

Nekatere značilnosti zaposlenih kot dejavniki tveganja za pojav prezentizma

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IZVLEČEK

Prezentizem oziroma prisotnost na delovnem mestu kljub boleznim ali slabemu počutju je relativno nov koncept na področju dela. Gre za pojav, ki ga v svetu intenzivneje spremljajo v zadnjem desetletju. Prezentizem, ki delavca (lahko) na različne načine ovira pri delu, je zaradi posledic, ki jih povzroča, že sam po sebi problem. Delodajalci mu namenjajo premalo pozornosti oziroma se ga pogosto sploh ne zavedajo. Večina delodajalcev je namreč prepogosto usmerjena k soočanju s problemom naraščajoče odsotnosti zaposlenih od dela zaradi bolezni (absentizem) in odpravljanju negativnih posledic, v prezentizmu pa (še ne) vidijo problema. V prispevku predstavljena raziskava se ukvarja z vprašanjem vpliva značilnosti zaposlenih na pojav prezentizma. Med značilnostmi so bile obravnavane ambicioznost zaposlenih, finančna preskrbljenost, varnost zaposlitve, bolniška odsotnost, ter fizično in psihično zdravje zaposlenih.

Ključne besede: prezentizem, prisotnost na delovnem mestu, zdravje zaposlenih, zmanjšana učinkovitost, dejavniki tveganja

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1 Uvod

Prezentizem oziroma prisotnost na delovnem mestu kljub boleznim ali slabemu počutju je relativno nov in slabo raziskan koncept. Kaže se kot zmanjšana učinkovitost delavca na delovnem mestu, kar pomeni, da delavec dela manj in/ali manj učinkovito kot bi lahko, oziroma kot se od njega pričakuje. Pojavnost prezentizma so v preteklosti zaznamovale predvsem intervencije delodajalcev k zmanjšanju prekomerne zadržanosti od dela zaradi bolezni (absentizma).

Danes se prezentizem med drugim pojavlja zaradi preobremenjenosti, neustrezne organizacije dela, strahu pred izgubo zaposlitve, finančnih težav zaposlenih, zdravstvenih težav, ki nastajajo tudi kot posledica dela, in drugih razlogov.

Razlogi za pojav prezentizma v delovnem okolju so zelo različni. Med najpogostejše uvrščamo kulturo organizacije, ki takšno vedenje zaposlenih podpira, delovne pogoje in naravo dela, ki zaposlenim ne omogočata, da si v primeru bolezni vzamejo bolniški dopust, značilnosti zaposlenih (npr. psihološke karakteristike posameznika) in vplive okolja (npr. gospodarska situacija in politične odločitve). V splošnem je pojavnost prezentizma vezana na tri sklope oziroma dejavnike: organizacijske, osebne in družbene. Glede na širino proučevane tematike se bomo v prispevku omejili le na en sklop: osebni dejavniki.

Namen članka je prikazati in raziskati pomen osebnih dejavnikov (vpliv najpomembnejših osebnih okoliščin oziroma značilnosti zaposlenih) na pogostost pojava prezentizma v delovnem okolju. S prispevkom želimo ugotoviti (cilj prispevka), ali značilnosti zaposlenih značilno vplivajo na pojav prezentizma v delovnem okolju. Hipotezo smo preverjali na osnovi šestih delnih hipotez.

V prispevku je predstavljen pojem prezentizma, dejavniki, ki vplivajo na prezentizem (pri tem so še posebej izpostavljeni osebni dejavniki tveganja) ter posledice prezentizma. Raziskovanje je potekalo s pomočjo vprašalnika, ki je bil oblikovan na osnovi teoretičnih spoznanj ter rezultatov raziskav nekaterih drugih avtorjev. Pri obdelavi rezultatov so bile uporabljene različne statistične metode: bivariatna analiza, hi-kvadrat (X^2), analiza kontingenčnih tabel, opravljena pa sta bil tudi izračuna koeficienta kontingence in asociacije. Ugotovitve so bile podane tudi na osnovi širše raziskave o pojavnosti prezentizma in dejavnikih tveganja v slovenskem delovnem okolju (projekt INODEL; Mlakar, 2013).

2 Prezentizem

2.1 Opredelitev problema

Prezentizem oziroma prisotnost na delovnem mestu kljub bolezni ali slabemu počutju je relativno nov koncept v sferi dela, ki ga v svetu intenzivneje spremljajo v zadnjem desetletju. Številni (predvsem tuji) avtorji (npr. Aronsson & Gustafsson, Bergstroem et al., Burton et al., Chatterji & Tilley, Goetzel et al., Hemp, Hansen & Andersen, in drugi) so v omenjenem obdobju objavili rezultate proučevanj, ki opredeljujejo širino pojava in z njim povezanimi negativnimi posledicami na organizacijo, delovni proces in zdravstveno stanje delavca (delovne sile) oziroma družbe nasploh. Prezentizem je zaradi obsega in posledic, ki jih povzroča, že sam po sebi problem, kateremu delodajalci namenjajo premalo pozornosti oziroma se ga pogosto sploh ne zavedajo.

Po nekaterih izračunih v Združenih državah Amerike (American College of Occupational and Environmental Medicine, 2006) se samo 14 odstotkov ameriških podjetij ukvarja z merjenjem prezentizma v svojih delovnih okoljih. Glede na to, da so bili Američani med prvimi, ki so začeli proučevati prezentizem, lahko upravičeno sklepamo, da je ta stopnja v drugih delih sveta še veliko nižja, kar kaže na dejstvo, da se delodajalci oziroma organizacije negativnih učinkov pojava še ne zavedajo v zadostni meri. Večina delodajalcev je namreč prepogosto usmerjena k soočanju s problemom naraščajoče odsotnosti zaposlenih od dela zaradi bolezni (absentizem) in odpravljanju negativnih posledic, ki jih absentizem povzroča. Določene organizacije celo plačujejo t. i. bonuse prisotnosti (v originalu »*attendance bonuses*») za zaposlene, ki niso nikoli odsotni zaradi zdravstvenih razlogov (Huver et al., 2012, str. 1), da bi zmanjšale pojav absentizma in njegove negativne posledice na delovni proces.

Poleg odgovornosti delodajalca, da zagotovi ustrezne in zdrave delovne pogoje, učinkovitega sistema zdravstvenega varstva, skrbi družbe za promocijo zdravja in zdravega načina življenja je treba še posebej opozoriti na delavčevo odgovornost, da skrbi za svoje zdravje in prevzema odgovornost zanj. Mednarodno združenje za promocijo zdravja na delu (2009) opredeljuje promocijo zdravja na delovnem mestu kot strateške in taktične aktivnosti, ki stremijo k iskanju optimalnega delavčevega zdravja in poslovne uspešnosti na podlagi skupnih prizadevanj zaposlenega, njegove družine, delodajalcev, skupnosti in družbe na splošno. Delavčevo zdravje in zmožnost za opravljanje določenega dela v delovnem okolju je torej kompleksno področje, za katerega je skrb in odgovornost ravnanja tako na strani delavca, delodajalca kot tudi družbene klime oziroma splošnega družbenega sistema, ki se mora zavedati, da je zdravje posameznika in skrb zanj ena najpomembnejših vrednot sistema. Dobro zdravstveno stanje družbe je ključnega pomena za poslovni uspeh in zdravo ekonomijo. Le zdrava delovna sila je namreč lahko maksimalno uspešna in učinkovita.

Problemi, ki jih delodajalcem povzroča prezentizem, so prikrite narave, saj je prezentizem delodajalcem neviden pojav, njegovi (negativni) vplivi in posledice pa pogosto težje zaznane in obvladljive kot posledice absentizma. Nevidnost pojava oziroma njegovo nezaznavanje je posledica dejstva, da delodajalec za delavca, ki je v službi (prisoten na delovnem mestu), velikokrat ne more oceniti, ali je bolan, koliko je bolan in če zaradi svojega psihičnega ali fizičnega počutja ne (z)more enako učinkovito opravljati svojega dela in naloženih delovnih nalog kot sicer. Pogosto se namreč zgodi, da tudi delavec sam ne zna oceniti svojega zdravstvenega stanja – torej ali je bolan ali se zgolj slabo počuti in ga bo ta občutek minil. Težave prezentizma torej niso samo v tem, da ga delodajalci in delavci na zaznavajo, temveč tudi v problematiki merjenja njegovih učinkov na delovni proces – zmanjšani učinkovitosti (produktivnosti) zaposlenega zaradi fizičnih ali duševnih zdravstvenih razlogov, s katerimi se delavec sooča. Zmanjšano učinkovitost pri/na delu je še posebej težko izmeriti v storitvenih dejavnostih.

2.2 (Osebni) dejavniki tveganja

Razlogi, ki vodijo v prezentizmu v delovnih okoljih, so lahko poleg zdravstvenih težav, ki jih delavec prinese na delovno mesto »od doma« (na primer alergije, artritis, astma, sladkorne bolezni idr.), tudi notranje narave, povezani z delom oziroma nastanejo kot posledica dela oziroma delovnih pogojev (npr. izgorevanje, depresija, utrujenost, kronične bolečine v vratu in hrbtenici idr.) v povezavi s slabimi delovnimi pogoji, neučinkovitim menedžmentom in delovnim neravnovesjem (po Lalić & Hromin, 2012, str. 112).

Prezentizem je v večji meri odvisen od psihičnih težav, za razliko od absentizma, ki praviloma spremlja posameznike s somatskimi težavami (po Goetzel et al., 2004, str. 406). Na prezentizmu vplivajo predvsem zdravstveni problemi, tako kronične kot epizodične bolezni, pri čemer so predmet (mednarodnih) raziskav v povezavi s prezentizmom, ki so bile do sedaj opravljene, najpogosteje alergije, depresija, stres, razne oblike glavobolov idr.

Krohne in Magnusen (2011, str. 6) opozarjata, da igrata politika organizacije in delovnega mesta, na katerem je delavec zaposlen, pomembno vlogo pri odločitvi delavca, ali bo v primeru bolezni oziroma slabega počutja odšel na delo ali izbral bolniško odsotnost in ostal doma. Poleg navedenega naj bi po njunem mnenju delavca spodbudilo, da bolan ali kako drugače oviran prihaja na delo, njegovo prepričanje, da prihod na delo ne bo povzročil negativnih učinkov.

S pojavom prezentizma so zelo povezani osebni dejavniki tveganja, ki povečujejo možnost pojava t. i. prostovoljnega prezentizma (vezanega na individualne odločitve posameznika) (po Caverley et. al, 2007). To so tisti dejavniki, ki so vezani na posamezniku lastne osebne okoliščine in se nanašajo predvsem na stališča in osebnostne značilnosti posameznika. Osebni dejavniki tveganja so:

- **zanikanje bolezni in kontrola zdravja;** zanikanje bolezni je pojav, ko delavec zanika slabo počutje ali bolezen, saj meni, da je kljub slabem počutju ali bolezni enako učinkovit na svojem delovnem mestu. Nekateri delavci so celo ponosni, če niso imeli niti enega dneva bolniškega dopusta, za kar jih delodajalci v nekaterih delovnih okoljih celo nagrajujejo s t. i. bonusi prisotnosti,
- **finančna situacija;** bolniška odsotnost z dela je praviloma (v večini pravnih sistemov) plačana slabše kot redno delo. Takšna ureditev delavce, ki imajo finančne težave in se s prejetimi dohodki težje prebijajo skozi mesec, vodi k prezentizmu ali ravnanju, da namesto bolniške odsotnosti porabljajo dopust, ki je 100-odstotno plačan. S povečevanjem prisotnosti na delu delavci korigirajo svoje prihodke predvsem v tistih delovnih okoljih, kjer je struktura dohodka odvisna tudi od delovne uspešnosti, opravljanja nadur ipd.,

- **družinsko življenje in odnos do družine;** v stimulativnih in zanimivih delovnih okoljih se pogosto dogaja, da nekateri posamezniki zamenjajo delo za dom, saj se jim celo ob boleznih zdi bolj obremenilno ostati doma in skrbeti zase in za družinske obveznosti. Prezentizma je po mnenju nekaterih avtorjev (med drugim Aronsson & Gustafsson, Goetzel et al., Hemp, Bergstrom et al., Hansen & Andersen, idr.) več med ambicioznimi in delu bolj predanimi ljudmi, ki jim je zelo pomembna kariera in med tistimi, ki so nezadovoljni z družinskim življenjem (po Johns, 2011, str. 487). Po nekaterih raziskavah naj bi bilo prezentizma več pri delavcih, ki imajo več otrok, saj se v primeru prisotnosti na delovnem mestu kljub slabemu počutju »odrešijo« obveznosti skrbeti za njih (po Hansen & Andersen, 2008, str. 957),
- **deloholizem;** osebe, ki so po naravi deloholiki, pogosteje prihajajo na delo bolni, po mnenju Hansena in Andersena (2008) zlasti zaradi konservativnih stališč do odsotnosti z dela. Takšni posamezniki so prepričani, da so pri delu nepogrešljivi in nezamenljivi, obenem pa so prepričani, da bi bila njihova odsotnost nepoštena do sodelavcev, saj se jih z naložitvijo delovnih nalog odsotnega delavca še dodatno obremeni (lojalnost). Takšni zaposleni so zelo odgovorni in predani delu, vestni in zanesljivi, zato delodajalci tovrstne lastnosti delavcev izkoriščajo, kar samo še dodatno povečuje pojavnost prezentizma v delovnih okoljih,
- **storilnostna samopodoba;** storilnostna samopodoba je pogosto povezana z delavčevo potrebo po priznanju. Delavci, ki ne znajo reči »ne« potrebam in željam drugih ljudi, so zaradi te lastnosti bolj nagnjeni k prezentizmu kot tisti, ki znajo postaviti meje lastne učinkovitosti (po Brečko, 2012, str. 34),
- **psihološke karakteristike;** psihološke karakteristike vplivajo na različno zaznavanje vplivov dela na zdravje delavca. Introvertirani posamezniki so bolj nagnjeni k absentizmu, saj bolj negativno razmišljajo o vplivu dela na zdravje. Obratno so ekstrovertirani posamezniki, ki imajo do dela pozitivnejši odnos, bolj nagnjeni k prezentizmu. Vestni delavci oziroma delavci z visoko delovno etiko so zanesljivejši in odgovornejši, kar jih motivira, da so tudi v pogojih zmanjšanega zdravstvenega udobja pogosteje prisotni na svojih delovnih mestih (po Johns, 2011, str. 485),
- **življenjski slog;** življenjski slog predstavlja posameznikov značilen način življenja, ki ga določa skupina izrazitih obnašanj v določenem časovnem obdobju in se oblikuje pod vplivom izkušenj in življenjskih razmer iz otroštva. Elementi življenjskega sloga, kot so prehrana, telesna dejavnost, razvade (alkohol, tobak idr.) in obvladovanje stresa, močno vplivajo na delavčevo zdravstveno stanje. Nezdrav življenjski slog delavca lahko povzroča številne bolezni in krepí bolezenske znake, kar v delovnih okoljih povzroča naraščajoče stroške zaradi odsotnosti z dela (absentizem) in tudi zmanjšano produktivnost na delovnem mestu kot posledico prezentizma. Zanimanje za promocijo zdravja

pri delu se je zato med delodajalci v zadnjem obdobju povečalo, saj so stroški za zdravstveno varstvo dosegli razsežnosti, ki si jih ne morejo več privoščiti. Podatki kažejo (po Pronk et al., 2004, str. 19), da je kar 7 odstotkov stroškov, ki ji namenja zdravstveno varstvo v EU, povezanih z debelostjo, medtem ko gre v Združenih državah Amerike v velikih podjetjih vsaj četrtnina skupnih letnih stroškov za zdravstveno varstvo na zaposlenega na račun nezdravega življenjskega sloga. Ob tem velja izpostaviti, da neposredni stroški za zdravstveno varstvo, ki nastajajo kot posledica nezdravega življenjskega sloga, predstavljajo zgolj četrtnino vseh stroškov zaradi posledic slabega družbenega zdravja. Največji stroški namreč nastajajo takrat, ko pridejo na delo delavci, ki zaradi zdravstvenih težav niso polno produktivni (po Škerjanec, 2011),

- **nevroticizem (čustvena nestabilnost);** nevroticizem odraža medosebne razlike v doživljanju sveta kot ogrožajočega, problematičnega in stresnega (Caspi et al., 2005 v: Rančigaj, 2009, str. 13). Posamezniki z močno izraženim nevroticizmom so pogosto ranljivi in nagnjeni k doživljanju krivde, primanjkuje jim samozaupanja in so večkrat slabe volje, jezni in hitro frustrirani. Izraženost vseh navedenih negativnih emocij skozi daljše časovno obdobje vodi v različna bolezenska stanja, kar v delovnih okoljih na dolgi rok povzroča stroške zmanjšane produktivnosti na račun prezentizma in absentizma (po Aronsson & Gustafsson, 2005, str. 960).

2.3 Posledice prezentizma v delovnem okolju

Posledice prezentizma, ki jih delodajalci in delavci zaznajo na delovnem mestu in izven delovnega mesta, so predvsem negativne narave in na delovni proces v splošnem vplivajo v dveh smereh. Prvič, zaradi posledic prezentizma lahko trpi posameznikova (delavčeva individualna) učinkovitost na delovnem mestu, saj za dosego enakega učinka v primerjavi z zdravim delavcem tak delavec porabi več časa in vloži truda. Drugič, trpita lahko tudi kolektivna delovna učinkovitost in uspešnost, saj zdravi delavci prevzemajo naloge bolnih sodelavcev, oziroma jim pri delovnih nalogah pomagajo, kar zmanjšuje njihovo učinkovitost in tudi zato, ker lahko bolan delavec okuži sodelavce in stranke (po Demerouti et al., 2009, str. 51–52). Na eni strani torej prezentizem zmanjšuje učinkovitost in uspešnost delavcev pri opravljanju njihovih delovnih nalog in zadolžitev (kar posledično slabi učinkovitost celotne organizacije), na drugi strani pa lahko na dolgi rok slabša in ogroža njihovo zdravstveno stanje in zdravstveno stanje delovne sile (oziroma družbe) nasploh.

Negativne posledice pojavnosti prezentizma lahko ločimo v dve skupini posledic, in sicer stroške zmanjšane produktivnosti delavca na delovnem mestu in vpliv na zdravstveno stanje zaposlenih.

Delavčeva produktivnost je ključnega pomena pri merjenju produktivnosti celotne organizacije. V povezavi s prezentizmom velja, da je delavčeva

produktivnost lahko neposredno prizadeta zaradi bolezni ali slabega počutja in je povod za potencialne posege (intervencije) delodajalca, ki so povezani z zdravjem delavca na njegovem delovnem mestu. Produktivnost delavca je v splošnem razdeljena na dve komponenti, ki ključno vplivata na produktivnost celotne organizacije: absentizem in prezentizem (po Escorcio et al., 2007, str. 1373). Raziskave kažejo, da je pri bolnih delavcih tveganje za izgubo (slabšanje) delovne učinkovitosti bolj verjetno kot pri zdravi delovni sili (po Davis et al., 2005, str. 3). Zmanjšano učinkovitost na delovnem mestu lahko povzročajo različni dejavniki, vezani na naravo (vrsto) bolezni, kvaliteto življenja in značilnosti dela.

V Združenih državah Amerike so v študiji Levya (2003) izračunali, da povprečni delavec zaradi posledic prezentizma izgubi 115 produktivnih ur letno, kar znaša več kot dva tisoč dolarjev na delavca oziroma 250 bilijonov dolarjev skupno. Goetzel et al. (2004) v svoji študiji ocenijo, da prisotnost zaposlenega z glavobolom na delovnem mestu zmanjšuje njegovo učinkovitost za do 89 odstotkov in da stroški različnih vrst migren delodajalce v Združenih državah Amerike stanejo 2,1 milijona dolarjev letno. V tej študiji ocenijo še, da skupni stroški prezentizma (v primerjavi z vsemi stroški, povezanimi z zdravjem zaposlenih) vezani na zmanjšano delovno učinkovitost, pomenijo vsaj 61 odstotkov vseh tovrstnih stroškov. Ugotovijo tudi, da so največje finančno breme delodajalcev, ki nastane kot posledica prezentizma, visok krvni tlak, bolezni srca, depresija in druge duševne motnje ter bolezni sklepov.

Irska študija (Ghaterrji & Tilley, 2002) je pokazala, da prezentizem na letni ravni stane Irce eno milijardo evrov, kar pomeni tri odstotke irskega BDP-ja. Angleži v študiji *Health at work: Developing the business case* (The Sainsbury Centre for Mental Health) ugotovijo, da znašajo stroški prezentizma v obliki zmanjšane učinkovitosti delavcev 15,1 milijard funtov letno, kar znaša skoraj 1,8-krat več kot stroški absentizma (samo strošek zmanjšane učinkovitosti zaradi duševnih bolezni zaposlenih v povprečju letno stanejo angleške delodajalce 605 funtov na delavca). Podobno študija v avstralskem klicnem centru (Tilse & Sanderson, 2005) opredeli 1,9 krat večje stroške, povezane z zmanjšano učinkovitostjo pri prezentizmu kot absentizmu. Podobno je tudi v Združenih državah Amerike, saj v povprečju 25 odstotkov Američanov trpi za katero izmed duševnih bolezni (Center za nadzor in preprečevanje bolezni, 2011). Po podatkih IBI *Integrated Benefits Institutes* (ZDA) je bilo v Združenih državah Amerike leta 2009 ocenjeno, da je depresija v povprečju letno na delavca povezana z izgubo 2,2 dni zaradi odsotnosti z dela (absentizem) in 7,5 dni v obliki zmanjšane produktivnosti zaradi prezentizma. To pomeni, da organizacija, ki ima tisoč zaposlenih, pri čemer vsak izmed njih v povprečju zasluži 50 tisoč dolarjev letno (tj. 192 dolarjev na dan), na račun prezentizma zaradi depresije zaposlenih izgubi skoraj tisoč petsto dolarjev na delavca letno (po Klachefsky, 2012, str. 1).

Vpliv prezentizma na zdravstveno stanje zaposlenih je praviloma veliko večji strošek kot morebitni strošekčasne odsotnosti z dela. Raziskava

Bergstroema et al. (2009) na primer analizira in primerja vpliv prezentizma na zdravstvene posledice v delavčevem kasnejšem življenju pri Švedih, zaposlenih v javnem in zasebnem sektorju. Avtorji raziskave ugotavljajo, da se v javnem sektorju prezentizem pojavlja kot rizični dejavnik, ki vpliva na kasnejše zdravstveno stanje zaposlenih predvsem pri tistih delavcih, za katere je v osnovi značilno dobro zdravstveno stanje. Med zaposlenimi v zasebnem sektorju pa rezultati raziskave dajejo ravno obratne rezultate, saj prezentizem bolj vpliva na zaposlene, ki so v slabšem zdravstvenem stanju in jim pojav zdravstveno sliko samo še poslabšuje. Avtorji utemeljujejo dobljene rezultate s tem, da primerjajo posledice pojavnosti prezentizma z različnimi delovnimi pogoji in naravo dela v obeh sektorjih.

Podobno pozitivno povezanost med prezentizmom in njegovim vplivom na zdravstveno stanje zaposlenega v prihodnosti opredelita Hansen in Andersen (2008) v študiji danske delovne sile. Kot ugotavljata, imajo zaposleni, ki so bili v preteklem letu na delovnem mestu kljub bolezni ali slabem počutju prisotni več kot šest dni, 53 odstotkov večjo možnost, da jih v naslednjem letu in pol oziroma treh letih bolezni tako resno »zdela«, da bodo odsotni pogosteje za dlje časa skupaj (za vsaj 14 dni neprekinjeno). Rezultate podkrepita z dejstvom, da skupina prezentistov čez leto in pol oziroma čez tri leta svoje zdravje oceni slabše kot skupina, za katero ni bil značilen pogost prezentizem. Avtorja v raziskavi posledice slabšanja zdravstvenega stanja v prihodnosti napovedujeta tudi tistim delavcem, ki po bolezni ne okreva popolnoma in se pogosteje predčasno vračajo na delo.

Slabšanje zdravstvenega stanja zaradi posledic prezentizma se po raziskavi Picketove (2010) kaže tudi pri tistih zaposlenih, ki si nikoli ne vzamejo dopusta in delajo veliko nadur. Pri teh delavcih je namreč pojav stresa in depresije pogostejši, oba pojava pa po nekaterih ameriških študijah povečujeta možnost za pojavnost prezentizma.

3 Vpliv značilnosti zaposlenih na pojav prezentizma v slovenskem delovnem okolju

Merjenje prezentizma je zaradi kompleksnosti področja za sodobne organizacije velik izziv predvsem zaradi narave zbiranja podatkov. V prispevku predstavljamo del lastne raziskave, s katero smo želeli ugotoviti pojavnost prezentizma med zaposlenimi v slovenskem delovnem okolju ter dejavnike, ki naj bi prezentnost delavcev v tem okolju povzročali.

Zbiranje podatkov je potekalo v mesecu juliju in avgustu, 2012. V okviru projekta Izboljševanje delovnega okolja z inovativnimi rešitvami (INODEL), ki ga delno financira Evropski socialni sklad, smo pripravili elektronski vprašalnik za zaposlene v slovenskem delovnem okolju. Vprašalnik je bil posredovan kot spletno povabilo, naslovljeno na kadrovske službe podjetij, vključenih v panel Gospodarske zbornice Slovenije. Vrnjenih vprašalnikov je bilo 267. Od vseh vrnjenih vprašalnikov smo jih 79 iz raziskave izločili, zato ker niso bili

izpolnjeni oziroma zato, ker so sodelujoči odgovorili na manj kot 20 odstotkov zastavljenih vprašanj.

Bivariatna analiza je bila uporabljena za preveritev delnih hipotez H1, H2, H3 in H4. Povezanost spremenljivk ambicioznost, finančne težave, zaskrbljenost z varnostjo zaposlitve in število dni bolniške odsotnosti s pojavom prezentizma smo preverjali s hi-kvadrat (X^2) testom oziroma z analizo kontingenčnih tabel. Pri tem smo za vsako spremenljivko postavili ničelno domnevo H0, ki pravi, da so vrstice in stolpci kontingenčne tabele neodvisni spremenljivki, torej da povezanosti med proučevanima spremenljivkama ni, alternativna domneva (hipoteza) pa pravi, da neka povezanost obstaja. V naslednji fazi smo obe hipotezi soočili s podatki (prikaz in analiza kontingenčne tabele), pri čemer smo upoštevali, da se za dovolj velike vzorce najpogosteje uporablja preizkus hi-kvadrat (namesto izračuna testne statistike raje poročamo o t. i. p -vrednosti; če je bila ta manjša od vnaprej izbrane stopnje tveganja $\alpha = 0,05$, smo H0 zavrnilo in H1 potrdili). Za vsako od prvih štirih delnih hipotez smo izračunali še koeficienta kontingence in asociacije (smiselno, saj je specializiran le za 2×2 tabele), ki kažeta stopnjo povezanosti posameznih proučevanih spremenljivk. Delni hipotezi, povezani s fizičnim (H5) in psihičnim (H6) zdravjem, smo preverjali z metodo uvrščanja ob uporabi programskega orodja Orange.

Z raziskavo smo preverjali naslednjo hipotezo, da na pojav prezentizma v delovnih okoljih vplivajo značilnosti zaposlenih. Pri tem smo oblikovali šest delnih hipotez:

- H1: prezentizem se pogosteje pojavlja pri bolj ambicioznih delavcih.
- H2: zaposleni, ki nimajo finančnih težav, so redkeje nagnjeni k prezentizmu.
- H3: zaposleni, ki so zaskrbljeni glede varnosti zaposlitve, so pogosteje nagnjeni k prezentizmu.
- H4: za zaposlene, ki so imeli v zadnjih 12-ih mesecih v povprečju manj kot 5 dni bolniške, je značilna višja stopnja prezentnosti.
- H5: fizično zdravje delavca vpliva na pojav prezentizma.
- H6: psihično zdravje delavca vpliva na pojav prezentizma.

Hipotezo bomo potrdili, če bomo potrdili vsaj tri delne hipoteze.

3.1 Vpliv ambicioznosti na prezentizem

Na podlagi definicije pojma ambicioznost smo izoblikovali posamezne elemente ambicioznosti v delovnem okolju in jih umestili v 9 trditev, s katerimi smo preverjali stopnjo ambicioznosti anketirancev.

Rezultati raziskave so pokazali, da si večina anketirancev želi uspeli na svojem področju, da si večina anketirancev želi napredovati v lastnih veščinah na delovnem mestu in da pri delu zasledujejo lastne cilje, kar so pomembni elementi ambicioznosti. Stopnja ambicioznosti se ne razlikuje bistveno med spoloma, so pa večje razlike med anketiranci razvidne, če stopnjo ambicioznosti

primerjamo po izobrazbeni strukturi, kjer ugotavljamo, da so pričakovano bolj ambiciozni tisti anketiranci, ki imajo dokočano višjo stopnjo izobrazbe. Primerjava stopnje ambicioznosti med anketiranci po tipu zaposlitve kaže, da so zaposleni za določen čas in zaposleni, ki opravljajo študentsko delo, bolj ambiciozni od zaposlenih za nedoločen čas. Ti rezultati prav tako niso presenetljivi, saj je za zaposlene za določen čas in zaposlene, ki opravljajo študentsko delo, značilno, da svojo ambicioznost črpajo predvsem iz želje po dokazovanju delodajalcu in verjetno tudi zato, ker so tovrstni zaposleni v povprečju mlajši od zaposlenih za nedoločen čas. To jim verjetno daje dodatno motivacijo za delo, delovno energijo in željo po dokazovanju, kar so temeljni elementi ambicioznosti. Analiza rezultatov našega vzorca je namreč pokazala, da je izmed vseh anketirancev, ki so zaposleni za določen čas, kar 54,17 % mlajših od 35 let. Na podlagi rezultatov opravljene raziskave lahko ocenimo, da so anketiranci zelo ambiciozni.

Povezanost stopnje ambicioznosti s pogostostjo pojava prezentizma (delna hipoteza 1) v delovnem okolju smo opredelili na podlagi povprečne vrednosti celotnega sklopa vprašanj, ki so se v vprašalniku nanašala na ambicioznost. Ambiciozni delavci so tako v našem primeru tisti anketiranci, ki so na ta sklop vprašanj odgovorili s povprečno oceno vsaj 3,41, kar je bila skupna povprečna ocena tega sklopa vprašanj. Pogostost pojava prezentizma smo opredelili tako, da smo izračunali mediano vprašanja, ki je določal povprečno število dni prezentizma v zadnjih 12-ih mesecih na podlagi delitve proučevanega vzorca enot na dva enaka dela. Za mediano smo se odločili zato, ker smo ugotovili, da če za mejno vrednost vzamemo aritmetično sredino (tj. 10,10 dni), je standardni odklon prevelik oziroma podatki ekstremno odstopajo od aritmetične sredine in so enote vzorca zelo neenakomerno porazdeljene ter s tem preveč vplivajo na njeno vrednost.

Prezentizem se tako pogosteje pojavlja, če se je pri posamezniku v zadnjih 12-ih mesecih pojavil več kot 7,5 dni. Vsak anketiranec je tako dobil dve oznaki: ambicioznost/neambicioznost in prezentizem redkeje/prezentizem pogosteje. Iz tabele 1 je glede na zgoraj opredeljene predpostavke razvidno, da je v našem vzorcu 30 enot, ki sodijo med ambiciozne delavce in imajo vrednost spremenljivke prezentizem pogosteje, 57 enot pa je takih, ki sodijo med ambiciozne anketirance in se pri njih prezentizem redkeje pojavlja.

Tabela 1: Kontingenčna tabela delne hipoteze 1

Delna hipoteza 1		Prezentizem redkeje (št. enot)	Prezentizem pogosteje (št. enot)	Skupaj
Ambicioznost delavca (št. enot)	NE	51	39	90
	DA	57	30	87
Skupaj		108	69	177

Vir: lastna raziskava

Test hi-kvadrat v našem primeru izračuna vrednost $p = 0,23$, kar pomeni, da H_0 obdržimo in naše delne hipoteze ne potrdimo, saj pri 5 % tveganju trdimo, da med spremenljivko ambicioznost delavca in redkostjo/pogostostjo pojava prezentizma ni značilne povezanosti. V konkretnem primeru je koeficient kontingence enak 0,090, asociacije pa $-0,185$. Prvi pravi, da med spremenljivkama ni povezanosti, drugi pa govori o šibki (negativni) povezanosti. Rezultati raziskave so pokazali, da večja stopnja ambicioznosti zaposlenega očitno ni razlog za pogostejšo pojavnost prezentizma v delovnem okolju. Želja po uspehu, napredovanju v organizaciji in lastnih veščinah ter želja po dosegu zastavljenih (osebnih in organizacijskih) ciljev očitno niso razlogi, ki bi v delovnem okolju povečevali pojavnost prezentizma.

3.2 Vpliv finančnih težav na prezentizem

Finančno situacijo anketirancev smo preverjali z analizo (morebitnih) težav s plačilom stroškov za hrano, položnice in najemnino v zadnjih 12-ih mesecih. Rezultati raziskave kažejo, da več kot tretjina (69,36 %) anketirancev v obdobju zadnjih 12-ih mesecev ni imela težav s plačilom stroškov za hrano, položnice in najemnino, na drugi strani pa je imelo kar 6,36 % anketirancev tovrstne težave vsak mesec, kar zagotovo ni zanemarljiv podatek. Rezultati raziskave sicer kažejo na relativno stabilno finančno situacijo anketirancev, kar je v času ekonomsko-finančne krize presenetljiv podatek.

Zaposleni, ki nimajo finančnih težav, so bili v našem primeru tisti anketiranci, ki so na vprašanje Ali ste v preteklih 12-ih mesecih imeli težave s plačilom stroškov za hrano, položnice, najemnino? odgovorili z »nikoli«. Pogostost prezentizma smo ugotavljali enako kot pri zgornji delni hipotezi. Vsak anketiranec je tako dobil dve oznaki: prisotnost/odsotnost finančnih težav in prezentizem redkeje/prezentizem pogosteje. Iz tabele 2 glede na zgoraj opredeljene predpostavke izhaja, da je v našem vzorcu 81 enot, ki sodijo med anketirance, ki v zadnjih 12-ih mesecih nikoli niso imeli finančnih težav in dosega vrednost spremenljivke prezentizem redkeje, 38 enot pa je takih, ki v zadnjih 12-ih mesecih nikoli niso imeli finančnih težav in se pri njih prezentizem pogosteje pojavlja.

Tabela 2: Kontingenčna tabela delne hipoteze 2

Delna hipoteza 2		Prezentizem redkeje (št. enot)	Prezentizem pogosteje (št. enot)	Skupaj
Finančne težave (št. enot)	NE	81	38	119
	DA	23	30	53
Skupaj		104	68	172

Vir: lastna raziskava

Test hi-kvadrat nam vrne p -vrednost 0,002, zato pri 5 % tveganju zavrnemo hipotezo, da sta spremenljivki finančne težave nikoli in prezentizem redkeje/pogosteje neodvisni. Trdimo torej, da med njima obstaja značilna povezanost. S koeficientom kontingence (0,227) lahko ocenimo, da gre

za šibko povezanost med spremenljivkama, koeficient asociacije (-0,471) pa pove, da je povezanost zmerna in negativna. Da sta spremenljivki finančne težave in pogostost prezentizma povezani, ugotavljajo že nekateri avtorji (npr. Aronsson & Gustafsson, 2005; Ashby & Mahdon, 2010), ki so predhodno poučevali pojav. Zaposleni, pri katerih je višina njihovega mesečnega prihodka odvisna tudi od njihove prisotnosti na delu, so namreč pogosteje nagnjeni k prisotnosti na delu kljub boleznim ali slabemu počutju. Glede na povezanost poučevanih spremenljivk ugotavljamo, da so finančne težave lahko povod za pojav prezentizma v delovnem okolju, na kar nakazujejo rezultati raziskave, saj tisti anketiranci, ki nimajo finančnih težav, redkeje pridejo na delo, ko se ne počutijo dobro.

3.3 Vpliv varnosti zaposlitve na prezentizmu

Element varnosti zaposlitve smo preverjali z ugotavljanjem stopnje zaskrbljenosti anketirancev glede varnosti zaposlitve. Rezultati raziskave so pokazali, da je 35,84 % anketirancev zaskrbljenih glede varnosti zaposlitve, medtem ko 33,94 % anketirancev nima strahu pred izgubo zaposlitve. Zanimivo je, da skoraj tretjina vseh anketiranih (31,21 %) do vprašanja varnosti zaposlitve ni opredeljena, kar nakazuje na dejstvo, da jih pogoji, v katerih delajo, (očitno) ne spodbujajo k razmišljanju o tem vprašanju. Dejstvo, da je 35,84 % vseh anketirancev zaskrbljenih glede njihove zaposlitve, je verjetno posledica trenutnih gospodarskih razmer, ki so zelo nepredvidljive (tudi v delovnih okoljih, ki so pred krizo veljali za stabilne).

Zanimiva je primerjava odnosa do tega vprašanja med moškimi in ženskami, pri čemer rezultati raziskave kažejo, da so ženske občutljivejše v odnosu do tega vprašanja, saj v povprečju označujejo višjo stopnjo zaskrbljenosti glede varnosti zaposlitve (41,6 % jih je namreč zaskrbljenih z varnostjo zaposlitve) kot moški (27,6 %). Ta podatek ni presenetljiv, saj ženske že po naravi pogosteje izražajo zaskrbljenost nad življenjskimi dogodki. Do pričakovanih ugotovitev smo prišli tudi, ko smo primerjali zaskrbljenost z varnostjo zaposlitve med anketiranci glede na tip zaposlitve, kjer smo ugotovili, da je največja zaskrbljenost prisotna med zaposlenimi za določen čas (kar 66,67 % anketirancev, ki so zaposleni za določen čas, je zaskrbljenih z varnostjo njihove zaposlitve).

Nekoliko nižji delež (62,50 %) je bil ugotovljen med tistimi anketiranci, ki opravljajo študentsko delo, najmanj pa so z varnostjo zaposlitve zaskrbljeni tisti anketiranci, ki opravljajo delo za nedoločen čas (29,29 %). Kljub temu, da so rezultati raziskave pričakovani, ugotavljamo, da je nekoliko presenetljivo visok delež zaposlenih za nedoločen čas, ki so zaskrbljeni z varnostjo zaposlitve, saj naj bi zaposlitev za nedoločen čas zaposlenim pomenila neko osnovno varnost. Glede na ekonomsko situacijo sta tudi strah oziroma zaskrbljenost anketirancev, ki so zaposleni za nedoločen čas, pričakovana, saj trenutne gospodarske razmere na trgu delovne sile ne omogočajo občutka brezskrbnosti. Če primerjamo zaskrbljenost z varnostjo zaposlitve med zaposlenimi po panogah, ugotovimo, da je najmanjši strah prisoten med

zaposlenimi v rudarstvu (71,43 % v tej dejavnosti ni zaskrbljenih z varnostjo zaposlitve), najbolj zaskrbljeni so zaposleni v drugih dejavnostih (64,29 %). Kot navedeno že zgoraj, je skoraj tretjina anketiranih do tega vprašanja neopredeljenih, pri čemer je med njimi največ takih, ki so zaposleni v dejavnosti izobraževanja (57,14 %) in finančnih in zavarovalniških dejavnostih (54,55 %).

Zaskrbljeni z varnostjo zaposlitve so v našem primeru tisti anketiranci, ki so na trditev Glede varnosti moje zaposlitve nisem zaskrbljen odgovorili z »sploh se ne strinjam« in »ne strinjam se«. Pogostost prezentizma smo ugotavljali enako kot pri zgornjih delnih hipotezah. Vsak anketiranec je tako dobil dve oznaki: zaskrbljenost/nezaskrbljenost z varnostjo zaposlitve in prezentizem redkeje/prezentizem pogosteje. Iz tabele 3 je glede na zgoraj opredeljene predpostavke razvidno, da je v našem vzorcu 28 enot, ki sodijo med anketirance, ki so zaskrbljeni z varnostjo zaposlitve in dosegajo vrednost spremenljivke prezentizem pogosteje, 33 enot pa je takih, ki sodijo med anketirance, ki so zaskrbljeni z varnostjo zaposlitve in se pri njih prezentizem redkeje pojavlja.

Tabela 3: Kontingenčna tabela delne hipoteze 3

Delna hipoteza 3		Prezentizem redkeje (št. enot)	Prezentizem pogosteje (št. enot)	Skupaj
Zaskrbljenost z varnostjo zaposlitve (št. enot)	NE	71	40	111
	DA	33	28	61
Skupaj		104	68	172

Vir: lastna raziskava

Test hi-kvadrat v našem primeru izračuna vrednost $p=0,21$, kar pomeni, da H_0 obdržimo in naše hipoteze ne potrdimo, saj pri 5 % tveganju trdimo, da med spremenljivko zaskrbljenost z varnostjo zaposlitve in redkostjo/pogostostjo pojava prezentizma ni značilne povezanosti. V konkretnem primeru je koeficient kontingence enak 0,096, asociacije pa 0,202. Prvi pravi, da med spremenljivkama ni povezanosti, drugi pa govori o šibki (pozitivni) povezanosti. Strah pred izgubo zaposlitve v povezavi s trenutno ekonomsko – finančno situacijo naj bi po ugotovitvah nekaterih avtorjev (npr. Prater & Smith, 2011) povečeval možnost za pojav prezentizma v delovnem okolju, saj naj bi zaposleni v nepredvidljivih delovnih razmerah pogosteje prihajali na delo, tudi kadar so bolni oziroma se slabo počutijo. Zaposleni namreč v nestabilnih delovnih okoljih dobivajo občutek, da je bolniški dopust lahko tudi razlog za odpuščanje. Glede na rezultate raziskave v slovenskem delovnem okolju teh ugotovitev ne moremo potrditi, saj zaposleni, ki so zaskrbljeni z varnostjo zaposlitve, niso pogosteje prisotni na delu tudi ko se slabše počutijo. Razloge za navedene ugotovitve je treba iskati tudi v tem, da je bila skoraj tretjina anketiranih do vprašanja o zaskrbljenosti glede varnosti zaposlitve neopredeljena (po Mlakar, 2013).

3.4 Vpliv bolniške odsotnosti na prezentizem

Manj kot 5 dni bolniške je pogoj, ki je bil vezan na vprašanje o številu dni bolniške odsotnosti v zadnjih 12-ih mesecih. Vse anketirance, ki so na to vprašanje odgovorili s številko manjšo od 5, smo proučevali z vidika pogostosti prezentizma, ki smo ga ugotavljali enako kot pri zgornjih delnih hipotezah. Vsak anketiranec je tako dobil dve oznaki: število dni bolniške manjše/večje od 5 in prezentizem redkeje/prezentizem pogosteje. Iz tabele 4 glede na zgoraj opredeljene predpostavke izhaja, da je v našem vzorcu 55 enot, ki sodijo med zaposlene, ki so imeli v zadnjih 12-ih mesecih manj kot 5 dni bolniške in imajo vrednost spremenljivke prezentizem pogosteje, 67 enot pa je takih, ki so imele v zadnjih 12 mesecih manj kot 5 dni bolniške in se pri njih prezentizem redkeje pojavlja.

Tabela 4: Kontingenčna tabela delne hipoteze 4

Delna hipoteza 4		Prezentizem redkeje (št. enot)	Prezentizem pogosteje (št. enot)	Skupaj
Št. dni bolniške < 5 (št. enot)	NE	6	18	24
	DA	67	55	122
Skupaj		73	73	146

Vir: lastna raziskava

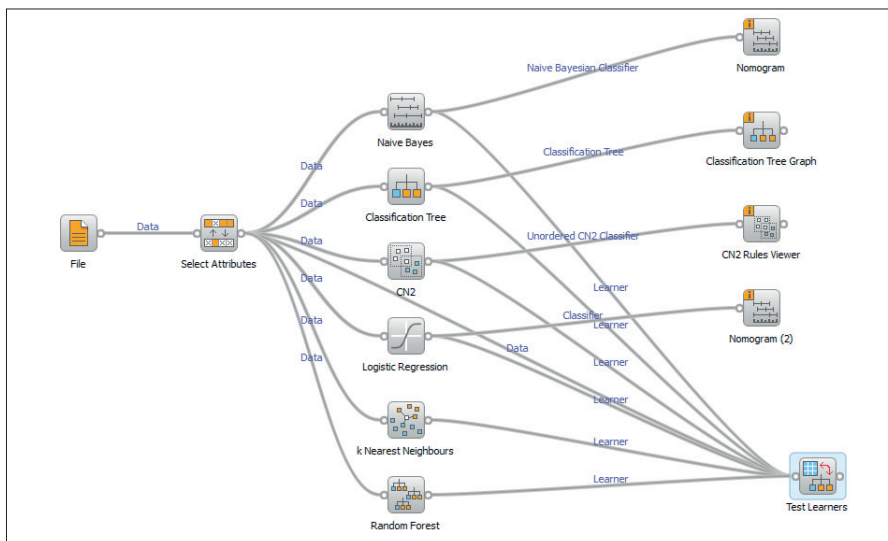
Test hi-kvadrat nam vrne p -vrednost 0,01, zato pri 5 % tveganju zavrnilo hipotezo, da sta spremenljivki število dni bolniške in prezentizem redkeje/pogosteje neodvisni. Trdimo torej, da med njima obstaja značilna povezanost. S koeficientom kontingence (0,217) lahko ocenimo, da gre za šibko povezanost med spremenljivkama, koeficient asociacije (-0,570) pa pove, da je povezanost zrna in negativna. Da je nizko število dni bolniške odsotnosti lahko tudi eden izmed razlogov za povečano stopnjo pojavnosti prezentizma, ugotavljajo nekateri avtorji (med drugim Brečko, 2011; Weaver, 2010, Yang & Chen, 2009) v svojih raziskavah. Razloge za majhno število dni bolniške odsotnosti je treba iskati bodisi v dobrem zdravstvenem stanju delavca bodisi povečanem številu dni prisotnosti na delu kljub bolezni ali slabemu počutju. Obe predpostavki lahko na podlagi rezultatov opravljene raziskave potrdimo, saj so anketiranci svoje zdravstveno stanje v splošnem dobro ocenili, poleg tega pa lahko potrdimo tudi hipotezo, da tisti zaposleni, ki so imeli v zadnjih 12-ih mesecih manj kot pet dni bolniškega dopusta, pogosteje prihajajo na delo bolni oziroma tudi takrat kadar se slabše počutijo.

3.5 Vpliv fizičnega in psihičnega zdravja na prezentizem

V raziskavi smo za analizo povezanosti fizičnega in psihičnega zdravja s prezentizmom uporabili metodo uvrščanja, pri čemer smo uporabili 10-kratno prečno preverjanje (angl. *10-fold cross validation*), kar pomeni, da smo vzorec naključno razdelili na deset delov, devet od njih smo jih uporabili za določanje parametrov, desetega pa za testiranje. Nato smo postopek ponavljali, da

je bil vsak del vzorca enkrat uporabljen za testiranje, končna ocena pa je dala povprečje vseh desetih testov. Uvrščanje v skupine smo izvedli v odprtokodnem programskem paketu *Orange*, ki je namenjen predvsem strojnemu učenju in bioinformatični analizi. Poleg možnosti klasičnega programiranja (uporablja se ga kot Pythonov modul) lahko v njem tudi vizualno programiramo (po Curk et al., 2005). Prikaz uvrščanja v skupine v programskem paketu Orange je prikazan na sliki 1.

Slika 1: Prikaz uvrščanja v skupine v programskem paketu Orange

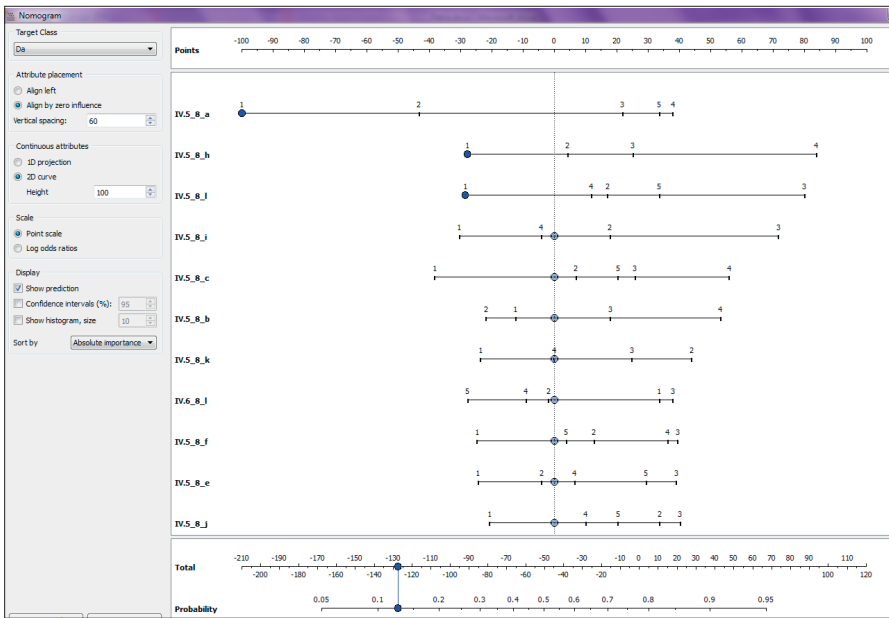


Vir: lasten (programski paket Orange)

Leva ikona predstavlja grafični gradnik, v katerega smo naložili podatke, v »*Select Attributes*« pa smo izbrali spremenljivke, s katerimi smo delali. Dvoklik na ikono nam pokaže, da smo med vsemi merjenimi spremenljivkami za preizkus naše delne hipoteze 5 izbrali vprašanja, ki so se nanašala na fizično zdravstveno stanje anketirancev za neodvisne spremenljivke, vprašanje, ki je bilo vezano na pojavnost prezentizma, pa smo izbrali za odvisno spremenljivko. Izbrano podmnožico spremenljivk smo nadalje poslali v analizo šestim statističnim modelom uvrščanja, in sicer naivnemu Bayesu, odločitvenim drevesom in pravilom (CN2), logistični regresiji, najbližjim sosedom in naključnim gozdovom. Kot vidimo, so bili vsi modeli preizkušeni, saj so povezani z grafičnim gradnikom »*Test Learners*«. Ta nam razkriva, da smo za testiranje uporabili 10-kratno prečno preverjanje in kako dobro so se pri preizkusu odrezale posamezne metode. Iz analize lahko razberemo, da je najboljša po klasifikacijski točnosti metoda naključnih gozdov (ki pa ne presega deleža prezentistov, ki znaša 78,2 %, zato je neuporabna), po meri AUC pa edini prag 0,75 presega naivni Bayesov klasifikator.

Iz slike 1 je razvidno, da iz gradnikov za Bayesov klasifikator, logistično regresijo, odločitvena drevesa in pravila, potekajo še nadaljnje povezave. Te nam omogočajo, da si ogledamo omenjene modele na razumljiv način. Ker je najboljše rezultate dal naivni Bayesov klasifikator (gl. tabelo 5), njegovo delovanje prikazujemo še z nomogramskim prikazom (slika 2). Slika 2 prikazuje, da je pri uvrščanju v skupine, tj. določanju prisotnosti prezentizma, najpomembnejša spremenljivka utrujenost ali pomanjkanje energije, sledi ji suh kašelj, suho grlo. Vse spremenljivke so urejene padajoče glede na pomembnost, zaradi preglednosti pa je prikazanih le nekaj najpomembnejših.

Slika 2: Nomogramski prikaz delovanja naivnega Bayesovega klasifikatorja (delna hipoteza 5)



Vir: lasten (programski paket Orange)

Ena od prednosti nomogramske predstavitve v Orange-u je tudi možnost napovedovanja za poljuben nabor vrednosti. Slika 2 prikazuje, da ima enota, za katero je utrujenost ali pomanjkanje energije=1, kašelj, suho grlo=1 in prebavne motnje=1 zgolj nekoliko več kot 10 % možnosti (natančneje 13 %), da je prezentist. Če primerjamo to s porazdelitvijo na celotnem vzorcu, kjer je delež vrednosti prezentizma 78,2 %, vidimo, da nam nizke vrednosti spremenljivk utrujenost ali pomanjkanje energije, kašelj, suho grlo in prebavne motnje določajo odsotnost pojava prezentizma.

Tabela 5: Prikaz rezultatov posameznih tehnik (delna hipoteza 5)

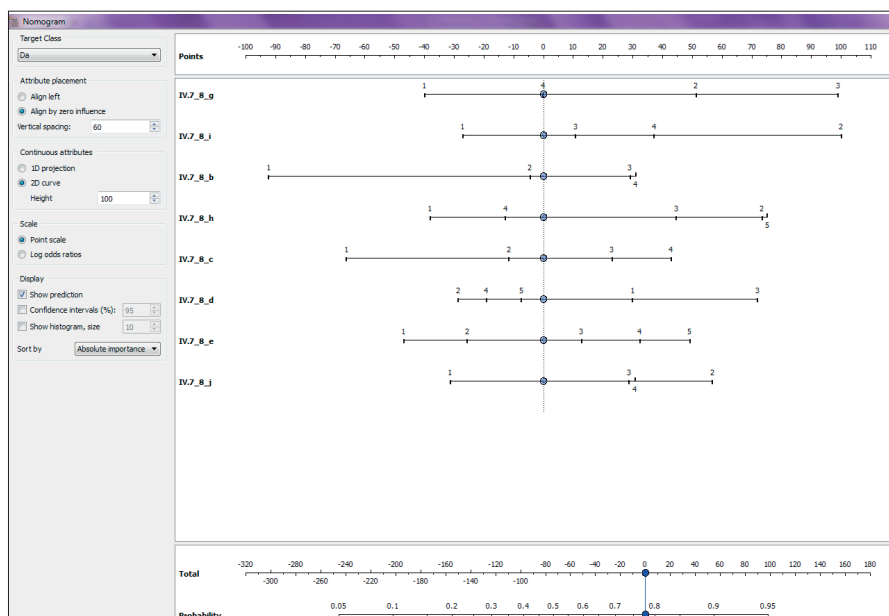
Metoda – statistični modeli uvrščanja	CA	AUC
Naivni Bayesov klasifikator	0,7760	0,7621
Odločitvena drevesa	0,7322	0,6294
CN2 pravila	0,7544	0,6673
Logistična regresija	0,6544	0,5936
Najbližji sosed	0,7114	0,6802
Naključni gozdovi	0,7819	0,7145

Vir: lasten (programski paket Orange)

Z modelom naivnega Bayesa lahko torej delno hipotezo 5 (Fizično zdravje delavca vpliva na pojav prezentizma) potrdimo, saj je mera AUC večja od 0,75 (tj. 0,76).

Do podobnih rezultatov smo prišli pri analizi delne hipoteze 6 (Psihično zdravje delavca vpliva na pojav prezentizma), pri čemer smo za preizkus naše hipoteze izbrali spremenljivke, ki se nanašajo na psihično počutje anketirancev v zadnjih 12-ih mesecih. Enako kot pri delni hipotezi 5 je tudi pri tej hipotezi najboljše rezultate dal naivni Bayesov klasifikator. Mera AUC je tudi v tem primeru večja od mejne vrednosti (tj. 0,75), zato lahko našo hipotezo potrdimo.

Slika 3: Nomogramski prikaz delovanja naivnega Bayesovega klasifikatorja (delna hipoteza 6)



Vir: lasten (programski paket Orange)

Slika 3 prikazuje, da je pri uvrščanju v skupine, tj. določanju prisotnosti prezentizma, najpomembnejša spremenljivka »obupano«, sledita ji spremenljivki

»tako žalostno, da Vas nič ni moglo razveseliti« in »nervozno«. Na podlagi rezultatov lahko ugotovimo, da negativna psihična stanja bolj intenzivno vplivajo na pojav prezentizma kot pozitivna (kot kaže slika 3 je spremenljivka »prijetno« po pomembnosti šele na šestem mestu).

Glede na rezultate analize posameznih delnih hipotez ugotavljamo, da smo štiri od šestih delnih hipotez potrdili, zato lahko potrdimo tudi glavno hipotezo, torej, da značilnosti zaposlenih značilno vplivajo na pojav prezentizma v delovnem okolju. Na stopnjo pojavnosti prezentizma glede na rezultate raziskave našega vzorca najbolj vplivajo spremenljivke finančne težave, število dni bolniške odsotnosti ter fizično in psihično zdravstveno stanje anketirancev, kar kažejo izračunane p -vrednosti in koeficienti asociacije ter model naivnega Bayesovega klasifikatorja.

4 Primerjalna analiza ugotovitev z nekaterimi tujimi raziskavami

Primerjava lastne raziskave z rezultati nekaterih predhodnih raziskav kaže, da je raziskava, ki smo jo opravili, najbolj celovito do sedaj opredelila vzroke za pojavnost prezentizma v delovnem okolju, saj je zajela celotno delovno populacijo. Večina predhodnih raziskav je namreč pojav prezentizma proučevala zelo selektivno, bodisi samo z vidika zdravstvenega stanja (določenih bolezni/ bolezenskega stanja) delavcev, bodisi zmanjšane produktivnosti na delu kot posledica prezentizma, bodisi samo v določeni panogi oziroma organizaciji ipd.

Nekateri avtorji (npr. Aronsson et al., 2000; McKewitt et al., 1997) ugotavljajo, da so zaposleni, ki imajo v svoji domeni skrb za druge (npr. zaposleni na področju izobraževanja, zdravstvenega in socialnega varstva) pogosteje podvrženi možnosti pojava prezentizma. Z raziskavo, ki smo jo opravili v slovenskem delovnem okolju, teh ugotovitev ne moremo potrditi, saj je ugotovljena stopnja pojavnosti prezentizma med zaposlenimi v slovenskem zdravstvenem in socialnem varstvu ter na področju izobraževanja nižja od povprečne stopnje pojavnosti prezentizma.

Podobno kot ugotavljajo Burton et al. (2004) in Allen et al. (2005) lahko tudi za slovensko delovno okolje ocenimo, da ima več kot polovica anketirancev vsaj eno izmed naštetih fizičnih zdravstvenih težav oziroma katero od kroničnih obolenj, ki vplivajo na njihove delovne zmožnosti in sposobnosti opravljanja delovnih nalog. Največje težave tako v našem delovnem okolju kot primerjalno predstavljajo različne oblike bolečin (v vratu, hrbtenici, nogah, sklepih), glavobolov, utrujenost in nespečnost, kar zmanjšuje delovno produktivnost (težave s koncentracijo, počasnejše opravljanje delovnih nalog, težave pri sprejemanju odločitev, preložitve dela idr.).

Na zmanjšano delovno produktivnost v obliki količinsko manj opravljenega dela najpogosteje vplivajo glavoboli, tako po ugotovitvah naše raziskave kot

po ugotovitvah Boylesa (2009). Primerjalno z ugotovitvami Collinsa et al. (2005) ugotavljamo, da so med zaposlenimi v slovenskem delovnem okolju kronična obolenja redkeje prisotna, saj ima po njihovih ugotovitvah skoraj dve tretjini zaposlenih v ameriškem kemijskem podjetju vsaj eno izmed kroničnih obolenj, medtem ko smo z našo raziskavo ugotovili, da skoraj polovica anketirancev nima nobene od navedenih kroničnih obolenj. Ima pa podobno največ anketirancev, ki imajo katero od navedenih kroničnih obolenj, katero izmed oblik alergije. Največ kroničnih bolnikov med anketiranci naše raziskave je med zaposlenimi v strokovnih, znanstvenih, tehničnih in predelovalnih dejavnostih, medtem ko je primerjalno z ugotovitvami Collinsa et al. (2005) največ kroničnih bolnikov med kvalificiranimi obrtnimi delavci. Zanimive ugotovitve raziskave v slovenskem delovnem okolju kažejo tudi na to, da anketiranci s slabšim zdravstvenim stanjem (tako fizičnim kot psihičnim) niso podvrženi večjim delovnim oslavitvam, kot to ugotavljajo nekateri drugi avtorji (Collins et al., 2005; Burton et al., 2004; Allen et al. 2005).

Gurchiek (2009) ugotavlja, da 40 % delavcev na delo kljub bolezn ali slabemu počutju pride iz etičnih razlogov, predanosti delu in prepričanju, da jih organizacija potrebuje. Do podobnih rezultatov smo prišli tudi z našo raziskavo, v kateri smo kot najpomembnejše razloge za prihod na delo kljub slabemu počutju ravno tako opredelili tiste razloge, vezane na predanost delu, in etičnim razlogom (delovne obveznosti in sestanki, roki za oddajo, nezamenljivost).

Tako kot Lalić in Hromin v eni izmed svojih raziskav iz leta 2012 ugotavljata, da je stopnja prezentizma pri vseh preučevanih skupinah zaposlenih podobna (ne glede na to, ali zaposleni opravljajo naloge sede, stoje, kakšne vrste delo opravljajo in kakšen je status organizacije, v kateri so zaposleni ipd.), smo do podobnih ugotovitev prišli tudi z raziskavo slovenskega delovnega okolja, ki prav tako kaže, da je prezentizem pojav, ki se pojavlja v vseh panogah in pri večini zaposlenih, ne glede na vrsto dela, ki ga opravljajo.

Glede na opravljeno primerjavo med raziskavo, ki smo jo opravili v slovenskem delovnem okolju z raziskavami, ki so bile predhodno opravljene, ugotavljamo, da je prezentizem problem, ki mu je treba nameniti več pozornosti. Zanimiva je primerjava ugotovitev okoliščin oziroma dejavnikov tveganja, ki pogosteje vplivajo na pojav prezentizma v posameznem delovnem okolju. Glede na ugotovitve naše raziskave lahko zaključimo, da so osebne okoliščine posameznika močnejše povezane s pojavnostjo prezentizma kot organizacijske okoliščine, za katere ne moremo trditi, da pomenijo dejavnik tveganja za pojav prezentizma, tako kot to ugotavljajo nekateri predhodne raziskave in teoretična izhodišča, ki smo jih opredelili.

5 Zaključek

Prezentizem se v sodobnih delovnih okoljih pojavlja predvsem kot posledica izzivov trenutnega gospodarskega okolja in psihosocialnih tveganj oziroma dejavnikov v delovnem okolju, ki povzročajo doživetja preobremenjenosti in stresa zaradi organizacijskih in drugih pogojev dela. Dejavniki tveganja za pojav prezentizma so med drugim vezani tudi na racionalizacijo delovnih procesov, ki je usmerjena k zagotavljanju maksimalne učinkovitosti poslovnih aktivnosti, torej narediti čim več s čim manj napori v čim krajšem času.

Opravljen raziskava v slovenskem delovnem okolju je pokazala, da osebni dejavniki oziroma osebne okoliščine vplivajo na pojavnost prezentizma v delovnem okolju. Glede na rezultate raziskave na pogostost pojava prezentizma v slovenskem delovnem okolju najbolj vplivajo naslednji preučevani osebni dejavniki tveganja: finančna situacija, število dni bolniške odsotnosti ter fizično in psihično zdravstveno stanje zaposlenega, medtem ko ambicioznost in stopnja varnosti zaposlitve očitno ne vplivata značilno na pogostost pojava prezentizma.

Odprava psihosocialnih tveganj za organizacijo povzroča finančne stroške, ki si jih številne organizacije zlasti v času gospodarske krize težko privoščijo. Naložba v zdrave delovne pogoje in ustrezno organizacijsko klimo lahko prepreči večje stroške in izgube v prihodnosti. Prijazno in zdravo delovno okolje z dobrimi psihosocialnimi odnosi, v katerih je mogoče delati brez preobremenjenosti in stresa, je plod sodelovanja delavca in delodajalca. To sodelovanje pa ni samoumevno, temveč ga je treba ves čas ocenjevati, dograjevati in izpopolnjevati. Sodelovanje mora temeljiti na preventivnih ukrepih, saj je zmanjševanje psihosocialnih tveganj na delovnih mestih učinkovito zgolj v primeru združevanja individualne in organizacijske ravni. Varnost zaposlitve, socialna varnost, kultura sodelovanja, priznanje in nagrajevanje, usklajevanje dela in zasebnega življenja ter ustrezen nadzor in organizacija dela so viri zdravja delavca, ki omogoča delovno prožnost, motivacijo in predanost ter kreativnost in inovativnost. Delovna kultura, ki vsebuje podporo vodstva in sodelavcev, razvoj socialnih, zdravstvenih in poklicnih kompetenc pa mora biti eden temeljnih ciljev sodobnih delodajalcev, če želijo biti kos gospodarskim in ekonomskim izzivom sodobne družbe.

Prezentizem je torej problem, ki povzroča škodo tako posamezniku kot poslovnemu svetu, zato si kot pojav zasluži obravnavanje z veliko skrbnostjo. Odpravljanje njegovih negativnih učinkov (tako na zmanjšano produktivnost kot vpliv za zdravje) je torej nujen korak sodobne družbe. Simptome prezentizma se da ublažiti tako na strani delavca kot delodajalca. Če delodajalec ustvari pozitivno delovno okolje, kjer vlada odprta komunikacija med zaposlenimi, bo delavec tako fizično kot duševno (mentalno) manj prizadet. Delodajalci morajo delavce obravnavati kot dragocene dobrine in se ves čas zavedati, da je le zdrav in spočit delavec lahko maksimalno učinkovit in uspešen. Naloga delavcev pa je, da spoštujejo svoje zdravje in skrbijo zanj tudi tako, da si vzamejo bolniški dopust, ko se ne počutijo dobro.

Petra Mlakar, mag. upr. ved, je zaposlena na Zavodu za varstvo kulturne dediščine Slovenije kot vodja službe za finančne zadeve na Restavratskem centru. Za diplomsko delo z naslovom Regulacija posebnih upravnih postopkov v področni zakonodaji – izbrani primeri (2009), je prejela fakultetno Prešernovo nagrado. Marca 2013 je z odliko zagovarjala magistrsko delo z naslovom Predlog modela ukrepov za zmanjšanje vplivov prezentizma v delovnem okolju.

Dr. Janez Stare je zaposlen kot docent za področje organizacija javnega sektorja na Fakulteti za upravo Univerze v Ljubljani. Ukvarja se z raziskovanjem javnega sektorja in organizacije upravne dejavnosti, predvsem tistega dela, ki je povezan s področji ravnanja z ljudmi, vodenja, organiziranja javnega sektorja ter zdravega in varnega delovnega okolja. Sodeluje v različnih projektih in je član Uradniškega sveta Republike Slovenije.

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Some Characteristics of Employees as Risk Factors for Presenteeism

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ABSTRACT

Presenteeism, or the act of attending work while sick or despite feeling unwell, is a relatively new concept in the sphere of work. It is a phenomenon that has begun to be monitored more intensively around the world in the last decade. Presenteeism can affect an employee's work in various ways and its consequences mean that it is already a problem in itself. Employers devote too little attention to it or are frequently not even aware of it. The majority of employers are in fact too often focused on the growing problem of absence from work because of sickness (absenteeism) and on eliminating the negative consequences of absenteeism, and do not (yet) see presenteeism as a problem. The research presented in this article deals with the question of the impact of employee characteristics on the phenomenon of presenteeism. The characteristics considered included ambition, financial worries, job security, sick leave and the physical and mental health of employees.

Key words: presenteeism, presence in the workplace, employee health, reduced productivity, risk factors

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1 Introduction

Presenteeism – attending work while sick or despite feeling unwell – is a relatively new and little researched concept. It manifests itself as reduced productivity of the employee at work, which means that the employee works less and/or less productively than he/she could or is expected to. The occurrence of presenteeism in the past has been characterised in particular by interventions by employers attempting to reduce excessive absence from work because of sickness (absenteeism). Today presenteeism occurs for

a variety of reasons including excessive workloads, inadequate organisation of work, fear of loss of employment, employees' financial difficulties, health problems occurring as a result of work, etc.

The reasons for presenteeism in the working environment differ greatly. The most common among them include a culture within an organisation that supports such behaviour by employees, working conditions and a type of work that do not allow employees to take sick leave in the case of sickness, employee characteristics (e.g. psychological characteristics of the individual) and influences of the environment (e.g. the economic situation and political decisions). In general terms the occurrence of presenteeism is linked to three categories of factors: organisational, personal and social. In view of the breadth of the topic, we shall limit ourselves in this article to a single category, that of personal factors.

The purpose of the article is to illustrate and explore the importance of personal factors (the impact of the most important personal circumstances or employee characteristics) on the incidence of presenteeism in the working environment. Through this article we aim to establish (objective of the article) whether employee characteristics significantly affect the phenomenon of presenteeism in the working environment. We have tested our hypothesis on the basis of six partial hypotheses.

The article presents the phenomenon of presenteeism, the factors that influence presenteeism (with a particular focus on personal risk factors) and the consequences of presenteeism. Research was carried out with the help of a questionnaire developed on the basis of theoretical findings and the results of research by other authors. Various statistical methods were used to process the results, including bivariate analysis, the chi-square test (X^2) and contingency table analysis. Coefficients of contingency and association were also calculated. Findings were also presented on the basis of wider research into the phenomenon of presenteeism and risk factors in the Slovenian working environment (INODEL project; Mlakar, 2013).

2 Presenteeism

2.1 Definition of the problem

Presenteeism, or the act of attending work while sick or despite feeling unwell, is a relatively new concept in the sphere of work, and one that has begun to be monitored around the world with increasing intensity in the last decade. During this period, numerous (mainly foreign) authors (e.g. Aronsson & Gustafsson, Bergstroem et al., Burton et al., Chatarrji & Tilley, Goetzel et al., Hemp, Hansen & Andersen, etc.) have published the results of studies that define the extent of the phenomenon and related negative consequences for the organisation, work processes and the health of the employee (workforce) or society in general. Given the scale of the problem and its

consequences, presenteeism is already an issue to which employers devote too little attention, or of which they are frequently not even aware. According to calculations made in the USA (American College of Occupational and Environmental Medicine, 2006), only 14% of American companies measure presenteeism in their working environments. Given that the Americans were among the first to begin studying presenteeism, it is reasonable to conclude that the percentage in other parts of the world is lower still, something which points to the fact that employers and organisations are still not sufficiently aware of the negative effects of the phenomenon. The majority of employers are in fact too often focused on the growing problem of absence from work because of sickness (absenteeism) and on eliminating the negative consequences of absenteeism. Some organisations even pay »attendance bonuses« to employees who are never absent for health reasons (Huver et al., 2012, p. 1), in order to reduce the phenomenon of absenteeism and its negative consequences on work processes.

Particular attention needs to be drawn not only to the employer's responsibility to provide suitable and healthy working conditions, the necessity of an effective health care system, and the society-wide promotion of health and a healthy lifestyle, but also to the employee's responsibility to look after his/her own health and take responsibility for it. The International Association for Worksite Health Promotion (2009) defines the promotion of health in the workplace as a corporate set of strategic and tactical actions that seek to optimise worker health and business performance through the collective efforts of employees, families, employers, communities and society at large. Employee health and the ability to perform a specific job in a working environment is therefore a complex area for which care and responsibility lie not only with the employer and the employee, but also with the general social climate or system, which must realise that the health of the individual and care for health is one of the most important values of that system. A healthy society is of key importance for successful business and a healthy economy. Only a healthy workforce can be fully efficient and effective.

The problems caused to employers by presenteeism are by their nature hidden, since presenteeism is an invisible phenomenon for employers and its (negative) effects and consequences are frequently more difficult to perceive and manage than the consequences of absenteeism. The invisibility or lack of perception of the phenomenon is a result of the fact that an employer is often unable to assess, in the case of employees who are at work (i.e. present in the workplace), whether they are sick, how sick they are, and if as a result of their mental or physical condition they are unable to perform their work and duties as effectively as they would otherwise. It can often happen that even employees themselves are unable to assess their own state of health – in other words whether they are actually sick or merely feeling unwell, where this feeling will pass. The problems of presenteeism are therefore not only in the recognition of the phenomenon on the part of the employer and the

employee, but also in the issue of measuring its effects on working processes – to what extent, in other words, is the effectiveness (productivity) of the employee reduced as a result of the physical or mental health issues the employee is facing. Reduced productivity is particularly difficult to measure in service activities.

2.2 (Personal) risk factors

In addition to health problems which the employee brings to the workplace »from home« (e.g. allergies, arthritis, asthma, diabetes, etc.), the factors that lead to presenteeism in working environments can be also be of an internal nature, connected with work or occurring as a consequence of work or working conditions (e.g. burnout, depression, fatigue, chronic neck/back pain, etc.) in connection with poor working conditions, ineffective management and poor work-life balance (from Lalić & Hromin, 2012, p. 112).

Presenteeism is to a large extent dependent on mental issues, unlike absenteeism, which is generally found in individuals with somatic symptoms (from Goetzel et al., 2004, p. 406). Presenteeism is influenced above all by health problems, both chronic and episodic, where the subject of (international) studies conducted to date in connection with the phenomenon of presenteeism has most frequently been allergies, depression, stress, various forms of headache, etc.

Krohne and Magnussen (2011, p. 6) point out that the policy of the organisation and the position in which the employee is employed play an important role in the employee's decision, in the case of sickness or feeling unwell, whether to go to work or take sick leave and stay at home. In their opinion, moreover, an employee is encouraged to come to work when sick or otherwise incapacitated by the belief that coming to work will not have negative effects.

Closely connected with the phenomenon of presenteeism are personal risk factors that increase the possibility of »voluntary presenteeism« (resulting from an individual's decision) (from Caverley et al., 2007). These are factors that are connected with the individual's own personal circumstances and relate above all to the views and personality characteristics of the individual. Personal risk factors include:

- **denial of sickness and refusal to have health checked;** Denial of sickness is the phenomenon where an employee denies feeling ill or being sick because he believes that despite feeling ill or being sick he is equally productive in his job. Some employees are proud of never having had even a single day of sick leave, and in some working environments are even rewarded for this by employers with so-called attendance bonuses,
- **financial situation;** Sick leave is generally (in the majority of legal systems) worse paid than regular work. In the case of employees with

financial difficulties who have trouble getting to the end of the month on their income, such an arrangement can lead to presenteeism or to behaviour where instead of sick leave they take regular leave, which is paid in full. By increasing their presence at work, employees correct their income, above all in those working environments where wage structure is also dependent on performance, overtime, etc.

- **family life and attitude to the family;** Where working environments are stimulating and interesting, it can often happen that for some individuals work becomes home and home becomes work, so that even when they are ill it seems more taxing to them to stay at home and look after themselves and their family obligations. In the opinion of some authors (Aronsson & Gustafsson, Goetzel et al., Hemp, Bergstrom et al., Hansen & Andersen, etc.) presenteeism is more prevalent among people who are more ambitious and more committed to work, who see their career as very important, and among those who are dissatisfied with their family life (from Johns, 2011. p. 487). According to some studies presenteeism is more prevalent among employees with a larger number of children, since by going to work despite feeling ill they »save« themselves from the obligation of looking after them (from Hansen & Andersen, 2008, p. 957).
- **workaholicism;** People who are workaholics by nature more often come to work sick. In the opinion of Hansen and Andersen (2008), this is due above all to conservative attitudes towards absence from work. Such individuals believe themselves to be indispensable and irreplaceable at work, while at the same time they believe that their absence would be unfair on their co-workers, who are additionally burdened by the work tasks of the absent employee (loyalty). Such employees are very responsible and committed to work, their conscientious and reliable, and therefore employers exploit these characteristics, which in itself further increases the occurrence of presenteeism in the workplace.
- **performance-based self-esteem;** Performance-based self-esteem is often related to the employee's need for recognition. Employees who are unable to say »no« to the needs and wishes of other people have, because of this characteristic, a greater propensity for presenteeism than those who are able to set the boundaries of their own productivity (from Brečko, 2012, p. 34).
- **psychological characteristics;** Psychological characteristics affect the different perception of the effects of work on the employee's health. Introverted individuals are more inclined to absenteeism since they have a more negative consideration of the effect of work on health. On the other hand extraverts who have a more positive attitude to work are more inclined to presenteeism. Conscientious employees or employees with a high work ethic are more reliable and more responsible, traits

which motivate them to be present at work even in the face of physical discomfort (from Johns, 2011, p. 485).

- **lifestyle**; Lifestyle is an individual's typical way of life, defined by a set of distinct behaviours in a specific timeframe and formed under the influence of experiences and living conditions from childhood. Elements of lifestyle such as diet, physical activity, vices (alcohol, tobacco, etc.) and stress management strongly influence an employee's state of health. An unhealthy lifestyle can cause numerous illnesses and strengthen symptoms, which in working environments causes increasing costs as a result of absence from work (absenteeism) and also reduce productivity in the workplace as a consequence of presenteeism. Interest among employees in the promotion of health at work has therefore increased in recent times, since health care costs have reached levels that they can no longer afford. Figures show (Pronk et al., 2004, p. 19), that up to seven per cent of health care costs in the EU are linked to obesity, while for large companies in the USA at least a quarter of their total annual health care costs per employee are connected to an unhealthy lifestyle. It is worth pointing out here that direct health care costs incurred as a result of an unhealthy lifestyle only represent a quarter of all costs arising from the consequences of an unhealthy society. The biggest costs arise when employees who, because of health problems, are not fully productive come to work (from Škerjanec, 2011).
- **neuroticism (emotional instability)**; Neuroticism reflects personal differences in experiencing the world as threatening, problematic and stressful (Caspi et al., 2005, quoted in: Rančigaj, 2009, p. 13). Individuals with pronounced neuroticism are frequently vulnerable and tend to experience guilt, they lack self-confidence and are frequently bad-tempered, angry and easily frustrated. The expression of all these negative emotions over a longer period leads to various illnesses which, in the long term, cause costs in working environments because of reduced productivity as a result of presenteeism and absenteeism (from Aronsson & Gustafsson, 2005, p. 960).

2.3 Consequences of presenteeism in the workplace

The consequences of presenteeism which employers and employees perceive in the workplace and away from the workplace are above all negative in nature and generally affect working processes in two directions. First, as a result of the consequences of presenteeism, the individual employee's effectiveness in the workplace can suffer, since such an employee takes more time and invests more effort to achieve the same effect as a healthy employee. Secondly, collective working effectiveness and efficiency can also suffer, since healthy employees take on the tasks of sick co-workers or help them in their work tasks, which reduces their effectiveness, and because a sick employee can infect co-workers and customers (from Demerouti et al., 2009, p. 51–52).

On the one hand, then, presenteeism reduces the effectiveness and efficiency of employees in the performance of their work tasks and duties (which consequently reduces the effectiveness of the organisation as a whole), while on the other it can, in the long term, worsen and place at risk their health and the state of health of the workforce (or society) in general.

The negative consequences of presenteeism can be separated into two groups of consequences: the costs of the reduced productivity of the worker in the workplace, and the effect on the health of employees.

Worker productivity is of key importance when measuring the overall productivity of an organisation. In connection with presenteeism, it is the case that an employee's productivity can be directly affected by sickness or feeling ill, and this is the cause of potential interventions by the employer connected to the health of the employee in the workplace. Worker productivity is generally divided into two components, both of which have a key influence on the productivity of the organisation as a whole: absenteeism and presenteeism (from Escorpizo et al., 2007, p. 1373). Research shows that the risk of loss (worsening) of effectiveness is greater in the case of sick employees than in the case of a healthy workforce (from Davis et al., 2005, p. 3). Reduced effectiveness in the workplace can be caused by various factors tied to the nature (type) of sickness, quality of life and characteristics of the work.

A study carried out in the USA (cited in Levy, 2003) calculated an average annual loss per worker of 115 productive hours due to presenteeism, which amounts to more than \$2,000 per worker per year or a total cost of \$250 billion. Goetzel et al. (2004) estimate in their study that the presence in the workplace of an employee with a headache reduces that worker's productivity by up to 89% and that the annual costs of various types of headache/migraine among employees in the USA are \$2.1 million. In the same study it is estimated that the total costs of presenteeism tied to reduced productivity represent at least 61% of all employee health costs. It is also found that the highest financial burden on employers as a consequence of presenteeism is represented by hypertension, heart disease, depression and other mental illness and joint disorders.

An Irish study (Chatterji & Tilley, 2002) has shown that presenteeism costs the Irish one billion euros a year, or 3% of Ireland's GDP. A British study, *Mental Health at Work: Developing the business case* (The Sainsbury Centre for Mental Health), has found that the annual costs of presenteeism in the form of reduced productivity at work are £15.1 billion, which is almost 1.8 times more than the costs of absenteeism (the costs of reduced productivity attributable to mental health problems alone costs UK employers an average of £605 per employee per year). Similarly, a study carried out in an Australian call centre (Tilse & Sanderson, 2005) defines costs relating to reduced productivity as 1.9 times higher in the case of presenteeism than in the case of absenteeism. The situation is also similar in the USA, since on average 25% of Americans

suffer from mental illness (Centers for Disease Control and Prevention, 2011). According to a study by the Integrated Benefits Institute (2009), depression is on average associated with 2.2 days of absence (absenteeism) and 7.5 days of reduced productivity as a result of presenteeism per employee per year. This means that an organisation with 1,000 employees and an average salary of \$50,000 per year (meaning that the average employee earns approximately \$192 per day), loses almost \$1,500 per employee per year because of presenteeism due to depression (from Klachefsky, 2012, p. 1).

The effect of presenteeism on employee health is as a rule a much bigger cost than the eventual cost of temporary absence from work. Bergström et al. (2009), for example, analyse and compare the impact of presenteeism on the future general health of workers employed in the public and private sectors in Sweden. The authors of the research find that in the public sector presenteeism is a risk factor with an impact on future general health above all in the case of those employees whose health status is typically good. Among employees in the private sector, exactly the opposite results are produced by the research, with presenteeism shown to have a greater impact on employees whose health status is poor and to further worsen their health picture. The authors substantiate the results obtained by comparing the consequences of presenteeism against various working conditions and types of work in the two sectors.

A similar positive correlation between presenteeism and its impact on the future health status of employees is defined by Hansen and Andersen (2008) in their study of the Danish workforce. They find that for employees who were present at work despite sickness or feeling ill for more than six days in the past year, there is a 53% greater chance that in the next year and a half (or three years) they will be absent more frequently for a longer total period (at least 14 days in a row) as a result of sickness. These results are supported by the fact that over a period of year and a half (or three years), the »presentees« group give a lower assessment to their own health than the group not characterised by frequent presenteeism. The authors also predict a worsening of health status in the future for those employees who do not recover fully after sickness and more frequently return to work too soon.

According to Pickett (2010), a deterioration of health because of the consequences of presenteeism can also be seen in those employees who never take a holiday and who do a lot of overtime. Stress and depression are more common in these employees and, according to some American studies, these two phenomena increase the possibility of presenteeism.

3 Impact of Employee Characteristics on Presenteeism in The Slovenian Working Environment

Owing to the complexity of the field, measuring presenteeism represents a major challenge to modern organisations, above all because of the nature

of data collection. In this article we present part of our own research, through which we aimed to establish the prevalence of presenteeism among employees in the Slovenian working environment, and the factors believed to have caused presenteeism among employees in this environment.

The collection of data took place in July and August 2012. As part of the *Improving the Working Environment through Innovative Solutions* (INODEL) project, which is part-financed by the European Social Fund, we prepared an electronic questionnaire for employees in Slovenia. The questionnaire was sent out as an online invitation addressed to the human resources departments of companies included in the panel of the Chamber of Commerce and Industry of Slovenia. A total of 267 questionnaires were returned. Of these, 79 were excluded from the research either because they had not been completed or because the respondents had answered fewer than 20% of the questions.

Bivariate analysis was used to verify the partial hypotheses H1, H2, H3 and H4. The correlation between the variables »ambition«, »financial problems«, »concern about job security« and »number of days of sick leave« with the phenomenon of presenteeism was verified by means of a chi-square test (χ^2) or through analysis of contingency tables. For each variable we formulated a null hypothesis H0, which states that the rows and columns of the contingency table are independent variables, i.e. that there is no correlation between the two studied variables (an alternative hypothesis states that a connection exists). In the next phase we confronted both hypotheses with the data (representation and analysis of the contingency table), taking into account the fact that for sufficiently large samples it is most common to use a chi-square test (rather than calculating the test statistics, we prefer to report on the »*p*-value«; where this was lower than the pre-selected risk rate $\alpha=0.05$, we rejected H0 and confirmed H1). For each of the first four partial hypotheses we also calculated coefficients of contingency and association (*mutatis mutandis*, since this is only specialised for 2x2 tables), which show the level of correlation of the individual variables studied. Partial hypotheses relating to physical (H5) and mental (H6) health were verified by means of a classification method using the Orange software suite.

Through the research we verified the following hypothesis: that the phenomenon of presenteeism in working environments is influenced by the characteristics of employees. In doing so we formulated six partial hypotheses:

- H1: Presenteeism occurs more frequently among more ambitious employees.
- H2: Employees who do not have financial difficulties are more rarely inclined to presenteeism.
- H3: Employees who are worried about job security are more frequently inclined to presenteeism.
- H4: For employees who took on average fewer than 5 days' sick leave in the last 12 months, a higher rate of presenteeism is typical.

- H5: The physical health of the employee has an impact on presenteeism.
- H6: The mental health of the employee has an impact on presenteeism.

The hypothesis will be confirmed if we confirm at least three partial hypotheses.

3.1 The impact of ambition on presenteeism

On the basis of a definition of the concept of ambition, we identified individual elements of ambition in the working environment and grouped them into nine statements which we used to verify the level of ambition of respondents.

The results of the research showed that the majority of respondents wish to succeed in their field, that the majority of respondents wish to progress in their own skills in the workplace, and that at work they follow their own goals, which are important elements of ambition. The level of ambition does not differ significantly between the genders but greater differences among respondents are evident if we compare the level of ambition by education structure, where we find that those respondents with higher education qualifications are, as may be expected, more ambitious. A comparison of the level of ambition among respondents by type of employment shows that employees with fixed-term contracts and employees with student work contracts are more ambitious than employees with contracts of indefinite duration. These results are not surprising, since fixed-term employees and student employees typically draw on their ambition out of a desire to prove themselves to their employer, and probably also because employees of this type are on average younger than those employed for an indefinite period, which probably gives them an additional motivation to work, additional energy and a desire to prove themselves, all of which are fundamental elements of ambition. Analysis of the results of our sample in fact showed that of all respondents employed on fixed-term contracts, 54.17% are younger than 35. On the basis of the results of the research conducted, we can estimate that the respondents are highly ambitious.

We defined the correlation of the level of ambition to the incidence of presenteeism (partial hypothesis 1) in the working environment on the basis of the average value of the total set of questions in the questionnaire relating to ambition. Ambitious employees are thus represented in our case by those respondents who replied to this set of questions with an average score of at least 3.41, which was the overall average score for this set of questions. We defined the incidence of presenteeism by calculating the median of the question, which determined the average number of days of presenteeism in the last 12 months on the basis of a division of the studied sample of units into two equal parts. We chose the median because we found that if we take the arithmetic mean as the threshold value (i.e. 10.10 days), the standard deviation is too great, or the data deviate extremely from the arithmetic mean,

and that the units of the sample are very unevenly distributed and therefore have too great an impact on its value.

Presenteeism thus occurs more frequently if it has occurred in the case of an individual employee for more than 7.5 days in the last 12 months. Each respondent was thus assigned two labels: ambitious/unambitious and presenteeism rarer/presenteeism more frequent. With regard to the assumptions defined above, it can be seen from Table 1 that our sample contains 30 units that fall into the category of ambitious employees where the value of the presenteeism variable is »more frequent« and 57 units that fall into the category of ambitious employees where presenteeism is rarer.

Table 1: Contingency table of partial hypothesis 1

Partial hypothesis 1		Presenteeism rarer (No. of units)	Presenteeism more frequent (No. of units)	Total
Employee ambition (No. of units)	NO	51	39	90
	YES	57	30	87
Total		108	69	177

Source: own research

In our case the chi-square test returns a p -value of 0.23, which means that we retain H_0 and do not confirm our partial hypothesis, since with a risk rate of 5% we maintain that there is no significant correlation between the variable »ambition of employee« and the rarity/frequency of presenteeism. In this concrete case the coefficient of contingency is equal to 0.090 and the coefficient of association to -0.185 . The former indicates that there is no correlation between the two variables, while the latter indicates a weak (negative) correlation. The results of the research showed that a greater level of ambition in an employee is evidently not a reason for the more frequent incidence of presenteeism in the working environment. The desire for success, progress within the organisation and in terms of one's own skills, and the desire to achieve set goals (personal goals and those of the organisation) are apparently not reasons that would increase the incidence of presenteeism in the working environment.

3.2 Impact of financial difficulties on presenteeism

We verified the financial situation of respondents through analysis of (potential) difficulties connected to the payment of food bills, household bills and rent in the last 12 months. The results of the research showed that more than a third (69.36%) of respondents did not have problems paying with food bills, household bills and rent in the last 12 months, while on the other hand 6.36% of respondents had problems every month, which is by no means a negligible figure. The results of the research do, however, show a relatively stable financial situation among respondents, which at a time of economic and financial crisis is surprising.

Employees who do not have financial difficulties represented, in our case, those respondents who answered »never« to the question »Have you had problems paying food bills, household bills or rent in the last 12 months?« We established the incidence of presenteeism in the same way as with the partial hypothesis above. Each respondent was assigned two labels: presence/absence of financial difficulties and presenteeism rarer/presenteeism more frequent. With regard to the assumptions defined above, it follows from Table 2 that our sample contains 81 units that fall into the category of respondents who have had no financial problems in the last 12 months and where the value of the presenteeism variable is »rarer«, and 38 units in the category of respondents who have had no financial problems in the last 12 months where presenteeism is more frequent.

Table 2: Contingency table of partial hypothesis 2

Partial hypothesis 2		Presenteeism rarer (No. of units)	Presenteeism more frequent (No. of units)	Total
Financial problems (No. of units)	NO	81	38	119
	YES	23	30	53
Total		104	68	172

Source: own research

The chi-square test returns a *p*-value of 0.002, so with a risk rate of 5% we reject the hypothesis that the variables »no financial problems« and »presenteeism rarer/more frequent« are independent. We therefore state that a significant correlation exists between them. Using the coefficient of contingency (0.227) we can estimate that there is a weak correlation between the two variables, while the coefficient of association (-0.471) indicates that the correlation is moderate and negative. A correlation between the variables »financial difficulties« and »frequency of presenteeism« has already been established by some authors (e.g. Aronsson & Gustafsson, 2005; Ashby & Mahdon, 2010) who have previously studied the phenomenon. Employees whose monthly income is partly dependent on their presence at work are more frequently inclined to go to work despite being sick or feeling ill. In view of the correlation between the studied variables, we find that financial difficulties can be a cause of presenteeism in the working environment. This is indicated by the results of the research, since those respondents who do not have financial difficulties more rarely come to work when feeling unwell.

3.3 Impact of security of employment on presenteeism

We verified the element of security of employment by establishing the level of worry among respondents with regard to the security of their own job. The results of the research showed that 35.84% of respondents are worried about the security of their employment, while 33.94% of respondents are not afraid of losing their job. Interestingly, almost a third of all respondents

(31.21%) did not give a definite answer to the question of security of their employment, which points to the fact that the conditions in which they work do not (apparently) encourage them to think about this issue. The fact that 35.84 percent on all respondents are worried about their jobs is worrying, since it is probably the consequence of current economic conditions, which are highly unpredictable (presumably) even in working environments that were stable before this period.

It is interesting to compare the attitude of men and women towards this issue, where the results of the research shows that women are more sensitive with regard to this issue, since on average they indicate a higher level of worry about job security (41.6% are worried) than men (27.6%). This figure is not surprising in that women, by their nature, more frequently express concern about life events. We also reached the expected findings when we compared worry about job security between respondents with regard to the type of employment, where we found that the highest level of worry is present among fixed-term employees (66.67% of respondents employed on fixed-term contracts are worried about their job security).

A slightly lower percentage (62.50%) was found among those respondents with student work contracts while those least worried about job security were those respondents with contracts of indefinite duration (29.29%). Despite the fact that the results of the research were expected, we are slightly surprised by the high percentage of employees with contracts of indefinite duration who are worried about the security of their employment, since a contract of indefinite duration ought to represent some basic security for employees. Given the current economic situation, the fear or worry of respondents with employment contracts of indefinite duration is perhaps expected, since current economic conditions in the labour market do not allow anyone to be free from worry. If we compare worry about job security among employees by sectors, we found that there is least fear among employees in the mining industry (71.43% of employees in this sector are not worried about job security), while those were most worried our employees in the other activities category (64.29%). As already indicated above, almost a third of respondents did not have a definite answer to this question. Of these respondents, the largest number are employed in the education sector (57.14%) and the financial and insurance sectors (54.55%).

Those worried about job security in our case are those respondents who responded to the statement »I am not worried about the security of my employment« with »strongly disagree« and »disagree«. We identified the frequency of presenteeism in the same way as in the partial hypotheses above. Each respondent was assigned two labels: worried/not worried about job security and presenteeism rarer/more frequent. With regard to the above assumptions, it may be seen from Table 3 that our sample contains 28 units belonging to the category of respondents who are worried about job security where the value of the presenteeism variable is »more frequent«, and 33 units

in the category of respondents who are worried about job security among whom presenteeism occurs more rarely.

Table 3: Contingency table of partial hypothesis 3

Partial hypothesis 3		Presenteeism rarer (No. of units)	Presenteeism more frequent (No. of units)	Total
Worry about job security (No. of units)	NO	71	40	111
	YES	33	28	61
Total		104	68	172

Source: own research

In our case the chi-square test returns a p -value of 0.21, which means that we retain H_0 and do not confirm our partial hypothesis, since with a risk rate of 5% we maintain that there is no significant correlation between the variable »worry about job security« and the rarity/frequency of presenteeism. In this concrete case the coefficient of contingency is 0.096 and the coefficient of association is 0.202. The former indicates that there is no correlation between the two variables, while the latter indicates a weak (negative) correlation. According to the findings of some authors (e.g. Prater & Smith, 2011), fear of loss of employment, in connection with the current economic and financial situation, has increased the possibility of presenteeism in the working environment, since it appears that in unpredictable working conditions employees are more likely to come to work even when they are sick or feeling unwell. When the working environment is unstable, the employee feels that taking sick leave could also be grounds for dismissal. In terms of the results of the research in the Slovenian working environment, we are unable to confirm these findings, since employees who are worried about job security are not present at work more frequently when they are feel unwell. The reasons for the above findings also need to be sought in the fact that almost a third of respondents did not give a definite answer to the question regarding security of employment (from Mlakar, 2013).

3.4 Impact of sick leave on presenteeism

Fewer than five days' sick leave is the condition that was tied to the question about the number of days of sick leave in the last 12 months. All respondents who answered this question with a number less than 5 were studied from the point of view of frequency of presenteeism, which we established using the same method as in the above partial hypotheses. Each respondent was assigned two labels: number of sick days smaller/greater than 5 and presenteeism rarer/more frequent. With regard to the above assumptions, it may be seen from Table 4 for that our sample contains 55 units belonging to the category of respondents who had fewer than 5 days' sick leave in the last 12 months where the value of the presenteeism variable is »more frequent«,

and 67 units in the category of respondents who had fewer than 5 days' sick leave in the last 12 months among whom presenteeism occurs more rarely.

Table 4: Contingency table of partial hypothesis 4

Partial hypothesis 4		Presenteeism rarer (No. of units)	Presenteeism more frequent (No. of units)	Total
No. days sick leave < 5 (No. of units)	NO	6	18	23
	YES	67	55	122
Total		73	73	146

Source: own research

The chi-square test returns a p-value of 0.01, so with a risk rate of 5% we reject the hypothesis that the variables »number of sick days« and »presenteeism rarer/more frequent« are independent. We therefore state that a significant correlation exists between them. Using the coefficient of contingency (0.217) we can estimate that there is a weak correlation between the two variables, while the coefficient of association (-0.570) indicates that the correlation is moderate and negative. That a small number of sick days can also be one of the reasons for an increased incidence of presenteeism has been found by some authors (including Brečko, 2011; Weaver, 2010; Yang & Chen, 2009) in their own research. The reasons for a small number of days of sick leave need to be sought either in the good state of health of the employee or in an increased number of days of presence at work despite being sick or feeling unwell. Both assumptions can be confirmed on the basis of the results of the research, since respondents generally assessed their health status as good, while at the same time we can also confirm the hypothesis that those employees who took fewer than five days' sick leave in the last 12 months more frequently come to work when sick or when feeling unwell.

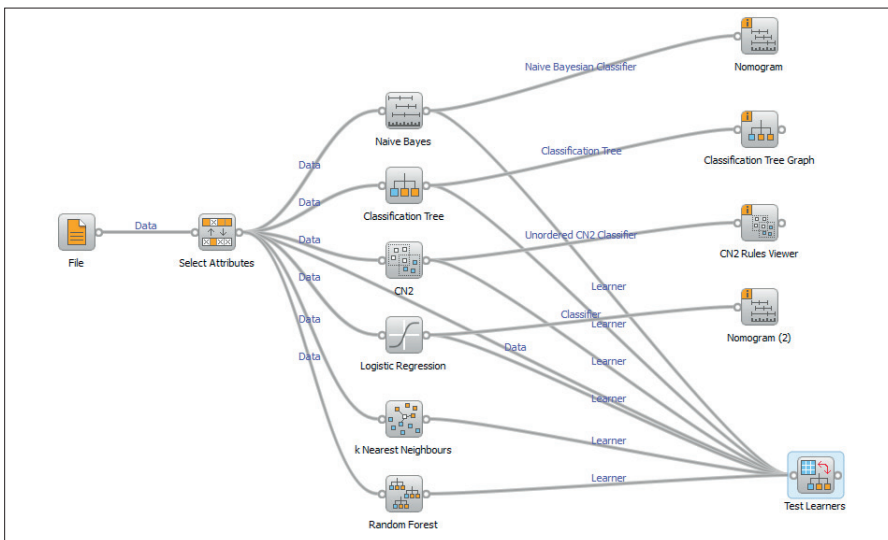
3.5 Impact of physical and mental health on presenteeism

To analyse the correlation of physical and mental health to presenteeism, we used a classification method based on 10-fold cross-validation, which means that we divided the sample randomly into 10 parts, nine of which we used to set parameters and the tenth for testing. We then repeated the process, so that each part of the sample was used once the testing and the final score gave the average of all 10 tests. Classification into groups was carried out using the open-source Orange software suite, which is designed above all for machine learning and bioinformatic analysis. As well its true programming capability (it is used as a Python module), Orange has visual programming functionality. Figure 1 shows an example of classification into groups in the Orange software suite.

The icon on the left represents the file widget into which we loaded the data. In »Select Attributes« we selected the variables we were working with. A double click on the icon shows us that in order to test our partial hypothesis

5 we selected, from among all the measured variables, questions relating to the physical health of respondents as independent variables, and a question relating to the incidence of presenteeism as a dependent variable. We then sent the selected subset of variables for analysis to six statistical classification models, namely a naïve Bayesian classifier, classification trees, classification rules (CN2), logistic regression, nearest neighbours and random forests. As we can see, all models were tested, since they are linked by the »Test Learners« widget. This shows us that we used 10-fold cross-validation for testing and how well the individual methods performed in the test. From the analysis we can see that in terms of classification accuracy the best method was the random forests method (which, however, does not exceed the percentage of presentees, which is 78.2%, and is therefore not usable); in terms of the AUC measure, only the naïve Bayesian classifier exceeds the 0.75 threshold.

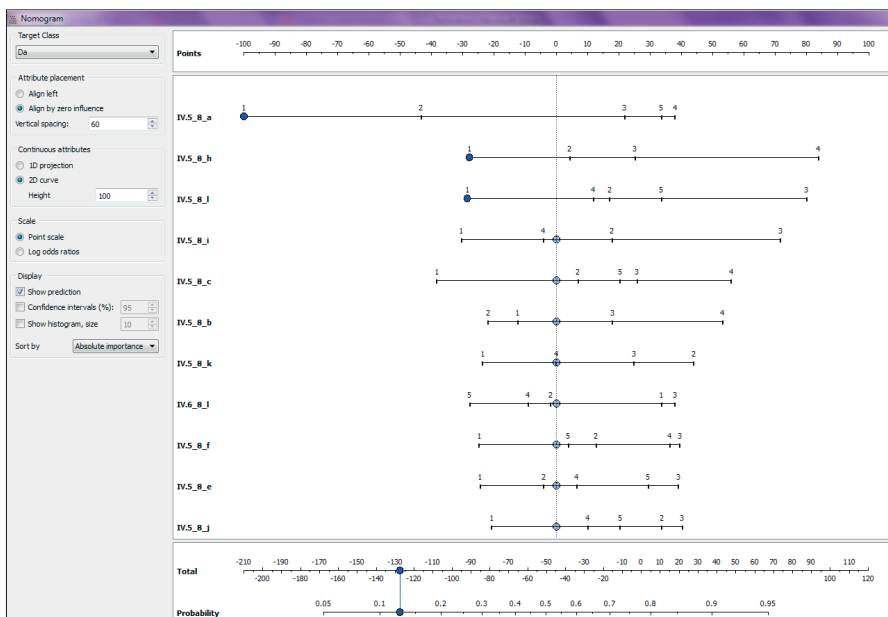
Figure 1: Classification into groups in the Orange software suite



Source: own (Orange software suite)

We can see in Figure 1 that further connections run from the widgets for the Bayesian classifier, logistic regression, classification trees and classification rules. This enables us to view these models in a comprehensible manner. Since the best results were given by the naïve Bayesian classifier (see Table 5), a further visualisation is provided by a nomogram (Figure 2). Figure 2 shows that in the classification into groups, i.e. determination of the presence of presenteeism, the most important variable is »tiredness or lack of energy«, followed by »dry cough/dry throat«. All variables are arranged in descending order of importance but for the sake of clarity only the most important are shown.

Figure 2: Nomogram visualisation of operation of naïve Bayesian classifier (partial hypothesis 5)



Source: own (Orange software suite)

One of the advantages of using nomograms in Orange is the possibility of prediction for any range of values. Figure 2 shows that a unit for which tiredness or lack of energy=1, dry cough/dry throat=1 and digestive disorders=1 has a slightly higher than 10% probability (13% to be more exact) of being a presentee. If we compare this to the distribution across the entire sample, where the percentage relating to the value »presenteeism« is 78.2%, we see that low values for the variables »tiredness or lack of energy«, »dry cough/dry throat« and »digestive disorders« determine an absence of the phenomenon of presenteeism.

Table 5: Results of individual techniques (partial hypothesis 5)

Method – statistical classification models	CA	AUC
Naïve Bayesian classifier	0.7760	0.7621
Classification trees	0.7322	0.6294
CN2 rules	0.7544	0.6673
Logistic regression	0.6544	0.5936
Nearest neighbour	0.7114	0.6802
Random forests	0.7819	0.7145

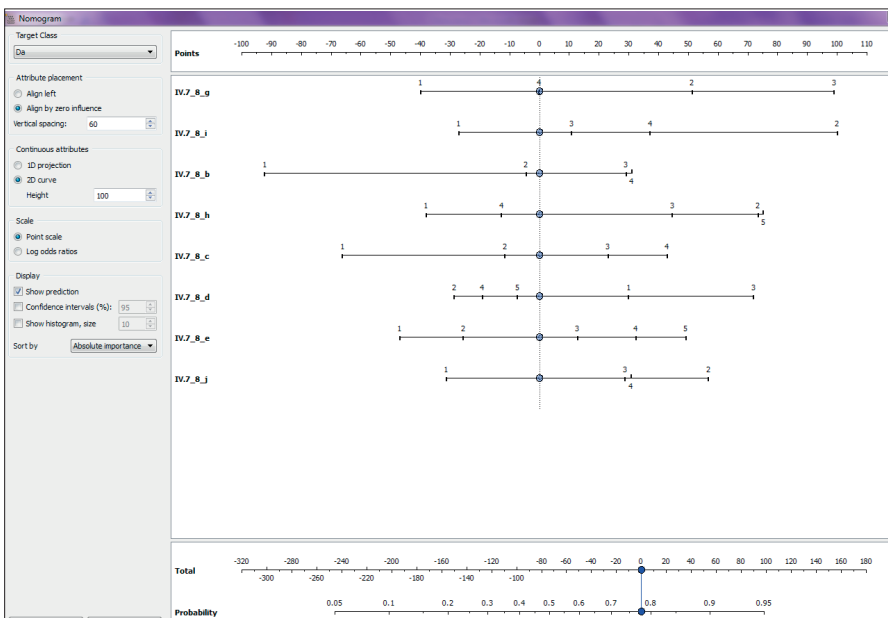
Source: own (Orange software suite)

Using the naïve Bayesian model, we are able to confirm partial hypothesis 5 (Physical health of the employee has an impact on presenteeism), since the AUC is greater than 0.75 (i.e. 0.76).

We obtained similar results in the analysis of partial hypothesis 6 (Mental health of the employee has an impact on presenteeism), where in order to test our hypothesis we selected variables relating to the mental well-being of respondents in the last 12 months. Just as with partial hypothesis 5, the best results in this hypothesis were given by the naïve Bayesian classifier. In this case too, the AUC is greater than the threshold value (i.e. 0.75), and therefore we can confirm our hypothesis.

Figure 3 shows that in the classification into groups, i.e. determination of the presence of presenteeism, the most important variable is »desperate« followed by the variables »so sad that nothing could cheer you up« and »nervous«. On the basis of the results we can state that negative mental states have a more intensive effect on the phenomenon of presenteeism than positive mental state (as shown in Figure 3, the variable »agreeable« is only in sixth place in terms of importance).

Figure 3: Nomogram visualisation of operation of naïve Bayesian classifier (partial hypothesis 6)



Source: own (Orange software suite)

In view of the results of our analysis of the individual partial hypothesis, we can state that we have confirmed four of the six partial hypothesis, and we can therefore confirm the main hypothesis, i.e. that employee

characteristics significantly affect the phenomenon of presenteeism in the working environment. The results of research with our sample show that the incidence of presenteeism is most affected by the variables »financial difficulties«, »number of days of sick leave« and »physical and mental health of respondents«, which is shown by the calculated p-values and coefficients of association, and the naïve Bayesian classifier model.

4 Comparative Analysis of Findings with Foreign Studies

A comparison of our research with the results of some previous studies shows that our research provides the most competitive definition to date of the causes of presenteeism in the working environment, since it covers the whole of the working population. Most earlier studies have, in fact, studied the phenomenon of presenteeism very selectively, either from the point of view of the state of health (specific illnesses/conditions) of employees, from the point of view of reduced productivity as a result of presenteeism, or from the point of view of a specific sector or organisation, etc.

Some authors (e.g. Aronsson et al., 2000; McKewitt et al., 1997) have found that employees whose working domain includes care for others (e.g. employees in education, health care and social care) are more often subject to presenteeism. The research we carried out in the Slovenian working environment does not allow us to confirm these findings, since the incidence of presenteeism identified among employees in the health care, social care and education sectors in Slovenia is lower than the average incidence of presenteeism.

In line with the findings of Burton et al. (2004) and Allen et al. (2005), we are also able to estimate for the Slovenian working environment that more than half of respondents have at least one of the listed physical health problems or chronic illnesses affect their capacity for work and their ability to perform their work tasks. The biggest problems in the Slovenian working environment, in comparative terms, are various kinds of pain (neck, back, feet, joints), headaches, tiredness and insomnia, which reduces productivity (difficulties with concentration, slow performance of work tasks, difficulties making decisions, postponement of work, etc.).

Reduced productivity in the form of quantitatively less work done is most frequently affected by headaches, but according to the findings of our research and according to the findings of Boyles (2009). In comparison to the findings of Collins et al. (2005) we find that chronic conditions are more rarely present among employees in the Slovenian working environment, since according to their findings almost two-thirds of the employees of a US chemical company have at least one chronic condition, while our research established that almost half of respondents have none of the chronic conditions surveyed. A similarity between the two studies, however, is that the largest number of respondents with one of the listed chronic conditions has a form of allergy.

The largest number of sufferers of chronic conditions among the respondents in our research was among employees in professional, scientific, technical and manufacturing activities, while the findings of Collins et al. (2005) show that the largest number of chronic health conditions was among skilled craft workers. Interestingly, the findings of the research in the Slovenian working environment also indicate that respondents with a poor state of health (both physical and mental) are not subject to greater work impairment, as is found by some other authors (Collins et al., 2005; Burton et al., 2004; and Allen et al., 2005).

Gurchiek (2009) found that 40% of employees go to work despite being sick or feeling ill because of their work ethic, dedication to work and the belief that the organisation needs them. We obtained similar results with our research, in which the most important reasons for coming to work despite feeling ill are likewise defined as reasons connected to dedication to work and work ethic (work commitments and meetings, deadlines, irreplaceableness).

In a study conducted in 2012, Lalić and Hromin find that the level of presenteeism is similar in all the groups of employees studied (irrespective of whether their work is sedentary or otherwise, the type of job and the status of the organisation by which they are employed, etc.). Our research of the Slovenian working environment led us to similar findings, which likewise show that presenteeism is a phenomenon that appears in all sectors and among the majority of employees, irrespective of the type of job they do.

From the comparison of the research we carried out in the Slovenian working environment with studies carried out previously, we are able to state that presenteeism is a problem to which more attention needs to be devoted. The comparison of findings regarding the circumstances or risk factors that more frequently have an impact on the phenomenon of presenteeism in an individual working environment is an interesting one. From the findings of our research, we can conclude that the personal circumstances of the individual are more closely connected to presenteeism than organisational circumstances, for which we are unable to claim that they represent a risk factor the presenteeism, as is claimed by some previous studies and the theoretical starting points we have defined.

5 Conclusion

In modern working environments, presenteeism appears above all as the consequence of the challenges of the current economic climate and psychosocial risks or factors in the working environment which cause employees to experience excessive workloads and stress as a result of organisational and other conditions of work. Risk factors for the occurrence of presenteeism are connected to, among other things, the rationalisation of work processes, which is aimed at ensuring the maximum efficiency of

business activities, other words doing as much as possible with the least effort and in the shortest possible time.

The research carried out in the Slovenian working environment showed that personal factors or personal circumstances have an impact on the incidence of presenteeism in the working environment. In the light of the research results, the following personal risk factors may be said to have the biggest impact on the incidence of presenteeism in the Slovenian working environment: financial situation, number of days of sick leave, and physical and mental health of the employee. On the other hand ambition and level of job security do not apparently have a significant impact on the incidence of presenteeism.

The elimination of psychosocial risks represents a cost which many organisations can ill afford, particularly at a time of economic crisis. Investment in healthy working conditions and a suitable organisational climate can prevent greater costs and losses in the future. A pleasant and healthy working environment with good psychosocial relations, in which it is possible to work without feelings of overwork and stress, is the fruit of cooperation between employee and employer. This cooperation, however, is not something that can be taken for granted. Rather, it needs to be constantly evaluated, built on and improved. Cooperation must be based on preventive interventions, since the reduction of psychosocial risks in workplaces is only effective when the individual and organisational levels are combined. Job security, social security, a culture of cooperation, recognition and reward, a good work-life balance and adequate supervision and organisation of work lead to employee health and facilitate flexibility, motivation and dedication, as well as creativity and innovation. A working culture that includes the support of management and co-workers, and the development of social, health and vocational competences, must be one of the fundamental goals of modern employers if they wish to be able to face the economic challenges of modern society.

Presenteeism is thus a problem that causes damage both to the individual and to the business world, and is therefore a phenomenon that deserves to be treated with considerable care. Eliminating its negative effects (both in terms of reduced productivity and its impact on health) is therefore an essential step for modern society. The symptoms of presenteeism can be alleviated by both employee and employer. If the employer creates a positive working environment where there is open communication among employees, the employee will be physically and mentally less affected. Employers must treat employees as valuable goods and constantly be aware that only a healthy and rested employee can be fully effective and successful. It is the task of employees, on the other hand, to respect their own health and take care of it, which includes taking sick leave when they feel unwell.

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