simplifying the process of applying for a sick leave when the necessity arises and providing 3 working days offs per year for personal use.

Widera, Chang and Chen, 2010 recommended unrestricted paid sick leaves to lessen the pressure on the nursing staff. A case controlled study from USA (LI, et al., 1996) pointed out those health setups with paid sick leaves are less likely to have communicable disease outbreak. Relaxing the restriction of producing medical certificate to authenticate the leave can also significantly reduce presenteeism, as suggested by Böckerman and Laukkanen, 2010. These measures can act as counters to organizational and cultural causes of sickness presenteeism.

Another recommendation by Widera, Chang and Chen, 2010 is to establish a systematic process to screen all employees for contagious illnesses before start of shift. The effectiveness of this intervention however requires more research. Such an active case screening was recommended to control H1N1 influenza pandemic according to Interim Guide for H1N1, 2009 (Anon. 2009).

The last and crucial recommendation by Widera, Chang and Chen, 2010 is to ensure adequate staffing of nurses to reduce the burden of personal obligation towards patients and coworkers. Because, despite mentorship and mandatory exclusion policies, a nurse is likely to come to work if they feel their absence is going to hamper their colleagues (McKevitt, et al., 1997; Elstad and Vabø, 2008; Gudgeon, et al., 2009).

E. Challenges in implementing probable solutions

In the recent studies conducted by the researchers, the identified causes were mainly related to the following factors –

- Personal characteristics (Aronsson and Gustafsson, 2005; Johns, 2010) - like adjustment latitude, psychology of individual and other factors like general health of the employee. Any solution to impact these characteristics could be difficult as these are individual traits and vary from person to person.
- Work environment (Johns, 2010)- The probable solutions to understaffing, mentoring and reducing workload could meet organizational opposition as these imply an additional cost to the company. The solution to understaffing could be in direct clash with the visions of the organization and hence difficult to achieve.
- Job insecurity and satisfaction (Hansen and Andersen, 2008; Martinez and Ferreira, 2012)- The probable solution to removing job insecurity is to provide more jobs and employment opportunities. Due to poor economic conditions of the countries under study, recruiting more nurses was not usually an option (Aronsson, Gustafsson and Dallner, 2000).
- Teamwork (Johns, 2010)- Kivimaki highlighted disadvantages of teamwork as well its advantages (Kivimaki, et al., 2001). Going against the popular belief that teamwork only has positive effects could be a challenge. Since the benefits of teamwork are more, the finding by Johns, 2010 that says increase in presenteeism due to teamwork could be a challenge to accept.

3. CONCLUSION

This study has taken into account the findings of the researchers that suggest – **what, why** – of sickness presenteeism, primarily among nurses. The study recommends enforcement of policies as **solutions** to prevent nursing personnel coming to work when they are sick. During the study, it was felt that there is scope of further research as to **how** sickness presenteeism can be minimized without affecting loss of the organization. The study enlisted the causes identified by different researchers. The policies should include availability of unrestricted paid sick leaves, systematic approach to screen staff before shifts and to provide adequate staffing. Mentoring at the initial level to apprise of the implications and risks of sickness presenteeism should be put in place in health care setup. A crucial and effective shift is recommended by health care organizations to view the **causes** of sickness presenteeism in the light to take measures to minimize it. Reduction in sickness presenteeism shall benefit the worker's future health condition, reduce future absenteeism, safeguard the interests of immunocompromised patients and reduce costs to organizations.

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