

## Incidence, Impact, and Causes of Presenteeism in Nurses at a Tertiary Care Hospital

Madeha Arshad\*, Zille Huma, Nusrat Elahi Bux, Arooj Fatima

Department of Nursing, Medicare College of Nursing Multan, Pakistan

\*Corresponding author's email address: [drmusaab4@gmail.com](mailto:drmusaab4@gmail.com)

(Received, 4<sup>th</sup> February 2025, Accepted 25<sup>th</sup> February 2025, Published 28<sup>th</sup> February 2025)

**Abstract:** Presenteeism, defined as attending work despite illness or other conditions that hinder productivity, is a growing concern in healthcare settings. It can negatively impact patient care, increase the risk of medical errors, and contribute to burnout among nurses. Understanding the prevalence, causes, and consequences of presenteeism in nurses is crucial for designing effective workplace policies and interventions. **Objective:** To assess the incidence, impact, and causes of presenteeism among nurses working at a tertiary care hospital. **Methodology:** A cross-sectional study was conducted in the Nursing Department of Medicare Hospital, Multan, from January 2024 to January 2025. Nurses employed for at least the past 12 months were included. Data were collected using a structured questionnaire divided into four sections: demographic details, the Sickness Presenteeism Questionnaire, work productivity loss assessment, and causes of presenteeism. Statistical analysis was performed using SPSS Version 25, with significance at  $p < 0.05$ . **Results:** The mean presenteeism score was  $2.68 \pm 0.88$ , with 95% of nurses experiencing presenteeism in the last six months. Significant differences were observed across age groups ( $t = -2.28, p = 0.03$ ), work experience ( $t = -5.03, p = 0.00$ ), and marital status ( $t = -2.09, p < 0.05$ ). The primary causes of presenteeism included excessive workload (65%), insufficient leave policies (65%), conscientiousness (60%), and financial constraints (55%). **Conclusion:** The study revealed a high incidence of presenteeism among Pakistani nurses, significantly associated with age, social status, and work experience. Key contributing factors included excessive workload, lack of adequate leave, financial pressures, and a sense of professional responsibility. Addressing these challenges through improved staffing, better leave policies, and workplace wellness initiatives may help mitigate presenteeism and enhance nurse well-being and patient safety.

**Keywords:** Nurses, Nursing, Presenteeism, Workload

**[How to Cite:** Arshad M, Huma Z, Bux NE, Fatima A. Incidence, impact, and causes of presenteeism in nurses at tertiary care hospital. *Biol. Clin. Sci. Res. J.*, 2025; 6(2): 37-39. doi: <https://doi.org/10.54112/bcsrj.v6i2.1556>

### Introduction

As a performative measure, presenteeism is the reduced productivity behavior of workers when they work while they are sick or injured. Due to high responsibility, short staffing, workload, and shift schedules, nurses often show up to work despite being unwell. The incidence of presenteeism in developed countries like Sweden, Denmark, Italy, and Canada is 49%, 50%, 52.6%, and 59%, respectively (1-4). Although limited research has been done in Pakistan, the prevalence is reported to be 60% in nurses.

Presenteeism has been shown to impact work performance and pose a risk to nurses' health and recovery, leading to burnout and poor job satisfaction. This may be accounted for by low health literacy among nurses, which promotes unhealthy work behaviors and ineffective coping with health problems (5, 6). Since most of the data collected on presenteeism is self-reported, there is a high chance of bias influencing the results.

Presenteeism has been linked to the organizational environment, as a supportive workplace with clear communication between supervisors and nurses shows low prevalence. Yang et al. reported that a supportive supervisor has productive employees and satisfactory work performance as they are given sufficient leave and resting time.<sup>7</sup> The behavior of head nurses directly impacts the attitude of nurses regarding presenteeism and personal well-being.

This study assessed the incidence, impact, and causes of presenteeism in nurses working at a tertiary care hospital and the impact of procedures.

### Methodology

A cross-sectional study was conducted at the Nursing Department of Medicare Hospital, Multan from January 2024 to January 2025. Nurses

working at the hospital for the last 12 months were included in the study. Nurses on maternity leave or those who recently joined were excluded. All patients gave their informed consent and kept their responses anonymous. The ethical board of the Medicare Hospital approved the study design and methodology.

Data was collected through a systematic questionnaire divided into four sections. To avoid self-reporting bias, the questionnaire was also presented to head nurses to verify the information of their subordinates. The first part included questions about sociodemographic parameters including age, sex, social status, qualification, and department. The second part was designed to calculate the incidence of presenteeism by a 2-item Sickness Presenteeism Questionnaire. The questions could be answered on a 4-point Likert scale based on their last 6 months' experience, with one being never and four being more than five times. The third part assessed the impact of presenteeism in the form of work productivity loss through two open-ended questions. The last part aimed to assess the causes of presenteeism through a 10-item questionnaire with three dimensions: personal, familial, and organizational factors. The questions could be answered on a Likert scale from 1 to 5, with one completely agree and five entirely disagree.

All data were analyzed and evaluated using SPSS version 22. The Chi-squared test was used to analyze presenteeism in different demographic groups. Descriptive analysis was done for quantitative data, while enumeration data was presented by frequency.

### Results

A total of 100 nurses aged 18 to 54 were included for analysis, with a mean age of  $28.03 \pm 5.62$  years. Most nurses (60%) had more than 3 years of experience, with a mean experience of  $6.19 \pm 5.72$  years. 90 (90%) nurses were female, and 50 (50%) were married. 76 (76%) nurses had a



bachelor's or master's degree. The demographic characteristics of participants are shown in Table I.

Tables II and III show the overall prevalence of presenteeism between demographic groups. The mean score was  $2.68 \pm 0.88$  with 95% of nurses having experienced presenteeism in the last 6 months. The prevalence statistically differed between age groups ( $t = -2.28, p = 0.03$ ), experience ( $t = -5.03, p = 0.0$ ), and marital status ( $t = -2.09, p < 0.05$ ). Presenteeism did

not differ between qualification and sex groups ( $p > 0.05$ ). 94 (94%) nurses said presenteeism reduced their work performance with an average decrease of 75% in productivity.

The significant causes recognized were organizational (50%). The rating on all causes was 20 to 65%, with significant causes such as workload (65%), insufficient leaves (65%), conscientiousness (60%), and need for finances (55%).

**Table 1: Characteristics of Study Population**

Characteristics	N (%)
Mean age	28.03 ± 5.62
≤30 years	75 (75%)
>30 years	25 (25%)
Mean experience	6.19 ± 5.72
≤ 3 years	40 (40%)
>3 years	60 (60%)
Gender	
Male	10 (10%)
Female	90 (90%)
Marital status	
Single	50 (50%)
Married	50 (50%)
Qualification	
Diploma	24 (24%)
Bachelor's degree or more	76 (76%)

**Table 2: Incidence of Presenteeism among Nurses**

Items	$\bar{x} \pm s$	Never	Once	2-5 times	>5 times	Incidence
Although you felt sick or unwell, you forced yourself to show up at work	2.73 ± 1.02	10 (10%)	35 (35%)	30 (30%)	25 (25%)	90.52%
Although you showed physical signs of unwellness like headache or backache, you were unwilling to go to work.	2.80 ± 1.05	12 (12%)	30 (30%)	29 (29%)	29 (29%)	90 (90%)

**Table 3: Presenteeism Score among Study Groups**

Characteristics	Mean score	t	P
Age			
≤30 years	2.71 ± 0.87	-2.28	0.03
>30 years	2.87 ± 0.89		
Experience			
≤3 years	2.38 ± 0.92	-5.03	0.0
>3 years	2.86 ± 0.93		
Gender			
Male	2.64 ± 0.81	-1.90	0.10
Female	2.80 ± 0.87		
Marital status			
Single	2.57 ± 0.89	-2.09	0.05
Married	2.75 ± 0.86		
Qualification			
Diploma	2.68 ± 0.89	-1.08	0.88
Bachelor's degree or more	2.69 ± 0.90		

**Discussion**

This study assessed the incidence and causes of presenteeism in nurses working at a tertiary care facility. The results showed a mean presenteeism score of  $2.68 \pm 0.88$ , with 95% of nurses having experienced presenteeism in the last 6 months. Age and experience were positively associated with presenteeism, as older and more experienced nurses had a high prevalence of presenteeism. These findings are similar to Zhang et al. and Min et al. (8, 9).

Presenteeism was also highly preventable in married nurses, with marital status being a significant risk factor. This may be because married individuals decide based on their personal, family, children's, and

spouse's well-being (10). Since being absent from a job can affect the family's finances, parenting, and lifestyle, they choose to work even while sick.

Workload (65%), insufficient leaves (65%), conscientiousness (60%), and need for finances (55%) were recognized as significant risk factors for presenteeism. Due to limited funds in the medical sector, a limited number of nurses are given heavy workloads and not allowed sufficient leave. According to the World Bank, 0.469 nurses are available in Pakistan per 1000 patients, which means only one nurse is present to tend to 2132 patients (11). This number is only predicted to increase to 0.51 nurses per 1000 patients, meaning a 1:1961 ratio, which still means impossible and inhumane (12). Judging the average number of working

hours, i.e., 39 hours per week, it is clear that nurses take limited leaves and work while sacrificing their personal life (13).

Our study has some limitations. It was conducted at a single center and has a limited sample size. Secondly, due to the minimal number, we only analyzed factors in nurses, not their supervisors. A large prospective study in different hospitals nationwide would yield better results.

### Conclusion

There was a high incidence of presenteeism in Pakistani nurses and was associated with age, social status, and experience. Workload, insufficient leaves, conscientiousness, and need for finances are significant causes of this high incidence.

### Declarations

#### Data Availability statement

All data generated or analysed during the study are included in the manuscript.

#### Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-MMNCS-0881d-24)

#### Consent for publication

Approved

#### Funding

Not applicable

### Conflict of interest

The authors declared the absence of a conflict of interest.

### Author Contribution

#### MA

*Manuscript drafting, Study Design,*

#### ZH

*Review of Literature, Data entry, Data analysis, and drafting article.*

#### NEB

*Conception of Study, Development of Research Methodology Design,*

#### AF (Vice Principal)

*Study Design, manuscript review, critical input.*

*All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the integrity of the study.*

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