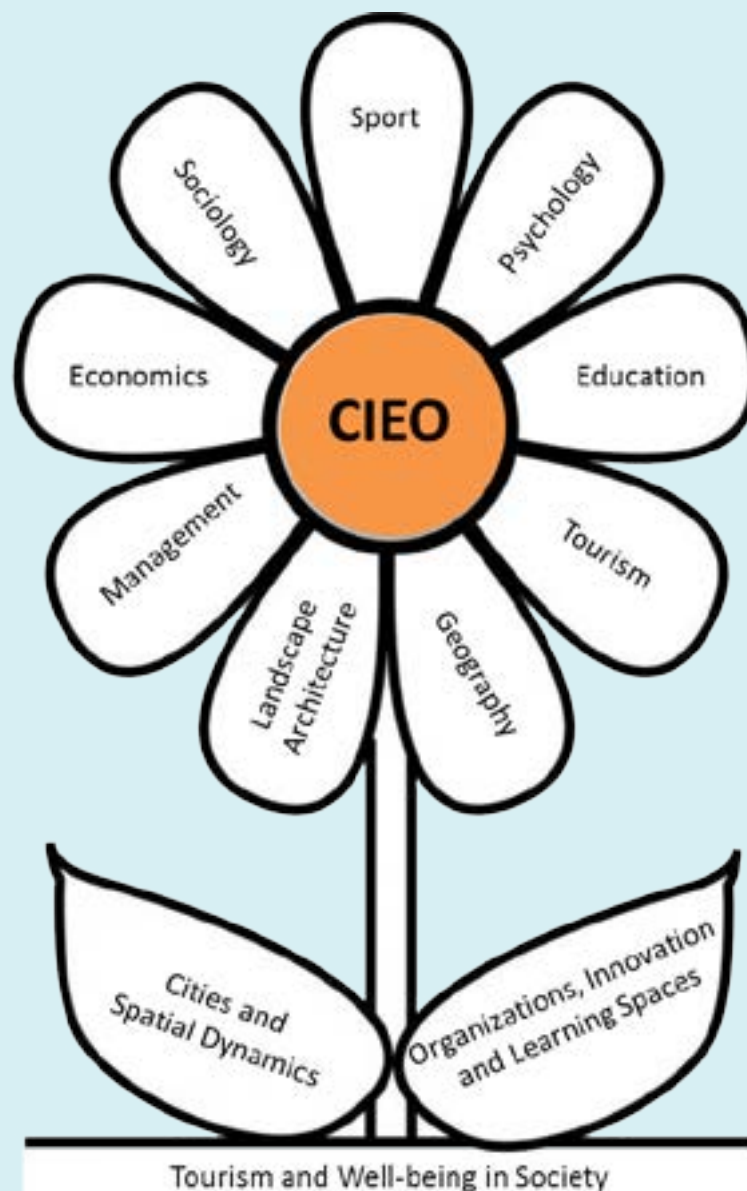


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TECHNICAL INFORMATION

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Editors: Saul Neves de Jesus and Patrícia Pinto

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CIEO – Research Centre for Spatial and Organizational Dynamics

University of Algarve

Gambelas Campus, Faculty of Economics, Building 9

8005-139, Faro

cio@ualg.pt

www.cio.pt

Editing, Page Layout and Cover:

Marlene Fernandes

CIEO Secretariat

Content Support:

Katrine Reima, ERASMUS Scholarship, Vidzeme University of Applied Sciences, Latvia

Organizing Commission:

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Marlene Fernandes, University of Algarve

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MANAGEMENT OF PRESENTEEISM. THE EFFECTS ON PRODUCTIVITY OF A FOOD PROCESSING COMPANY

Ana Galvão
Instituto Politécnico de Bragança
(anagalvao@ipb.pt)

Márcia Cunha
Instituto Politécnico do Cávado e Ave
(marciacunha5@hotmail.com)

Pedro Nunes
Instituto Politécnico do Cávado e Ave
(pnunes@ipca.pt)

Marco Pinheiro
Instituto Politécnico de Bragança
(mpinheiro@ipb.pt)

ABSTRACT

Presenteeism consists in going to work without conditions to produce, which can have a much higher impact than absenteeism on the productivity of an organisation. Presenteeism translates in both physical as psychological perturbations. It is difficult to quantify reality, as is its translation into direct and indirect costs within the organisation.

Our goal was to analyse the effects of presenteeism on the productivity of a company in the food-processing sector through a descriptive and transversal study of exploratory nature. The Stanford Presenteeism Scale SPS-6 (validated by Ferreira *et al*, 2010) and a semi-structured interview were used.

Most of the workers referred having already gone to work feeling ill at least two days in the last year, mentioning that their health condition affected their performance, made them feel desperate and lacking pleasure from work. Management mentioned that presenteeism has a direct impact on productivity without, however, being able to quantify the true costs.

Presenteeism is a reality in organisational scenarios, excelling in the educational and health sectors. We underline the importance of making organisations aware of the psychosocial risks and the importance of having healthy leaderships, work stress control and the presence of clinical psychologists and professional coaches.

Keywords: Presenteeism, Productivity, Work Stress.

JEL Classification: D29, M19.

1. INTRODUCTION

Presenteeism can reduce the productivity of companies in at least one third (Hemp, 2004). Given that it is an invisible problem (idem, 2004), it is believed that presenteeism can cause greater loss of productivity than absenteeism (Collins *et al*, 2005), partly because in the future it can lead to the increase of the latter (Bergström *et al*, 2009; Janssens *et al*, 2013). For this reason, managing the consequences is considered a competitive advantage for the companies (Hemp, 2004; Johns, 2010).

Johns (2010) had noted that studies on presenteeism tend to be carried out based on two main approaches: on the one hand, studies have been concerned especially in studying the causes of presenteeism, focusing on the analysis of the factors that cause job insecurity that can trigger it (eg, Simpson, 1998; Virtanen *et al*, 2003); on the other, they have been concerned especially in studying the consequences of health problems in productivity (eg, Koopman *et al*, 2002). The focus ranges from the description of presenteeism as the effect of changing contexts to the analysis of the consequences of presenteeism on productivity. Johns (2010) advocates the integration of these two perspectives.

For the description of the context - in particular the analysis of associations between the frequency of presenteeism and socio-demographic characteristics of workers and the description of presenteeism levels as a function of the activities performed by workers - and the study of presenteeism effects on worker productivity and the performance of the company - by analysing the consequences of presenteeism and the effects of these preventive measures – it is intended to outline the integration of the two perspectives identified by Johns (2010) in this study.

1.1. The impact of presenteeism on productivity

Whereas the work capacity is greatly affected by the state of health, it is licit to admit that worker productivity is impaired when there is a health problem (Schultz and Edington, 2007). The health problems of workers are reflected in the failure to meet organisational objectives (Daniels and Harris, 2000) in particular in the inability to fully contribute with added value to the general wealth (Brouwer *et al.*, 1997a; Brouwer *et al.*, 1997b; Brouwer *et al.*, 2002), questioning their integration in the context of organisational citizenship (Daniels and Harris, 2000). Even the (simple) health risks cause the decrease in production capacity of workers (Schultz and Edington, 2007).

In a systematic review of the literature conducted in 113 studies on presenteeism, it was concluded that “there is empirical evidence that workers who go to work despite being ill (...) are characterized by a substantial reduction in productivity compared to those who are not sick (...). Additionally, there is the possibility of presenteeists spreading their diseases to other workers increasing the negative impact on the business’ productivity” (Schultz and Edington, 2007 cited in Arnold, 2014, p. 2). These conclusions are shared by several authors (e.g. Pauly *et al.*, 2008; Bergström *et al.*, 2009; Merrill *et al.*, 2012.).

Despite the increased attention given to the problem by researchers, there is little empirical data to accurately calculate the costs for businesses through the loss of productivity of the employees due to presenteeism (Mattke *et al.*, 2007). In part, this is explained by the fact that presenteeism is an invisible phenomenon, which hampers the assessment of the costs (Hemp, 2004).

The difficulty of measuring presenteeism’s impacts on productivity can be explained in part by the difficulty in assessing presenteeism costs related to health care and related periods of friction, where there is the need to compensate for the loss of productivity, which may include measures that may be through replacing the worker or even by increasing the work force. The difficulty in assessing presenteeism costs due, in part, to the complexity of the associations between the direct medical costs and indirect costs (Koopmanschap and Van Ineveld, 1992). Presenteeism is a reality in the scenario of organisations, exceling in the education and health sectors. We underline the importance of making organisations aware of the psychosocial risks and the importance of having healthy leaderships, work stress control and the presence of clinical psychologists and professional coaches (Van Ineveld, 1992).

While it is difficult to objectively measure the impacts of presenteeism on the productivity of workers and enterprises (Hemp, 2004; Johns, 2010), it is believed that adding the total loss in worker productivity, presenteeism accounts for 77% and absenteeism for 23% (Merrill *et al.*, 2012).

Goetzel *et al.* (2004) showed that the costs associated with presenteeism vary depending on the health problem, but, overall, presenteeism costs are higher than health care, accounting for between 18% and 60% of total costs, depending on the health problem. Cooper and Dewe (2008) estimate that the costs associated with presenteeism are about 1.8 times higher than the ones associated with absenteeism. In accordance with Goetzel *et al.* (2004), Schultz and Edington (2007) also reported that the costs associated with presenteeism exceed the costs of health care. Also, according to Burton *et al.* (2004), the costs of presenteeism are two or three times higher than the costs of medical care.

In a study realised by BankOne at Lockheed Martin (quoted in Hemp, 2004, p. 6), the health conditions that cause major productivity losses have been identified (see Table 1).

Table 1 – Relationship between health problems and the average productivity break

| Health problem | Prevalence (%) | Average productivity loss (%) | Annual total costs (dollars) |
|----------------|----------------|-------------------------------|------------------------------|
| Depression | 13,9 | 7,6 | 786,600 |
| Arthritis | 19,7 | 5,9 | 865,530 |
| Back pain | 21,3 | 5,5 | 858,825 |
| Asthma | 6,8 | 5,2 | 259,740 |
| Gastric reflux | 15,2 | 5,2 | 582,660 |
| Dermatitis | 16,1 | 5,2 | 610,740 |
| Migraine | 12 | 4,9 | 434,385 |

| | | | |
|-----------|------|-----|-----------|
| Influenza | 17,5 | 4,7 | 607,005 |
| Allergies | 59,8 | 4,1 | 1,809,945 |

(Fonte: Hemp, 2004, p. 7)

From the table one can see that the psychological problems - depression - are causing major productivity losses, although seventh in position in the list of the prevalence of health conditions listed by Hemp (2004, p. 7). In the antipodes, the most common health problems - allergies - are causing a lower average decline of productivity. Along with depression, musculoskeletal problems - arthritis and back pain complete the podium of the most common health problems, and as a whole, are responsible for the average loss of 11.4% of productivity, whereas the three most common problems reach 15.5% of average loss of productivity. On the other hand, the least common problem - asthma - is responsible for the next average loss of productivity value associated with musculoskeletal problems. In nominal terms, higher losses occur in the most common health conditions. Lockheed Martin has annual losses of more than \$ 3.5 million related to allergies, arthritis and back pain. In the group of nine health conditions accounted for, the company spends more than six million and eight hundred and fifteen thousand US dollars per year (BankOne, quoted by Hemp, 2004, p. 7).

Organisational costs related to the poor health of employees as well as to the management of risk factors include high medical expenses, expenses related to incapacity for work and expenses related to compensation to employees (Goetzel and Ozminkowski, 2008). Apart from these, there is a danger to register an increase in absenteeism and relapse in the health of workers and also to the health problem affecting the performance of other workers as a result of infections (*idem*).

As can be seen, the measurement of productivity losses is confused with the measurement of presenteeism costs. Both problems have different natures, although concomitant, but rigorous analysis of the effects of presenteeism on productivity requires formalising a standard measure (Brouwer *et al.*, 2002; Hemp, 2004) that allows including in the area of the signification of the concept the issue of costs. The effects of this standardisation deficit of presenteeism measuring instruments have been studied, for example by Brouwer *et al.* (2002), which compared the methods of Osterhaus, Van Roijene and the QQ method. The authors denoted that the measurement of the costs associated with presenteeism differs greatly between the methods. Apart from this impediment for accurate measurement of losses in productivity due to presenteeism and the fact that this is, as stated, an invisible problem (Hemp, 2004), there is the issue that most empirical studies support their diagnosis on self-assessment by workers, which may exaggerate the effects of their health problems on their performance (Podsakoff *et al.*, 2003). More, productivity losses are not limited to the consequences of a given disease or morbid symptoms - they can lead to other problems, as we saw when examining the correlation of presenteeism and how Brouwer *et al.* (2002) recognize, in particular, changes in socio-economic and organisational contexts.

The issue of measuring the effects of presenteeism on worker productivity is subject to a high interest by researchers. The lack of a standard measure is related to the analysis perspective of the phenomenon. Besides the differences resulting from the two predominant approaches - the epidemiological one and the one based on productivity - there are still differences in what concerns the inclusion of indirect costs in the calculation of productivity losses from presenteeism (van Roijen *et al.*, 1995). The inclusion of these costs in presenteeism studies is due to the close relationship between this problem and absenteeism, which implies the recognition of decentred worker expenses - such as the costs associated with periods of friction.

Due to the close relationship between presenteeism and absenteeism, it is considered that the former can happen before and after the stages of absence (Brouwer *et al.*, 2002). In both cases there is a loss of productivity, since, at first, the worker is working at a sub-optimal level (Koopmanschap and Van Ineveld, 1992; Merrill *et al.*, 2012) and the second is absent, forcing the delegation of tasks of this worker or even a temporary or permanent replacement.

1.2 Preventive strategies of presenteeism

The costs for organisations, health problems and risk behaviours “include high costs of medical treatment and the level of disability and sickness compensation, absenteeism and high turnover of workers and decreased productivity (...)” (Goetzel and Osminkowski, 2008). For this reason, presenteeism is a problem whose impacts are of great interest to minimise by enterprises’ human resources managers (D’Abate and Eddy, 2007).

In addition to the consequences for employers, presenteeism also has consequences for each individual and for other consumers (Weinstein *et al.*, cited in Brouwer *et al.*, 1997; Cooper and Osminkowski, 2008). These are some of the reasons that justify the need to predict professional performance problems (Campbell, 1990).

The difficulties in objectively assessing presenteeism costs (Prasad *et al.*, 2002;.. Lensberg *et al.*, 2013) limit the ability of managers to formulate strategic plans aimed at minimising the effects of presenteeism in the company’s performance (Fleishman and Harris, 1988; Arnold *et al.*, 2005; Aronsson and Gustafsson, 2005; Munro, 2007; Cancelliere *et al.*,

2011; Johns, 2011). Such difficulties are important issues with which the management of organisations struggle (Loeppke *et al.*, 2009).

Given the difficulty of objectively calculate the effects of presenteeism on the productivity of workers and companies, managers have adopted various preventive strategies in an attempt to decrease the extent of presenteeism. A recent review of the effects of health promotion programmes in the workplace suggests that these may positively affect presenteeism and help identify risk factors associated with it, thus contributing to improve employee and company performance (Cancelliere *et al.*, 2011). The implementation of prevention plans suggests similar results. Loeppke *et al.* (2010), denoted that nearly half of the employees who showed high health risk passed to moderate and/or from moderate risk to reduced risk due to their participation in a prevention plan with a duration of one year.

To deal with presenteeism “involves identifying its potential causes, design and implement interventions to prevent or reduce and monitor and evaluate these interventions” (Merrill *et al.*, 2012). The concerns of businesses in relation to presenteeism go through 1) determine the prevalence of diseases and medical problems that undermine performance, 2) calculate the size of the related productivity break with the existence of these medical problems and 3) tackle the productivity break in effective ways, with reference to the cost/benefit ratio (Hemp, 2004, p. 1). However, it was found that the first two points are not really easy to meet. In determining the prevalence of presenteeism, problems regarding measurement occur due to the diversity of the existing steps. As to the assessment of the productivity break dimension due to presenteeism it was found to be very difficult to know the exact degree in which the various diseases decrease productivity (ditto), since presenteeism affects not only the amount of work (people can work more slowly or have to repeat tasks) but also its quality (can make mistakes more often or make more serious errors) as recalls Hemp (*idem*, p. 2).

The focus of the problem lies in the relationship between professional and personal lives of workers - marked by the change in perception of time, distinguished between “free time” and “working time”, the imposition of temporal discipline by employers on employees in the spirit of industrial capitalism, as discussed in the classic work of EP Thompson (1967) - and highlights the centrality of subjective well-being (Diener, 1984; Daniels and Harris, 2000) as support for the development of human capital in the context of work (Demerouti *et al.* 2008). The integration of personal and professional life is considered to be the basic strategy to adjust the employee to the organisational environment (Greenhaus *et al.* 2003; Polach, 2001, 2003), as advocated by the theory PO Fit (Personal-Organisational Fit), developed by Kristof (1996) from the theory PE Fit (Personal-Environment Fit), firstly presented by Cobb *et al.* (1963).

Studies suggest that health promotion programmes and prevention of risk and disease must be holistically inspired and integrated (Pronk, 2013), in a sustained manner, with methodologies of psychological factors (Cooper, 2007, 2008; Cooper and Dewe, 2008) and organisational potentiation (eg, Kirsten, 2010) in a logic of adjustment between individual behaviours and environmental constraints, in accordance with the concept of self-efficacy stimulated by the change of psychological processing of these constraints, a notion considered central in the theory of behavioural change of Albert Bandura (1977) whose provisions are considered essential prerequisites to “attack” the problem of presenteeism (Goetzel and Osminkowski, 2008).

An ecological approach to work and health is therefore critical (Stokols *et al.*, 1996; McAlister *et al.*, 2008). Steultjens *et al.* (2012) add that presenteeism may be reduced by a combination of individualised promotional programmes, monitoring of health risks, the implementation of a leadership promoting organisational health at work and respect for a culture of support in the workplace. Indeed, as mentioned, policy and organisational support are predictors of attitudes towards work, the performance of the professionals and organisational citizenship behaviours (Randall *et al.*, 1999).

In this sense, according to Goetzel and Osminkowski (2008), programmes should integrate some key components: a) health education, b) links to the services and tasks related to employees, c) environments that promote and improve health, d) integration of health prevention in the organisational culture, e) monitoring of employees with appropriate follow-up treatments.

Overall, presenteeism combat programmes are guided by the principles of the behavioural change theory (*idem*), by changing the attitudes of individuals as a means to control the risk factors for health (Cooper and Dewe, 2008). In order for the ecological imperative for this change to be effective, “organisations must look at both the inside and outside when they decide to develop intervention strategies. Partnerships between employers, employees and suppliers and health care provisioning agencies should be developed, to capture the necessary expertise (*ibid*, pp. 523-4).

The integration of the internal and the external to the organisation scales, enhanced by the articulation of expertise in disease/risk factors prevention and health promotion, allows developing preventive behaviours in the three possible levels of prevention. In the first level of prevention, the target audience are healthy workers. The strategy at this level involves the change of lifestyles considered risky by promoting exercise, a healthy diet, controlling weight and stress management, among other measures (Goetzel and Osminkowski, 2008, p. 304). At the second level, the target audience consists of individuals considered at risk due to their unhealthy lifestyle (eg, smoking, sedentary,

who have unhealthy diets, ...) and the measures include blood pressure control, providing support to stop smoking, the removal of barriers to obtaining regulatory weight drugs, the implementation of fitness programmes with cardio-respiratory training exercises, etc. Finally, in the third level of prevention, the focus is on individuals already suffering from diseases or disorders and the measures fall into disease management or control programmes in order to delay or prevent its progress.

In an empirical study in small companies with workers with high health risk habits (high rates of obesity and smoking), Laing *et al* (2012) found evidence of the effectiveness of prevention programmes based on physical activity and communication of information related to health and associated behaviours.

When prevention and health promotion programmes in the workplace are designed properly, health and employee productivity can be increased and the costs associated with health care, disability and compensation/subsidies of the disease can be reduced, resulting thus in the guarantee of return on investment (Goetzel and Osminkowski, 2008; Baicker *et al.*, 2010).

In a review of the results of health promotion programmes in the workplace, Aldana (2001, cited in Goetzel and Osminkowski, 2008) found an effective average gain of \$3 per 1 invested. In 34 studies analysed, the author found positive results in 28. In a review of 44 studies on the effects of health promotion programmes related to specific diseases and the return on investment, Goetzel *et al.* (2005) concluded that, overall, the investment had resulted in gains in productivity of workers who suffered from these conditions. In another study, Chapman (2005, cited in Goetzel and Osminkowski, 2008) concluded that participants in health promotion programmes showed levels of absenteeism and medical care 25% to 30% lower than workers who did not participate in the programme.

These suggestions seem to support the importance of motivational strategies to increase - both in quantity and quality - performance as Locke (1968) had advocated. The leadership philosophy here plays a decisive role, as it reflects the mutual trust between employer and employee, ensuring the continuity of the subjective principles framed by the psychological contract between them (Fleishman and Harris, 1962, 1988; Avolio and Locke, 2002; Aselage and Eisenberger, 2003; Bierla *et al*, 2011; Gilbreath and Karimi, 2012).

However, despite these results, "many employers are reluctant to provide sufficiently intensive and comprehensive programmes because they are not convinced that these programmes can reduce risk factors for employees and bring a positive return" (Cooper and Osminkowski, 2008, p. 305).

Cooper and Osminkowski (*idem*) listed the main barriers to the implementation of health promotion programmes in the workplace. According to the authors, the reasons for employers not to invest in risk prevention programmes and health promotion at work are: the idea of its implementation requires interference in the private lives of employees; the fact that the programmes are understood as unconnected, as they refer to a purpose that is not central to the function of the organisation; the fact that they understand that the work schedule programmes can distract employees from their duties; the claim that there are no real reasons to justify implementing the programmes; the difficulty of perceiving immediately gains from implementation of programmes; the difficulty in isolating the most effective elements of the programme; the fact that the programmes can have an impact on return on investment only in the medium and long term; and lack of resources to implement the programmes, especially in small and medium-sized enterprises.

Although these barriers hamper the broad effective implementation of risk prevention and health promotion programmes, there are however important reasons that lead employers to invest in this strategy. Goetzel and Osminkowski (*ibid*, p. 305) report that "there is an increase of interest in seeking such services, especially HRAs (Health Risk Appraisals), education programmes for health, health decision support tools, coaching, improving health and other services of preventive care within the context of a more holistic way to manage the health of employees and the associated costs."

The reasons given by employers to implement risk prevention and health promotion programmes focus on the above mentioned principle of "good health, good job." According to the enthusiastic employers of programmes, "the healthy worker has the potential to improve corporate profits and help achieve other organisational goals [so that] the health promotion objectives can be aligned with the goals of the organisations. (...) The organisational policies and social norms can help target certain behaviours and discourage others, financial or other incentives may be introduced for workers to participate in the programmes" (*ibid*, p. 306).

Benchmarking studies have identified the most promising practices to combat presenteeism. Through the review of literature on the subject, Goetzel *et al* (2007, p. 111) concluded that the more effective relationship management practices between health and productivity include (1) the integration of these management practices in the organisation's operations, simultaneously with (2) analysis of individual, environmental, political and cultural issues affecting the relationship between health and productivity, (3) focusing on various health issues, (4) the adjustment of the programmes to specific needs, (5) the encouragement of high employee participation, (6) rigorous evaluation of programmes, and (7) communicating the successful results to key stakeholders.

In another review, Goetzel and Osminkowski (2008, p. 306) add to these practices, (8) needs assessment, (9)

the support for self-care and self-management, (10), the inclusion of various risk factors in the programme, (11) providing easy access to programmes and perform effective monitoring thereof, (12) allowing the variety of modes of involvement/participation by employees (13) ensure sufficient duration of programmes, (14) develop a culture of health, and (15) include incentives for participation.

Goetzel and Pronk (2010, p. S224) also add the need for (16) commitment of organisations to programmes and (17) collection of the state of the art of the theory and interventions based on empirical evidence on the effectiveness of programmes. O'Donnell *et al* (1997 cited in Goetzel and Pronk, pp S224-S225), identified nine characteristics of the most effective programmes: the programme's link to the organisation's objectives; executive support in programme management; efficient planning; employees' participation; wide variety of programmes offered; effective identification of individuals at high risk; incentives for participation; accessibility to the programme; effective communication and evaluation of effectiveness.

In summary, the effectiveness of risk prevention health programmes and the promotion of healthy behaviour depend on the commitment of both workers and organisations, and involve management practices supported in programme monitoring and motivation by encouraging participation. The ultimate goal is to change risk behaviours. Programmes "ingrained (grounded) in behaviour theory, implemented effectively using principles based on evidence, and measured exactly, are more effective to improve the health of workers and their performance. These results may help to increase the competitiveness of organisations and potentially improve their position in the community" (Goetzel and Osminkowski, 2008, p. 310). However, as reminded by these researchers, "we have to learn more about the mechanisms and processes that facilitate behaviour change among workers as well as about those who are not effective" (*idem*).

2. METHODOLOGY

For this study case we departed with the following starting question:

What is the impact of the effects of presenteeism on the productivity of Carnes Landeiro S.A. and how are they managed?

This study's overall objective was to describe the phenomenon of presenteeism in the company "Carnes Landeiro, S.A." and analyse its effects on employee productivity and overall company performance.

Specifically, the intention was:

- Describe the extent of presenteeism and its effects on the performance of the company's employees;
- Know the effects of presenteeism in the overall performance of the company;
- Investigate prevention strategies and presenteeism remediation measures of the employees applied by managers of the company and analyse its effectiveness.

Type of study: An exploratory, with descriptive character and with a cross application blended methodology case study. Whereas the purpose of this work is to increase the empirical knowledge about presenteeism and the consequences on productivity in the context of workers' production conditions, it is assumed that this research is oriented to the practical, according to the classification of case studies operated by Dul and Hak (2008).

2.1 Sample characterisation

The sample corresponds to approximately 70% of the employees of Carnes Landeiro S.A. The highest percentage of respondents (27.1%) was between 39 and 45 years of age, immediately followed by the ones between 32 and 38 (22.9%). On the whole, half of the sample is between 32 and 45 years of age.

Most workers (81.4%) are male, and 68.6% are married. About a third of respondents (30%) have qualifications at the 2nd cycle of basic education, followed closely by those who have the 3rd cycle of basic education (27.1%). There is still a significant percentage of workers with the 1st cycle of basic education. The types of contracts they have are divided between indefinite contracts (64.3%) and fixed-term contracts (35.7%) with no workers in part-time or any other type.

The highest percentage of workers has their activity in the distribution section (18.6%). In addition to this activity, workers are mainly distributed in the slaughter (17.1%), secretarial / accounting (14.3%), packaging (11.4%) and cutting (10%) sections.

2.2 Presenteeism measuring scale

We used the Work Limitations Questionnaire (WLQ-8), built by Lerner *et al.* (2001) and the Stanford Presenteeism Scale (SPS-6) formulated by Koopman *et al* (2002), both in their reduced versions, which are the most used (Ferreira

et al., 2010). These instruments have been translated into Portuguese and validated (Martinez *et al.*, 2007, Ferreira *et al.*, 2010), showing a high inter-items internal consistency (alpha Cronbach of .897 and .798, respectively).

Also a semi-structured interview about prevention strategies/remediation of presenteeism in Carnes Landeiro S.A. was performed to a director of the company.

3. PRESENTATION AND DISCUSSION OF RESULTS

Data from the questionnaire indicate a prevalence of 40% of presenteeism in Carnes Landeiro S.A. Of the 70 respondents, 28 reported having gone to work at least one day in the last year even when not feeling in their best abilities. As this is the value that interests to our analysis all the following data refer to the 28 workers who revealed the existence of presenteeism in the company. This procedure is justified by the simple fact that the issues related to presenteeism were only answered by workers who claimed to agree with the proposition: "In the last 12 months I came to work, at least once, although not feeling in good health".

Due to this reduction in the sample, the scale showed a reduced internal consistency value ($\alpha = .4905$). This does not mean, however, that the scale is not reliable for measuring presenteeism. In fact, it was noted that the instrument's authors (Koopman *et al.*, 2002) found a high consistency value ($\alpha = .80$), and the same happened with the researchers who translated and adapted it to the Portuguese reality (Ferreira *et al.*, 2010), which found an alpha value of .798. The relatively low value of alpha found in our study is explained, therefore, not by the inadequacy of the scale to measure the construct, but the small sample size, which, moreover, is common in case studies centred on a single study unit like this. Thus, the results reflect rigorously the measure of presenteeism at Carnes Landeiro S.A.

The prevalence of episodes of presenteeism in Carnes Landeiro S.A. has values close to the ones found in the study of Eurofound in 35 European countries (Arnold, 2014). Aronsson *et al.* (2000) found similar values in a sample of 3,500 Swedish workers, while other studies show quite higher prevalence (Aronsson and Gustafsson, 2005; Elstad and Vabo, 2008 cited in Bergström *et al.*, 2009b.). The results of our study support the argument that presenteeism is a common problem.

The data suggests that workers experience problems in managing difficulties related to their tasks and reach desperate situations in specific situations, in addition to not taking pleasure from work. They somehow control these problems through managing the required concentration and energy levels to fulfil the tasks, from the easiest to the most difficult, allowing them to complete their tasks and thus achieve the objectives of their functions.

The scores obtained in the two dimensions - complete the work / avoid distraction - indicate that the dimension "avoid distraction" collects more agreement to the proposals presented to workers (score = 285) than the dimension "complete the job" (score = 275). This slight difference refers to two issues: first, there is not a substantial difference of opinion between the aspects related to work (supporting the requirements related to the job) and aspects related to the employee (supporting personal requirements); second, despite the small difference, this means that workers tend to agree with the propositions that firstly legitimise their decision to go to work despite feeling ill (personal requirements). Indeed, workers agree that their health problems complicate the management of the difficulties inherent to their work inhibiting them from taking pleasure from work and enhancing the feeling of despair in face of the need to realize the tasks. Nevertheless, they can complete the difficult tasks and focus on achieving goals, referring also that they manage to have enough energy to complete the work. The articulation of this ambivalence of attitudes shows that the decision of employees to go to work sick is closely linked to their perception of the ability to fulfil the tasks, or the perceived control of their health (cf. Wallston *et al.*, 1987).

As the perception of ability to work is analysed subjectively, it can be considered that personal characteristics are preponderant in presenteeism, as shown in several studies (Johns, 2011). The perceived health control or internal locus of health control (cf. Wallston *et al.*, 1987) induces workers to understand that the difficulties imposed by the disease do not prevent them to stay in the workplace. Being one of the leading personal correlates of presenteeism (Johns, 2011), the locus of health control triggers the main feature of this phenomenon: the idea that the discomfort does not prevent workers from directing themselves to the workplace. Indeed, as observed, the workers share the idea that their disease does not affect the performance of tasks or the achievement of the objectives of their work, revealing what Tennen *et al.* (2003) define as dispositional optimism.

Our study does not allow us to observe the dynamics (Johns, 2010) of the interference of both kinds of demands in the process, for example, the evaluation of the constraints imposed by organisational policies and the job policies in general, which carry the workers to choose to go to work rather than to be absent from the workplace. The reason for this limitation is due to the fact that we have focused the analysis predominantly on the effects of presenteeism on productivity, evaluating their causes just by calculating the relationships between variables and socio-demographic characteristics of workers.

It was found that presenteeism is not verified in all activities performed in the company. In the slaughter, meat processing and storage sections no workers were registered who had gone to work in the last year while feeling sick.

Interestingly, the activities with the highest prevalence in absolute numbers are shipping and distribution, both with five workers who refer having gone to work being sick. Interestingly, because, in the case of a cattle slaughtering and meat processing company, it may be supposed that these activities, the main ones, could be more demanding, especially the slaughter activity. Interestingly, too, because the activities where there are higher incidences of presenteeism refer to tasks that are downstream of the production process and transformation which is the core competence of Carnes Landeiro S.A.

4. RESULTS OBTAINED IN THE SEMI-STRUCTURED INTERVIEW ON THE STRATEGIES OF PREVENTION/REMEDIATION OF PRESENTEEISM IN CARNES LANDEIRO S.A.

The managers of Carnes Landeiro S.A do not overlook the problem of presenteeism. In order to understand the company's position on this problem and to know how it is managed, an interview with one of the company's representatives was performed. Daniela Pinho, the person in charge of human resources was interviewed.

She was asked about what were the effects of presenteeism on the overall performance of the company. The manager did not provide quantitative data on these effects, but said that the company understands presenteeism as the presence with negative effects. Daniela Pinho adds that presenteeism reveals itself as much more expensive than absenteeism. It is a non-productive presence and can obstruct the work of others, i.e. the company accumulates damage due to be paying a worker, who is not just unproductive as may also not let others work.

The company applies various preventive measures in order to minimise or prevent the effects of presenteeism of the workers' productivity. The management reports that there are medical consultations at work and curative medicine twice a week at the company's office. Medical care also involves medical examinations in the reception of new workers. In addition, an aptitude form at the time of admission is required from the employee. Fitness is also evaluated with periodic forms, occasional forms after disease, after accident, at the employee's request, at the request of their department, for change of function and for change in working conditions.

In addition to the requirements and medical attention, the company follows an enforcement discipline of PPE (Personal Protective Equipment) and CPE (Collective Protection Equipment). These devices have the function of protecting the workers from possible risks to their health and their safety.

Also the communication between workers and management is facilitated and a mutual aid culture is promoted. Other measures include the development of people with polyvalent skills to be able to perform more than one function and job rotation or the ability to direct one person to another function if signs of illness are shown (but still allowing the person to continue in the company).

If the worker is in a situation of disease, either by absence or because remaining in the workplace, the company applies remediation measures that pass through the appointment of persons to replace an operator in case of absenteeism or delay in carrying out the tasks. In the event that an operator gets sick during working hours, the company previously appoints a person responsible for evaluating the employee's status and decide whether to send him home or to place him to do another task.

On the whole, the measures applied in Carnes Landeiro S.A. are considered effective. The human resources manager mainly emphasises the existence of medical surveillance at work with periodic reviews and a curative medical surveillance. However, she believes that productivity in the workplace is also a worker's responsibility, emphasising that there must be individual and collective will to make us productive workers. This desire is stimulated with constant training, good working conditions (PPE and CPEs), and ease of communication, mutual support and versatility.

In our study we highlighted the description of the impact of presenteeism's effects on the productivity of Carnes Landeiro S.A. and analyse how they are managed.

The description and analysis of the effects of presenteeism and its management by the company gave place to the formulation of two propositions, which are confronted by the data in the following paragraphs.

a) The impact of presenteeism's effects are registered in the company's productivity breaks

The management of the company revealed that presenteeism produces impact on the company's productivity. As mentioned in the literature on the subject (eg, Prasad *et al.*, 2002; Hemp., 2004; Lensberg *et al.*, 2013), the fact that the manager has not indicated the concrete costs of presenteeism for the company reveals that they are difficult to evaluate. But she acknowledged that presenteeism's impacts on productivity are more significant than absenteeism, which is in line with the conclusions reached by Hemp (2004), among others.

Presenteeism is understood in the company as an obstruction to the work of employees who do not have health problems, and since this obstruction interferes with the productivity of these, the losses in the global production of the company are inevitable. In the case of Carnes Landeiro, SA, the effects of "contagion" of presenteeism are of

particular relevance, since the work is organised in sequence. In these cases, operation at a sub-optimal level by a given employee is reflected in the productivity of the entire chain, since it can slow down the process in its entirety. This aspect is quite important in the case study and can add information to studies whose empirical dimension is developed in production systems of the same type as what characterises Carnes Landeiro S.A.

These data support the proposition that presenteeism is reflected in productivity breaks both individually as on a global company level, being in line with the results found in numerous studies, as can be seen from some systematic reviews on the relationship presenteeism-productivity (Schultz and Edington, 2007; Johns, 2010).

b) A break in productivity due to the effects of presenteeism mobilises the company's executives to implement measures to minimize its effects

Despite the difficulty in measuring the effects of presenteeism on the productivity of employees and the company as a whole, the fight against presenteeism is a reality in Carnes Landeiro S.A. Most of the measures implemented in the company are of a preventive nature.

The use of personal and collective protective equipment reflects the follow-up of the safety standards at work required for the elimination of environmental risks where workers perform their activity. The use of PPE and CPE is duly included in the various applicable European regulations (Directive 89/686 / EEC of 21 December, as amended by Directives 93/68 / EEC, 93/95 / EEC and 96/58 / EC) and the national legislation transposing these regulations to the Portuguese reality (Decree-Law No. 128/93, of 22 April, Decree No. 1131/93 of 4 November; Decree-Law No. 139/95 of 14 June; Decree No. 109/96, of 10 April, Ministerial Order No. 695/97 of 19 August and Decree-Law No. 374/98 of 24 November).

In addition, the company develops skill development programmes supported by training activities directed to the promotion of behaviours that enhance quality, safety, hygiene and safety in the workplace. These programmes are based on a philosophy of optimising communication among workers and between them and the board of directors, in order to cultivate behaviours of mutual help. The mutual aid is enhanced through training specifically aimed at the multi-tasking of functions. This versatility is particularly important when there are cases of presenteeism, allowing the replacement of the sick worker without losing the required technical efficiency.

Remediation strategies focus on the clinical evaluation of the worker's state of health, which may dictate the need for him to go home and being replaced by another worker.

Overall, presenteeism (and, by extension, its effects on productivity) is tackled by an integrated plan that combines comprehensive health promotion programmes and assistance interventions to risk cases. The company's management reveals that the programmes have had good results.

The promotion of responsible behaviour (including the use of protective equipment) and informed performance (for technical training) and the promotion of mutual help and collaboration among workers and between them and the board of directors indicate a concern for technical and psychological training and for minimizing the risks associated with work by preventing accidents. Therefore, such programmes require cooperation between management and workers, considered a key assumption in combating the effects of presenteeism on the productivity of companies (Goetzel and Pronk, 2010). Intervening on both psychological and environmental levels, the programmes developed in Carnes Landeiro S.A. therefore attack the correlates of presenteeism related to the job requirements and personal requirements, showing a holistic inspiration in the direction recommended by Pronk (2013). Methodologies that intervene both on psychological and environmental levels proved to be the best in several studies of the problem (Cooper, 2007, 2008; Cooper and Dewe, 2008; Pelletier, 2009; Kirsten, 2010).

Based on the company manager's testimony, the prevention plans have positive effects in combating presenteeism. The same result was found by Loeppke *et al.* (2010). Similarly the implementation of remediation plans also prove to be effective. Cancelliere *et al.* (2011) reached the same conclusion. In fact, to combat presenteeism the programme implemented in Carnes Landeiro SA brings together the key ingredients to be successful, as reported in the literature (eg Goetzel *et al.*, 2007, Goetzel and Osminkowski, 2008), i.e. it integrates health education, it is in close connection with the services and duties of the employees, it affects the environment (through PPE and CPE), including the prevention of risk in the organisational culture, it monitors the health of employees and it monitors these through appropriate treatments. A programme to combat presenteeism designed in these terms may limit the occurrence of sub-optimal levels of performance and can reduce the costs associated with health care, spilling over its effect on guaranteeing the return on investment, as shown by several studies (Goetzel *et al.*, 2005; Goetzel and Osminkowski, 2008; Baicker *et al.*, 2010)..

The results of our study confirm that the fall in productivity due to presenteeism mobilises the executives of Carnes Landeiro S.A. to implement measures to minimize their effects. The effectiveness of the implemented measures is recognised by the manager. Combating the effects of presenteeism on the company shows that the board of directors is aware of the problem's presence and its effects on worker productivity and shows that the management of these effects is the best way to minimise losses due to the disease in the workplace.

5. CONCLUSIONS

The difficulties in objectively assess the costs of presenteeism (Prasad *et al*, 2002;.. Lensberg *et al*, 2013) limit the ability of managers to formulate strategic plans aimed at minimising the effects of presenteeism on the company's performance (Fleishman and Harris, 1988; Arnold *et al*, 2005; Aronsson and Gustafsson, 2005; Munro, 2007; Cancelliere *et al*, 2011; Johns, 2011). Such difficulties are presented as important issues with which the management of organisations struggle (Loeppe *et al*, 2009).

On the whole, the measures applied in Carnes Landeiro S.A. are considered effective. The manager of human resources mainly emphasises the existence of a medical surveillance at work with periodic reviews and a curative medical surveillance. However, she believes that productivity in the workplace is also a worker's responsibility, emphasising that there must be individual and collective will to make us productive workers. This desire is stimulated with constant training, good working conditions (PPE and CPEs), and ease of communication, mutual support and versatility.

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Presenteeism is a reality in the scenario of organisations, exceling in the sectors of education and health. We stress the importance of awareness among organisations about psychosocial risks, the implementation of healthy leadership, control of work-related stress and the presence of clinical psychologists and coaching professionals.

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