



Original Article

Presenteeism amongst Employees with Musculoskeletal Health Problems

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ABSTRACT

Background: Presenteeism is generally understood as attending work despite health problems and in the past has not gained enough attention in organisations as its counterpart absenteeism. The consequence of presenteeism is that employees often manifest symptoms of exhaustion and burnout derived from inadequate recovery from illness. **Objective:** To explore the levels of presenteeism amongst employees with musculoskeletal health problems attending an occupational health service. **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, United Kingdom. An OPAS-G2 database was utilised to identify and select employees with musculoskeletal health problems who 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. Employees were mailed the Stanford Presenteeism Scale (SPS-6) and asked to complete and return it in a pre-paid envelope. The scale uses a five-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree,’ with ‘uncertain’ being the neutral answer. **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 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 organisations. The level of presenteeism amongst employees with musculoskeletal health problems was high.

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INTRODUCTION

Presenteeism is generally understood as attending work despite health problems and in the past has not gained enough attention in organisations as its counterpart absenteeism (Gosselin et al., 2013). This could be attributed to the fact that, in contrast to absenteeism, presenteeism is not formally registered and is thus more difficult to determine (Hansen & Andersen, 2008). However, the evidence has suggested that presenteeism is much expensive problem than absenteeism, and consequently the phenomenon has gained exponential attention (Evans-Lacko & Knapp, 2016). Presenteeism can appear appealing to organisations because they avoid costs associated with unplanned absence (Ruhle *et al.*, 2020). However, the data indicates that employees who visit office when unwell commit more mistakes and report low level of performance and productivity (Baker-McClearn *et al.*, 2010; Niven & Ciborowska, 2015). 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 (Aronsson *et al.*, 2000; Dew *et al.*, 2005; Demerouti *et al.*, 2009).

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.*, (2019), 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 the perpetuation of the cycle. The aim of this project was therefore to explore the levels of presenteeism amongst employees with musculoskeletal health problems attending an occupational health service.

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, United Kingdom. An OPAS-G2 database was utilised to identify and select employees with musculoskeletal health problems who 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 (Chetty, 2011, 2014). Employees were mailed the Stanford Presenteeism Scale (SPS-6) and asked to complete and return it in a pre-paid envelope. Demographic variables are gender, age, work status, years of service and site of pain or injury. 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 outcomes (completing work) as depicted in Table 1. It is both a valid and reliable scale and participants are asked to rate their working experiences in the past month (Koopman *et al.*, 2002).

The scale uses a five-point Likert scale ranges that from 'strongly disagree' to 'strongly agree'. 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: disagree, 3: uncertain, 2: agree, and 1: strongly agree. The total score on SPS-6 (score 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 (Brborović *et al.*, 2014). Data

analysis was analyzed using SPSS version 25.

RESULTS

About 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 data 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 injury or pain was reported as the spinal region (57.9%), followed by the lower limb (22.4%), and the least common site was the upper limb (19.1%). Those attending the occupational health service for musculoskeletal health problems, more were at work (76.3%) compared to being off work due to pain or injury (23.7%). In table 3, 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 indicated low level of presenteeism.

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, 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 the presenteeism are not removed because musculoskeletal health problems are likely to be aggravated (Pohling et al., 2016). The signs and symptoms of musculoskeletal health problems that limit or minimise the quality of work can also contribute to presenteeism

Table 1: Work Processes & Outcomes

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.
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.

Likert scale: 1: strongly disagree, 2: disagree, 3: uncertain, 4: agree, 5: strongly agree

Table 2: Demographic Characteristics of employees

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

(Karanika-Murray & Biron, 2020). The most common reason for employees not to seek assistance is their belief that they are healthy and fit to be at work (Demerouti et al., 2009). In most cases, there is 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 (Niven & Ciborowska, 2015). 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 smaller number of participants so that the findings cannot be generalised. Although this project was anonymous to make employees as comfortable with replying accurately as possible, some employees who experienced presenteeism did not wish to respond because they feel discomfort disclosing this information. The authors of the SPS-6 questionnaire acknowledge that asking employees about their work experiences may get affected by personal and environmental 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 (Koopman *et al.*, 2002).

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 psychological and physical conditions can interfere with attention and impair the delivery of quality care with consequent risk to clients and organisations. The level of presenteeism amongst employees with musculoskeletal health problems was high. It is recommended that organisations recognise presenteeism as an existing and/or phenomenon in the workplace and develop improve policies and support appropriate onward referral to processes that guarantee its identification and

occupational health services.

DECLARATIONS

Consent to participate: Written consent had been taken from patients. All methods were performed following the relevant guidelines and regulations.

Availability of data and materials: Data will be available on request. The corresponding author will submit all dataset files.

Competing Interests: None

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Author contributions: The author read and approved the final manuscript.

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