







# Factors associated with presenteeism in outpatient nursing professionals



*Fatores associados ao presenteísmo em profissionais de enfermagem ambulatorial*

*Factores asociados al presentismo en profesionales de enfermería ambulatoria*

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## How to cite this article:

Tracera GMP, Santos KM, Nascimento FPB, Fonseca EC, Abreu AMM, Zeitoune RCG. Factors associated with presenteeism in outpatient nursing professionals. Rev Gaúcha Enferm. 2022;43:e20210222. doi: <https://doi.org/10.1590/1983-1447.2022.20210222.en>

## ABSTRACT

**Objective:** To analyze the sociodemographic, work and health profile of nursing professionals working in university outpatient clinics and their association with presenteeism.

**Method:** Cross-sectional study carried out with 388 nursing workers from 11 university outpatient units in the city of Rio de Janeiro. A sociodemographic questionnaire and the SPS-6 scale were used. The crossed-product odds ratio and their respective 95% confidence intervals were calculated.

**Results:** Presenteeism was found in more than half of the professionals (51%, n=198), with the odds ratio being 2.12 times higher (95% CI 1.02–4.40) in professionals with a stable work bond, 6.67 times (95% CI 2.51–17.67) in chronic patients, and 3.06 times (95% CI 1.97–4.74) in patients with absenteeism behavior.

**Conclusion:** There is a relationship between presenteeism and the profile of nursing professionals. Many productive hours may be being lost, in view of the presenteeism behavior of the participants.

**Keywords:** Presenteeism. Nursing. Nursing, team. Occupational health.

## RESUMO

**Objetivo:** Analisar o perfil sociodemográfico, laboral e de saúde dos profissionais de enfermagem atuantes em ambulatórios universitários e sua relação com o presenteísmo.

**Método:** Estudo transversal realizado com 388 trabalhadores de enfermagem de 11 Unidades Ambulatoriais universitárias no município do Rio de Janeiro. Utilizou-se um questionário sociodemográfico e a escala SPS-6. Calculou-se as razões de chance de produtos cruzados e seus respectivos intervalos de confiança de 95%.

**Resultados:** Evidenciou-se o presenteísmo em mais da metade dos profissionais (51%, n=198), sendo a razão de chances de ocorrer o presenteísmo maior 2,12 vezes (IC 95%1,02–4,40) entre profissionais com vínculo permanente, 6,67 vezes (IC 95%2,51–17,67) entre doentes crônicos, e 3,06 vezes (IC 95%1,97–4,74) entre absenteístas.

**Conclusão:** Há relação entre o presenteísmo e o perfil dos profissionais de enfermagem. Concluiu-se que muitas horas produtivas podem estar sendo perdidas, tendo em vista o comportamento presenteísta dos participantes.

**Palavras-chave:** Presenteísmo. Nursing. Equipe de enfermagem. Saúde do trabalhador.

## RESUMEN

**Objetivo:** Analizar el perfil sociodemográfico, laboral y de salud de los profesionales de enfermería actuantes en ambulatorios universitarios y su relación con el presentismo.

**Método:** Estudio transversal realizado con 388 trabajadores de enfermería de 11 unidades de consulta externa universitaria de la ciudad de Rio de Janeiro. Se utilizó un cuestionario sociodemográfico y la escala SPS-6. Se calcularon razones de chances de productos cruzados y sus respectivos intervalos de confianza de 95%.

**Resultados:** Se evidenció presentismo en más de la mitad de los profesionales (51%, n=198), siendo la razón de probabilidad 2,12 veces mayor (IC 95%1,02–4,40) entre los profesionales con vínculo permanente, 6,67 veces (IC 95%2,51–17,67) entre aquellos con enfermedades crónicas y 3,06 veces (IC 95%1,97–4,74) entre los ausentes.

**Conclusión:** Existe una relación entre el presentismo y el perfil de los profesionales de enfermería. Se concluye que muchas horas productivas pueden estarse perdiendo, teniendo en vista el comportamiento de presentismo de los participantes.

**Palabras-claves:** Presentismo. Enfermería. Equipo de enfermería. Salud laboral.

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## ■ INTRODUCTION

The nurse enables the health system to provide integral and humane care, interacting with family and community and using their knowledge, abilities and attitudes to promote dialog, health education, and the exchange of knowledge<sup>(1)</sup>.

According with data from the Federal Council of Nursing (COFEN), Brazilian nurses add up to 2.5 million workers<sup>(2)</sup>. Elements such as occupational stress, physical and emotional overload, responsibility, and insufficient time have been reported as the main reasons why these workers become sick<sup>(3)</sup>.

For many years, one of the main concerns of organizations was absenteeism, characterized by the absence of the worker from the workplace. However, with time, it was found that this phenomenon is not the only threat to productivity, and that the presence of a worker in the workplace does not mean that this worker will be productive<sup>(4)</sup>.

As opposed to absenteeism, presenteeism is rarely noticed by the worker or by those around them. It occurs when, due to physical and/or psychological issues, people have difficulties carrying out their activities. As a result, this limits their productivity not only in regards to quantity, but also to quality<sup>(5)</sup>.

The concept of presenteeism<sup>(6)</sup> has been used to explain "absenteeism when the body is present". In other words, it refers to the situations in which people are present at their workplace, but, due to physical or psychological issues, are unable to provide a perfect work, a "complete" work.

Both absenteeism and presenteeism are related with the loss of productivity, leading to high costs to the institutions<sup>(7)</sup>. However, it is harder to determine the losses caused by presenteeism, since they take place during work. This can have more impact on organizations<sup>(3)</sup>, including in public ones. Most studies confirm that presenteeism is much more costly than absenteeism<sup>(8)</sup>.

Although health issues – allergies, low back pain, constipation, migraines -, from a time perspective, are frequent causes for this phenomenon, other causes are associated with it, including personal, psychological, or organizational elements – such as stress, overtime, depression, lack of motivation, and others<sup>(4,8)</sup>.

However, working while sick may contribute to increase physical and psychological overload, with long-term pathophysiological consequences including the appearance of opportunistic diseases<sup>(9)</sup> that can lead to absenteeism.

This article is an excerpt from the PhD thesis by its corresponding author, who was motivated by professional experiences in outpatient clinics in teaching public network institutions. In these spaces, she could observe a high number of nursing workers with complaints regarding health issues and trouble attending to the demands of services.

This study aimed to analyze the sociodemographic, work, and health profile of nursing professionals in medium-to-high complexity specialized university services (outpatient clinics) and their relationship with presenteeism.

## ■ METHOD

Cross-sectional study carried out in the medium and high complexity outpatient clinics from public universities in Rio de Janeiro, Brazil, all of which are associated with the Single Health System (SUS). Rio de Janeiro has three public universities in different levels of management, with 11 specialized outpatient service units.

The target population was formed by all nursing professionals who worked in medium and high complexity university outpatient clinics in Rio de Janeiro, Brazil, a total of 604 workers. Nursing professionals who did not work in direct patient assistance were excluded, as well as workers who were on leave for extended periods (pregnancy and special leaves for training and/or qualifications). After the criteria were applied, the sample population was formed by 483 nursing workers, including 126 nurses, 240 nursing technicians, and 117 nursing auxiliaries. From the 483 instruments delivered to the professionals, 388 were given back (80.0% of the target population) and formed the population of this study. Among the workers invited to participate in the research, 27 refused and 68 did not send the instrument back within the period of data collection period, to a total of 95 losses.

Data collection was carried out from July to December 2018 during the working time of the units, from Monday to Friday. The collection instrument and the Free and Informed Consent Form were delivered to each nursing worker who was in accordance with the inclusion criteria by a previously trained research assistant. The potential participant received an explanation about the objective of the research, and, when they accepted participation, a date was scheduled for the filled-in form to be collected.

A multidimensional instrument was created to collect sociodemographic, work, and health data from the professionals, to characterize the data of the study population according with the blocks specified below:

Block A: Sociodemographic characterization – questions about the life of the professional outside of work;

Block B: Laboratory characterization – questions about the current work of the professional;

Block C: Questions about the health of the professionals;

The characterization of the participants of the study considered: sex, date of birth, marital status, children, educational level, time working in the institution, work position in the last year, number of formal jobs, week workload, and health

self-perception. The Stanford Presenteeism Scale (SPS-6), validated for Brazilian Portuguese and recommended for studies aiming to measure and investigate presenteeism among nursing workers<sup>(10,11)</sup> was used to measure the construct of presenteeism as a dependent variable. To this end, the following question was used as a filter: "Did you have any health issues in the last 30 days?", suggested by the instrument itself. The person who answered affirmatively was directed to answer the scale to measure presenteeism.

The total score of the instrument SPS-6 is the sum of the values from both dimensions, values in an inverted scale (CC) and values in a regular scale (TF), which can vary from 6 to 30 points. A high SPS-6 score suggests a high level of presenteeism, that is, a capacity of concentrating and carrying out work, despite health issues, also suggesting a decreased performance in work activities.

Data was double input into a database where the broadness and consistency of data was verified with the aid of the software Statistical Package for the Social Sciences (SPSS), version 23.0. The odds ratio (OR) was for crossed products was calculated with the confidence interval of 95% (CI95%). Results above 1 indicate that the characteristic is associated with a chance for disease; if under 1, they indicate that the presence of the characteristic reduces the likelihood of this outcome, as long as the confidence interval does not include 1 as a result.

The research protocol was approved by the Ethics Committees of the Institution which proposed the study and the coparticipant ones via *Plataforma Brasil*, under the following Certificates of Submission to Ethical Appreciation: 85047418.5.0000.5238; 85047418.5.3001.5257; 85047418.5.3004.5261; 85047418.5.3005.5263; 85047418.5.3007.5275; 85047418.5.3014.5264; 85047418.5.3002.5258 e 85047418.5.3003.5259.

## ■ RESULTS

The results of this research discovered that presenteeism does take place among nursing professionals in university outpatient clinics.

From the 388 participants, 51.0% (n=198) stated to have presented some health issue in the last 30 days and answered the SPS-6, which made it possible to measure the magnitude of the issue. 67 (33.8%) respondents showed lower work performance, 103 (52%) had their ability to focus affected by their health issue, and 174 (88%) were impacted by their health condition, which interfered on their performance and/or conclusion of their tasks, which is a form of presenteeism.

Data showing the association between sociodemographic variable and professionals undergoing presenteeism are

described in Table 1. Regarding sociodemographic characteristics of the population regarding presenteeism, most respondents were female (53.5%, n=184), with women being 2.77 times more likely to be affected by presenteeism than men. Participant mean age was 48.74 (SD=10.41) and most participants fell between 27 and 59 years of age (51.2%, n=165).

With the exception of the variable "sex", sociodemographic items associated with presenteeism did not show statistically significant values. However, since the study only included professionals already considered to be affected by presenteeism, values above 1 were considered in the discussion, even considering that the confidence interval (CI) presented a 1. This was done to warn about the severity of the issue.

Participants who were 60 years old or older, lived with a partner, and had children presented a higher odds ratio for presenteeism. Regarding their educational level, data suggest that workers who had completed high school or lower had a 26% higher odds ratio to be affected by presenteeism, when compared to professionals who had higher education. Despite not presenting statistical significance, we highlight this data as a form of surveillance for presenteeism behavior.

Based on the work characteristics of the participants (Table 2), it was found that the odds for presenteeism were 2.12 times higher among those with stable work bonds. The number of work bonds and the work hours, however, did not influence this behavior.

The investigation found that 15% of the nursing workers (n=198) presented presenteeism. However, the odds were higher for those who had been working for longer in the profession (21%), in the institution (16%), and in the outpatient clinic (26%), when compared to those who had been working for less time. Although the confidence interval includes the value of one, which does not indicate statistical association, these results deserve attention. Nonetheless, it is important to highlight that, among professionals who have worked in other sector in the same institution, the odds for presenteeism were 90% higher than among those who had never worked in a different sector of the institution.

Table 3 shows the results of the investigation carried out in regard to health, which showed that all characteristics studied presented a significant statistical association with the variables for presenteeism.

The self-evaluation of health by the professionals showed that those who consider their health to be bad/very bad had 1.72 times more likely to show presenteeism behavior when compared to those who consider their health regular, and 5.88 times more likely than those who consider their health good/very good. The odds for presenteeism

**Table 1** – Comparison between workers considering their sociodemographic characteristics. Analyses carried out according with the odds ratio (OR) and their respective confidence intervals (CI95%). Rio de Janeiro, Rio de Janeiro, Brazil, 2018

Variables analyzed*	Affected by presenteeism		Odds ratio	CI (95%)
	Yes n(%)	No n(%)		
<b>Sex [n= 385; NI = 3 (0.8%)]</b>				
Male	12 (29.3)	29 (70.7)	1	
Female	184 (53.5)	160 (46.5)	2.77	1.37-5.62
<b>Age [n= 378; NI = 10 (2.6%)]</b>				
From 27 to 59 years	165 (51.2)	157 (48.8)	1	
60 years or more	29 (51.8)	27 (48.2)	1.02	0.57-1.80
<b>Lives with partner [n = 387; NI = 1 (0.3%)]</b>				
No	90 (49.2)	93 (50.8)	1	
Yes	107 (52.5)	97 (47.5)	1.14	0.76-1.70
<b>Color/ethnicity [n= 376; NI = 12 (3.1%)]</b>				
White	77 (52.4)	70 (47.6)	1	
Brown/black	115 (50.2)	114 (49.8)	0.91	0.60-1.38
<b>Children [n = 387; SI = 1 (0.3%)]</b>				
No	54 (46.6)	62 (53.4)	1	
Yes	143 (52.8)	128 (47.2)	1.28	0.83-1.98
<b>Educational level [n = 387; NI = 1 (0.3%)]</b>				
Graduation or higher	130 (49.1)	135 (50.9)	1	
Up to higher education	67 (54.9)	55 (45.1)	1.26	0.82-1.94

\*n=valid value; NI=no information.  
Source: Research data, 2018.

were 6 times higher among those with chronic diseases (OR=6.67) and 3 times higher among those who present absenteeism (OR=3.06).

Regarding the reason for being on leave in the last 30 days, as responded by those who were affected by presenteeism, the most commonly mentioned were: osteoarticular

disease, 32.7% (n=52); respiratory problems, 19.5% (n=31); migraine, 8.2% (n=13); other infections, 6.9% (n=11); and systemic arterial hypertension, 6.3% (n=10).

These issues added up to 73.6% of the reasons given for this population to be on leave. They are presented in Graph 1 for better visualization.

**Table 2** – Comparison between workers considering their work characteristics. Analysis carried out according with the odds ratio (OR) and their respective confidence intervals (95%). Rio de Janeiro, Rio de Janeiro, Brazil, 2018

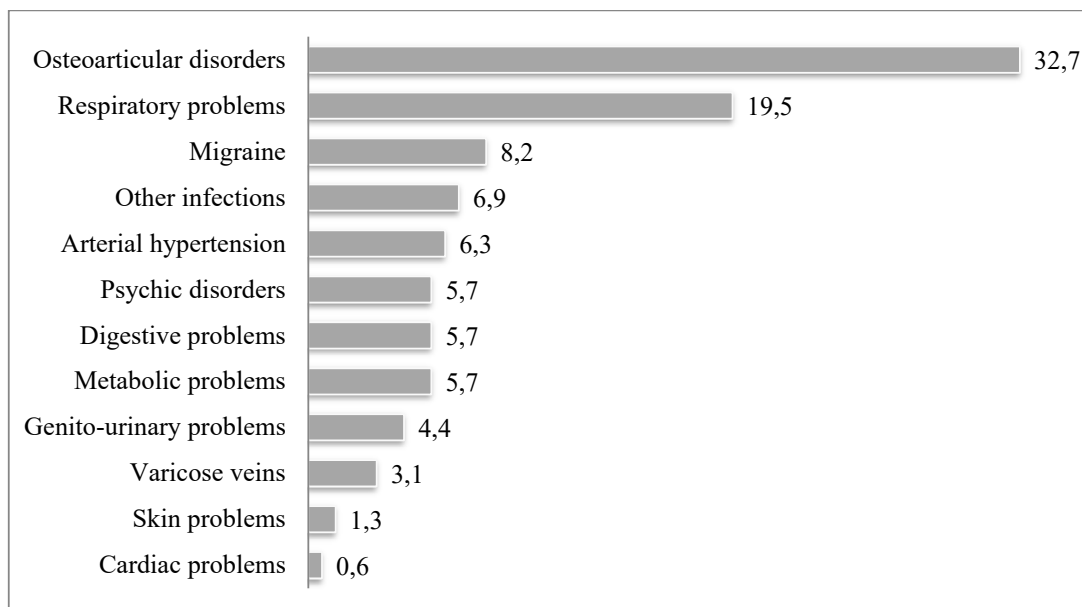
ris	Affected by presenteeism		Odds ratio	CI (95%)
	Yes n(%)	No n(%)		
<b>Type of work bond [n=387; NI=1 (0.3%)]</b>				
Unstable	12 (34.3)	23 (65.7)	1	
Stable	185 (52.6)	167 (47.4)	2.12	1.02-4.40
<b>Number of jobs [n=387; NI=1 (0.3%)]</b>				
1 job	103 (51.0)	99 (49.0)	1	
2 or more	94 (50.8)	91 (49.2)	1.00	0.67-1.50
<b>Work hours [n=387; NI=1 (0.3%)]</b>				
Up to 30 hours	73 (49.3)	75 (50.7)	1	
31 hours or more	124 (51.9)	115 (48.1)	0.90	0.59-1.36
<b>Professional category [n=387; NI=1 (0.3%)]</b>				
Nurse	58 (49.6)	59 (50.4)	1	
Nursing auxiliary or technician	139 (51.5)	131 (48.5)	1.07	0.69-1.66
<b>Time working in nursing [n=380; NI=8 (2.1%)]</b>				
Up to 25 years	94 (49.2)	97 (50.8)	1	
26 years or more	102 (54.0)	87 (46.0)	1.21	0.80-1.81
<b>Time working in the institution [n=380; NI=8 (2.1%)]</b>				
Up to 18 years	94 (49.2)	97 (50.8)	1	
19 years or more	100 (52.9)	89 (47.1)	1.16	0.77-1.73
<b>Time working in the outpatient clinic [n=372; NI=16 (4.1%)]</b>				
Up to 8 years	124 (49.0)	129 (51.0)	1	
9 years or more	65 (54.6)	54 (45.5)	1.26	0.80-1.93
<b>Worked in another sector in the same institution (n=388)</b>				
No	59 (41.0)	85 (59.0)	1	
Yes	139 (57.0)	105 (43.0)	1.90	1.25-2.89

\*n=valid value; NI=no information.  
Source: Research data, 2018.

**Table 3** – Comparison between workers considering health-related characteristics. Analysis carried out according with the odds ratio (OR) and their respective confidence intervals (95%). Rio de Janeiro, Rio de Janeiro, Brazil. 2018

Variables analyzed*	Affected by presenteeism		Odds ratio	CI (95%)
	Yes n(%)	No n(%)		
<b>Health self-evaluation [n = 386; NI = 2 (0.5%)]</b>				
Very bad/Bad	15 (78.9)	4 (21.1)	1	
Regular	83 (68.6)	38 (31.4)	0.58	0.18-1.87
Good/very good	98 (39.8)	148 (60.2)	0.17	0.06-0.54
<b>Has chronic diseases (n=388)</b>				
No	5 (15.2)	28 (84.8)	1	
Yes	193 (54.4)	162 (45.6)	6.67	2.51-17.67
<b>Absenteeism due to disease (n=388)</b>				
No	103 (41.4)	146 (58.6)	1	
Yes	95 (68.3)	44 (31.7)	3.06	1.97-4.74

\*n=valid value; NI=no information.  
Source: Research data, 2018.



**Graph 1** – Reasons for those affected by presenteeism to go on leave.  
Source: Research data, 2018.

## DISCUSSION

The results of this research corroborate the yearly report published in Toronto involving a wide variety of sectors. This report included a research carried out in the United States (72%), China (22%), New Zealand (3%), and other 23 countries (3%), in which 26% of workers were from the health field, and 56% of participants reported diminished focus during general tasks due to their health issues, while 37% were dissatisfied with life in general, which made their involvement with work more difficult<sup>(12)</sup>.

In the present research, 93.8% of the population affected by presenteeism were female, with a mean age of 48.74 years (SD=10.41), which corroborates studies about presenteeism carried out in France<sup>(13)</sup>, Japan<sup>(14)</sup>, and Spain<sup>(15)</sup>.

Nonetheless, it could be observed that the odds ratio for presenteeism in older individuals (60 years old or more) was not higher. However, studies from the United States<sup>(16)</sup> and Brazil<sup>(17)</sup> with workers above 50 years old presented a significant relationship with presenteeism.

This reflection is important, since the profile of outpatient clinic nursing workers includes a sizable percentage 51.3% (n=194) of professionals above 50 years of age. Nonetheless, this piece of data is not in accordance with a national research according to which only 13.6% (n=244,454) of Brazilian nursing workers (n=1,804,535) are older than 50<sup>(18)</sup>.

Regarding their educational level, data from this research suggest that workers who have completed high school or lower had a 1.26 higher odds ratio to be affected by presenteeism when compared to professionals who had higher education. This is not in accordance with mixed studies about presenteeism and absenteeism, which showed that workers with higher education showed less absenteeism, as they are less replaceable at work, but more presenteeism<sup>(4)</sup>, making them more vulnerable to stress<sup>(19)</sup>. The different categories of nursing workers who form the nursing team in the Brazilian context, however, is different from what can be found in the international context, which makes it more difficult to compare the parameters associated with educational level.

Regarding their work characteristics, it is of note that the odds of presenteeism are 112% higher among workers with stable work bonds, as opposed to studies carried out in Europe, Spain, and the United States, which show job insecurity as a factor positively associated with presenteeism<sup>(20)</sup>, since weak work bonds can also influence presenteeism behavior due to the lack of social protection and the fear of unemployment<sup>(3)</sup>. However, in this study, 94% of professionals affected by presenteeism had stable work bonds.

The research showed that presenteeism is a behavior adopted by a large percentage of outpatient nursing workers

(n=198, 51.0%), regardless of their time working in the profession. These data corroborate a research carried out with nurses in Malta, which showed that 88% (n=270) of respondents were affected by presenteeism and/or absenteeism, while, in Spain, this number was 48.1% (n=495)<sup>(15,21)</sup>.

Still in regard to work characteristics, it should be noted that, in this study, among the workers who have worked in another sector of the institution, the odds ratio for presenteeism was 90% higher than among those who never worked outside of the outpatient clinic.

Based on this information, it would still not be possible to state that workers who always worked in outpatient clinics and never provided assistance to hospitalized or urgency patients would be less likely to present presenteeism. The scarcity of studies with outpatient nursing workers prevents us from reaching a conclusion in this regard. It would be complex to identify only one factor or another, if we consider the network of biopsychosocial relations in which a nursing worker is enmeshed, in addition to their personal reactions and individual differences.

Half of the respondents affected by presenteeism (50.0%) evaluated their state of health as good, with a high percentage of workers evaluating their health as regular (42.4%), and 7.6% evaluating theirs as bad/very bad. The latter percentage, albeit small, is important when compared with this number among those who are not affected by presenteeism. Studies carried out in the Island of Malta showed that workers who self-reported their state of health as bad were more likely to present presenteeism behavior<sup>(21,22)</sup>.

It stands out that the odds for presenteeism were 6 times higher among those with chronic diseases (OR=6.67) and 3 times higher among those who present absenteeism (OR=3.06). This data is corroborated by a study where physical and psychological work demands were associated with presenteeism<sup>(8,23)</sup>.

Among the health issues mentioned by the participants with presenteeism behavior, osteoarticular disorders were the most common, being mentioned 52 times (32.7%). They were followed by respiratory issues (19.5%), migraine (8.2%), and other infections (6.9%). Some disorders, such as musculoskeletal ones, lead to presenteeism more often, as is the case of respiratory issues and chronic illnesses<sup>(22)</sup>.

Johns<sup>(6)</sup> states that medical conditions related with presenteeism also include physical disorders (such as pain, allergies, neck and back problems, migraine, and headaches). Furthermore, both chronic lumbago and depression strongly affect presenteeism<sup>(13)</sup>.

This study, as any other, is not without limitations. Since it was carried out in Brazil, in institutions at the SUS, its results cannot be generalized for other countries, since each country

has its unique health system. Furthermore, the conclusions of this study can only be applied to workers with stable employment contracts with the outpatient health sector, where the respondents of the research worked.

Another limitation is that the self-evaluation of participants may be biased towards a negative result, since there are no documents to corroborate the influence of the health issues mentioned. There could also be a memory bias, since the questionnaire asked about being on leave at some point in the last 30 days to characterize presenteeism, and in the last 12 months to characterize absenteeism. Therefore, some events may have not been recalled by respondents.

## ■ CONCLUSION

The results found were in accordance with the objective of the research, showing an association between the socio-demographic, work, and health profile of nursing workers from university outpatient clinics and presenteeism. Many productive hours may be being lost as days go by, considering the presenteeism behavior in 51.0% of participants. This may have direct implications on the organizational performance in general, especially in the health of these health workers, and it may be a warning about the potential for absenteeism.

This research is expected to provide reflection about the topic not only in an academic context, but also in the national and international scientific community, among nursing managers and other workers, with an impact on the improvement of interpersonal relation and the way in which work organizes itself, aiding in the creation of strategies to minimize workload and emotional exhaustion.

## ■ REFERENCES

1. Souza KMJ, Seixas CT, David HMSL, Costa AQ. Contributions of public health to nursing practice. *Rev Bras Enferm.* 2017;70(3):543-9. doi: <https://doi.org/10.1590/0034-7167-2016-0401>
2. Enfermagem em números [Internet]. Brasília, DF: Conselho Federal de Enfermagem. 2020 [cited 4 Jul 2019]. Available from: <http://www.cofen.gov.br/enfermagem-em-numeros>
3. Vieira MLC, Oliveira EB, Oliveira NVD, Lisboa MTL, Progianti JM, Costa CCP. Nursing presenteeism: repercussions on workers' health and patient safety. *Rev Enferm UERJ.* 2018;26:e31107. doi: <https://doi.org/10.12957/reuerj.2018.31107>
4. Ferreira Junior RR. Absenteísmo: análise através do custo-efetividade. *Rev Foco.* 2017 [cited 15 Mar 2019];10(2):265-77. Available from: <https://revistafoco.emnuvens.com.br/foco/article/view/185/pdf>.
5. Tracera GMP, Zeitoune RCG. Presenteísmo na equipe de enfermagem universitária ambulatorial: revisão integrativa. In: Toledo LV, organizadora. Gerenciamento dos serviços de saúde e enfermagem [Internet]. Ponta Grossa: Atena; 2021 [cited 2021 Apr 14]. p. 103-12. Available from: <https://www.atenaeditora.com.br/post-artigo/44689>
6. Johns G. Presenteeism in the workplace: a review and research agenda. *J Organiz Behav.* 2010;31(4):519-42. doi: <https://doi.org/10.1002/job.630>
7. Shimabuku RH, Mendonça H, Fidelis A. Presenteísmo: contribuições do modelo demanda-controle para a compreensão do fenômeno. *Cad Psicol Soc Trab.* 2017;20(1):65-78. doi: <https://doi.org/10.11606/issn.1981-0490.v20i1p65-78>
8. Rainbow JG, Drake DA, Steege LM. Nurse health, work environment, presenteeism and patient safety. *West J Nurs Res.* 2020;42(5):332-9. doi: <https://doi.org/10.1177/0193945919863409>
9. Oliveira ALCB, Costa GR, Fernandes MA, Gouveia MTO, Rocha SS. Presenteísmo, fatores de risco e repercussões na saúde do trabalhador de enfermagem. *Av Enferm.* 2018;36(1):79-87. doi: <https://doi.org/10.15446/av.enferm.v36n1.61488>
10. Laranjeira CA. Validation of the Portuguese version of the Stanford Presenteeism Scale in nurses. *Int J Nurs Pract.* 2013;19(6):644-50. doi: <https://doi.org/10.1111/ijn.12117>
11. Paschoalin HC, Griep RH, Lisboa MTL, Mello DCB. Transcultural adaptation and validation of the Stanford Presenteeism Scale for the evaluation of presenteeism for Brazilian Portuguese. *Rev Latino-Am Enfermagem.* 2013;21(1):388-95. doi: <https://doi.org/10.1590/S0104-11692013000100014>
12. Attridge M. Workplace Outcome Suite (WOS) annual report 2020: Part 1 – decade of data on eap counseling reveals prominence of presenteeism. Toronto: Morneau Shepell; 2020 [cited 2020 Sep 30]. Available from: [https://www.eapassn.org/Portals/11/Docs/WOS/WOS\\_2020\\_AnnualReport\\_PART1\\_PrimaryResults%20\(FINALAUG04%20ATTRIDGE\).pdf](https://www.eapassn.org/Portals/11/Docs/WOS/WOS_2020_AnnualReport_PART1_PrimaryResults%20(FINALAUG04%20ATTRIDGE).pdf)
13. Gillet N, Huyghebaert-Zouaghi T, Réveillère C, Colombat P, Fouquereau E. The effects of job demands on nurses' burnout and presenteeism through sleep quality and relaxation. *J Clin Nurs.* 2020;29(3-4):583-92. doi: <https://doi.org/10.1111/jocn.15116>
14. Yokota J, Fukutani N, Nin K, Yamanaka H, Yasuda M, Tashiro Y, et al. Association of low back pain with presenteeism in hospital nursing staff. *J Occup Health.* 2019;61(3):219-26. doi: <https://doi.org/10.1002/1348-9585.12030>
15. Baldonado-Mosteiro M, Sánchez-Zaballos M, Rodríguez-Díaz FJ, Herrero J, Mosteiro-Díaz MP. Adaptation and validation of the Stanford Presenteeism Scale-6 in healthcare professionals. *Int Nurs Rev.* 2020;67(1):109-17. doi: <https://doi.org/10.1111/inr.12544>
16. Yang T, Ma M, Zhu M, Liu Y, Chen Q, Zhang S, et al. Challenge or hindrance: does job stress affect presenteeism among Chinese healthcare workers? *J Occup Health.* 2018;60(2):163-71. doi: <https://doi.org/10.1539/joh.17-0195-0A>
17. Tracera G, Santos K, Nascimento F, Sousa KH, Portela L, Zeitoune RC. Factors associated with absenteeism of nursing professionals in university outpatient clinics in Brazil. *J Nurs Manag.* 2020;28(6):1259-67. doi: <https://doi.org/10.1111/jonm.13073>
18. Machado MH, Aguiar Filho W, Lacerda WF, Oliveira E, Lemos W, Wermelinger M, et al. Características gerais da enfermagem: o perfil sociodemográfico. *Enferm Foco.* 2016;7(ESP):9-14. doi: <https://doi.org/10.21675/2357-707X.2016.v7.nESP686>
19. Brborovic H, Daka Q, Dakaj K, Brborovic O. Antecedents and associations of sickness presenteeism and sickness absenteeism in nurses: a systematic review. *Int J Nurs Pract.* 2017;23(6):e12598. doi: <https://doi.org/10.1111/ijn.12598>
20. Reuter M, Wahrendorf M, Di Tecco C, Probst TM, Ruhle S, Ghezzi V, et al. Do temporary workers more often decide to work while sick? evidence for the link between employment contract and presenteeism in Europe. *Int J Environ Res Public Health.* 2019;16(10):1868. doi: <https://doi.org/10.3390/ijerph16101868>
21. Fiorini LA, Houdmont J, Griffiths A. Nurses' illness perceptions during presenteeism and absenteeism. *Occup Med.* 2020;70(2):101-6. doi: <https://doi.org/10.1093/occmed/kqaa012>



22. Fiorini LA, Griffiths A, Houdmont J. Reasons for presenteeism in nurses working in geriatric settings: a qualitative study. *J Hosp Adm.* 2018;7(4):9-16. doi: <https://doi.org/10.5430/jha.v7n4p9>
23. Chambers C, Frampton C, Barclay M. Presenteeism in the New Zealand senior medical workforce – a mixed – methods analysis. *N Z Med J.* 2017 [cited 2019 Feb 13];130(1449):10-21. Available from: [https://assets-global.website-files.com/5e332a62c703f653182faf47/5e332a62c703f6a6ff2fcffc\\_Chambers%20FINAL.pdf](https://assets-global.website-files.com/5e332a62c703f653182faf47/5e332a62c703f6a6ff2fcffc_Chambers%20FINAL.pdf)

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The authors declare there are no conflicts of interest.

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Received: 08.12.2021  
Approved: 03.23.2022

**Associate editor:**

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**Editor-in-chief:**

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