

PRESENTEEISM – A NECESSARY DISCUSSION FOR HEALTH PROFESSIONALS

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Abstract: This study aims to understand presenteeism in connection with healthcare professionals. A theoretical-reflective study was conducted based on the concepts of health education and health promotion. The results show that working without full physical or mental health is not an isolated event, but a reflection of an organizational structure that prioritizes immediate productivity over the mental health of professionals. To mitigate this scenario, it is imperative that health management shift from a punitive view of absenteeism to a comprehensive view of worker health. This requires the implementation of policies that include proper team sizing, strengthening occupational health programs, and promoting an organizational culture that values self-care as a prerequisite for care safety.

Keywords: presenteeism; healthcare professional; occupational health.

INTRODUCTION

Presenteeism can be understood as going to work even when sick – when one should be at home – or because the worker’s effectiveness is low due to the amount of workload (Laudelino-Neto; Guimarães, 2021). This concept is associated with health and performance, incurring both positive and negative consequences for worker productivity (Arjona-Fuentes et al., 2019; Lohaus; Habermann et al., 2019).

The prospect of working despite a minor health issue may be interpreted by some workers as more advantageous than being absent, even if it results in decreased productivity (Johns, 2010).

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This loss occurs because, in the context of mental health, both absenteeism and presenteeism lead to psychological distress stemming from various problems and other work-related illnesses (Laudelino-Neto; Guimarães, 2021; Holden et al., 2011). In this case, productivity can be understood as self-efficacy, that is, the completion of activities to increase personal productivity (Karanika-Murray; Cooper, 2018).

The occurrence of this condition is directly related to productivity at work, as a consequence of health problems, impacting organizations financially. Although reducing the cost of absence seems like a priority, there is evidence that presenteeism is much more expensive than absenteeism, and should be carefully measured and managed (Kinman, 2019; Garrow, 2016).

Furthermore, it was observed that the frequency of presenteeism was related to the incidence of short- and long-term absenteeism; in addition, presenteeism affects performance and productivity, and may be a precursor to work incapacity. In short, presenteeist behavior is considered a challenge for organizations, and it is a condition associated with both intrinsic and extrinsic factors in the work environment (Goto et al., 2022; Mori; Nagata; Nagata, 2025; Janssens et al., 2013; Conway et al., 2014; Sanderson; Cocker, 2013).

In addition to presenteeism still being a poorly understood phenomenon (Lohaus; Habermann, 2019; Karanika-Murray; Biron, 2020), few studies address its effects and impacts on productivity or individual well-being (Baker-McClearn et al., 2010; Ipsen; Karanika-Murray; Nardelli, 2020). In this context, the present study seeks to understand presenteeism in relation to healthcare professionals.

MATERIALS AND METHODS

A theoretical-reflective study was conducted based on the concepts of health education and health promotion; that is, it proposes to consider the different dimensions that constitute it. To this end, Therrien's (2014) proposition regarding the pillars that constitute a research phenomenon was adopted: ontology, epistemology, and methodology.



The study was conducted by identifying the theme, guiding question, and research objective; establishing subject descriptors and databases, as well as inclusion and exclusion criteria; defining the information to be extracted and evaluating the included studies; and subsequently, interpreting the results and presenting the review and synthesis of knowledge.

The search was conducted in the second half of 2025 using the guiding question: What are the interfaces between presenteeism in the context of healthcare professionals? The following descriptors were used: presenteeism; healthcare professional; and occupational health, with the aid of Boolean operators to assist and refine the search for studies to be analyzed. The secondary databases used for the search were: Scientific Electronic Library Online (SCIELO), Catalog of Theses and Dissertations of the Coordination for the Improvement of Higher Education Personnel (CAPES) Commission, in addition to websites of agencies related to the subject of study.

The inclusion criteria were: publications addressing the analyzed theme, available online and with full text, in Portuguese, English, or Spanish, without a publication time limit. The exclusion criteria were: duplicate publications and works published solely in conference proceedings.

After analyzing the data from the selection and reading of the retrieved publications, thematic content analysis was conducted, according to Minayo, which is performed through three interdependent phases: pre-analysis, exploration of the material, and interpretation of the results (2014).

DISCUSSION

In this study, presenteeism was evaluated in relation to healthcare professionals; in this sense, absenteeism is a condition that is studied, commonly measured, and managed in the organizational environment, but the same is not observed for presenteeism, an “invisible behavior,” since evaluating its prevalence and measuring its costs would be expensive, and this behavior is not the subject of discussions in occupational health issues (Paschoalin et al., 2015).



Presenteeism is associated with both intrinsic and extrinsic factors in the work environment, thus representing a challenging condition for organizations in the context of people management. Furthermore, it is fundamentally important to identify these elements in order to mitigate their incidence (Goto et al., 2020; Mori; Nagata; Nagata, 2021).

Although absenteeism is more visible, presenteeism represents a significantly greater hidden loss of productivity, since the professional is physically present, but their functionality is severely reduced by clinical symptoms. Factors such as job insecurity, lack of substitutes, and high time pressure are organizational determinants that push healthcare professionals towards presenteeism, perpetuating the cycle of institutional illness (Letvak; Ruhm; Gupta et al., 2012).

In the healthcare field, presenteeism is often driven by psychosocial factors, such as work overload, feelings of indispensability, and the ethics of care, which leads professionals to neglect their own health in order to care for others (Rainbow; Steege, 2017).

Presenteeism can impact patient safety; the presence of healthcare professionals in the workplace without full biopsychophysiological conditions increases the risk of adverse events and care errors, making presenteeism a risk management and patient safety problem (Umann; Guido; Grazziano, 2012).

Presenteeism can also be related to burnout syndrome; it acts as a significant predictor of professional burnout, creating a vicious cycle where the worker, by not recovering adequately, sees their cognitive and emotional capacity progressively depleted (Gartner et al., 2010).

Presenteeism is a condition closely related to physical health. Workers experiencing pain have greater perceived limitations. Piê et al. (2020) showed that the longer the pain lasts, the greater the discouragement, lack of motivation to go to work, and lack of concentration. Among the different experiences of pain, those related to the musculoskeletal system were predominant in the reported studies (Santos et al., 2022).

Migraine has also been associated with presenteeism (Tavares; Silva; Muniz-Júnior, 2023). In a recent global study that assessed the impact of migraine on work productivity, it was observed



that 70% of individuals inferred that this condition affected their professional life in some way, with the inability to concentrate at work being the main impact, reported by 52% of respondents. This same study showed that migraine led to a 48% reduction in productivity during work (Martelletti et al., 2018).

Beyond the consequent limitation of physical perceptions, the worker's emotional state is also associated with presenteeism; aspects such as greater psychological demands at work, stress and negative feelings, emotional exhaustion, depression, anxiety, and other psychological suffering have been associated with increased presenteeism (Piê et al., 2020; Lourenço VP, Ferreira MC, Valentini, 2020).

Cho et al. (2016) The study evaluated the association between various psychosocial factors and presenteeism through a statistical logistic regression analysis. The results showed that professionals with higher psychological demands were 1.35 times more likely to exhibit presenteeism, and work stress increased the likelihood of presenteeist behavior by 1.89 times. At the same time, it is observed that presenteeism can have a negative impact on mental health, as presenteeism itself increases occupational stress, leading to a worsening of mental health (Yoo et al., 2022).

Furthermore, factors such as emotional exhaustion, high work demands, low job control, high workload, low reward, and insecurity increase the risks of burnout at work (Aronsson et al., 2017). Regarding aspects intrinsic to the work environment, holding a leadership position impacted presenteeism behavior as a contributing factor to its occurrence (Carvalho; Rocha; Pinho, 2017; Santos; Marziale; Felli, 2018). This association, observed in the analyzed studies, is explained by the sense of professional responsibility; workers who hold positions with high cognitive and social demands tend to ignore psychological or physical symptoms and do not take time off work when affected by a health problem (Shimabuku; Mendonça, 2018).

Therefore, effective interventions against presenteeism require hospital leaders to recognize the phenomenon as an institutional risk, implementing staff replacement policies and occupational health programs that prioritize the worker's full recovery rather than immediate productivity.



CONCLUSION

Reflection on presenteeism in the context of interactions with healthcare professionals reveals that this phenomenon is a consolidated reality, often rendered invisible by healthcare institutions. The results demonstrate that working without full physical or mental health is not an isolated event, but a reflection of an organizational structure that prioritizes immediate productivity at the expense of the mental health of professionals.

It became evident that the culture of “indispensability,” coupled with resource scarcity and fear of overburdening colleagues, acts as a catalyst for doctors, nurses, and technicians to neglect their own illness. This “ineffective presence” generates an ethical and care paradox: in attempting to ensure continuity of care, the presenteeist professional ends up increasing the risks to patient safety, raising the likelihood of clinical errors and adverse events.

To mitigate this scenario, it is imperative that healthcare management shift from a punitive view of absenteeism to a comprehensive view of worker health. This requires the implementation of policies that include adequate staffing levels, strengthening occupational health programs, and promoting an organizational culture that values self-care as a prerequisite for healthcare safety. Ultimately, caring for those who care is not just a human resources management strategy, but an essential measure for ensuring quality and safety in healthcare systems.

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