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Impact Of Presenteeism On Work Performance In Selected Chemical Industries, Cuddalore

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Abstract
Leaders in organizations have always been concerned about employee absences, but if they focus too much on attendance, they may overlook presenteeism, which is much more of a productivity killer. Although it is less common than absenteeism, this workplace phenomenon—which happens when workers arrive at work feeling ill, exhausted, or hurt—may be even more detrimental to output, workplace culture, and worker health, according to some experts. The researcher conducted a study on presenteeism and its associated characteristics among a subset of employees from certain chemical firms located in Cuddalore. Our study's qualitative design included 120 individuals. The spss analysis was used to examine the transcribed data. The results of this study provide important insights into the notions and factors that lead to presenteeism, as well as important recommendations for the larger population of chemical industry workers who want to raise the standard of care.

Keywords: Presenteeism, Employees, Chemical Industries, Work Performance, Absenteeism.

Introduction

Presenteeism is the practice of employees showing up for work when they are ill or exhausted, which lowers their output and quality of work.
Absenteeism at work results in decreased productivity, subpar performance, and a higher chance of health problems. It is especially high in highly stressed groups, such as the nursing profession. The Stanford Presenteeism Scale is one measure that may be used to evaluate the effects of presenteeism.

Presenteeism and absenteeism

Absenteeism and presenteeism at work are not the same thing. A sudden absence brought on by illness or other circumstances is called absenteeism. Presenteeism is the practice of an individual reporting to work when ill. Their productivity suffers as a result.
Although it may seem counterintuitive, presenteeism is not necessarily a negative trait.
For instance, which would you prefer—someone working less productively while present, or someone not showing up at all? An HR manager or professional has a hurdle when they answer this question. Rehab is aided by being at home, which also keeps the sufferer from spreading illness to others. Still, the response may change if your company is handling a long-term absence situation.
Replacing a long-term absent employee with a temporary one—even if it means a half-day each week—is recommended practice when handling such cases. After then, the worker can gradually raise their workload until they are once more operating at maximum capacity as they grow acclimated to working again.
This individual will be less productive at work, therefore there is undoubtedly presenteeism in this instance, but it is still preferable than complete absence.

Causes of presenteeism

There are several reasons why presenteeism may occur. First, the good news: a large number of medical issues that lead to presenteeism are mild. After all, the worker would remain at home if the reasons were of a serious medical nature.
Lack of sleep is one type of presenteeism that we've all encountered. Our productivity will be negatively impacted by the headache and overall lack of sleep after a late-night drinking session with an old acquaintance that only left us with a few hours sleep. We will find it difficult to focus and may occasionally nod off.
There are other occasions when presenteeism has more grave reasons. These include ailments like diabetes, depression, rheumatoid arthritis or joint pain, seasonal allergies, asthma, back or neck discomfort, elevated blood pressure, migraines or persistent headaches, and so on.

The Stanford Presenteeism Scale

This takes us to the following subject: how can the effects of presenteeism be quantified? Examining scholarly works is necessary in order to provide a response to this query. The Stanford Presenteeism Scale is the most widely used tool for measuring presenteeism.

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The Stanford Presenteeism Scale (SPS-6) gauges how much an employee's health condition affects their ability to focus and finish work. It is based on the assumption that the person has a health problem.
The influence of presenteeism on performance for various job categories within the company may be computed using the scale. The most successful and economical interventions will be those that focus on the populations that presenteeism most adversely affects.
First, using a checklist, the responder is asked to select their major health condition—that is, the one that has afflicted them the most during the previous four weeks. Following that, the Stanford Presenteeism Scale makes advantage of this circumstance. The employee might omit the entire survey if they are in good health.
Six tasks totaling five points each are included in the SPS-6. The extremes of this scale are "strongly disagree" and "strongly agree." The following things were first published in 2002 by Koopman and colleagues:

1. I found it much more difficult to handle the pressures of my job because of my health issue.
2. In spite of my health issue, I managed to complete challenging assignments at work.
3. My health issue prevented me from enjoying my work.
4. Because of my health issue, I felt helpless to complete several work tasks.
5. Despite my health issue, I was able to concentrate on reaching my goals at work.
6. In spite of my health issue, I had enough energy to finish all of my tasks.

Research Problem

Although the idea of presenteeism in the workplace is relatively new, it is frighteningly frequent for people to show up for work but not contribute their full potential. The Stanford Presenteeism Scale is one tool for assessing the effects of presenteeism. Although there isn't much research available currently on workplace practices that help lower presenteeism, the following three-step intervention can serve as a reference: 1) Determining its prevalence, 2) Estimating productivity losses, and 3) Developing affordable remedies for every circumstance that contributes to presenteeism.

Theoretical Background and Hypotheses Development

Oral et al., (2024) examined in this study in relation to factory workers' presenteeism and absenteeism. This cross-sectional study was carried out in southern Turkey among employees of a heavy industry plant. Face-to-face interviews with 152 plant workers were conducted using a survey with 57 questions. The behavior of the participants throughout the previous month was assessed in terms of presenteeism and absenteeism. Twenty employees engaged in presenteeism, working when they shouldn't have been at work, while twenty employees missed work altogether in the past month, omitting holidays and sick days. Workers who were unhappy in their work and experienced an acute sickness had a high absence rate. Poor economic situations, family health issues, prior unemployment, working overtime, job unhappiness, strained relationships with coworkers and trouble finding a replacement, acute sickness, sleep issues, and exhaustion are some of the causes that have been linked to presenteeism. In order to boost employee commitment and productivity, it could be helpful to determine the causes of current behaviors and absenteeism, support effective interpersonal communication skills by looking at the workplace culture, and manage workload based on a thorough evaluation of employees' health.

Lakisa et al., (2022) examined the relationships between disputes at work and self-reported sick presenteeism, which is the practice of reporting for work when ill. Because respondents were chosen at random from a variety of industries and areas, the sample is representative of Latvia's working population. Data was gathered at the residences of the respondents using the computer-assisted personal interviewing technique. Binomial logistic regression was used to investigate the relationships between workplace disputes and presenteeism. The results were presented as odds ratios (ORs) with 95% confidence intervals that were adjusted for survey year, gender, age, and education. 11% of respondents on average said they had missed work due to illness in the previous year. All forms of workplace disputes considerably increased the probability of presenteeism, but disagreements with supervisors increased the most. When employees reported confrontations with customers (OR = 1.85) or with other employees (OR = 2.19) the likelihood of presenteeism doubled. disputes at work that happened frequently (seven times for disputes between managers and workers, and four times for conflicts with customers) and with other employees were associated with considerably greater likelihood of sick leave presenteeism. If respondents reported more than two different kinds of conflicts at work, the incidence of presenteeism increased by more than three times. According to the study's findings, there is a considerable rise in the frequency of sick leave absenteeism when there is a disagreement in the workplace of any kind, particularly when the confrontations are frequent or involve several employees. The study's findings support the necessity of instituting focused and successful workplace dispute resolution strategies at the corporate level in order to reduce absenteeism due to illness.

Bae and Young (2021) sought to determine the variables influencing employees' present-day and absence at work and to offer rudimentary data to support enhancing their well-being and output. Analysis was done using data from the Fourth Korea Working Conditions Survey. For exploratory investigation, a stepwise regression model was created to determine the relevant components. Presenteeism was shown to be the most significant predictor, followed by absenteeism and

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subjective risk perception about health and work-related issues. The greatest predictor of presenteeism was fatigue, which was followed by a high body temperature at work, lower back discomfort, and other medical disorders, in that order. By concentrating on issues like the working environment and health condition that impact presenteeism and absenteeism, workers' quality of life and productivity might be enhanced. According to the current investigation, employees' risk of absenteeism due to illness is significantly increased when they experience many sorts of disputes at work at the same time. This may be explained by the fact that increased emotional stress levels, an unfavorable psychosocial environment, and a lack of support are caused by more conflicts. A friendly workplace is one where employees feel comfortable asking for help on personal difficulties, communicating openly with bosses or other staff members, and relying on one another for support when things go wrong. These factors together reduce the probability of presenteeism. There are negative repercussions associated with the presence of conflicts, particularly those that are multifaceted or occur frequently. Similar to how conflicts with coworkers or supervisors can affect an employee's concentration, the presence of one type of conflict at work can lead to other conflicts. Additionally, if employees use up their cognitive and emotional reserves trying to avoid potential risks, they may provide poor customer service and escalate conflict with customers.

Objectives

- To know the personal profile of employees in Selected Chemical industries, Chennai City.
- To explore the factors influencing the Presenteeism and Work performance.
- To check the association between the profile of the employees and their health habits

Hypotheses

Ho 1: There is no association between smoking habits and their frequency of illness.
Ho2: There is no association between drinking habits and their frequency of illness.

Methods

A cross-sectional study design was employed to assess the relationship between workplace conflicts and self-reported absenteeism due to illness. For this study, data from the Stanford Presenteeism Scale's Work conditions and hazards were combined from four pooled nationwide periodic workforce surveys. These nationwide surveys sought to assess the variables associated with occupational safety and health; our study was a follow-up examination of information collected for a different purpose and not previously examined. We were also able to improve statistical significance for less common variables using this method.

Purposive sampling was used to find participants. The requirements for inclusion were: (a) a higher secondary degree; (b) working at least 20% of a full-time equivalent position; and (c) working in a chemical industry setting for at least a year in their current workplace (officially considered the time necessary for integration). We felt that it was crucial to enforce the inclusion criterion that participants must have at least a year of experience in their present position, given the clinical realities and organizational restrictions. They would have more time to adjust and communicate their opinions on the workload, corporate culture, and protocols as a result. Additionally, participants needed to be able to use an appropriate device to connect to the internet. Since absenteeism impacts not only the presentees but also their coworkers, we did not omit workers who had never missed work due to illness or disability.

Analysis and Results

Percentage analysis

Age	**No. of. Respondents**	**Total Percentage**
Below 25	24	20
25 - 35	45	37.5
Above 35	51	42.5
Total	**120**	**100**
Gender	**No. of. Respondents**	**Total Percentage**
Male	110	91.6
Female	10	8.4
Total	**120**	**100**

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Educational Qualification	**No. of. Respondents**	**Total Percentage**
High school	34	28.4
UG	18	15
PG	25	20.8
Others	43	35.8
Total	**120**	**100**
Experience	**No. of. Respondents**	**Total Percentage**
1 – 2 years	16	13.3
2 – 3 years	33	27.5
3 – 4 years	29	24.2
above 4 years	42	35
Total	**120**	**100**
Do you have smoking habit	**No. of. Respondents**	**Total Percentage**
Yes	45	37.5
No	75	62.5
Total	**120**	**100**
Do you have smoking habit	**No. of. Respondents**	**Total Percentage**
Yes	87	72.5
No	33	27.5
Total	**120**	**100**
Are you suffering with fever regularly or physical problems	**No. of. Respondents**	**Total Percentage**
Yes	78	65
No	42	35
Total	**120**	**100**

Frome the table, In the head of age, the majority of the respondents are belonged to the age group of above 35 years with 42.5%, 37.5% of respondents are belong to 25 - 35 years age group, 20% of respondents are belongs to below 25 years respectively. In the heads of gender, it is clearly understood that majority of the respondents are male as 91.6% and remining 8.4% are female. We can understand that the majority of respondents are has other educational qualifications with 35.8%, 28.4% are high school, 20.8% of the respondents are Ph.D. graduate and 15% are UG. In the heads of experience, majority of respondents have above 4 years as 35%, 27.5% of the respondents have 2 – 3 years' experience, 24.2% have 3 – 4 years and 13.3% have 1 – 2 years. In the heads of smoking habit, majority of respondents said No as 62.5%, remaining 37.5% of respondents are said yes. In the heads of Drinking habit, majority of respondents said Yes as 72.5%, remaining 27.5% of respondents are said No. Most of the respondents said that, they are suffering with fever regularly or physical problems with 65%. Remining 35% said No.

Reliability Statistics

This table shows the reliability analysis using Cronbach's Alpha of the data for further analysis.

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Reliability Statistics

Cronbach's Alpha	N of Items
.596	14

Source:
The reliability value of Problem Towards Tax System is 0.596, which is above the recommended value of 0.50 (Nunnally (1978); Hair et al. (2006)).

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Age	120	1	3	3.98	.710	.024	.221	-.990	.438
Gender	120	1	2	3.43	.498	.272	.221	-1.959	.438
Education	120	1	4	3.49	1.012	-.026	.221	-1.081	.438
Experience	120	1	4	3.48	.943	-.110	.221	-.891	.438
smoking habits	120	1	2	3.54	.500	-.119	.221	-1.005	.438
Drinking habits	120	1	2	3.56	.499	-.138	.221	-1.977	.438
fever or any physical problems	120	1	2	3.46	.500	.169	.221	-1.005	.438

From the above table, it is found that all the items relate to the respondents in effectiveness of the use of internet resources having the mean value between 3 to 4. The highest Std. Deviation valued as Education (1.012). The skewness and kurtosis value of all the items are prevailing between -1 and +1.

Item Statistics

	Mean	Std. Deviation	Cronbach's Alpha if Item Deleted
I found it much more difficult to handle the pressures of my job because of my health issue.	3.70	.656	.777
In spite of my health issue, I managed to complete challenging assignments at work.	3.64	.646	.899
My health issue prevented me from enjoying my work.	3.89	.658	.884
Because of my health issue, I felt helpless to complete several work tasks.	3.82	.648	.895
Despite my health issue, I was able to concentrate on reaching my goals at work.	3.87	.685	.795
In spite of my health issue, I had enough energy to finish all of my tasks.	3.98	.739	.900
My boss values me	3.67	.873	.943
I really care about the company	4.03	.709	.844
I have a future here	3.95	.672	.949
My coworkers are great	3.83	.737	.936
My opinion counts	3.83	.863	.831
Any superior pressure I do not degrade my work pattern	3.79	1.068	.898
I care for things that are important to me, not what is important to others.	3.93	1.083	.831
I understand the expectation from me.	3.55	1.144	.893

From the above table, we can understand that, all the mean values are above 3 according to the guideline, and all the standard deviation values are above 7.

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.852
Bartlett's Test of Sphericity	Approx. Chi-Square	612.717
	df	91
	Sig.	.000

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Based on the above Table, it is evident that the KMO and Bartlett test of Sphericity check the sample adequacy is valid as KMO value is 0.852which is above 0.50 it quantifies the inter-correlation between the variables.

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.808	27.198	27.198	3.808	27.198	27.198	3.733	26.665	26.665
2	2.154	15.385	42.584	2.154	15.385	42.584	1.921	13.719	40.385
3	1.824	13.031	55.615	1.824	13.031	55.615	1.874	13.385	53.769
4	1.324	9.459	65.073	1.324	9.459	65.073	1.583	11.304	75.073
5	.918	6.556	71.630						
6	.773	5.520	77.150						
7	.677	4.832	81.982						
8	.569	4.064	86.046						
9	.518	3.700	89.746						
10	.396	2.828	92.575						
11	.328	2.342	94.916						
12	.298	2.128	97.045						
13	.240	1.711	98.756						
14	.174	1.244	100.000						

Extraction Method: Principal Component Analysis.

From the Table, it is evident that, the 3 constructs, comprising of 14 items that are extracted cumulatively explains 75.073 percent of the total variance.

Rotated Component Matrix[a]

	Component		
	1	2	3
My coworkers are great	.911		
My boss values me	.872		
My opinion counts	.837		
I really care about the company	.837		
I have a future here	.830		
Any superior pressure I do not degrade my work pattern		.866	
I care for things that are important to me, not what is important to others.		.779	
I understand the expectation from me.		.716	
I found it much more difficult to handle the pressures of my job because of my health issue.			.796
In spite of my health issue, I managed to complete challenging assignments at work.			.773
My health issue prevented me from enjoying my work.			.745

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In spite of my health issue, I had enough energy to finish all of my tasks.			.753
Because of my health issue, I felt helpless to complete several work tasks.			.709
Despite my health issue, I was able to concentrate on reaching my goals at work.			.646

Factor 1:
Every item that loaded greatest than the permissible threshold of 0.05, or 0.70, as well as those with low factor loading, were removed from the analysis. Consequently, every one of these items constitutes a distinct construct named as **work place performance**

Factor 2:
Every item that loaded greatest than the permissible threshold of 0.05, or 0.70, as well as those with low factor loading, were removed from the analysis. Consequently, every one of these items constitutes a distinct construct named as **work place issues.**

Factor 3:
Every item that loaded greatest than the permissible threshold of 0.05, or 0.70, as well as those with low factor loading, were removed from the analysis. Consequently, every one of these items constitutes a distinct construct named as **health issues**

Chi-Square Tests between fever or any physical problems and smoking habits
Ha 1: There is an association between fever or any physical problems and smoking habits
Ho 1: There is no association between fever or any physical problems and smoking habits

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.668[a]	1	.055		
Continuity Correction[b]	2.997	1	.083		
Likelihood Ratio	3.694	1	.055		
Fisher's Exact Test				.067	.041
Linear-by-Linear Association	3.637	1	.057		
N of Valid Cases	120				

From the chi square table, it is proved that **there is an association between fever or any physical problems and smoking habits** with the Pearson chi square value of 0.041. So, the null hypothesis is rejected

Chi-Square Tests between fever or any physical problems and Drinking habits
Chi-Square Tests
Ha 1: There is an association between fever or any physical problems and Drinking habits
Ho 1: There is no association between fever or any physical problems and Drinking habits

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.397[a]	1	.529		
Continuity Correction[b]	.199	1	.656		
Likelihood Ratio	.397	1	.529		
Fisher's Exact Test				.582	.328
Linear-by-Linear Association	.394	1	.530		
N of Valid Cases	120				

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From the chi square table, it is proved that **there is no association between fever or any physical problems and Drinking habits** with the Pearson chi square value of 0.328. So, the null hypothesis is accepted

Crosstab

Count

		Drinking habits		Total
		yes	no	
fever or any physical problems	yes	27	38	65
	no	26	29	55
Total		53	67	120

This is the table indicated that the detailed cross tabulation between preference for document format for downloading and department of the respondents. The total of 120 respondents are divided according with their fever or any physical problems and Drinking habits interfere with your life.

Implications

The survey's findings verified that workers are often arriving to work unwell, anxious, and overburdened. Not only were the workers arriving unwell, but they were also acting in a far worse manner. They intentionally contaminated other healthy workers since they were infectious. Employees also mentioned a number of medical issues that contributed to the company's increased productivity loss. The study also verified several of the hypothesized underlying causes for the employees' subpar performance, including retribution, self-employment, impending deadlines, and a dislike of taking sick days. In addition to the aforementioned consequences, employees were carrying out a range of personal tasks while at work.

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