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Presenteeism: A systematized review

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Abstract

Background: A growing body of literature on presenteeism is emerging from various academic fields. However, the diversity in concepts, definitions, and measures applied results in a conceptual confusion. The aim of this systematized review was to examine the concept of presenteeism and to provide a current status of the research field.

Methods: Five databases were searched for articles that investigated presenteeism, and two methodological frameworks were combined to examine the retrieved articles. Eligible articles were identified using specific inclusion and exclusion criteria, and the selected articles were analyzed, and synthesized using a thematic approach.

Results: Of the 1395 articles identified, 95 articles met the eligibility criteria and were included in the systematized review. The results show that researchers have not reached a consensus on the use of concepts, definitions, and measurement practices, which provides evidence of the Construct Identity Fallacy. Evidence that provides an insight into how sickness presenteeism can be characterized as a positive and negative phenomenon is summarized at the individual, organizational, and societal level. Moreover, the results indicate that sickness presenteeism is commonly portrayed as a negative phenomenon, based on two main lines of reasoning.

Discussion: To develop a deeper understanding of how sickness presenteeism can be characterized as both a positive and negative phenomenon, two issues need to be resolved. First, there is a need for concept clarification. Second, the use of single-item measures of SP is problematic, and it is necessary to develop measures that allow for subtle distinctions in future research.

Conclusion: This systematized review provides a conceptualization of presenteeism and sickness presenteeism, discusses important issues in current research, and identifies future research directions.

Keywords: presenteeism, sickness presenteeism, sickness presence, sickness attendance, sickness presenteeism, Construct Identity Fallacy

1. Introduction

*“Ein neues Wort ist wie ein frischer Same, der in den Boden der Diskussion
geworfen wird”*

- Wittgenstein (1977, p. 2)¹

Presenteeism is an unknown concept to many scholars and practitioners. It is most commonly defined as attending work while ill, however, it has been defined in many ways over the years, and scholars have not reached a consensus on the definition and measurement of presenteeism (Johns, 2010). Research shows that the concept has been used to characterize various research problems within the fields of organizational behavior and occupational health, such as reduced worker productivity and impaired health. When various groups of scholars use the concept within different research contexts, while applying a number of definitions, the concept is not easily transferred from one logic to another. Instead, a lack of conceptual clarity becomes an issue that characterizes current research on presenteeism.

The literature reveals that a number of rather different phenomena have been given the name of presenteeism, which provides conflicting evidence regarding whether and when presenteeism should be seen as a negative, positive, or neutral phenomenon. According to Irvine (2011, p. 753), “current conceptualizations of presenteeism are somewhat ambiguous; employees coming to work despite ill health is simultaneously presented as a problem and an aspiration.” Nevertheless, the concept is usually presented as inherently negative by scholars, based on a line of reasoning that is frequently repeated in the literature, but rarely challenged.

These observations are the starting point for this thesis. To my knowledge, a comprehensive discussion on the various conceptualizations of presenteeism is lacking, and it seems plausible that such a discussion can enhance our understanding of the concept. The objective of this thesis is to provide a

¹ A new word is like a fresh seed thrown into the ground of discussion (Own translation)

systematized review of research on presenteeism, which is guided by the following general question and sub-questions:

What is presenteeism, and what is the current status of this research field?

- Sub-question 1: How can presenteeism be characterized as both a positive and negative phenomenon?
- Sub-question 2: What are the lines of reasoning underlying the definitions and measurement practices?

This thesis begins by examining presenteeism in a historical perspective, thus providing a theoretical and empirical foundation for the systematized review. Next, the applied methodological frameworks and the analytical approach are described in detail. This is followed by a presentation of main findings, and a discussion of important issues in light of the chosen research questions. The next chapter describes the main limitations of the systematized review and implications for future research, before a conclusion is provided in the final chapter.

2. Theoretical and Empirical Foundation

This chapter will explore how scholars and practitioners have defined presenteeism and identify some practical concerns and theoretical issues associated with these definitions. The theoretical and empirical foundation provides a backdrop for the systematized review, and it familiarizes the reader with the development of the concept of presenteeism. Thus, it increases the reader's ability to understand the current research on presenteeism. Some of the articles referenced in this chapter are not included in the systematized review because they do not meet the eligibility criteria (Canfield & Soash, 1955; Evans, 2004; Hummer, Sherman, & Quinn, 2002; Johns, 2012; Kivimäki et al., 2005; Stolz, 1993; Uris, 1955; Whitehouse, 2005; Worrall, Cooper, & Campbell, 2000). However, they provide important insight into the use and understanding of the concept over time, and they are therefore included in the theoretical and empirical foundation.

2.1 What is Presenteeism?

Presenteeism derives from the word *presentee*, i.e. a person who is present, with a suffix added at the end to form a simple noun of action (Presenteeism, 2017).

Some scholars believe that the word emerged in the 1990s (Johansen, Aronsson, & Marklund, 2014), but a more thorough investigation shows that it can be traced back to a novel by Mark Twain published in 1892 (Presentee, 2017). In his novel, *The American Claimant*, he wrote:

She wouldn't be reminded, at that table, that there was an absentee who ought to be a presentee—a word which she meant to look out in the dictionary at a calmer time.
(Twain, 1892)

Whether looking it up in a dictionary gave her greater clarity or not, one can only wonder. What we *do* know is that society and the conceptual context has changed fundamentally since Mark Twain published his novel.

Today, presenteeism is most frequently referred to as attending work while ill (Johns, 2010). However, over the years the term has been conceptualized in various ways, as illustrated by the associated definitions in *The Oxford English Dictionary Online* (Presenteeism, 2017):

- The fact or condition of being present, especially at work
- The practice of working more hours than is required by one's term of employment, or of continuing to work without regard to one's health, especially because of perceived job insecurity
- The practice of attending a job but not working at full capacity, especially because of illness or stress

In addition, an even greater number of definitions have been given or implied in scientific research, summarized by Johns (2010) in Table 1. The span of these definitions illustrates how the understanding of the concept has changed over time, leading to the current conceptual ambiguity.

 Table 1. *Definitions of Presenteeism*

- a. Attending work, as opposed to being absent (Smith, 1970)
 - b. Exhibiting excellent attendance (Canfield & Soash, 1955)
 - c. Working elevated hours, thus putting in “face time,” even when unfit (Simpson, 1998; Worrall, Cooper, & Campbell, 2000)
 - d. Being reluctant to work part time rather than full time (Sheridan, 2004)
 - e. Being unhealthy but exhibiting no sickness absenteeism (Kivimaki et al., 2005)
 - f. Going to work despite feeling unhealthy (Aronsson, Gustafsson, & Dallner, 2000; Dew, Keefe, & Small, 2005)
 - g. Going to work despite feeling unhealthy or experiencing other events that might normally compel absence (Evans, 2004; Johansson & Lundberg, 2004)
 - h. Reduced productivity at work due to health problems (Turpin et al., 2004)
 - i. Reduced productivity at work due to health problems or other events that distract one from full productivity (Hummer et al., 2002; Whitehouse, 2005)
-

Source: Adapted from Johns (2010, p. 521)

2.1.1 Presenteeism as a concept or a construct?

To understand the scientific problems associated with conceptual ambiguity, it is important to recognize the purpose of concepts in scientific research. Described in basic terms, concepts help us organize and convey our research findings, in the sense that they limit and clarify our research interest. They can either represent an existing research field that we wish to investigate further, or they can be novel outcomes of our research. In both cases, they are important components of the scientific theories that we apply to explain the main issues within our research field (Bryman & Bell, 2015). When evaluating these explanations and the data collected to support them, it is crucial that we know “what the main concepts are...and what controversies (if any) surround them” (Bryman & Bell, 2015, p. 10).

In psychology, both *constructs* and *concepts* are used as explanatory variables, which has resulted in an ongoing theoretical debate (Warren, 1991). Concepts can be defined as “categories for the organization of ideas and observations” (Bulmer, 1984, p. 43), while clear definitions of constructs are rare. A contemporary view holds that constructs are a special class of theoretical concepts (Slaney & Racine, 2013a), in the sense that they represent something that cannot be directly

observed, but which is constructed by researchers to account for relationships in behavior (Thorndike & Hagen, 1969). In practice, constructs and concepts are often used interchangeably, and many scholars question the usefulness of the term construct (Slaney & Racine, 2013b). In line with this, one can say that “constructs are concepts and they are used to represent some feature... of psychological reality under study” (Slaney & Racine, 2013b, p. 10). As a result, this systematized review will refer to presenteeism as a concept.

2.1.2 The importance of conceptual clarity

If empirical findings are to advance our knowledge of a research field, they have to be organized based on clearly defined concepts (Bryman & Bell, 2015). Our thoughts are at best “opaque and blurred” when they are not guided by clear propositions that can be assessed as true or false on the basis of facts (Wittgenstein, 1922, p. 10). The underlying issue concerning the use of ambiguous concepts in scientific research is that our perception of these concepts can be influenced by our implicit mental representations (Van Knippenberg & Sitkin, 2013). Essentially, our perceptions, which are often normative, guide our thoughts, our understanding, and the type of questions that we ask ourselves, both as scholars and practitioners. Thus, to separate the descriptive and the normative in scientific research, it is crucial that the concepts applied are clearly defined.

Since concepts are components of language, which help us think and express our ideas clearly (Hart, 1998; Slaney & Racine, 2013b), the importance of conceptual clarity can further be illustrated by Wittgenstein’s investigations into language and communication (Wittgenstein, 1922). In *Tractatus Logico-Philosophicus*, he is concerned with the conditions for *accurate symbolism* or uniqueness of meaning (Wittgenstein, 1922). According to his ideas, accurate symbolism is necessary to create a logically perfect language, thus avoiding communication problems and misuse of language. In a logically perfect language, “there should be one name for every simple, and never the same name for two different simples” (Wittgenstein, 1922, p. 8). He does not refer to this as conceptual clarity, but his ideas can easily be applied to illustrate it. In line with his thoughts, a concept should have a unique and definite meaning (Wittgenstein, 1922).

2.2 Presenteeism in a Historical Perspective

Examining how the definition of presenteeism has evolved over time can provide insight into the current conceptual ambiguity. Such an examination views presenteeism as a contextually contingent concept, subject to change in the light of social and organizational changes. When a concept is contextually contingent, “ascribing a given concept at one point in time may be abandoned in favor of other ground due to some relevant empirical discovery” (Lovasz & Slaney, 2013, p. 30). Defining the context and the history of a phenomenon can deepen our understanding (Hart, 1998). Consequently, the various definitions of such concepts can be seen as reflections of the issues that we face in society, which tend to define our research interest and guide our empirical investigations. The definition that we apply helps us clearly express our ideas about these issues, by delineating the meaning of a concept in a given context (Hart, 1998).

The following historical examination will make use of an organizing framework shown in Table 2, which serves as a guide for the reader. In addition, references will be made to the definitions in Table 1.

Table 2. *Employee Attendance Behaviors*

	During cases of good health	During cases of ill health
The act of being present at work	Presenteeism	Sickness presenteeism
The act of being absent from work	Absenteeism	Sickness absenteeism

Source: Created by the author

2.2.1 Presenteeism and its relationship to absenteeism

In the literature, presenteeism was originally applied as an antonym for *absenteeism*; when one increases the other decreases (Presenteeism, 2017). While the word presentee can be traced back to 1892, the word *absentee* was mentioned as far back as in 1537, in an act by King Henry VIII (Absentee, 2017; Presentee, 2017). As the history of absenteeism reveals, it was initially defined as “the practice of residing away from one’s home, country, property, or place of work,” and the issue underlying this definition was the rack-rent placed upon Irish tenants

by landlords holding property in Ireland, but residing in England (Absentee, 2017; Absenteeism, 2017).

A more current definition of absenteeism, which reflects the contextual change from agricultural society to industrial society, is “the persistent habit of absenting oneself (from work, church, school, etc.)” (Absenteeism, 2017). This definition coincides with absenteeism in Table 2, which in an organizational context implies the act of being absent from work, for various reasons, when scheduled. Research has shown that ill health is the most common cause of absenteeism (Uris, 1955), and sickness absenteeism (SA) is used to specify the specific cause of absenteeism, as illustrated in Table 2. In accordance with such a conceptualization, the underlying issue can be identified as “how to discourage absence of workers by finding causes, taking action” (Uris, 1955, p. 348). This issue is primarily the concern of managers, as well as the state in certain societies. In the literature, identifying the causes of absenteeism was seen as crucial to developing the correct organizational policies (Uris, 1955).

Implementing policies to punish and reduce absenteeism, such as publicly listing the names of absentees, was not well received by employees. Instead of reducing the temptation to be absent from work, it resulted in undesirable employee behaviors such as low morale and turnover (Stolz, 1993; Uris, 1955). Therefore, to remedy the situation managers had to frame the issue of absenteeism in a more positive way, and this was done by focusing on presenteeism (i.e. the act of being present at work) instead of absenteeism (i.e. the act of being absent from work) when communicating with employees (Smith, 1970). A case in point can be found in an article published in the *National Liquor Review* in 1943: “The Kaiser Company’s public relation officials discovered that the term ‘absenteeism’ irked the people who read it...The Kaiser Company...changed its policy and praised those who were on the job by using the term ‘presenteeism’” (Referenced in Presenteeism (2017)). In Table 1, the two first definitions of presenteeism illustrate the shift of focus from absenteeism to presenteeism:

- a. “Attending work, as opposed to being absent” (Smith, 1970, as cited in Johns, 2010, p. 521)

-
- b. “Exhibiting excellent attendance” (Canfield & Soash, 1955, as cited in Johns, 2010, p. 521)

Presenteeism as a positive framing of absenteeism is supported by literature. Latham and Pursell (1975, p. 369) argued for measuring the behavior of coming to work, rather than the number of people who were absent from work. Uris (1955) encouraged managers to build presenteeism instead of punishing absenteeism, while Stolz (1993) saw rewarding presenteeism instead of penalizing absenteeism as a technique to control employee turnover. Furthermore, a way to integrate the two concepts was proposed by Smith (1970). He suggested that management should develop policies addressing absenteeism, while emphasizing presenteeism when counseling employees on these policies (Smith, 1970). Despite these approaches, building presenteeism proved to be more difficult for managers than finding the right remedies for absenteeism.

2.2.2 Presenteeism and its relationship to morale and well-being

While absenteeism was initially seen as something that afflicted certain individuals with bad morale, outside the control of managers, presenteeism was found to be closely coupled with management factors and working conditions (Smith, 1970; Uris, 1955). This means that the change of focus from absenteeism to presenteeism can be said to illustrate the change of focus from employee *morale* to employee *well-being*. Instead of penalizing employees with bad morale, managers had to understand how they could increase employee well-being (Uris, 1955).

A simple search in Google Books Ngram Viewer (2017) with the keywords morale and well-being shows the change of focus in the literature. The graphs in Figure 1 can be used to illustrate a heightened scholarly interest in absenteeism during World War II (Smith, 1970), represented by the morale graph, while the well-being graph can potentially illustrate how presenteeism gained increased scholarly attention after the 1970s.²

² The amount of literature on absenteeism is much greater than the literature on presenteeism to illustrate this shift in Google Books Ngram Viewer by the use of these two search words

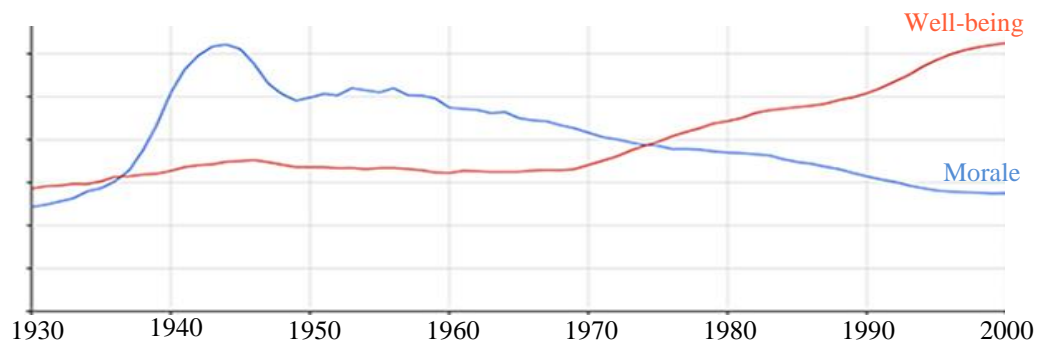


Figure 1. *Literature on morale and well-being from 1930 – 2000*

Source: Adapted from Google Books Ngram Viewer (2017)

2.2.3 Presenteeism and its relationship to health: sickness presenteeism

The change of focus from absenteeism to presenteeism had unintended consequences, which resulted in a new issue confronting managers. When employees were rewarded for perfect attendance, coupled with a fear of financial loss and dismissal, they also tended to show up for work during cases of ill health (Uris, 1955). The issue of *attendance pressure* was recognized by scholars. In their article on employee attendance behavior, Steers and Rhodes (1978) voiced concerns about organizational efforts to ensure perfect attendance and argued that some levels of absenteeism could be healthy for an organization, in the sense that it would prevent unhealthy employees from attending work (Chatterji & Tilley, 2002). Several definitions of presenteeism emerged in various academic disciplines as a response to the shift of focus from employee attendance to employee health and workplace hazards. From the late 1990s, the original definition of the concept, i.e. the act of being present at work, was rarely used by scholars (Presenteeism, 2017). Instead, studies within occupational health adopted the concept to address issues related to health problems, health risks, and safety at work (Kigozi, Jowett, Lewis, Barton, & Coast, 2017; Miraglia & Johns, 2016; Schultz, Chin-Yu, & Edington, 2009).

Some scholars specify health-related presenteeism as *sickness presenteeism* (Aronsson et al., 2000; Senden, Schenck-Gustafsson, & Fridner, 2016; Skagen &

Collins, 2016). Referring to Table 1, one can say that definitions (c), (e), and (f) define sickness presenteeism rather than presenteeism:

- c. “Working elevated hours, thus putting in ‘face time,’ even when unfit” (Simpson, 1998; Worrall et al., 2000 as cited in Johns, 2010, p. 521)
- e. “Being unhealthy but exhibiting no sickness absenteeism” (Kivimäki et al., 2005 as cited in Johns, 2010, p. 521)
- f. “Going to work despite feeling unhealthy” (Aronsson et al., 2000; Dew et al., 2005, as cited in Johns, 2010, p. 521)

Nevertheless, many scholars tend not to differentiate between the concept of presenteeism and the concept of sickness presenteeism (e.g., Gerich, 2016; Heponiemi et al., 2010; Janssens et al., 2016; MacGregor, Cunningham, & Caverley, 2008). Additionally, they are prone to using sickness and illness as interchangeable concepts of ill health (Wikman, Marklund, & Alexanderson, 2005), (see Miraglia & Johns, 2016, p. 262 for an example of interchangeable use of sickness and illness). On the contrary, illness, disease, and sickness can be considered three different aspects of ill health (Bellaby, 1999; Hofmann, 2002), which according to a study by Wikman et al. (2005) have a low degree of overlap.

Illness, on the one hand, can be defined as “the ill health the person identifies themselves with, often based on self reported mental or physical symptoms”, and it is seen as a wide concept that may or may not overlap with a disease diagnosed by a medical doctor (Wikman et al., 2005, p. 450). Sickness, on the other hand, is related to “the social role a person with illness...takes or is given in society, in different arenas of life“ (Wikman et al., 2005, p. 450). The social role that an employee with illness takes or is given at work is influenced not only by the ill health the person identifies themselves with, i.e. their illness, but by the actual conditions at work, in society, and in the labor market. Moreover, it is influenced by the employee’s ability to cope with and influence these conditions (Wikman et al., 2005, p. 451). The interchangeable use of illness and sickness, and presenteeism and sickness presenteeism, results in conceptual confusion. The article by Wikman et al. (2005) illustrates that these terms can be filled with varying content, which allows for subtle distinctions in meaning. As a result, the

choice of terminology can have a potential large influence on research on sickness presenteeism in terms of ideology, values and attitudes, measurements, and practical usefulness. Thus, the terms should be applied wisely in research on sickness presenteeism. For clarifying purposes, health-related presenteeism will be referred to as sickness presenteeism (SP) in the remainder of this systematized review.

Another challenge to conceptual clarity can be seen in definition (g) in Table 1:

- g. “Going to work despite feeling unhealthy or experiencing other events that might normally compel absence” (Evans, 2004; Johansson & Lundberg, 2004 as cited in Johns, 2010, p. 521)

Including the word *compel*, without defining the conditions for compelled absence is problematic, especially when it is included in self-report measures of sickness presenteeism. Is it the employee, the employer, the union, the medical doctor, or the state that should define what constitutes compelled absence? This topic is rarely reflected upon in current research on sickness presenteeism.

2.2.4 Presenteeism, sickness presenteeism and their relationship to productivity

From a traditional economic perspective, companies have an interest in reducing absenteeism levels to avoid productivity losses, thus setting a wage-sick pay balance that would motivate employee attendance. The interest of economic scholars was sparked by the fact that many companies were providing sick pay above the legal minimum rate, which was seen as an apparent irrational decision (Chatterji & Tilley, 2002). Consequently, these organizations were incentivizing employees to take sick leave, thus reducing normal levels of productivity and profits. In 2002, Chatterji and Tilley (2002, p. 676) identified “unwarranted presenteeism” as a potential explanatory variable. Evidence of this incentive structure was supported by an article published in the Harvard Business Review two years later, which stated that: “presenteeism appears to be a much costlier problem than its productivity-reducing counterpart, absenteeism” (Hemp, 2004, p.

1). As a result, the concept was reintroduced to organizational scholars as an employee productivity issue (Johns, 2010).

When taking the perspective of the employer, sickness presenteeism is a potential economic concern because it may affect an organization's productivity and competitive advantage (Hemp, 2004). This issue is commonly presented as *how to ensure optimal productivity*, and it is underlying definitions (h) and (i) in Table 1:

- h. "Reduced productivity at work due to health problems" (Turpin et al., 2004, as cited in Johns, 2010, p. 521)
- i. "Reduced productivity at work due to health problems or other events that distract one from full productivity" (Hummer et al., 2002; Whitehouse, 2005, as cited in Johns, 2010, p. 521)

This type of definitions is often found in cost-of-illness (COI) studies (Kigozi, Jowett, Lewis, Barton, & Coast, 2017) within occupational health (e.g., Schultz & Edington, 2007), and it is commonly classified as a North-American approach to the understanding of presenteeism (Johns, 2010). The main practical concerns that drive the development of this professional area are HSE (health, safety and environmental) management, in addition to the rising costs of health care to American employers (Johns, 2010; Rainbow & Steege, 2017).

There are several challenges associated with definitions (h) and (i) in Table 1. The first challenge is reflected in the jingly fallacy, which can be described "as the occurrence of two constructs with identical names referencing different real-world phenomena" (Larsen & Bong, 2016, p. 4). Within the North-American tradition, the relationship between ill health and productivity has been extensively studied under the heading *the cost of presenteeism to employers* (Schultz, Chin-Yu, et al., 2009). The jingle fallacy is illustrated by applying two different definitions of presenteeism taken from Table 1, to the research topic *the cost of presenteeism to employers*. When presenteeism is defined as an antonym for absenteeism, exemplified by definition (a) in Table 1, the research topic becomes *the cost of attending work, as opposed to being absent, to employers*. When presenteeism is defined according to definition (h) in Table 1, the research topic becomes *the cost*

of reduced on the job productivity due to employee health, to employers. This exercise shows that when the same concept is torn across various logics it does no longer provide a meaningful interpretation because the same *name* is applied for different *simples* (Wittgenstein, 1922).

The second challenge, related to definitions (h) and (i) in Table 1 is the tendency to “conflate the act of [sickness] presenteeism...with its consequences (any resulting productivity loss),” thus conflating cause and effect and reducing conceptual clarity (Johns, 2012, p. 209). As a case in point, definitions of leadership, specifically charismatic-transformational leadership, has received criticism for confounding cause and effect (Van Knippenberg & Sitkin, 2013). A clear conceptual definition is lacking, and the current conceptualization confounds leadership with its effects on followers, e.g. “motivating performance beyond expectations, inspiring innovation and change” (Van Knippenberg & Sitkin, 2013, p. 4). This reveals similarities to defining sickness presenteeism as “reduced on the job productivity due to employee health” (Schultz, Chin-Yu, et al., 2009, p. 366), in the sense that both concepts are defined in terms of their effect: Sickness presenteeism in terms of employee performance, and charismatic-transformational leadership in terms of follower performance. It is a logic flaw to define a concept in terms of its effect and should thus be avoided.

In addition to being a logic flaw, definitions (h) and (i) in Table 1 reduce our ability to draw valid conclusions regarding the impact of sickness presenteeism. This means that it becomes impossible to conduct scientific studies on the relationship between sickness presenteeism and productivity, since sickness presenteeism is literally by definition *reduced productivity* (Van Knippenberg & Sitkin, 2013). Further, one cannot exclude that parts of the assessed productivity loss might actually be caused by other factors not included in the questionnaire (Johns, 2012). The influence of some of these factors was examined in a study by Johns (2011). The results of the study showed that much variance in self-reported productivity could be explained by “neuroticism, conscientiousness, perceived ease of replacement, job security, and work-family conflict” (Johns, 2011; 2012, p. 210). Considering that social psychological factors have been given limited

attention in research on the costs associated with sickness presenteeism, these costs may be highly overestimated (Johns, 2011).

The third challenge associated with definitions (h) and (i) in Table 1 concerns how productivity should be defined and which indicators should be used to measure it. Measures of individual productivity, that capture all contributing factors, have not yet been properly developed, making productivity difficult to capture, especially for knowledge workers. As a result, productivity is most commonly measured by individual self-assessment (Johns, 2012). A growing number of self-report measures have been developed to capture the relationship between health and worker productivity, which include the Endicott Work Productivity Scale (EWPS), the Health And Labour Questionnaire (HLQ), the MacArthur Health And Performance Questionnaire (MHPQ), the SF36, the Stanford/American Health Association Presenteeism Scale (SAHAPS), the Work Limitations Questionnaire (WLQ), and the Work Productivity and Activity Impairment Questionnaire (WPAI) (Lynch & Riedel, 2001). Nevertheless, the challenges presented above are commonly ignored in the quest for a gold standard (Johns, 2011), and applying these instruments in studies on sickness presenteeism can be problematic for several reasons.

First, these measures were not developed with the intention to capture sickness presenteeism. Instead their purpose was to measure productivity, specifically the relationship between health and productivity (Lynch & Riedel, 2001). Second, they were developed primarily for a clinical population and their transferability to other populations has not been well established (Gardner et al., 2016; Lynch & Riedel, 2001). Third, they tend to attribute all self-reported productivity loss to self-reported health, while excluding the effect of psychosocial factors (Johns, 2011). Fourth, they lack theoretical foundation; instead their development is driven by operationalism, i.e. a bottom-up approach (Lynch & Riedel, 2001). Fifth, and not least, the crucial weakness of these measures is the use of self-assessment as the only measurement method to assess both health and productivity (Johns, 2010), and as a result they tend to suffer from common method bias (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

2.2.5 Sickness presenteeism and its relationship to job satisfaction

Sickness presenteeism tends to have a negative connotation in the literature because of associations with attendance pressure and productivity loss; a line of reasoning frequently repeated in scientific articles. Recently, a more positive phenomenon has sparked the interest of organizational scholars studying sickness presenteeism, namely job satisfaction (Miraglia & Johns, 2016). Self-reported job satisfaction is strongly linked to employee well-being, and as a result, researchers often operationalize employee well-being as job satisfaction (Cropanzano & Wright, 2001; Faragher, Cass, & Cooper, 2005). The interest in employee well-being was described in the previous section *Presenteeism and its relationship to morale and well-being*, when discussing the shift of focus from absenteeism to presenteeism. However, the current sparked interest is motivated by two different findings. The first finding is the association between well-being and productivity, known as the happy-productive worker thesis, which is based on the assumption that happy workers are also productive workers (Cropanzano & Wright, 2001; Danna & Griffin, 1999). The second finding is the connection between health and well-being, which is based on the idea that human health is defined by more than the absence of ill health (Ryff, Singer, & Love, 2004).

The main practical concern that drives the current interest in sickness presenteeism is the need to develop an understanding of why certain employees are present at work during cases of ill health, when it cannot be explained by formal constraints on sick leave. This issue is exemplified by definition (g) in Table 1:

- g. Going to work despite feeling unhealthy or experiencing other events that might normally compel absence (Evans, 2004; Johansson & Lundberg, 2004)

Including both health and well-being as variables in the discussion on sickness presenteeism allows for a dual understanding of the concept (Miraglia & Johns, 2016). However, whether it should be considered a positive or negative phenomenon will depend on the applied perspective and the underlying reasoning, e.g. the perspective of the employee, the employer, the union, the medical doctor,

or the state. It is interesting to note that such a discussion is currently lacking in the literature on sickness presenteeism.

3. Methodology

This systematized review followed a systematic approach when evaluating the current literature, toward clarifying the chosen research questions (*Publication manual of the American Psychological Association*, 2010). Since there are limited methodological guidelines for writing a literature review article within the field of organizational behavior, the process of conducting a *systematic review* in the medical sciences can be used as a proxy (Tranfield, Denyer, & Smart, 2003). According to Tranfield et al. (2003), applying specific principles of the systematic review methodology can reduce researcher bias and improve the quality of a review by providing a reproducible and transparent methodology. Thus, in this systematized review I applied methodological frameworks developed within the medical sciences (Grant & Booth, 2009; Liberati et al., 2009; PRISMA, 2015). Much of the current literature on sickness presenteeism is written within occupational health, which supports the use of the selected methodological frameworks (e.g., Skagen & Collins, 2016).

A systematic review follows explicit and systematic methods (Liberati et al., 2009). According to Liberati et al. (2009, p. e3), the basic components of a systematic review are:

- (a) a clearly stated set of objectives with an explicit, reproducible methodology; (b) a systematic search that attempts to identify all studies that would meet the eligibility criteria; (c) an assessment of the validity of the findings of the included studies; and (d) systematic presentation, and synthesis of the characteristics and findings of the included studies.

A systematized review does not fill all the requirements of a systematic review (Grant & Booth, 2009). First, this systematized review will not attempt at identifying all studies, however, it will identify all studies that meet the eligibility

criteria in the chosen databases. Second, it will not assess risk of bias in the individual studies included in the systematized review, but it will discuss limitations of the review process (Booth, Papaioannou, & Sutton, 2012).

3.1 Methodological Frameworks

This systematized review combined two methodological frameworks: the Search, Appraisal, Synthesis, and Analysis (SALSA) framework (Grant & Booth, 2009) and the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) statement (PRISMA, 2015). The methodology of a systematized review has been analyzed against the SALSA framework by Grant and Booth (2009), while the PRISMA statement was developed as a reporting guidance for systematic reviews (PRISMA, 2015). I have chosen to combine these two methodological frameworks because the SALSA framework has been applied to characterize a systematized review, while the PRISMA statement provides additional details about the process of conducting a review. Considering that a systematized review includes elements of a systematic review, parts of the PRISMA statement can be applied to a systematized review as well.

3.1.1 SALSA framework

The SALSA framework divides the review process into four main stages: (1) search; (2) appraisal; (3) synthesis; and (4) analysis. The search stage involves gathering information in one or more databases according to a predefined search strategy relevant for the chosen research question. The search strategy should state the inclusion and exclusion criteria to allow for replication. In the appraisal stage, the identified papers are evaluated based on these criteria, and ineligible papers are excluded. This includes assessing papers for both relevance and quality. The synthesis and analysis stages provide a quantitative or qualitative synthesis of the included studies, a categorization and analysis the results, and a discussion on the results (Booth et al., 2012). Table 3 describes the four stages of a systematized review based on the SALSA framework (Grant & Booth, 2009).

Table 3. *Systematized review*

Description	Methods used (SALSA)			
	Search	Appraisal	Synthesis	Analysis
Attempt to include elements of systematic review. Typically conducted as postgraduate student assignment	May or may not include comprehensive searching	May or may not include quality assessment	Typically narrative with tabular accompaniment	What is known; uncertainty around findings; limitations of methodology

Source: Adapted from Grant and Booth (2009, p. 95)

3.1.2 PRISMA statement

The PRISMA statement is most commonly applied in systematic reviews of health care interventions (Liberati et al., 2009), but it can be used as a basis for systematic reviews of other types of research (PRISMA, 2015). The use of this framework is supported by the Cochrane Collaboration and the Campbell Collaboration, which are two international research networks that produce and disseminate systematic reviews in the medical sciences and the social and behavioral sciences (*Cochrane Handbook for Systematic Reviews of Interventions*, 2011; The Campbell Collaboration, 2017).

The PRISMA statement consists of a four-phase flow diagram and a 27-item checklist. The flow diagram, shown in Figure 2, presents numbers of identified articles, excluded articles, and included articles. The process is divided into four phases: (1) identification; (2) screening; (3) eligibility; and (4) included (Liberati et al., 2009).

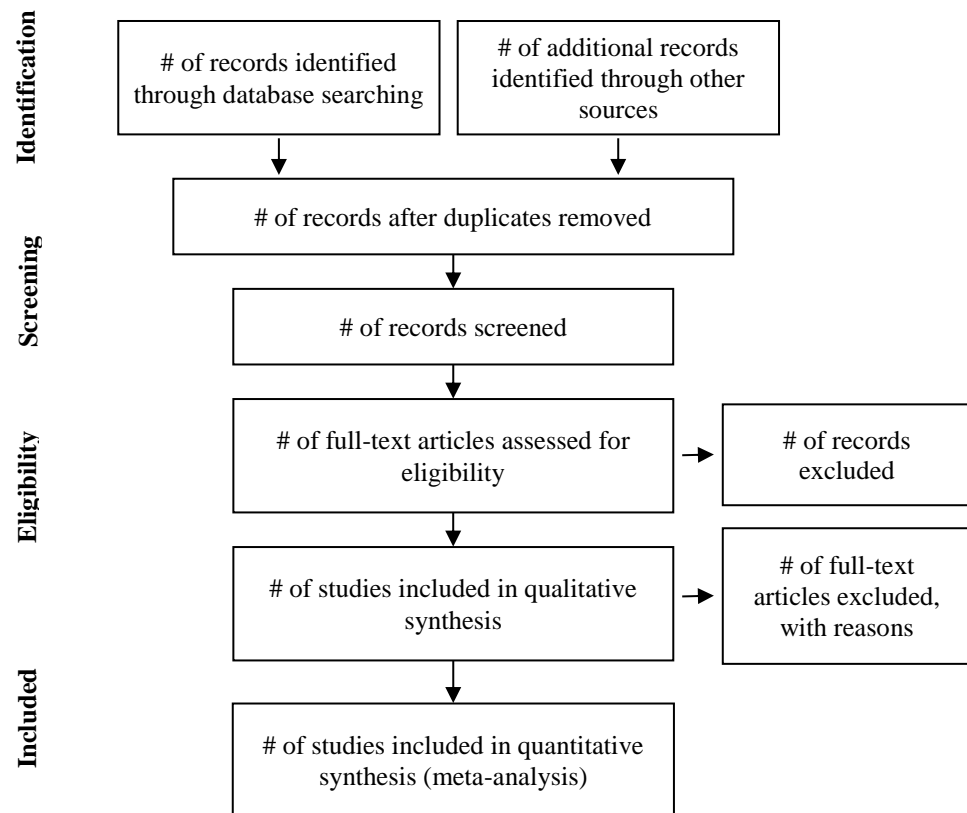


Figure 2. *Flow diagram*

Source: Adapted from Liberati et al. (2009, p. e5)

The 27-item checklist is seen as essential for transparency in the methodology of a systematic review (Liberati et al., 2009, p. e1), and a complete check list can be found in Appendix A. The checklist is divided into seven topics, which follow the structure of a research paper: title; abstract; introduction; methods; results; discussion; and funding. When a systematic review is conducted on topics other than health care interventions, the check list may need to be modified to fit the specific research project (Liberati et al., 2009). Thus, I applied the items that seemed relevant for this systematized review. In the methods section of the checklist this included the following items: eligibility criteria; information sources; search; study selection; data collection process (data extraction and quality assessment); data items; and synthesis of results. In the results section of the checklist this included the following items: study selection; study characteristics; and synthesis of results. In the discussion section of the checklist this included the following items: summary of evidence; limitations; and

conclusions (Liberati et al., 2009). Moreover, these items were modified to fit this specific systematized review.

3.2 Methodology for Search and Selection of Articles

3.2.1 Eligibility criteria

Eligibility criteria influence the search strategy, and they ensure that articles are selected in a systematic and unbiased way (Liberati et al., 2009). Prior to conducting the literature search, the inclusion and exclusion criteria were specified, and the articles were selected based on these criteria. The criteria for inclusion were that articles:

- (a) included one of the search terms in the title or the abstract to ensure focus;
- (b) were published in English to reduce the number of articles to a manageable amount;
- (c) were of the following types: empirical studies, theoretical articles, methodological articles, or review articles to ensure an academic standard;
- (d) had been published in a peer-reviewed journal to ensure quality (no publication date restriction);
- (e) had been published in a journal rated 1 or 2 in the Norwegian Register for Scientific Journals, Series, and Publishers (NSD) to ensure quality;
- (f) included presenteeism (covering sickness presenteeism, sickness presence, and sickness attendance) as the main focus of the article to ensure focus and included an explicit measure of presenteeism in empirical studies;
- (g) used employees as population to ensure transferability; and
- (h) could be obtained in full-text to ensure availability.

The criteria for exclusion were that articles:

- (a) were clinical studies to ensure relevancy for organizational behavior; and
- (b) defined or measured presenteeism (covering sickness presenteeism, sickness presence, and sickness attendance) explicitly or implicitly in terms of reduced productivity to avoid conflating cause and effect.

This logic flaw was discussed in the previous section under the heading *Presenteeism, sickness presenteeism and their relationship to productivity*.

3.2.2 Information sources

All information sources should be stated in a systematized review to illustrate its comprehensiveness (Liberati et al., 2009). Articles were identified by searching the following electronic databases with no date restriction: Web of Science, PsycARTICLES, PsycINFO, Business Source Complete, and ScienceDirect. The last search was run on the 26th of March 2017. The five databases were chosen on the basis of availability and eligibility for a master thesis in organizational behavior at BI.

3.2.3 Search strategy

A search strategy should be included in a systematized review to allow for replication and assessment of the completeness of a search (Liberati et al., 2009). The chosen strategy reflects the completeness required by a search to achieve the objective of this systematized review. The following search string was developed and applied to the search in all five databases: "presenteeism" OR "sickness attendance" OR "sickness presence". The search string included sickness attendance and sickness presence because these terms are sometimes used as synonyms for sickness presenteeism. In Web of Science the search string was applied to "topic," which included the following fields in the search: (a) title; (b) abstract; (c) author keywords; and (d) keyword plus. The filter applied specified document type as article or review, and language as English. The search in PsycARTICLES, PsycINFO, and Business Source Complete was performed jointly in EBSCOhost, with the search string applied to "title" OR "abstract". The limits applied included Scholarly (Peer Reviewed) Journals and English as language. In ScienceDirect, the search string was applied to "title" OR "abstract". The search was refined to journals, while the language could not be specified.

3.2.4 Study selection

Screening and eligibility assessment were conducted in a sequential manner based on the eligibility criteria. Screening of the articles was performed based on title and abstract, while eligibility was assessed based on full-text publication. The study selection process was summarized in a PRISMA flow diagram, shown in the results chapter.

3.3 Methodology for Assessment, Analysis, and Synthesis

3.3.1 Data extraction and quality assessment

Data extraction is “the process of identifying and summarizing key elements” of the included articles, and it is important to include to avoid researcher bias (Bryman & Bell, 2015, p. 603; Tranfield et al., 2003). This systematized review consisted of several types of articles, including quantitative empirical studies and meta-analyses. However, the data extraction process was qualitative in nature. Data or themes were extracted from the included articles and later analyzed and synthesized. Only data and themes relevant to the research questions were extracted. Where applicable, existing empirical models guided the data extraction, and the extracted data was either sorted into the pre-defined categories specified in the empirical model or added to the model (Noyes & Lewin, 2011a). Data that could not be extracted according to existing empirical models were extracted thematically.

A core set of items was extracted from the articles included in the systematized review. These are presented in the data extraction form in Table 4:

Table 4. Items included in the data extraction form

Publication details: title, author, publication year, journal, and rating
Country (based on sample or affiliated university)
Discipline
Type of article
Research design and data collection methods
Definition of presenteeism (or sickness presenteeism, sickness attendance, sickness presence)
Measure of presenteeism (or sickness presenteeism, sickness attendance, sickness presence)
Aims of the study
Key themes identified in the article (1 st order interpretations)
Author explanations of the key themes (2 nd order interpretations)
Identification of underlying assumptions

Source: Adapted from Noyes and Lewin (2011a)

The validity or trustworthiness of the data or themes presented in the articles was not formally assessed, mainly because of time constraints in the research project. Instead, the quality assessment relied on the implicit quality rating of the specific journal, as previously specified in the inclusion criteria (Tranfield et al., 2003).

3.3.2 Analysis and synthesis

Analysis can be defined as “the job of systematically breaking down something into its constituent parts and describing how they relate to each other,” while synthesis is “the act of making connections between parts identified in the analysis” (Hart, 1998, p. 110). The full texts for the included articles were treated as the data source for analysis, and they were uploaded into QSR's NVivo software for qualitative analysis. The type of data that was analyzed included findings, interpretations, understandings, and arguments presented in the articles (Hart, 1998). Thematic analysis was conducted in NVivo, which involved identifying key themes and issues from the articles that could illuminate the chosen research questions.

Thematic analysis of qualitative and quantitative studies was performed simultaneously. Qualitative analysis of the quantitative studies was performed to identify themes, interpretations, and reasoning (Bryman & Bell, 2015). The process involved the creation of codes and themes built up out of codes. There is no clear definition of what constitutes a theme, but it can be said to represent a category that is “identified by the analyst through his/her data” and related to the research questions (Bryman & Bell, 2015, p. 600). Thematic analysis is suitable for a review when the aim is to summarize evidence to address a specific research question (Noyes & Lewin, 2011b). The main strength of this approach is that important themes can be identified from the selected articles; furthermore data extracted from a large amount of articles can be organized under these themes (Noyes & Lewin, 2011b). Since there is a lack of a well-established general conceptual model or overarching theoretical framework in research on presenteeism, the framework approach could not be applied (Booth et al., 2012).

4. Results

4.1 Study Selection

The search resulted in $n = 1395$ articles published between 1970 and 2017. A total of 400 duplicates were removed: 52 were removed by EBSCOhost, and 348 were removed manually by me. If there was uncertainty whether an article should be excluded, it was included in the next stage. The full selection process can be seen in the flow chart in Figure 3.

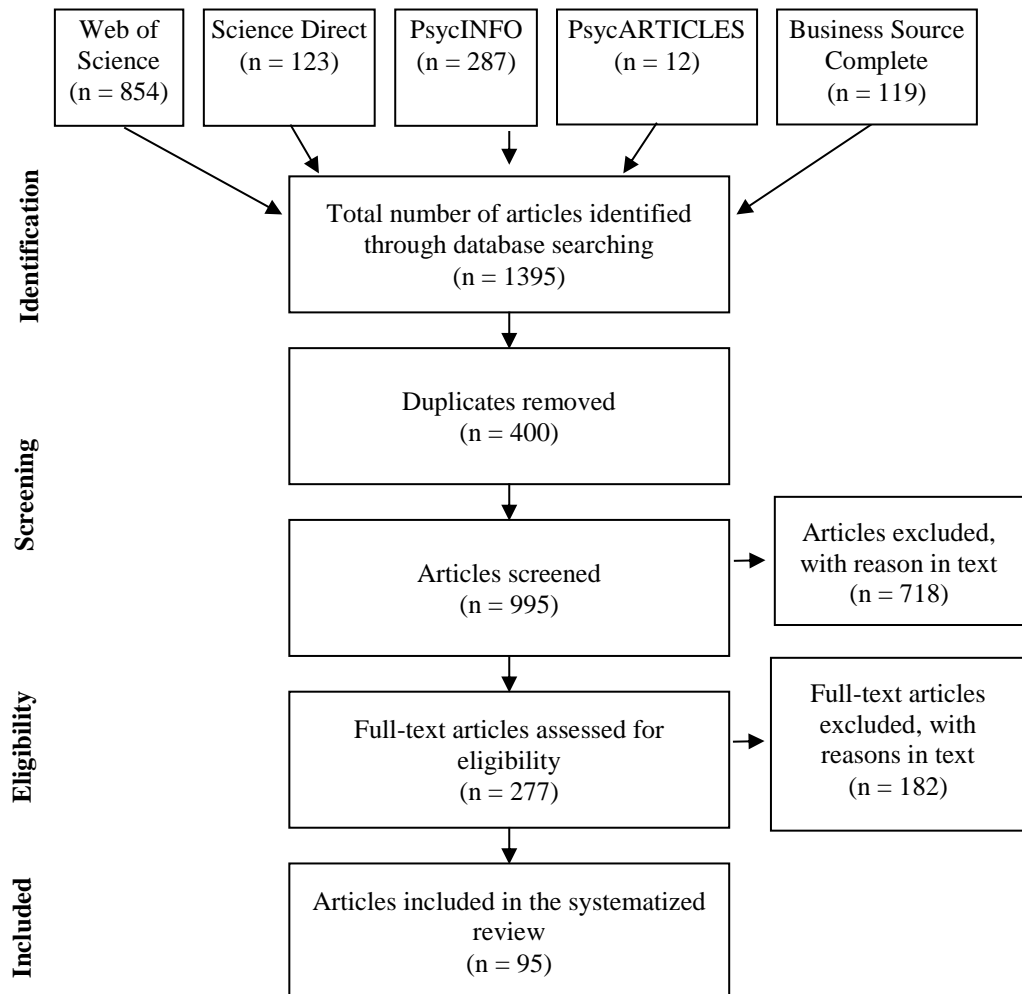


Figure 3. Flow chart

Source: Adapted from Liberati et al. (2009)

4.1.1. Screening

After duplicates were removed, 995 articles were screened based on title and abstract. The screening process removed a total of 718 articles (279 as a result of the inclusion criteria, and 439 as a result of the exclusion criteria), leaving 277

articles to be assessed for eligibility in the next step of the selection process. The details of the screening process are presented below. The letters in the parentheses refer to the previously presented inclusion and exclusion criteria, while and the remaining articles (n) are included in another set of parentheses after each selection criterion.

Two hundred seventy-nine articles were removed because they did not meet the inclusion criteria:

- (a) 219 articles, from Web of Science, were removed because the search terms were not included in title or abstract (n=776);
- (b) four non-English articles, from ScienceDirect, were removed (n=772);
- (c) 45 articles were removed because they were not empirical studies, theoretical articles, methodological articles, or review articles (n=727);
- (d) one article was removed because it was published in a non-peer reviewed journal (n=726);
- (e) eight articles were removed because the journal was not rated 1 or 2 in NSD (n=718);
- (g) two articles were removed because they did not use employees as population (n=716).

Four hundred thirty-nine articles were removed as a result of the exclusion criteria: (a) 439 articles were removed because they were clinical studies (n=277).

4.1.2 Eligibility

Two hundred seventy-seven articles were assessed for eligibility based on full-text review. The eligibility process removed a total of 182 articles, resulting in 95 articles that were included in the systematized review. The letters in the parentheses refer to the previously presented inclusion and exclusion criteria, while and the remaining articles (n) are included in another set of parentheses after each selection criterion.

Seventy-one articles were removed because they did not meet the inclusion criteria:

(f) 66 articles were removed because presenteeism (covering sickness presenteeism, sickness presence, and sickness attendance) was not the main focus of the article (n=211). This was performed in two steps: (1) removing articles that did not explicitly or implicitly mention presenteeism (including sickness presenteeism, sickness presence, and sickness attendance) in the title, and (2) by full text assessment;

(g) three articles were removed because they did not use employees as population (n=208);

(h) two articles were removed because they could not be retrieved in full-text (n=206).

One hundred one articles were removed as a result of the exclusion criteria:

(b) 111 articles were removed because they defined or measured presenteeism (this included sickness presenteeism, sickness presence, and sickness attendance) explicitly or implicitly in terms of reduced productivity (n=95). This included 16 validation studies of employee health and productivity measures. The high number of articles should be noted as an indication of the common practice of conflating cause and effect in research on presenteeism.

The remaining 95 articles were entered into the qualitative software analysis package NVivo and analyzed and synthesized thematically.

4.2 Overview of the Reviewed Articles

In the following section some descriptive details of the reviewed articles will be provided. More detailed information can be found in Appendices B and C.

This systematized review only includes one article published before the 1990s (1970), while the remaining articles are published between 1998 and 2017. Figure 4 provides a complete age profile of the publications.

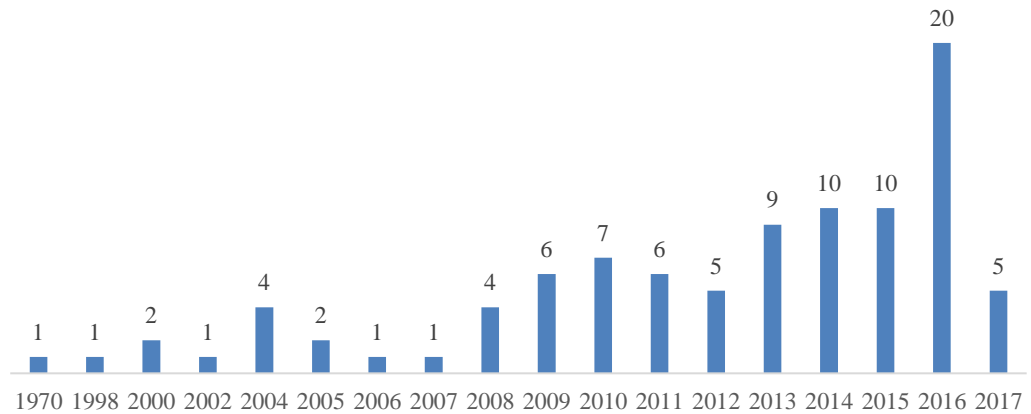


Figure 4. *Publications per year*

Note: 2017 only includes articles published between January and March 2017

Contributions from Europe (67%), Northern America (13%), Asia (8%), and Oceania (6%) are included in this systematized review.³ Various academic disciplines are represented, however, the largest share of articles are conducted within occupational health (~50%) and organizational behavior (~30%). Of the 95 included articles, 82 (86%) are empirical studies, six (6%) are review articles, six (6%) are theoretical articles, and one (2%) is a methodological article. The empirical studies include 66 quantitative studies (80%), 13 qualitative studies (16%), and three mixed methods studies (4%). Among the quantitative studies, the most frequently applied research designs are cross-sectional design (~75%, which represents 51 studies), and longitudinal design (~20%, which represents 15 studies).

4.3 Concepts, Definitions, and Measurement Practices

The following part of the systematized review will identify concepts, definitions, and measures applied in the reviewed studies. According to Larsen and Bong (2016), the Construct Identity Fallacy, which includes the jingle- and jangle fallacy, is quite common in the behavioral and social sciences. Evidence in the following section illustrates that such fallacies exist in research on presenteeism.

³ The remaining 6% are either marked N.A. or they include samples from multiple regions

4.3.1 Concepts

The use of different concepts to describe the same phenomenon demonstrates the jangle fallacy in research on presenteeism (Larsen & Bong, 2016). According to this systematized review, the most commonly applied concept is presenteeism (57%), followed by sickness presenteeism (29%), sickness presence (12%), and sickness attendance (2%).⁴ However, a justification for the chosen concept is lacking, and there is limited evidence to suggest that the various concepts are intentionally used to illustrate different phenomena. Only one article explicitly states that sickness presenteeism is a subcategory of the concept presenteeism, referring to those who are ill (Rainbow & Steege, 2017). In contrast, it is quite common for authors to use the above-mentioned concepts interchangeably (e.g., Gerich, 2016; Giæver, Lohmann-Lafrenz, & Lovseth, 2016; Heponiemi et al., 2010; Karanika-Murray, Pontes, Griffiths, & Biron, 2015; Lu, Cooper, & Lin, 2013; Morken, Haukenes, & Magnussen, 2012).

As previously mentioned, research has focused on health-related presenteeism since the 1990s. Thus, for clarifying purposes all of the concepts above will be referred to as sickness presenteeism (SP) in the remainder of this systematized review. Moreover, sickness presenteeism resembles the commonly applied concept sickness absenteeism (SA).

4.3.2 Definitions

Researchers have not reached a consensus on the definition of SP. A possible explanation can be that the concept is used across various academic disciplines, which makes it challenging to find a common definition due to different contexts and practical concerns. In this systematized review, only one article applies a definition that coincides with the original conceptualization of presenteeism (i.e. the act of being present at work) (Smith, 1970). The remaining articles use various definitions of SP that refer to employees who are present at work during cases of ill health, with a few exceptions (e.g. for concepts such as *pregnant presenteeism* and *competitive presenteeism*) (Gatrell, 2011; Simpson, 1998).

⁴ Based on the title or the first concept that is mentioned in the article

On a general level, the definitions can be divided into two broad categories: normative and descriptive. Firstly, normative definitions of SP can be traced back to an article by Aronsson et al. (2000, p. 503), which defines SP as: “The phenomenon of people, despite complaints and ill health that should prompt rest and absence from work, still turning up at their jobs.” I classify these definitions as normative because they refer to an ethical standard, which specifies how people ought to behave (Korsgaard, 1996). Secondly, descriptive definitions of SP include various alterations of Johns (2010, p. 521) definition: “Attending work while ill.” I categorize these definitions as descriptive because they do not include a normative element in the definition.

The use of both normative and descriptive definitions in research on SP provides evidence of the jingle fallacy because the same concept is used to describe different phenomena. Descriptive definitions of SP describe the phenomenon of being present at work during cases of ill health, while normative definitions describe the phenomenon of being present at work during cases of ill health when the employee believes that he/she should have taken sick leave. The practice of applying descriptive and normative definitions of SP interchangeably in an article provides further support for the jingle fallacy (e.g., Bergström, Bodin, Hagberg, Aronsson, & Josephson, 2009; A. Collins & Cartwright, 2012; d'Errico, Ardito, & Leombruni, 2016; Gosselin, Lemyre, & Corneil, 2013; Halbesleben, Whitman, & Crawford, 2014; Jourdain & Vézina, 2014; Karanika-Murray et al., 2015; Krane et al., 2014).

4.3.3 Measurement practices

SP is commonly operationalized by the use of single-item measures, as only seven of the reviewed studies apply multiple items to measure the concept (Baeriswyl, Krause, Elfering, & Berset, 2017; Johns, 2010, 2011; Jourdain & Vézina, 2014; Leineweber, Westerlund, Hagberg, Svedberg, & Alexanderson, 2012; Lu, Lin, & Cooper, 2013; Lu, Peng, Lin, & Cooper, 2014; Senden et al., 2016). Furthermore, one can differentiate between measures of SP frequency and SP propensity. Frequency measures capture SP prevalence, while propensity indicates an individual's tendency to opt for SP rather than SA during cases of ill health

(Gerich, 2016). Both types of measures are based on retrospective self-reporting with re-call periods varying from one to 12 months, while applying either a binary scale (yes/no), fixed discontinuous frequency scale, or open response format.

Following the definition, the operationalization of SP can be divided into two additional categories: normative and descriptive measures. Normative frequency measures are most frequently applied, and they include variations of the question from Aronsson et al. (2000, p. 504): “Has it happened over the previous 12 months that you have gone to work despite feeling that you really should have taken sick leave due to your state of health?”. Descriptive measures have evolved from normative measures and they include variations of the question from Demerouti, Le Blanc, Bakker, Schaufeli, and Hox (2009, p. 57): “Has it happened over the previous 12 months that you have gone to work despite feeling sick?”.

The articles in this systematized review illustrate that authors do not differentiate between normative and descriptive measures in research on SP, which illustrates the jingle fallacy (e.g., Chang et al., 2015; Demerouti et al., 2009; Johns, 2011; Larsen & Bong, 2016). Evidence of this fallacy is also found in the tendency to include a descriptive definition of SP while applying a normative measure (e.g., Böckerman & Laukkanen, 2010b; Deery, Walsh, & Zatzick, 2014; Janssens, Clays, De Clercq, De Bacquer, & Braeckman, 2013; Niven & Ciborowska, 2015; Pohling, Buruck, Jungbauer, & Leiter, 2016). As previously mentioned, descriptive measures of SP capture employees’ recalled instances of being present at work when subjectively assessing their health to be poor, while normative measures only capture those instances where the employee believed that he/she should have taken sick leave. It is interesting to note that the inclusion of an ethical standard in measures of SP is rarely debated or mentioned in the reviewed articles. Only two articles refer to the inclusion of the wording *should have* as a potential bias (Johansen et al., 2014; Löve, Grimby-Ekman, Eklöf, Hagberg, & Dellve, 2010). In summary, the great variety in measures of SP makes it difficult to compare research findings and to draw valid conclusions regarding SP. This can partly be explained by the fact that much of the current literature on SP is

atheoretical, and that a unified theory of SP is lacking (Cooper & Luo, 2016; Johns, 2010).

4.4 Methodological Issues

4.4.1 Self-assessment and common method variance

The use of single-item self-report questionnaires is an important methodological issue in research on SP (e.g., Panari & Simbula, 2016). However, in comparison with research on SA, it is currently difficult to obtain objective measurements of SP since employees are not obliged to report such instances to their employer (Claes, 2011).⁵ The multi-item measures that have been developed tend to conflate SP and associated productivity loss (Johns, 2010), and as a result this systematized review does not include such measures. Furthermore, in research on SP it is common to use self-report questionnaires as the only measurement method, which leads to methodological issues associated with common method variance (CMV). This is a concern because it offers an alternative explanation for the observed relationships in research on SP, threatening the validity of these findings (Podsakoff et al., 2003). In summary, the use of single-item self-report questionnaires seems to have become a standard in research on SP, even though it is associated with several methodological issues. However, challenging this standard may prove difficult if comparability with previous studies are of interest (Johns, 2011).

4.4.2 Causal inference

The majority of the reviewed studies employ a cross-sectional research design. As a result, the data obtained in these studies cannot show causality, demonstrate the direction of the relationship between variables, or account for reciprocal causation (Bryman & Bell, 2015; Garrow, 2016). However, the articles included in this systematized review illustrate that cause and effect is sometimes presented on the basis of cross-sectional data, e.g. “This is the first cross-cultural study demonstrating the universality of the act of presenteeism and its damaging effects on employees’ well-being” (e.g., Aronsson & Gustafsson, 2005; Böckerman &

⁵ A possible solution to the need for objective measures in research on SP is presented in an unpublished paper by Richard, Skagen, Pedersen, and Huver (2017).

Laukkanen, 2009; Cho, Park, Lee, Min, & Baek, 2016; Lu, Cooper, et al., 2013, p. 440; Lu et al., 2014; Niven & Ciborowska, 2015; Panari & Simbula, 2016). The use of words associated with causality in cross-sectional studies is problematic, because it provides the reader with an inaccurate interpretation of the data in line with the author's underlying assumptions.

According to Miraglia and Johns (2016), more longitudinal studies are needed to extend the findings from cross-sectional studies and to test for reciprocal associations. Even though longitudinal studies cannot guarantee the validity of the causal inferences made, they allow for some insights into the time order of the studied variables, which is necessary to identify antecedents and consequences (Bryman & Bell, 2015; Lazarus & Folkman, 1987).

4.5 The Prevalence of SP

SP is a common phenomenon across various countries, occupations, and organizational contexts. According to the reviewed studies, 20-80% of employees have experienced SP at least once. The most common number is approximately 50%, while the highest numbers are found in the health care and education sectors (Al Nuhait et al., 2017; Aronsson et al., 2000; Elstad & Vabø, 2008). It is less common to report SP on several occasions, as studies show that SP of more than five times is only reported by 8-15% of the respondents (Aronsson & Gustafsson, 2005; Cicei, Mohorea, & Teodoru, 2013; Gustafsson & Marklund, 2011; Hansen & Andersen, 2008; Taloyan et al., 2012). Nevertheless, due to the adoption of different measures and research designs, the numbers from specific studies are not easily comparable and should only serve as an indicator of its prevalence in the workplace.

4.6 Identified Themes

The key themes presented in the following sections were mainly derived from the research questions presented in the reviewed studies, and they provide insight into the current status of the research field and into how SP can be characterized as both a positive and negative phenomenon. To facilitate the presentation of findings, themes that were similar in nature were combined into an overarching category. The specific categorization of themes was chosen based on similar

groupings in the reviewed literature. These categories are not mutually exclusive, nor collectively exhaustive, but they are used to make presentation more convenient. As a result, many of the themes within and across categories are likely to be interconnected, thus influencing SP in conjunction.

4.6.1 Individual level: The ability to attend work

In research on SP, the ability to attend work is mainly represented as a function of health, which means that health is seen as a constraint in employee attendance decisions (Halbesleben et al., 2014). According to Miraglia and Johns (2016), the construct validity of SP is based on this relationship because most definitions of SP include the concept of ill health. Consequently, health is a prerequisite for SP, and various aspects of health should be correlated with the concept (Claes, 2011). The most commonly examined aspects are: general state of health, physical health, mental health, work ability, and sickness absenteeism. Except for sickness absenteeism, the variables are assessed by self-report measures, and as a result, research only captures the individual perspective. The relationship between health and SP has mainly been investigated in cross-sectional studies, which means that the evidence regarding the impact of SP on future health is limited (Bryman & Bell, 2015).

4.6.1.1 General state of health

Twenty-seven of the 65 quantitative studies (41%) in this systematized review include a self-rated measure of general state of health, such as the item “How do you rate your general state of health?” (e.g., Gustafsson & Marklund, 2011, p. 156). Cross-sectional studies show a negative relationship between self-rated health and SP, which suggests that employees who suffer from poor health are more likely to report SP (Caverley, Cunningham, & MacGregor, 2007; Claes, 2011; d'Errico et al., 2016; Deery et al., 2014; Gerich, 2016; Gosselin et al., 2013; Heponiemi et al., 2010; Janssens et al., 2016; Johns, 2010; Miraglia & Johns, 2016; Pit & Hansen, 2016; Rostad, Milch, & Saksvik, 2015). Furthermore, self-rated health has been shown to be more strongly correlated with the number of SP days than with the number of SA days. This indicates that improvements in self-rated health may have a larger influence on SP days than SA days (Gerich, 2016). However, future research is needed to support such a conclusion. In summary,

cross-sectional studies illustrate that general state of health is related to SP, and that it should be included as a control variable in future studies on SP to avoid the issue of confounding (Demerouti et al., 2009; Jourdain & Vézina, 2014; Leineweber et al., 2011).

Even though the number of studies is low, the evidence from cross-sectional studies is supported by longitudinal studies (Bergström, Bodin, Hagberg, Lindh, et al., 2009; Lu et al., 2014). However, mixed evidence is provided when the results are stratified by general state of health and/or SP at baseline (Bergström, Bodin, Hagberg, Lindh, et al., 2009; Gustafsson & Marklund, 2011; Lu et al., 2014). Research shows that it is mainly employees with high levels of SP (i.e. more than five times a year), and especially those with high levels of both SP and SA (i.e. 1 week or more), who are at risk of impaired health status (Gustafsson & Marklund, 2011, 2014; Taloyan et al., 2012). In addition, the odds ratios are further reduced when the general state of health at baseline is included as a control variable (Gustafsson & Marklund, 2011; Taloyan et al., 2012). SP does not seem to influence general state of health for employees who only occasionally are present at work during cases of ill health (Gustafsson & Marklund, 2011). Thus, the evidence from longitudinal studies point to the importance of making subtle distinctions in research on SP.

4.6.1.2 Physical health

High levels of SP (i.e. more than five times a year) are commonly associated with physical complaints, such as back and neck pain, stomach problems, and influenza (Aronsson et al., 2000; d'Errico et al., 2016; Galon et al., 2014; Gustafsson & Marklund, 2011, 2014). Lu, Lin, et al. (2013) found a negative relationship between SP at baseline and physical health two months later. However, due to the possibility of reciprocal causality, the evidence should be considered with caution. In a later study by the same authors, the relationship became non-significant when baseline levels of physical health were controlled for (Lu et al., 2014). In summary, this systematized review provides limited evidence on the relationship between SP and physical health, mainly due to the exclusion of clinical studies.

4.6.1.3 Mental health

The reviewed studies tend to report a negative relationship between mental health and SP (Galon et al., 2014; Lu, Lin, et al., 2013; Lu et al., 2014; Niven & Ciborowska, 2015; Pit & Hansen, 2016). However, SP does not seem to impair future mental health when prior health is controlled for (Gustafsson & Marklund, 2011). According to Aronsson et al. (2000), employees who experience mild forms of depression are more likely to show high levels of SP (i.e. more than five times a year). A possible explanation for this finding is that mental health issues are seen as a less legitimate reason for being absent from work (Miraglia & Johns, 2016; Sanderson & Cocker, 2013). This claim is supported by evidence showing that employees with high levels of SP and low levels of SA are more likely to suffer from poor mental well-being than employees with both high levels of SP and SA (Gustafsson & Marklund, 2014). As a result, the prevalence of SP among employees suffering from poor mental health may be even greater than the numbers reported by existing research, especially for studies applying a normative measure of SP. This is because normative measures of SP do not capture instances where the employee was present at work while suffering from mental health issues, but did not believe he/she should have stayed at home. Thus, a more thorough understanding of the relationship between mental health and SP is needed.

4.6.1.4 Work ability

SP has been found to be associated with poor work ability, and employees who report both high levels of SP and high levels of SA have the largest risk of suffering from reduced work ability in the future (Gustafsson & Marklund, 2011, 2014; Pit & Hansen, 2016). Nevertheless, a longitudinal study by Gustafsson and Marklund (2014) indicates that it is mainly SA and not SP that has the largest effect on future work ability.

In his dynamic model of presenteeism (i.e. SP) and absenteeism (i.e. SA), Johns (2010) makes a distinction between acute, episodic, and chronic health events. Qualitative studies show that beliefs regarding what types of health events justify sick leave tend to influence perceived work ability. In a qualitative study among

car mechanics, Morken et al. (2012) examined attendance versus absence decisions during cases of ill health. The subjective assessment of work ability was usually based on the ability to “perform daily life activities,” meaning that health events that did not affect this ability were not considered legitimate reasons for SA (Morken et al., 2012, p. 5). Furthermore, research shows that health conditions with physical signs of reduced work ability are more likely to be considered legitimate reasons for SA than those that do not show such signs (A. Collins & Cartwright, 2012; Giæver et al., 2016; Krane et al., 2014). This is in line with the previously presented evidence of a strong association between SP and mental health issues. To summarize, research indicates that the perception of work ability is likely to be influenced by the specific type of health event. However, a differentiation between various types of health events is rarely found in measures of SP, which supports the need for subtle distinctions in future research.

4.6.1.5 Sickness absenteeism

Another indicator of health and the ability to attend work is sickness absenteeism (SA). SP and SA are commonly portrayed as two mutually exclusive options in cases of ill health, in the sense that SP is thought to increase when SA decreases (e.g., Aronsson & Gustafsson, 2005; Leineweber et al., 2012). Contrary to expectations, research shows that the relationship between SA and SP is positive since employees who take sick leave also tend to be present at work during cases of ill health (Böckerman & Laukkanen, 2010a; Caverley et al., 2007; d'Errico et al., 2016; Deery et al., 2014; Gosselin et al., 2013; Hansen & Andersen, 2008; Kim, Lee, Muntaner, & Kim, 2016; Leineweber et al., 2012; Miraglia & Johns, 2016; Rostad et al., 2015). Aronsson et al. (2000) found that occupational groups with high levels of SA, such as care and welfare workers, exhibit high levels of SP as well. The reason behind this could be that they both reflect ill health. However, the positive relationship remains significant when controlling for general state of health, chronic illnesses, and work ability (Leineweber et al., 2012). A possible explanation for the unexplained variance, provided by Leineweber et al. (2012), is that both SP and SA are influenced by underlying attitudes and beliefs. Attitude variables are rarely included in studies on SP, and

future research should include measures of attitudes to develop a deeper understanding of SP.

Whether SP is a risk factor for future SA has been examined by longitudinal studies, and evidence provides support for such an assertion (Gustafsson & Marklund, 2011). That being said, the number of incidents matters. Research shows that employees with high levels of SP (i.e. more than five times a year) have a higher risk of both short- and long-term sick leave, when controlling for previous SA and self-rated health, while low levels of SP does not seem to increase the risk (Bergström, Bodin, Hagberg, Aronsson, et al., 2009; Hansen & Andersen, 2009; Janssens et al., 2013; Taloyan et al., 2012). A study by Taloyan et al. (2012) suggests that emotional exhaustion is an important mediator in this relationship. SA on the other hand, does not seem to influence future SP (Gustafsson & Marklund, 2011). In summary, the evidence supports the claim that subtle distinctions in research on SP are important. In addition, future studies should include measures of both SP and SA to gain a deeper understanding of ill health at work.

4.6.2 Individual level: Personal characteristics

Both Steers and Rhodes (1978) and Johns (2010) include personal characteristics as a major influence in their conceptual models of employee attendance behavior (i.e. SP and SA). The most commonly examined variable is gender, where women tend to exhibit a higher prevalence of SP than men (e.g., Janssens et al., 2013; Janssens et al., 2016; J. Y. Kim et al., 2016; Leineweber et al., 2011).

Nevertheless, according to Aronsson et al. (2000), this is mainly related to their overrepresentation in occupational groups with high levels of SP, such as the care and welfare sector.

Other personal characteristics that have been found to be associated with SP are self-efficacy, neuroticism, internal locus of control, overcommitment, and individual boundarylessness (Janssens et al., 2016; Johns, 2011; Lu, Lin, et al., 2013; Lu et al., 2014). The evidence suggests that employees are less likely to report SP if they have an internal locus of control, but they are more likely to

report SP if they are overcommitted to their work or find it difficult to say no to the requests and expectations of others (Aronsson & Gustafsson, 2005; Cicei et al., 2013; Gerich, 2016; Hansen & Andersen, 2008; Johns, 2011). The importance of work attitudes and social influence will be further explored under the headings external- and internal forces for SP.

4.6.3 Organizational level: Work context

Research shows that work related variables have an influence on SP. This section will focus on job characteristics and social support.

4.6.3.1 Job demands

Many studies have examined the association between job demands and SP. Cross-sectional studies show that high job demands, such as work overload, time pressure, and understaffing, are positively related to SP, when controlling for employee health (Baeriswyl et al., 2017; Böckerman & Laukkanen, 2009, 2010b; Caverley et al., 2007; Cho et al., 2016; Claes, 2011; d'Errico et al., 2016; Deery et al., 2014; Dudenhöffer, Claus, Schöne, Letzel, & Rose, 2017; Gustafsson & Marklund, 2014; Hansen & Andersen, 2008; Janssens et al., 2016; Jourdain & Vézina, 2014; Leineweber et al., 2012; Miraglia & Johns, 2016; Pohling et al., 2016; Rantanen & Tuominen, 2011). A likely explanation is that employees with high demanding jobs are present at work during cases of ill health because they want to avoid future work overload (Al Nuhait et al., 2017). When the desired and actual working hours match, employees are less likely to report SP (Böckerman & Laukkanen, 2009, 2010a, 2010b; Yıldız, Yıldız, Zehir, & Aykaç, 2015).

4.6.3.2 Job control and adjustment latitude

Mixed results have been found in studies examining the relationship between various aspects of job control and SP, which report positive, negative, and non-significant associations (Aronsson & Gustafsson, 2005; Cho et al., 2016; Claes, 2011; d'Errico et al., 2016; Dudenhöffer et al., 2017; Gosselin et al., 2013; Hansen & Andersen, 2008; Janssens et al., 2016; Johns, 2011; Jourdain & Vézina, 2014; Leineweber et al., 2012; Leineweber et al., 2011; Miraglia & Johns, 2016; Rostad et al., 2015). Gustafsson and Marklund (2011) found that job control was associated with SA, but not SP. However, the results from a later study showed

that employees with low job control were overrepresented among those with both high levels of SP and SA (Gustafsson & Marklund, 2014).

According to the illness flexibility model, the likelihood of being present at work during cases of ill health should be higher for employees who can adjust their work situation, i.e. have high adjustment latitude (Johansson & Lundberg, 2004). Despite this, contrary to expectations, studies report a negative relationship between adjustment latitude and SP (Gerich, 2014, 2016; Johansson, Gustafsson, & Marklund, 2015; Rostad et al., 2015). Furthermore, this relationship persists when possible confounders, such as general self-rated health, attendance requirements, and SA are controlled for (Johansson et al., 2015). The most commonly provided explanation is that adjustment latitude influences perceptions of health, in the sense that employees with high adjustment latitude are less likely to perceive themselves as ill when subjected to various health events (Gerich, 2014; Johansson & Lundberg, 2004; Rostad et al., 2015). The finding is also suggested to be related to reporting issues (Johansson et al., 2015).

It is interesting to note that none of the reviewed studies point to the influence of normative measures of SP, which conflate the act of being present at work during cases of ill health with attitudes toward SA. An example of a normative measure is: “Has it happened over the previous 12 months that you have gone to work despite feeling that you really should have taken sick leave due to your state of health?” (Aronsson et al., 2000, p. 504). In fact, all of the reviewed studies that report a negative relationship between adjustment latitude and SP apply a normative measure of SP (Gerich, 2014, 2016; Johansson et al., 2015; Rostad et al., 2015). Thus, an alternative explanation for the negative relationship between SP and adjustment latitude can be found in attitudes toward SA. More specifically, employees who were able to adjust their work may have been less likely to report SP (i.e. on a normative measure) either because they, during cases of ill health, did not believe that they should have taken sick leave, or because they had the opportunity to take sick leave. This proposition is supported by evidence showing that employees with high adjustment latitude more frequently denied negative attitudes toward SA (Gerich, 2014, p. 743). Future studies should

explore this proposition since the evidence regarding adjustment latitude and SP supports the claim that subtle distinctions in research on SP are important.

4.6.3.3 Social support

Research shows that employees are more likely to report SP when their performance is not appropriately recognized by their supervisor, and they are less likely to report SP when they perceive their leader as supportive (Caverley et al., 2007; Dhaini et al., 2016; Dudenhöffer et al., 2017; Leineweber et al., 2011; Miraglia & Johns, 2016; Senden, Lovseth, Schenck-Gustafsson, & Fridner, 2013). As with adjustment latitude, a possible explanation for this finding may be related to attitudes toward SA, and this proposition should be examined in future studies.

A qualitative study by Nelson, Shaw, and Robertson (2016) illustrates that the most common way for managers to support employees who are present at work during cases of ill health is to encourage support and accommodation among co-workers. Furthermore, evidence shows that employees with supportive colleagues are less likely to report SP compared to those who do not perceive their co-workers as supportive (Baeriswyl et al., 2017; Caverley et al., 2007; Cho et al., 2016; Dudenhöffer et al., 2017; Gosselin et al., 2013; Leineweber et al., 2011; Miraglia & Johns, 2016). Social influence and the importance of maintaining interpersonal relationships will be further explored under the headings external- and internal forces for SP.

4.6.4 Societal and organizational level: External forces for SP

As the *theoretical and empirical foundation* revealed, scholars have investigated factors at the organizational and societal level that may incentivize attendance rather than absence during cases of ill health. In other words, these factors are important for understanding the motivation for SP, and they are commonly classified as attendance pressure. However, to avoid preconceptions, I chose to categorize them as external and internal forces for SP, which resemble institutionally and personally mediated SP (Baker-McClearn, Greasley, Dale, & Griffith, 2010). The following section focuses on external forces at the societal and organizational level that can have an influence on SP.

4.6.4.1 Financial forces: Job insecurity and sick leave policy

The prospect of financial loss is likely to encourage employees to be present at work during cases of ill health, especially in times of economic crisis and high unemployment (Bierla, Huver, & Richard, 2013; Dew & Taupo, 2009; Galon et al., 2014). On the one hand, research shows that perceived job insecurity and strict sick leave policies are associated with SP (Böckerman & Laukkanen, 2009, 2010b; Caverley et al., 2007; Chatterji & Tilley, 2002; Cho et al., 2016; A. Collins & Cartwright, 2012; Gerich, 2016; Heponiemi et al., 2010; Miraglia & Johns, 2016; Skerjanc & Dodic Fikfak, 2014). On the other hand, in terms of contractual job insecurity, some studies suggest that permanent employees are more likely to report SP than fixed-term employees, while a significant correlation cannot be found when the results are combined meta-analytically (Böckerman & Laukkanen, 2009, 2010b; d'Errico et al., 2016; Heponiemi et al., 2010; Miraglia & Johns, 2016).

The influence of various types of social welfare regimes, with regard to sick leave compensation, has been investigated in research on SP. The comparison of the Norwegian and the Swedish systems is a case in point. In Norway, employees are fully compensated from the first day of SA, whereas Swedish employees have one qualifying day before they are entitled to 80% of their normal income. As a result, SP is expected to be higher in Sweden than in Norway. Research shows that a higher percentage of Swedish employees report financial reasons for SP, compared to Norwegian employees, but the prevalence of SP does not seem to differ significantly between the two countries (Elstad & Vabø, 2008; Johansen et al., 2014; Marklund, Aronsson, Johansen, & Solheim, 2015; Senden et al., 2013). This means that employees report SP even when they are entitled to sick pay (Brown & Sessions, 2004). While financial factors are likely to influence SP, moral obligations and work enjoyment seem to be important to understand the prevalence of SP when employees are either fully or partly compensated for sick leave (Johansen et al., 2014; Marklund et al., 2015).

4.6.4.2 *Structural forces: Organizational practices*

In research on SP, the influence of organizational practices has been explored in qualitative and mixed-methods studies. Both formal and informal organizational practices are likely to have an influence on SP by signaling the type of behavior that is expected and rewarded in the organization (Bowen & Ostroff, 2004; Sheridan, 2004). Evidence shows that when wages and promotion prospects are formally or informally tied to performance and/or attendance, employees are more likely to be present at work during cases of ill health (Baker-McClearn et al., 2010; Grinyer & Singleton, 2000; Simpson, 1998).

As presented in the *theoretical and empirical foundation*, research on SP has been guided by an intention to counterbalance organizational goals of perfect employee attendance. In many cases, this ideal representation of working life does not coincide with the organizational context, which means that a critical level of acceptable SA is likely to be above zero (Brown & Sessions, 2004; Grinyer & Singleton, 2000). A common organizational practice is to set presence (or absence) targets both at the organizational and individual level. Targets at the individual level are sometimes referred to as trigger points, which specify the number of times/days an employee can be absent from work before managerial action is triggered (A. Collins & Cartwright, 2012). In most cases, the intention is to get the employee back to work by the use of “return-to-work” conversations (Grinyer & Singleton, 2000, p. 18). Even though the aim of these conversations may be to find ways to assist and support employees, qualitative studies show that workers tend to perceive them disciplinary and that they try to avoid the critical absence level (Baker-McClearn et al., 2010; A. Collins & Cartwright, 2012; Grinyer & Singleton, 2000). Considering that social support has an influence on SP, the finding suggests that formal practices need to be coupled with supervisory support. If employees do not perceive their manager as supportive, the use of attendance goals may act as an external force for SP. This proposition should be further explored by future research.

Research also shows that employees are more likely to report SP when their work is not covered by somebody else (Aronsson & Gustafsson, 2005; Aronsson et al.,

2000; Böckerman & Laukkanen, 2009, 2010b; Gerich, 2016; Johansen et al., 2014; Johns, 2011; Miraglia & Johns, 2016; Rebmann, Turner, & Kunerth, 2016). This phenomenon is classified as an organizational practice in this systematized review, because having a low amount of staff (or few cross-trained employees) reduces organizational slack (Greenhalgh, Lawrence, & Sutton, 1988). Managing the unexpected and making sure that an organization has the sufficient amount of staff to reach its goals is the responsibility of management (Bellaby, 1999). However, the finding above suggests that employees internalize this responsibility. In a study by Rostad et al. (2015), the authors found no significant association between importance pressure (i.e. worker indispensability and difficulties with finding a replacement) and SP, when applying a normative measure of SP (i.e. “During the past 12 months, how many times did you go to work even though you should have taken sick leave?”) (Rostad et al., 2015, p. 5). An interesting avenue for future research would be to investigate if employees are less likely to believe that they should take sick leave during cases of ill health when they are not replaced.

4.6.4.3 Social forces: Interpersonal relationships and social norms

Interpersonal relationships and social norms are likely to influence SP. Al Nuhait et al. (2017) found that employees are more likely to be present at work during cases of ill health when their colleagues act similarly. In organizations where SA leads to additional work for colleagues, social norms regarding SP are likely to develop (Baker-McClearn et al., 2010). Johansen et al. (2014) and Al Nuhait et al. (2017) found that the most commonly reported reason for SP was that employees did not want to burden their colleagues, which is supported by various qualitative studies (Baker-McClearn et al., 2010; A. Collins & Cartwright, 2012; Dew & Taupo, 2009; J. Kim et al., 2016; Morken et al., 2012). Furthermore, working in teams or with clients/patients increases the likelihood of SP because the employee feels a sense of moral obligation (Al Nuhait et al., 2017; Aronsson et al., 2000; d'Errico et al., 2016; Giæver et al., 2016; Grinyer & Singleton, 2000; Johns, 2011). Supporting this claim, the highest prevalence of SP is found in the health care and education sectors (Aronsson et al., 2000). When employees suffer from a contagious disease, qualitative studies provide evidence of a moral dilemma, in

the sense that employees have to choose the lesser of two evils: spreading their disease or burdening their colleagues with additional work (Baker-McCleary et al., 2010; A. Collins & Cartwright, 2012; Krane et al., 2014).

The efficiency rule, a social norm stating that “in tough situations efficiency substitutes for everything else,” is likely to increase the prevalence of SP (Böckerman & Laukkanen, 2009, p. 1009; 2010a, 2010b). Research shows that employees may be present at work during cases of ill health because they do not want to be perceived as weak, unreliable, or unproductive by their supervisor or colleagues (Böckerman & Laukkanen, 2009, 2010a, 2010b; Giæver et al., 2016; Grinyer & Singleton, 2000; Johansen et al., 2014; Marklund et al., 2015).

Furthermore, SP is positively associated with bullying, especially for high levels of SP (Cho et al., 2016; Conway, Clausen, Hansen, & Hogh, 2016; d'Errico et al., 2016; Janssens et al., 2016; Miraglia & Johns, 2016). In summary, the evidence shows that social forces can contribute to a moral self-regulation during cases of ill health.

4.6.5 Individual level: Internal forces for SP

Personal attitudes toward work and ill health can have an influence on SP, and they are important in understanding the motivation for SP in cases where employees are compensated for sick leave. These attitudes are likely to be affected by social norms at the workplace; however, they are discussed in isolation to facilitate the presentation of findings.

Johansen et al. (2014, p. 4) and Marklund et al. (2015) found that employees report SP because they enjoy their work, because it is beneficial for their health, or because they want to maintain their social network. In contrast to this, a number of studies in this systematized review report a negative correlation between SP and job satisfaction (Caverley et al., 2007; Claes, 2011; Karanika-Murray et al., 2015; Lu, Cooper, et al., 2013; Lu, Lin, et al., 2013; Pit & Hansen, 2016; Rantanen & Tuominen, 2011). It is important to note that these studies apply a normative measure of SP (e.g. “Has it happened over the previous 12 months that you have gone to work despite feeling that you really should have

taken sick leave due to your state of health?") (Karanika-Murray et al., 2015, p. 102). In other words, a possible explanation for the negative association between SP and job satisfaction may be that both measures capture an underlying attitude toward work. When studies are combined meta-analytically, a positive association between SP and various work attitudes – e.g. job satisfaction, organizational commitment, and work engagement – is found (Miraglia & Johns, 2016). The evidence suggests that a possible explanation for SP is that employees find it meaningful and rewarding to be present at work (Giæver et al., 2016; Morken et al., 2012).

Research shows that attitudes toward SA and ill health are likely to influence SP. Gerich (2016) found that employees with negative attitudes toward SA report a higher propensity for SP. In accordance with this, reported reasons for SP include feeling ashamed of being ill, feeling guilty when taking sick leave, and pride in not taking sick leave (A. Collins & Cartwright, 2012; Giæver et al., 2016; Grinyer & Singleton, 2000; Hansen & Andersen, 2008; Johansen et al., 2014; Marklund et al., 2015; Rostad et al., 2015). Morken et al. (2012, p. 5) point to the importance of “internalized work-duty norms” when explaining SP, and these norms are reflected in daily habits of going to work, no matter the circumstances (Hansen & Andersen, 2008).

Contrary to these results, Rostad et al. (2015, p. 5) did not find a significant relationship between a measure of moral pressure and a normative measure of SP (i.e. “During the past 12 months, how many times did you go to work even though you should have taken sick leave?”). However, such a measure does not capture instances where the employee was present at work while suffering from ill health, but did not believe that he/she should have taken sick leave. It is likely that these instances are important for understanding the relationship between internalized moral obligations and the act of being present at work during cases of ill health (SP). Overall, it appears that personal attitudes toward work and ill health have an influence on SP. However, there is a need for a deeper understanding of this relationship. More subtle distinctions in future research on SP seem important to reveal this.

4.6.6 Organizational and individual level: Work related outcomes

One of the main concerns in research on SP has been to examine the relationship between SP and various work related outcomes. Despite this, few of the reviewed studies investigate such an association, which is a result of the eligibility criteria (i.e. exclusion of studies that define or measure SP in terms of reduced productivity). The findings from the included studies will briefly be presented below.

In a cross-sectional study among pharmacists, Niven and Ciborowska (2015) found a positive relationship between SP and workplace errors, possibly explained by an increased level of anxiety. When Lu, Lin, et al. (2013) examined if SP was negatively related to job performance measured two months later, they were not able to find support for such a claim. Furthermore, two Norwegian studies have investigated the use of graded SA certificates. Graded SA results in graded SP since the employee is present at work for a reduced number of hours each week. On the one hand, Markussen, Mykletun, and Røed (2012) found that activation requirements are related to shorter absence periods and reduced social welfare expenditures. On the other hand, firms may prefer that employees are absent if they are less productive at work during cases of ill health. However, a study by Godøy (2016) shows that graded SA (i.e. graded SP) is less costly for firms than full-time SA. According to the author, this indicates that disruption of daily activities is more costly for firms than accommodating employees with graded presence during cases of ill health (Godøy, 2016). In summary, the evidence regarding SP and work related outcomes is limited in this systematized review. Nevertheless, the results indicate that graded SP (i.e. graded SA) may be beneficial at the individual, organizational, and societal level, and this represents an interesting avenue for future research.

4.7 Identification of the Lines of Reasoning Underlying Research on SP

Peeling back the layers and re-visiting original sources... can be a worthwhile exercise, not only to reassure ourselves that what we assume to be our foundations are in fact valid, but

also because doing so may support and inspire new thinking.

(Cummings, Bridgman, & Brown, 2016, p. 53)

As the history of presenteeism reveals, the concept was initially used as a positive framing of the problem of employee absenteeism. However, scholars recognized that the focus on perfect attendance had unintended consequences in cases of ill health, and the focus shifted to the issue of attendance pressure, providing sickness presenteeism with a negative connotation. The reviewed articles illustrate that current research on sickness presenteeism is grounded in the history of presenteeism. SP is generally portrayed as a negative phenomenon, which is reflected in the chosen research questions and themes presented in the previous sections. Furthermore, evidence that supports this claim is found in descriptions of SP as a “dysfunctional outcome,” a “hazardous behavior,” a “growing organizational problem,” an “endangerment” to employees and colleagues, a “hidden danger,” and a “risk-taking behavior,” which leads to “noxious,” “deleterious,” and “detrimental” effects (Cooper & Luo, 2016; Deery et al., 2014, pp. 352, 365; Gerich, 2016, p. 196; Grinyer & Singleton, 2000; Gustafsson & Marklund, 2011, pp. 153-154; Löve et al., 2010, p. 604; Lu, Cooper, et al., 2013, p. 440; Lu et al., 2014, p. 174; Niven & Ciborowska, 2015; Pohling et al., 2016; Simpson, 1998, p. S44). Additionally, SP is characterized as a phenomenon that should be prevented and reduced (Al Nuhait et al., 2017; Cho et al., 2016; Cicei et al., 2013; Gerich, 2016; Janssens et al., 2016; Niven & Ciborowska, 2015; Panari & Simbula, 2016; Pit & Hansen, 2016). When these statements are included in the abstract or introduction of an article, they may act as an anchor, in the sense that subsequent information is interpreted in light of these statements (Kahneman, 2012). If the statements represent underlying lines of reasoning rather than scientific evidence, this is problematic.

This systematized review indicates that there are two main lines of reasoning fundamental to the definitions and measurement practices in research on SP. Firstly, a common line of reasoning underlying normative definitions and measurement practices is that various types of attendance pressure are preventing employees from taking sick leave, leading to inadequate recovery and future

impaired health (e.g., Aronsson et al., 2000). Secondly, a prevalent line of reasoning underlying descriptive definitions and measurement practices is that SP is likely to have an impact on work related outcomes, e.g. productivity, and that it should be reduced or avoided (e.g., Johns, 2010). The following sections will examine the evidence provided to support these lines of reasoning.

4.7.1 Inadequate recovery and future impaired health

SP is a broad concept, encompassing a wide range of illnesses and aspects of ill health. The line of reasoning encompassing normative definitions of SP is tied to the assumption that SP leads to inadequate recovery and future impaired health. However, the reviewed articles do not provide sufficient evidence to support such a conclusion.

This systematized review indicates that it is common to suggest that SP leads to future impaired health, without providing or referencing scientific evidence that can support such a claim (Al Nuhait et al., 2017; Bierla et al., 2013; Cooper & Luo, 2016; Demerouti et al., 2009; Dew et al., 2005; Dudenhöffer et al., 2017; Gosselin et al., 2013; Grinyer & Singleton, 2000; Karimi, Cheng, Bartram, Leggat, & Sarkeshik, 2015; J. Kim et al., 2016; Lu, Cooper, et al., 2013; Lu, Lin, et al., 2013; Munir, Yarker, & Haslam, 2008; Niven & Ciborowska, 2015; Panari & Simbula, 2016). Furthermore, one of the cited studies does not measure SP (Kivimäki et al., 2002).

Some support for the claim is found in the studies by Bergström, Bodin, Hagberg, Lindh, et al. (2009) and Gustafsson and Marklund (2011). In the latter study, only high levels of SP (i.e. more than five times a year) are associated with poor health one year later; however, this is rarely specified in the articles citing the study (Deery et al., 2014; Dhaini et al., 2016; Karanika-Murray et al., 2015; Sanderson & Cocker, 2013). Moreover, a frequently cited study by Kivimaki et al. (2005) found that unhealthy men who took no SA had a higher risk of serious coronary events, compared to those who took a moderate amount of SA (1-14 days). In a follow-up analysis on the same sample, the study showed that SP was not associated with an increased risk of serious coronary events; however this study is

rarely cited (Taloyan et al., 2012; Westerlund et al., 2009). To summarize, the portrayal of SP as a negative phenomenon due to health concerns has turned into an established truth, which is rarely challenged in research on SP. To develop a more nuanced understanding of the relationship between SP and future health, the evidence suggests that subtle distinctions, e.g. in terms of type of illness and SP frequency, are needed in future research on SP.

4.7.2 Productivity and organizational costs

The majority of the cited sources on the relationship between SP and productivity are either studies that define SP as productivity loss associated with ill health, or they are secondary sources of studies that define SP in such a way⁶ (Boles, Pelletier, & Lynch, 2004; Brooks, Hagen, Sathyanarayanan, Schultz, & Edington, 2010; Burton, Chen, Conti, Schultz, & Edington, 2006; Burton et al., 2005; Burton, Conti, Chen, Schultz, & Edington, 1999; Burton, Pransky, Conti, Chen, & Edington, 2004; J. J. Collins et al., 2005; Cooper & Dewe, 2008; Goetzel, Hawkins, Ozminkowski, & Wang, 2003; Goetzel et al., 2004; Hemp, 2004; Koopman et al., 2002; Lerner & Henke, 2008; Lofland, Pizzi, & Frick, 2004; Main, Glozier, & Wright, 2005; Ricci & Chee, 2005; Schultz, Chen, & Edington, 2009; Schultz & Edington, 2007; Stewart, Ricci, Chee, Hahn, & Morganstein, 2003; Turpin et al., 2004). Other sources are secondary sources of articles that do not cite the evidence provided (Ceniceros, 2001; Hemp, 2004; Lowe, 2002).⁷ Finally, some sources do not examine the relationship between SP and productivity (Grinyer & Singleton, 2000; Simpson, 1998). In summary, one can argue that a common line of reasoning underlying research on SP is rooted in studies that define SP as productivity loss associated with ill health. The problem with this, according to Johns (2010, p. 521), is that “it strongly connotes that presenteeism is a negative event from the organization’s perspective, even though presentees will surely be more productive than absentees.” Challenging the current lines of reasoning by deliberately viewing SP as a productivity gain rather than a productivity loss may provide insight into how SP can be characterized as both a positive and a negative phenomenon (Johns, 2010; Kahneman, 2012).

⁶ Only the primary source is cited

⁷ Only the primary source is cited

5. Discussion

The purpose of this systematized review was to systematically review the concept of presenteeism, and the previous chapter provided a current status of the research field. Since the 1990s, research has concentrated on the concept of sickness presenteeism (SP), which has therefore been the main focus. Additionally, this systematized review has identified some of the lines of reasoning underlying the various definitions and measurement practices in research on SP. In the reviewed articles, SP tends to be portrayed as a negative phenomenon, thus there is limited evidence regarding the positive aspects of SP. To develop a deeper understanding of how SP can be characterized as both a positive and negative phenomenon, I have identified two issues that need to be resolved. First, there is a need for concept clarification, which is associated with the Construct Identity Fallacy. Second, the use of single-item measures of SP is problematic, and it is necessary to develop measures that allow for subtle distinctions in future research. This can be done by expanding the perspectives applied in research on SP. This chapter will conclude with proposed conceptualizations and a final reflection on SP as a positive and negative phenomenon.

5.1 The need for Concept Clarification

Researchers have not agreed upon a common definition of sickness presenteeism, and the increasing amount of research seems to have caused more confusion than clarification regarding the meaning of the concept (Hart, 1998). Associated with this is the issue of the Construct Identity Fallacy, which includes the jingle- and jangle fallacy. In research on SP, various concepts (e.g. presenteeism, sickness presenteeism, sickness presence, sickness attendance) are used to describe the same phenomenon, illustrating the jangle fallacy. In addition, the reviewed articles indicate that authors do not differentiate between normative and descriptive definitions of SP, which provides evidence of the jingle fallacy because the same concept is used to describe different phenomena (Larsen & Bong, 2016).

Descriptive definitions of SP describe the phenomenon of being present at work during cases of ill health, while normative definitions describe the phenomenon of being present at work during cases of ill health when the employee believes that he/she should have taken sick leave. Evidence of the Construct Identity Fallacy

illustrates that the concept of sickness presenteeism is often used without considering or clarifying its origins and prerequisites, reducing conceptual clarity (Larsen & Bong, 2016; Wikman et al., 2005). Thus, there is a pressing need for a scientifically sound definition that is durable and accurate across studies.

5.2. The Need for Subtle Distinctions in the Measurement of SP

In an article published in 1975, Latham and Pursell (1975, p. 369) wrote:

“measuring absenteeism from the opposite side of the coin – the number of men who come to work [presenteeism]– is a relatively unambiguous event.” In contrast to this, it is currently *not* an unambiguous event to operationalize the concepts of presenteeism and sickness presenteeism due to conceptual ambiguity. According to Price and Mueller (1986), measurement problems can stem from the lack of a well-established conceptual framework, which serves as a guide when developing measures. Much of the current literature on SP is atheoretical, and as a result, measures are rarely rooted in theory (Cooper & Lu, 2016; Johns, 2010). This systematized review indicates that limited attention has been given to measurement issues associated with current measures of SP, supporting the claim that “our concern...with measurement sometimes blinds us to the arguably more important work of concept development in organization study” (Gioia, Corley, & Hamilton, 2013, p. 16).

Firstly, SP is commonly operationalized by single-item measures, which can provide “an overall feeling, judgment, or impression” of the concept and its prevalence (Fuchs & Diamantopoulos, 2009, p. 205). Nevertheless, to develop a deeper understanding of how SP can be characterized as both a positive and negative phenomenon, there is a need to detect subtle distinctions in the measurement of SP. Abstract concepts, such as ill health, are likely to be perceived differently by respondents (Fuchs & Diamantopoulos, 2009). Consequently, one can question whether a single indicator can provide an adequate representation of SP, which encompasses the concept of ill health, or if a multiple-indicator measure would be more suitable.

Secondly, the inclusion of an ethical evaluation in single-item normative measures of SP is rarely debated or mentioned in the reviewed articles (e.g. “Has it happened over the previous 12 months that you have gone to work despite feeling that you really should have taken sick leave due to your state of health?”) (Aronsson et al., 2000, p. 504). The application of such measures is widespread even though they conflate the dependent and the independent variable by measuring state of health and attitudes toward sickness absenteeism in a single item. In addition to being a double-barreled question, it can also be classified as a leading question (Bryman & Bell, 2015; Hinkin, 1998).

Related to this is the fact that normative measures of SP exclude the experience of being present at work during cases of ill health while at the same time believing that one should not be absent. Moreover, these measures only tap into the individual’s perspective on what constitutes ill health and justified absence. One can argue that several perspectives need to be taken into account to develop a deeper understanding of how SP can be characterized as both a positive and negative phenomenon. This is because several actors (e.g. the employer, the union, the medical doctor, and the state) will have an interest in defining ill health, when absence is justified by ill health.

As described in the *theoretical and empirical foundation*, illness, disease, and sickness are three different aspects of ill health. Nevertheless, research on SP reveals the “primacy of the concept of illness” (Hofmann, 2002, p. 664). Expanding the perspectives applied in research on SP can increase conceptual clarity and allow for subtle distinctions by viewing the concept of sickness presenteeism as a multi-dimensional concept. This can be done by including the medical (i.e. disease), and the social (i.e. sickness) aspects of ill health in research on SP (Hofmann, 2002).

In an organizational setting, an understanding of the social aspect of ill health (i.e. sickness) seems crucial to develop an understanding of how SP can be characterized as both a positive and negative phenomenon. Sickness is related to the ability to fulfill social role expectations - more specifically to how an

individual’s health problem is perceived by others - and this will vary between organizational settings. This means that a person who believes that he/she is ill, or diagnosed with a disease, may not be given the status of sick if others believe that the person is capable of meeting social role expectations at work (Bellaby, 1999; Hofmann, 2002; Parsons, 1964). A case in point is the issue of mental health. Research illustrates that mental health issues are seen as a less legitimate reason for sick leave indicating that in cases of poor mental health, illness does not necessarily overlap with sickness (Miraglia & Johns, 2016).

Current measures of SP do not capture these subtle but important distinctions, thus creating the need for future research. The three aspects of ill health represent a framework that can form the basis for a multiple-indicator measure of SP. Combining illness, disease, and sickness result in seven possible combinations shown in Table 5, which all seem important to examine in future research on SP.

Table 5. *Combinations of illness, disease, and sickness*

	Sickness		No Sickness	
	Illness	No Illness	Illness	No Illness
Disease	1	2	3	4
No Disease	5	6	7	Good health

Source: Adapted from Bellaby (1999, p. 14)

5.3 Proposed Conceptualizations

The use of various definitions of presenteeism and sickness presenteeism “without self-conscious attempts at a more precise or consensual usage” (Alexander & et al., 1991, p. 315), results in the current conceptual confusion and the associated Construct Identity Fallacy (Larsen & Bong, 2016). It is difficult to address this issue without going back to the conceptual drawing board. Sometimes good things need to be taken apart to make them better, while at the same time valuing and recognizing previous contributions (Van Knippenberg & Sitkin, 2013). In an effort to provide clarification, I propose the following conceptualizations as potentially effective.

Absenteeism and presenteeism can be seen as two types of employee attendance behaviors (Johns, 2010). In an organizational setting, I suggest that the concept of presenteeism should be defined as “the act of being present at work” while the concept of sickness presenteeism should be defined as “the act of being present at work during cases of ill health.” Separating presenteeism and sickness presenteeism allows for studying the effect of other factors besides ill health, such as stress and job satisfaction, on employee attendance behaviors (e.g. presenteeism and absenteeism).

Sickness presenteeism should be studied when the aim is to understand how various factors affect an employee’s ability to work during cases of ill health. Sickness refers to the social dimension of ill health, and it can be defined as “the social role a person with illness...takes or is given in society, in different arenas of life” (Wikman et al., 2005, p. 450). This means that the proposed definition of sickness presenteeism encompasses the role that an employee with ill health takes or is given at work, which is subject to change in light of social and contextual changes. Whether sickness presenteeism should be viewed as a positive or a negative phenomenon will depend on the perspective taken, e.g. the individual, the medical, the organizational, or the societal perspective. Such a discussion does not concern whether sickness presenteeism in itself is *right* or *wrong* but whether the social role that a person with ill health takes or is given in a specific organizational and societal context is *right* or *wrong*. Inspired by Rhodes, Pullen, and Clegg (2010), this discussion is inside the purview of ethical deliberation.

Further, one should avoid defining presenteeism and sickness presenteeism in terms of its consequences for several reasons. First, separating the dependent and the independent variable will ensure the usefulness of the concept in light of social and contextual changes, and it reduces some of the current measurement issues. Second, when a concept is defined in terms of its effects, our implicit mental representations of these concepts can color our perceptions of the phenomenon as either positive or negative, which is reflected in the current assumptions in research on SP (Van Knippenberg & Sitkin, 2013). These assumptions can pose certain limits to the social role that a person with ill health takes or is given at

work. Concepts are never just *mere words*, free of the underlying assumptions of the actors involved (Bateson, 1972; Bryman & Bell, 2015; Watzlawick, 1967). Thus, to develop a deeper understanding of sickness presenteeism, scholars should apply several perspectives to identify main practical concerns and implications that drive the development of this professional area. The proposed definition of sickness presenteeism allows for the application of various perspectives on ill health at work, e.g. it can be studied from the individual, the medical, the organizational, and the societal perspective, while using the same definition of the concept. Finally, applying common definitions of presenteeism and sickness presenteeism in future research will facilitate generalizability of findings across studies, which is currently an issue.

6. Limitations and Future Research Directions

6.1 Limitations

A strength of this systematized review is that a comprehensive systematic search was conducted in five databases with the intention to provide an understanding of the concept of presenteeism, and its sub developments, and a current status of the research field. A significant limitation of this research is that only published studies were included, which can result in a file drawer problem (Rosenthal, 1979). In other word, the systematized review may suffer from publication bias because it does not include unpublished studies, which may have shown non-significant results for the discussed relationships.

A second limitation is that I was the only reviewer who conducted the selection process and the data extraction. As a result, relevant articles and information may have been excluded since the process was not cross-checked. The analysis is a reflection of my subjective interpretation, and it is therefore to a certain extent biased. Nevertheless, difficult cases were discussed and resolved with my supervisor.

Last, but not least, the systematized review did not include research on absenteeism, and it is likely that insights accrued from absenteeism research should be applied when thinking about presenteeism.

6.2 Future Research Directions

The conceptualizations provided in this systematized review are offered as plausible proposals, which can contribute to conceptual clarification in research on presenteeism and sickness presenteeism. A clear priority for future research is the refinement of the proposed definitions and the specification of a theoretical framework, which are crucial in the development of a sound measure of SP. The findings of this systematized review suggests that subtle distinctions are important to develop a more nuanced understanding of the relationship between SP, productivity, and future health. At the bare minimum, a measure of SP should capture frequency and various types of health events. Moreover, an interesting avenue for future research would be to develop a multiple-indicator measure that can expand the perspectives applied in research on SP. The distinction between illness, disease, and sickness offers a starting point for further development.

There is a need for more qualitative research, which can form the basis for future theoretical developments. Such research could investigate various aspects that formulate different views of SP at various levels in an organization. Another avenue for qualitative research would be to explore workers' specific experiences of SP and their coping strategies. Building upon this notion, an ethical perspective could be applied to discover various lines of moral reasoning.

The findings of this systematized review suggests that structural- and social forces can contribute to a moral self-regulation during cases of ill health, representing an internalization of norms. However, a better understanding of how SP is influenced by attitudes toward work, ill health, and sick leave is needed. Normative measures have become a standard in research on SP, which is problematic because they do not capture instances of being present at work during cases of ill health, while not believing that one should take sick leave. It is likely that these instances are important for understanding the relationship between attitudes and SP. Future research should use designs that incorporate several measures of personal characteristics to account these kinds of variances. Furthermore, the use of descriptive measures of SP would be preferred.

It is common for authors to make various assumptions when conducting research, however, these assumptions are rarely made explicit (Hart, 1998). Future research on SP would benefit from a more critical evaluation of assumptions made.

Moreover, the underlying assumption that SP is inherently negative increases the need for studies that can identify *black swans*, i.e. cases where SP can be characterized as a positive phenomenon. This systematized review indicates that graded SA (i.e. graded SP) may be beneficial at the individual, organizational, and societal level, and this should be further explored in future research. I am hopeful that the directions provided will prove helpful to both scholars and practitioners.

7. Conclusion

This systematized review provides an understanding of the historical development of the concept of presenteeism, and its subcategory sickness presenteeism, in addition to a current status of the research field. Since the 1990s, research has concentrated on the concept of sickness presenteeism, which has therefore been the main focus of this systematized review.

Sickness presenteeism is generally portrayed as a negative phenomenon. The findings of this systematized review illustrate that research on sickness presenteeism is filled with a number of assumptions that support such a conclusion. These assumptions provide insight into the main practical concerns and implications that drive the development of this professional area. However, they are commonly recognized as established truths, even though there is currently limited evidence that can support such lines of reasoning. The problem with this is that it “restricts the phenomenological field” in which we view the concept of sickness presenteeism (Kuhn, 1996, p. 60).

The history of presenteeism indicates that the concept has been used to describe various historical issues in society, which continue to underlie the current debate today. In order to develop a deeper understanding of how sickness presenteeism can be characterized as both a positive and negative phenomenon, there is a need to broaden the lines of reasoning underlying the definitions and measurement practices. Future research on SP may provide support for the current lines of

reasoning. Nevertheless, “novelty ordinarily emerges only for the man who, knowing *with precision* what he should expect, is able to recognize that something has gone wrong” (Kuhn, 1996, p. 65).

Acknowledgement

“It’s only by thinking even more crazy than philosophers do that you can solve their problems”

- Wittgenstein (1980, p. 75e)

I extend special thanks to my supervisor, Jan-Ketil Arnulf, who provided valuable guidance and support throughout the research process. Graduate students are often encouraged to write master theses that are likely to be seen as uncontroversial and to use methods that are broadly accepted at the graduate level. I am grateful that Jan-Ketil encouraged me to experiment with an unconventional research approach and to examine and challenge existing theoretical and empirical contributions. At times it has filled me with immense frustration, but in the end it has been an invaluable source of experience.

Appendix A – PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	
Summary measures	13	State the principal summary measures (e.g., risk ratio, risk ratio, difference in means).	
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see item 15).	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see item 16]).	
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	

Source: Moher, Liberati, Tetzlaff, Altman, and Prisma (2009)

Appendix B – Overview of Included Articles Part I

Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Agudelo-Suarez, A. A.; Benavides, F. G.; Felt, E.; Ronda-Perez, E.; Vives-Cases, C.; Garcia, A. M. (Agudelo-Suarez et al.)	2010	Sickness presenteeism in Spanish-born and immigrant workers in Spain	Bmc Public Health	1	Occupational health	Sickness presenteeism
Al Nuhait, Mohammed; Al Harbi, Khaled; Al Jarboa, Amjad; Bustami, Rami; Alharbi, Shmaylan; Albekairy, Abdulkareem; Almodaimegh, Hind	2017	Sickness presenteeism among health care providers in an academic tertiary care center in Riyadh	Journal of Infection and Public Health	1	Occupational health	Sickness presenteeism
Aronsson, Gunnar; Gustafsson, Klas	2005	Sickness Presenteeism: Prevalence, Attendance-Pressure Factors, and an Outline of a Model for Research	Journal of Occupational and Environmental Medicine	1	Occupational health	Sickness presenteeism
Aronsson, Gunnar; Gustafsson, Klas; Dallner, Margareta	2000	Sick but yet at work. An empirical study of sickness presenteeism	Journal of Epidemiology and Community Health	2	Occupational health	Sickness presenteeism
Baeriswyl, Sophie; Krause, Andreas; Elfering, Achim; Berset, Martial	2017	How workload and coworker support relate to emotional exhaustion: The mediating role of sickness presenteeism	International Journal of Stress Management	1	Organizational behavior	Sickness presenteeism
Baker-McClearn, Denise; Greasley, Kay; Dale, Jeremy; Griffith, Frances	2010	Absence management and presenteeism: the pressures on employees to attend work and the impact of attendance on performance	Human Resource Management Journal	1	Organizational behavior	Presenteeism
Bergström, G.; Bodin, L.; Hagberg, J.; Aronsson, G.; Josephson, M.	2009	Sickness Presenteeism Today, Sickness Absenteeism Tomorrow? A Prospective Study on Sickness Presenteeism and Future Sickness Absenteeism	Journal of Occupational and Environmental Medicine	1	Occupational health	Sickness presenteeism

Appendix B – Overview of Included Articles Part I

Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Bergström, G.; Bodin, L.; Hagberg, J.; Lindh, T.; Aronsson, G.; Josephson, M.	2009	Does sickness presenteeism have an impact on future general health?	International Archives of Occupational and Environmental Health	1	Occupational health	Sickness presenteeism
Bierla, Ingrid; Huver, Benjamin; Richard, Sébastien	2013	New evidence on absenteeism and presenteeism	International Journal of Human Resource Management	1	Economics	Presenteeism
Brown, Sarah; Sessions, John G.	2004	Absenteeism, 'Presenteeism', and Shirking	Economic Issues	1	Economics	Presenteeism
Böckerman, Petri; Laukkanen, Erkki	2010	Predictors of sickness absence and presenteeism: Does the pattern differ by a respondent's health?	Journal of Occupational and Environmental Medicine	1	Occupational health	Presenteeism
Böckerman, Petri; Laukkanen, Erkki	2010	What makes you work while you are sick? Evidence from a survey of workers	European Journal of Public Health	1	Occupational health	Sickness presenteeism
Böckerman, Petri; Laukkanen, Erkki	2009	PRESENTTEEISM IN FINLAND: DETERMINANTS BY GENDER AND THE SECTOR OF ECONOMY	Ege Academic Review	1	Economics	Presenteeism
Caverley, Natasha; Cunningham, J. Barton; MacGregor, James N.	2007	Sickness Presenteeism, Sickness Absenteeism, and Health Following Restructuring in a Public Service Organization	Journal of Management Studies	2	Organizational behavior	Sickness presenteeism
Chang, Yao-Tsung; Su, Chien-Tien; Chen, Ruey-yu; Yeh, Ching-Ying;	2015	Association between organization culture, health status, and presenteeism	Journal of Occupational and Environmental Medicine	1	Occupational health	Presenteeism

Appendix B – Overview of Included Articles Part I

Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Huang, Pai-Tsang; Chen, Chiou-Jong; Chu, Ming						
Chatterji, Monojit; Tilley, Colin J.	2002	Sickness, absenteeism, presenteeism, and sick pay	Oxford Economic Papers	2	Economics	Presenteeism
Cho, Y. S.; Park, J. B.; Lee, K. J.; Min, K. B.; Baek, C. I.	2016	The association between Korean workers' presenteeism and psychosocial factors within workplaces	Annals of Occupational and Environmental Medicine	1	Occupational health	Presenteeism
Cicei, Cristiana Cătălina; Mohorea, Laura; Teodoru, Anca Alexandra	2013	Investigating Two Predictors of Sickness Presenteeism on a Romanian Sample. The Case of Performance-Based Self-Esteem and Overcommitment	Social and behavioral sciences	1	Organizational behavior	Sickness presenteeism
Claes, Rita	2011	Employee correlates of sickness presence: A study across four European countries	Work & Stress	2	Organizational behavior	Sickness presence
Collins, Alison; Cartwright, Susan	2012	Why come into work ill? Individual and organizational factors underlying presenteeism	Employee Relations	1	Organizational behavior	Presenteeism
Conway, P. M.; Clausen, T.; Hansen, A. M.; Hogh, A.	2016	Workplace bullying and sickness presenteeism: cross-sectional and prospective associations in a 2-year follow-up study	International Archives of Occupational and Environmental Health	1	Occupational health	Sickness presenteeism

Appendix B – Overview of Included Articles Part I

Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Cooper, Cary L.; Luo, Lu	2016	Presenteeism as a global phenomenon	Cross Cultural & Strategic Management	1	Organizational behavior	Presenteeism
Cullen, John; McLaughlin, Andrew	2006	What drives the persistence of presenteeism as a managerial value in hotels?: Observations noted during an Irish work-life balance research project	International Journal of Hospitality Management	1	Organizational behavior	Presenteeism
Deery, Stephen; Walsh, Janet; Zatzick, Christopher D.	2014	A moderated mediation analysis of job demands, presenteeism, and absenteeism	Journal of Occupational & Organizational Psychology	1	Organizational behavior	Presenteeism
Demerouti, Evangelia; Le Blanc, Pascale M.; Bakker, Arnold B.; Schaufeli, Wilmar B.; Hox, Joop	2009	Present but sick: A three-wave study on job demands, presenteeism and burnout	Career Development International	1	Organizational behavior	Presenteeism
d'Errico, A.; Ardito, C.; Leombruni, R.	2016	Work Organization, Exposure to Workplace Hazards and Sickness Presenteeism in the European Employed Population	American Journal of Industrial Medicine	1	Occupational health	Sickness presenteeism
Dew, Kevin; Keefe, Vera; Small, Keitha	2005	'Choosing' to work when sick: Workplace presenteeism	Social Science & Medicine	2	Occupational health	Presenteeism
Dew, Kevin; Taupo, Trina	2009	The moral regulation of the workplace: Presenteeism and public health	Sociology of Health & Illness	2	Sociology	Presenteeism
Dhaini, S.; Zuniga, F.; Ausserhofer, D.; Simon, M.; Kunz, R.; De Geest, S.; Schwendimann, R.	2016	Absenteeism and Presenteeism among Care Workers in Swiss Nursing Homes and Their Association with Psychosocial Work	Gerontology	1	Occupational health	Presenteeism

Appendix B – Overview of Included Articles Part I

Author	Year	Title	Journal	NSD	Academic Discipline	Concept
		Environment: A Multi-Site Cross-Sectional Study				
Dhaini, Suzanne R.; Zúñiga, Franziska; Ausserhofer, Dietmar; Simon, Michael; Kunz, Regina; De Geest, Sabina; Schwendimann, Rene	2017	Are nursing home care workers' health and presenteeism associated with implicit rationing of care? A cross-sectional multi-site study	Geriatric Nursing	1	Nursing	Presenteeism
Dudenhöffer, Sarah; Claus, Matthias; Schöne, Klaus; Letzel, Stephan; Rose, Dirk-Matthias	2017	Sickness presenteeism of German teachers: Prevalence and influencing factors	Teachers and Teaching: Theory and Practice	2	Teaching	Sickness presenteeism
Elstad, Jon Ivar; Vabø, Mia	2008	Job stress, sickness absence and sickness presenteeism in Nordic elderly care	Scandinavian Journal of Public Health	1	Occupational health	Sickness presenteeism
Galon, T.; Briones-Vozmediano, E.; Agudelo-Suarez, A. A.; Felt, E. B.; Benavides, F. G.; Ronda, E.	2014	Understanding Sickness Presenteeism Through The Experience of Immigrant Workers in a Context of Economic Crisis	American Journal of Industrial Medicine	1	Occupational health	Sickness presenteeism
Gatrell, Caroline Jane	2011	'I'm a bad mum': Pregnant presenteeism and poor health at work	Social Science & Medicine	2	Organizational behavior	Presenteeism
Gerich, J.	2016	Determinants of presenteeism prevalence and propensity: Two sides of the same coin?	Archives of Environmental & Occupational Health	1	Occupational health	Presenteeism
Gerich, J.	2014	Sickness presence, sick leave and adjustment latitude	International Journal of Occupational Medicine and Environmental Health	1	Occupational health	Sickness presence

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Gerich, J.	2015	Sick at work: methodological problems with research on workplace presenteeism	Health Services & Outcomes Research Methodology	1	Organizational behavior	Presenteeism
Giæver, F.; Lohmann-Lafrenz, S.; Lovseth, L. T.	2016	Why hospital physicians attend work while ill? The spiralling effect of positive and negative factors	Bmc Health Services Research	2	Occupational health	Sickness presence
Godøy, Anna	2016	Profiting from presenteeism? Effects of an enforced activation policy on firm profits	Labour Economics	2	Economics	Presenteeism
Gosselin, E.; Lemyre L.; Corneil W.	2013	Presenteeism and absenteeism: Differentiated understanding of related phenomena	Journal of Occupational Health Psychology	2	Organizational behavior	Presenteeism
Grinyer, Anne; Singleton, Vicky	2000	Sickness absence as risk-taking behaviour: a study of organisational and cultural factors in the public sector	Health, Risk & Society	1	Occupational health	Presenteeism
Gustafsson, K.; Marklund, S.	2014	Associations between health and combinations of sickness presence and absence	Occupational Medicine-Oxford	1	Occupational health	Sickness presence
Gustafsson, Klas; Marklund, Staffan	2011	Consequences of sickness presence and sickness absence on health and work ability: A Swedish prospective cohort study	International Journal of Occupational Medicine and Environmental Health	1	Occupational health	Sickness presence
Halbesleben, Jonathon R. B.; Whitman, Marilyn V.; Crawford, Wayne S.	2014	A dialectical theory of the decision to go to work: Bringing together absenteeism and presenteeism	Human Resource Management Review	1	Organizational behavior	Presenteeism

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Hansen, C. D.; Andersen, J. H.	2009	Sick at work—A risk factor for long-term sickness absence at a later date?	Journal of Epidemiology and Community Health	2	Occupational health	Sickness presence
Hansen, Claus D.; Andersen, Johan H.	2008	Going ill to work: What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism?	Social Science & Medicine	2	Occupational health	Sickness presenteeism
Heponiemi, Tarja; Elovainio, Marko; Pentti, Jaana; Virtanen, Marianna; Westerlund, Hugo; Virtanen, Pekka; Oksanen, Tuula; Kivimäki, Mika; Vahtera, Jussi	2010	Association of contractual and subjective job insecurity with sickness presenteeism among public sector employees	Journal of Occupational and Environmental Medicine	1	Occupational health	Sickness presenteeism
James, N. MacGregor; J. Barton Cunningham; Natasha, Caverley	2008	Factors in absenteeism and presenteeism: life events and health events	Management Research News	1	Organizational behavior	Presenteeism
Janssens, H.; Clays, E.; De Clercq, B.; De Bacquer, D.; Braeckman, L.	2013	The Relation between Presenteeism and Different Types of Future Sickness Absence	Journal of Occupational Health	1	Occupational health	Presenteeism
Janssens, H.; Clays, E.; de Clercq, B.; de Bacquer, D.; Casini, A.; Kittel, F.; Braeckman, L.	2016	ASSOCIATION BETWEEN PSYCHOSOCIAL CHARACTERISTICS OF WORK AND PRESENTEEISM: A CROSS-SECTIONAL STUDY	International Journal of Occupational Medicine and Environmental Health	1	Occupational health	Presenteeism
Johansen, V.; Aronsson, G.; Marklund, S.	2014	Positive and negative reasons for sickness presenteeism in Norway and Sweden: a cross-sectional survey	Bmj Open	1	Multidisciplinarity	Sickness presenteeism

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Johansson, G.; Gustafsson, K.; Marklund, S.	2015	ASSOCIATION BETWEEN ADJUSTMENT LATITUDE AND SICKNESS PRESENCE - A PANEL STUDY OF SWEDISH EMPLOYEES	International Journal of Occupational Medicine and Environmental Health	1	Occupational health	Sickness presence
Johansson, Gun; Lundberg, Ingvar	2004	Adjustment latitude and attendance requirements as determinants of sickness absence or attendance. Empirical tests of the illness flexibility model	Social Science & Medicine	2	Occupational health	Sickness attendance
Johns, Gary	2011	Attendance dynamics at work: The antecedents and correlates of presenteeism, absenteeism, and productivity loss	Journal of Occupational Health Psychology	2	Organizational behavior	Presenteeism
Johns, Gary	2010	Presenteeism in the workplace: A review and research agenda	Journal of Organizational Behavior	2	Organizational behavior	Presenteeism
Jourdain, Geneviève; Vézina, Michel	2014	How psychological stress in the workplace influences presenteeism propensity: A test of the Demand–Control–Support model	European Journal of Work & Organizational Psychology	1	Organizational behavior	Presenteeism
Karanika-Murray, Maria; Pontes, Halley M.; Griffiths, Mark D.; Biron, Caroline	2015	Sickness presenteeism determines job satisfaction via affective-motivational states	Social Science & Medicine	2	Organizational behavior	Sickness presenteeism
Karimi, Leila; Cheng, Cindy; Bartram, Timothy; Leggat, Sandra G.; Sarkeshik, Sara	2015	The effects of emotional intelligence and stress-related presenteeism on nurses' well-being	Asia Pacific Journal of Human Resources	1	Organizational behavior	Presenteeism

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Karoly, Paul; Ruehlman, Linda S.; Okun, Morris A.	2013	Psychosocial and demographic correlates of employment vs disability status in a national community sample of adults with chronic pain: Toward a psychology of pain presenteeism	Pain Medicine	1	Occupational health	Presenteeism
Kim, J. Y.; Lee, J.; Muntaner, C.; Kim, S. S.	2016	Who is working while sick? Nonstandard employment and its association with absenteeism and presenteeism in South Korea	International Archives of Occupational and Environmental Health	1	Occupational health	Presenteeism
Kim, Joohyun; Suh, Eunyoung E.; Ju, Sejin; Choo, Hyunsim; Bae, Haejin; Choi, Hyungjin	2016	Sickness Experiences of Korean Registered Nurses at Work: A Qualitative Study on Presenteeism	Asian Nursing Research	1	Nursing	Presenteeism
Krane, L.; Larsen, E. L.; Nielsen, C. V.; Stapelfeldt, C. M.; Johnsen, R.; Risor, M. B.	2014	Attitudes towards sickness absence and sickness presenteeism in health and care sectors in Norway and Denmark: a qualitative study	Bmc Public Health	1	Occupational health	Sickness presenteeism
Leineweber, C.; Westerlund, H.; Hagberg, J.; Svedberg, P.; Alexanderson, K.	2012	Sickness presenteeism is more than an alternative to sickness absence: results from the population-based SLOSH study	International Archives of Occupational and Environmental Health	1	Occupational health	Sickness presenteeism
Leineweber, Constanze; Westerlund, Hugo; Hagberg, Jan; Svedberg, Pia; Luukkala, Marita; Alexanderson, Kristina	2011	Sickness presenteeism among Swedish police officers	Journal of Occupational Rehabilitation	1	Occupational health	Sickness presenteeism
Lu, Luo; Cooper, Cary L.; Lin, Hui Yen	2013	A cross-cultural examination of presenteeism and supervisory support	Career Development International	1	Organizational behavior	Presenteeism

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Lu, Luo; Lin, Hui Yen; Cooper, Cary L.	2013	Unhealthy and present: Motives and consequences of the act of presenteeism among Taiwanese employees	Journal of Occupational Health Psychology	2	Organizational behavior	Presenteeism
Lu, Luo; Peng, Si-Qing; Lin, Hui Yen; Cooper, Cary L.	2014	Presenteeism and health over time among Chinese employees: The moderating role of self-efficacy	Work & Stress	2	Organizational behavior	Presenteeism
Löve, Jesper; Grimby-Ekman, Anna; Eklöf, Mats; Hagberg, Mats; Dellve, Lotta	2010	'Pushing oneself too hard': Performance-based self-esteem as a predictor of sickness presenteeism among young adult women and men—A cohort study	Journal of Occupational and Environmental Medicine	1	Occupational health	Sickness presenteeism
Marklund, Staffan; Aronsson, Gunnar; Johansen, Vegard; Solheim, Liv Johanne	2015	Previous sickness presence among long-term sick-listed in Norway and Sweden: A retrospective study of prevalence and self-reported reasons	International Journal of Social Welfare	2	Occupational health	Sickness presence
Markussen, Simen; Mykletun, Arnstein; Røed, Knut	2012	The case for presenteeism — Evidence from Norway's sickness insurance program	Journal of Public Economics	2	Economics	Presenteeism
Miraglia, Mariella; Johns, Gary	2016	Going to work ill: A meta-analysis of the correlates of presenteeism and a dual-path model	Journal of Occupational Health Psychology	2	Organizational behavior	Presenteeism
Morken, T.; Haukenes, I.; Magnussen, L. H.	2012	Attending work or not when sick - what makes the decision? A qualitative study among car mechanics	Bmc Public Health	1	Occupational health	Sickness attendance

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Munir, Fehmidah; Yarker, Joanna; Haslam, Cheryl	2008	Sickness absence management: Encouraging attendance or 'risk-taking' presenteeism in employees with chronic illness?	Disability and Rehabilitation: An International, Multidisciplinary Journal	1	Occupational health	Presenteeism
Nelson, Candace; Shaw, William; Robertson, Michelle	2016	Supervisors and Presenteeism: How do Supervisors Accommodate and Support Skilled Workers with Chronic Health Concerns?	Employee Responsibilities & Rights Journal	1	Occupational health	Presenteeism
Nielsen, Karina; Daniels, Kevin	2016	The relationship between transformational leadership and follower sickness absence: the role of presenteeism	Work & Stress	2	Organizational behavior	Presenteeism
Niven, Karen; Ciborowska, Natalia	2015	The hidden dangers of attending work while unwell: A survey study of presenteeism among pharmacists	International Journal of Stress Management	1	Organizational behavior	Presenteeism
Panari, C.; Simbula, S.	2016	Presenteeism "on the desk" The relationships with work responsibilities, work-to-family conflict and emotional exhaustion among Italian schoolteachers	International Journal of Workplace Health Management	1	Occupational health	Presenteeism
Pit, S. W.; Hansen, V.	2016	The relationship between lifestyle, occupational health, and work-related factors with presenteeism amongst general practitioners	Archives of Environmental & Occupational Health	1	Occupational health	Presenteeism
Pohling, Rico; Buruck, Gabriele; Jungbauer, Kevin-Lim; Leiter, Michael P.	2016	Work-related factors of presenteeism: The mediating role of mental and physical health	Journal of Occupational Health Psychology	2	Organizational behavior	Presenteeism

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Rainbow, Jessica G.; Steege, Linsey M.	2017	Presenteeism in nursing: An evolutionary concept analysis	Nursing Outlook	1	Nursing	Presenteeism
Rantanen, I.; Tuominen, R.	2011	Relative magnitude of presenteeism and absenteeism and work-related factors affecting them among health care professionals	International Archives of Occupational and Environmental Health	1	Occupational health	Presenteeism
Rebmann, Terri; Turner, James Austin; Kunerth, Allison K.	2016	Presenteeism attitudes and behavior among Missouri Kindergarten to twelfth grade (K–12) school nurses	Journal of School Nursing	1	Nursing	Presenteeism
Rostad, Ingrid Steen; Milch, Vibeke; Saksvik, Per Øystein	2015	Psychosocial workplace factors associated with sickness presenteeism, sickness absenteeism, and long-term health in a Norwegian industrial company	Scandinavian Psychologist	1	Organizational behavior	Sickness presenteeism
Sanderson, K.; Cocker, F.	2013	Presenteeism Implications and health risks	Australian Family Physician	1	Occupational health	Presenteeism
Senden, M. G.; Lovseth, L. T.; Schenck-Gustafsson, K.; Fridner, A.	2013	What makes physicians go to work while sick: a comparative study of sickness presenteeism in four European countries (HOUPE)	Swiss Medical Weekly	1	Occupational health	Sickness presenteeism
Senden, M. G.; Schenck-Gustafsson, K.; Fridner, A.	2016	Gender differences in Reasons for Sickness Presenteeism - a study among GPs in a Swedish health care organization	Annals of Occupational and Environmental Medicine	1	Occupational health	Sickness presenteeism

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Sheridan, Alison	2004	Chronic Presenteeism: The Multiple Dimensions to Men's Absence from Part-Time Work	Gender, Work & Organization	2	Women's Studies	Presenteeism
Simpson, Ruth	1998	Presenteeism, Power and Organizational Change: Long Hours as a Career Barrier and the Impact on the Working Lives of Women Managers	British Journal of Management	1	Organizational behavior	Presenteeism
Skagen, Kristian; Collins, Alison M.	2016	The consequences of sickness presenteeism on health and wellbeing over time: A systematic review	Social Science & Medicine	2	Multidisciplinarity	Sickness presenteeism
Skerjanc, A.; Dodic Fikfak, M.	2014	SICKNESS PRESENCE AMONG DISABLED WORKERS AT THE UNIVERSITY MEDICAL CENTRE LJUBLJANA	Zdravstveno Varstvo	1	Occupational health	Sickness presence
Skerjanc, A.; Fikfak, M. D.	2015	SICKNESS PRESENCE AND STRESSFUL LIFE EVENTS OF HEALTH CARE WORKERS	Central European Journal of Public Health	1	Occupational health	Sickness presence
Smith, D. J.	1970	ABSENTEEISM AND PRESENTEEISM IN INDUSTRY	Archives of Environmental Health	1	Occupational health	Presenteeism
Taloyan, Marina; Aronsson, Gunnar; Leineweber, Constanze; Hanson, Linda Magnusson; Alexanderson, Kristina; Westerlund, Hugo	2012	Sickness presenteeism predicts suboptimal self-rated health and sickness absence: A nationally representative study of the Swedish working population	PLoS ONE	1	Multidisciplinarity	Sickness presenteeism

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Author	Year	Title	Journal	NSD	Academic Discipline	Concept
Vingård, E.; Alexanderson, K.; Norlund, A.	2004	Chapter 10. Sickness presence	Scandinavian Journal of Public Health	1	Occupational health	Sickness presence
Yıldız, Harun; Yıldız, Bora; Zehir, Cemal; Aykaç, Mustafa	2015	The Antecedents of Presenteeism and Sickness Absenteeism: A Research in Turkish Health Sector	Procedia - Social and Behavioral Sciences	1	Organizational behavior	Presenteeism

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Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Agudelo-Suarez, A. A.; Benavides, F. G.; Felt, E.; Ronda-Perez, E.; Vives-Cases, C.; Garcia, A. M.	2010	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Inferred from SA	Spain
Al Nuhait, Mohammed; Al Harbi, Khaled; Al Jarboa, Amjad; Bustami, Rami; Alharbi, Shmaylan; Albekairy, Abdulkareem; Almodaimegh, Hind	2017	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Unspecified	Saudi Arabia
Aronsson, Gunnar; Gustafsson, Klas	2005	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Sweden
Aronsson, Gunnar; Gustafsson, Klas; Dallner, Margareta	2000	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Sweden
Baeriswyl, Sophie; Krause, Andreas; Elfering, Achim; Berset, Martial	2017	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Unspecified	Germany
Baker-McClearn, Denise; Greasley, Kay; Dale, Jeremy; Griffith, Frances	2010	Empirical Study	Qualitative	Multiple case	Secondary data	Unspecified	United Kingdom
Bergström, G.; Bodin, L.; Hagberg, J.; Aronsson, G.; Josephson, M.	2009	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Sweden
Bergström, G.; Bodin, L.; Hagberg, J.; Lindh, T.; Aronsson, G.; Josephson, M.	2009	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Sweden
Bierla, Ingrid; Huver, Benjamin; Richard, Sébastien	2013	Empirical Study	Quantitative	Unspecified	Administrative records	Inferred from SA	France

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Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Brown, Sarah; Sessions, John G.	2004	Theoretical Article	N.A.	N.A.	N.A.	N.A.	United Kingdom
Böckerman, Petri; Laukkanen, Erkki	2010	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Finland
Böckerman, Petri; Laukkanen, Erkki	2010	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Finland
Böckerman, Petri; Laukkanen, Erkki	2009	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Finland
Caverley, Natasha; Cunningham, J. Barton; MacGregor, James N.	2007	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Canada
Chang, Yao-Tsung; Su, Chien-Tien; Chen, Ruey-yu; Yeh, Ching-Ying; Huang, Pai-Tsang; Chen, Chiou-Jong; Chu, Ming	2015	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Descriptive	Taiwan
Chatterji, Monojit; Tilley, Colin J.	2002	Theoretical Article	N.A.	N.A.	N.A.	N.A.	United Kingdom
Cho, Y. S.; Park, J. B.; Lee, K. J.; Min, K. B.; Baek, C. I.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Descriptive	South Korea
Cicei, Cristiana Cătălina; Mohorea, Laura; Teodoru, Anca Alexandra	2013	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Romania

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Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Claes, Rita	2011	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Multiple
Collins, Alison; Cartwright, Susan	2012	Empirical Study	Qualitative	Unspecified	Interview	Normative	United Kingdom
Conway, P. M.; Clausen, T.; Hansen, A. M.; Hogh, A.	2016	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Descriptive	Denmark
Cooper, Cary L.; Luo, Lu	2016	Theoretical Article	N.A.	N.A.	N.A.	N.A.	Multiple
Cullen, John; McLaughlin, Andrew	2006	Empirical Study	Qualitative	Unspecified	Secondary data	N.A.	Ireland
Deery, Stephen; Walsh, Janet; Zatzick, Christopher D.	2014	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	United Kingdom
Demerouti, Evangelia; Le Blanc, Pascale M.; Bakker, Arnold B.; Schaufeli, Wilmar B.; Hox, Joop	2009	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Descriptive	The Netherlands
d'Errico, A.; Ardito, C.; Leombruni, R.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Descriptive	Multiple
Dew, Kevin; Keefe, Vera; Small, Keitha	2005	Empirical Study	Qualitative	Multiple case	Interview	Unspecified	New Zealand

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Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Dew, Kevin; Taupo, Trina	2009	Empirical Study	Qualitative	Unspecified	Interview	Unspecified	New Zealand
Dhaini, S.; Zuniga, F.; Ausserhofer, D.; Simon, M.; Kunz, R.; De Geest, S.; Schwendimann, R.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Switzerland
Dhaini, Suzanne R.; Zúñiga, Franziska; Ausserhofer, Dietmar; Simon, Michael; Kunz, Regina; De Geest, Sabina; Schwendimann, Rene	2017	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Descriptive	Switzerland
Dudenhöffer, Sarah; Claus, Matthias; Schöne, Klaus; Letzel, Stephan; Rose, Dirk-Matthias	2017	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Germany
Elstad, Jon Ivar; Vabø, Mia	2008	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Multiple
Galon, T.; Briones-Vozmediano, E.; Agudelo-Suarez, A. A.; Felt, E. B.; Benavides, F. G.; Ronda, E.	2014	Empirical Study	Qualitative	Unspecified	Focus group interview	Descriptive	Spain
Gatrell, Caroline Jane	2011	Empirical Study	Qualitative	Multiple case	Interview	N.A.	United Kingdom
Gerich, J.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Austria
Gerich, J.	2014	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Austria

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Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Gerich, Joachim	2015	Methodological Article	Quantitative	Simulation	Secondary data	Inferred from SA	N.A.
Giæver, F.; Lohmann-Lafrenz, S.; Lovseth, L. T.	2016	Empirical Study	Qualitative	Unspecified	Interview	Descriptive	Norway
Godøy, Anna	2016	Empirical Study	Quantitative	Longitudinal	Administrative records	N.A.	Norway
Gosselin, E.; Lemyre L.; Corneil W.	2013	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Descriptive	Canada
Grinyer, Anne; Singleton, Vicky	2000	Empirical Study	Mixed methods	Mixed methods	Survey & interview	Normative	United Kingdom
Gustafsson, K.; Marklund, S.	2014	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Sweden
Gustafsson, Klas; Marklund, Staffan	2011	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Sweden
Halbesleben, Jonathon R. B.; Whitman, Marilyn V.; Crawford, Wayne S.	2014	Theoretical Article	N.A.	N.A.	N.A.	N.A.	United States
Hansen, C. D.; Andersen, J. H.	2009	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Denmark

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Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Hansen, Claus D.; Andersen, Johan H.	2008	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Denmark
Heponiemi, Tarja; Elovainio, Marko; Pentti, Jaana; Virtanen, Marianna; Westerlund, Hugo; Virtanen, Pekka; Oksanen, Tuula; Kivimäki, Mika; Vahtera, Jussi	2010	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Finland
James, N. MacGregor; J. Barton Cunningham; Natasha, Caverley	2008	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Canada
Janssens, H.; Clays, E.; De Clercq, B.; De Bacquer, D.; Braeckman, L.	2013	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Belgium
Janssens, H.; Clays, E.; de Clercq, B.; de Bacquer, D.; Casini, A.; Kittel, F.; Braeckman, L.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Unspecified	Belgium
Johansen, V.; Aronsson, G.; Marklund, S.	2014	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Multiple
Johansson, G.; Gustafsson, K.; Marklund, S.	2015	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Sweden
Johansson, Gun; Lundberg, Ingvar	2004	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Sweden

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Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Johns, Gary	2011	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Descriptive	Canada
Johns, Gary	2010	Review Article	N.A.	Review	Secondary data	Multiple	Canada
Jourdain, Geneviève; Vézina, Michel	2014	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Canada
Karanika-Murray, Maria; Pontes, Halley M.; Griffiths, Mark D.; Biron, Caroline	2015	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	United Kingdom
Karimi, Leila; Cheng, Cindy; Bartram, Timothy; Leggat, Sandra G.; Sarkeshik, Sara	2015	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Unspecified	Australia
Karoly, Paul; Ruhlman, Linda S.; Okun, Morris A.	2013	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	N.A.	United States
Kim, J. Y.; Lee, J.; Muntaner, C.; Kim, S. S.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Descriptive	South Korea
Kim, Joohyun; Suh, Eunyong E.; Ju, Sejin; Choo, Hyunsim; Bae, Haejin; Choi, Hyungjin	2016	Empirical Study	Qualitative	Grounded theory	Focus group interview	Descriptive	South Korea
Krane, L.; Larsen, E. L.; Nielsen, C. V.; Stapelfeldt, C. M.; Johnsen, R.; Risor, M. B.	2014	Empirical Study	Qualitative	Multiple case	Focus group interview	Unspecified	Multiple

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Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Leineweber, C.; Westerlund, H.; Hagberg, J.; Svedberg, P.; Alexanderson, K.	2012	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Sweden
Leineweber, Constanze; Westerlund, Hugo; Hagberg, Jan; Svedberg, Pia; Luokkala, Marita; Alexanderson, Kristina	2011	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Sweden
Lu, Luo; Cooper, Cary L.; Lin, Hui Yen	2013	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Multiple
Lu, Luo; Lin, Hui Yen; Cooper, Cary L.	2013	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Taiwan
Lu, Luo; Peng, Si-Qing; Lin, Hui Yen; Cooper, Cary L.	2014	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	China
Löve, Jesper; Grimby-Ekman, Anna; Eklöf, Mats; Hagberg, Mats; Dellve, Lotta	2010	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Sweden
Marklund, Staffan; Aronsson, Gunnar; Johansen, Vegard; Solheim, Liv Johanne	2015	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Multiple
Markussen, Simen; Mykletun, Arnstein; Røed, Knut	2012	Empirical Study	Quantitative	Longitudinal	Administrative records	N.A.	Norway
Miraglia, Mariella; Johns, Gary	2016	Review Article	Quantitative	Meta-analytic	Secondary data	Multiple	Multiple

Appendix C – Overview of Included Articles Part II

Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Morken, T.; Haukenes, I.; Magnussen, L. H.	2012	Empirical Study	Qualitative	Multiple case	Interview	Descriptive	Norway
Munir, Fehmidah; Yarker, Joanna; Haslam, Cheryl	2008	Empirical Study	Mixed methods	Mixed methods	Survey & interview	Unspecified	United Kingdom
Nelson, Candace; Shaw, William; Robertson, Michelle	2016	Empirical Study	Qualitative	Grounded theory	Interview	Unspecified	United States
Nielsen, Karina; Daniels, Kevin	2016	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Descriptive	Denmark
Niven, Karen; Ciborowska, Natalia	2015	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	United Kingdom
Panari, C.; Simbula, S.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Italy
Pit, S. W.; Hansen, V.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Australia
Pohling, Rico; Buruck, Gabriele; Jungbauer, Kevin-Lim; Leiter, Michael P.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Germany
Rainbow, Jessica G.; Steege, Linsey M.	2017	Theoretical Article	N.A.	Evolutionary concept analysis	Secondary data	Normative	United States

Appendix C – Overview of Included Articles Part II

Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Rantanen, I.; Tuominen, R.	2011	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Finland
Rebmann, Terri; Turner, James Austin; Kunerth, Allison K.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Descriptive	United States
Rostad, Ingrid Steen; Milch, Vibeke; Saksvik, Per Øystein	2015	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Norway
Sanderson, K.; Cocker, F.	2013	Review Article	N.A.	Review	Secondary data	Multiple	Australia
Senden, M. G.; Lovseth, L. T.; Schenck-Gustafsson, K.; Fridner, A.	2013	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Multiple
Senden, M. G.; Schenck-Gustafsson, K.; Fridner, A.	2016	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Sweden
Sheridan, Alison	2004	Theoretical Article	N.A.	N.A.	N.A.	N.A.	Australia
Simpson, Ruth	1998	Empirical Study	Mixed methods	Mixed methods	Survey & interview	N.A.	United Kingdom
Skagen, Kristian; Collins, Alison M.	2016	Review Article	N.A.	Systematic review	Secondary data	Multiple	Multiple

Appendix C – Overview of Included Articles Part II

Author	Year	Type Of Article	Type of study	Research Design	Data Collection Methods	SP measure	Country
Skerjanc, A.; Dodic Fikfak, M.	2014	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Unspecified	Slovenia
Skerjanc, A.; Fikfak, M. D.	2015	Empirical Study	Qualitative	Cross-sectional	Self-report questionnaire	Normative	Slovenia
Smith, D. J.	1970	Review Article	N.A.	Review	Secondary data	Inferred from SA	United States
Taloyan, Marina; Aronsson, Gunnar; Leineweber, Constanze; Hanson, Linda Magnusson; Alexanderson, Kristina; Westerlund, Hugo	2012	Empirical Study	Quantitative	Longitudinal	Self-report questionnaire	Normative	Sweden
Vingård, E.; Alexanderson, K.; Norlund, A.	2004	Review Article	N.A.	Review	Secondary data	Multiple	Sweden
Yıldız, Harun; Yıldız, Bora; Zehir, Cemal; Aykaç, Mustafa	2015	Empirical Study	Quantitative	Cross-sectional	Self-report questionnaire	Normative	Turkey

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Preliminary Thesis Report

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Introduction

Introduction and background

Presenteeism is most commonly defined as attending work while ill, but doctors, economists, and psychologists have defined presenteeism in different ways, reflecting their varying research focus. Until the late 1990s presenteeism was a fairly unknown concept to organizational scholars, but it has now emerged as an important research field (Johns, 2010).

While scholarly interest in the field increases, there are several challenges both at the conceptual and the methodological level. Over the years, the term has been defined in many ways, and there is still a lack of conceptual clarity (Johns, 2010). Research on presenteeism tends to describe it in operational terms since firmly established theoretical frameworks are lacking (Johns, 2012; Ospina, Dennett, Wayne, Jacobs, & Thompson, 2015). When measures are developed and applied without a guiding theoretical framework, this is problematic; because when research is not guided by theory it tends to repeat itself instead of advancing a field of study (Johns, 2012). In addition, attending work while ill is presented as both a problem and an aspiration, which results in a somewhat ambiguous conceptualization and related measurement issues (Irvine, 2011; Miraglia & Johns, 2016). In the search of a gold standard for measuring presenteeism it is important to remember that science progresses by building theories around concepts, not measures (Ones, 2005).

Overall research purpose and specific research questions

A research problem is an issue, concern, or controversy that the researcher investigates, which can be based on conflicting evidence in literature (Creswell, 2012). As the history of presenteeism reveals, a number of rather different phenomena have been given the name of presenteeism, and this results in conflicting evidence regarding whether presenteeism should be seen as a negative or a positive phenomenon. According to Briner and Reynolds (1999), one consequence of grouping together several phenomena into a single concept, is that it becomes impossible to have a single theory since there is too much to explain.

Purpose of the thesis

The main purpose of this thesis is to create a current overview of the research on presenteeism within the field of organizational psychology, and this includes examining its application in organizational contexts. The first aim is to increase the conceptual clarity by exploring how the definition and application of the concept has evolved over time. The second aim is to identify if existing research can clarify the secondary research questions presented below. The dual path model developed by Miraglia and Johns (2016) sheds some clarity on certain issues by recognizing that presenteeism can be generated by both decay in health and by high job satisfaction. Although this study represents a good starting point, future research will benefit from a deeper conceptual clarification. When various definitions of presenteeism are used, it is difficult to compare studies and to determine the underlying causes of presenteeism.

The research questions

Conducting a review starts with formulating clear research questions (McGraw & Anderson, 2009). This thesis is guided by the following research questions:

Primary research question

- What is presenteeism, and what is the current status of this research field within organizational psychology?

Secondary research questions

- Should presenteeism be viewed as a positive or a negative phenomenon, and it is possible to identify different types of presenteeism?
- Which perspectives or logics can be identified in the literature?
- What are the main issues and what is needed for the field to advance?

Justification of the study

A great amount of research on presenteeism has been conducted within occupational medicine, while the concept is relatively unknown to organizational scholars (Johns, 2010). The most recent review written by an organizational scholar was published in 2010 (Johns, 2010), while a meta-analysis on its correlates was published in 2016 (Miraglia & Johns, 2016). Two reasons justify an updated review. First, in terms of the volume of work published since 2010, a

simple search for presenteeism showed 946 hits in databases such as Web of Science, PsycINFO, PsycARTICLES, and Business Source Complete¹. While the meta-analysis by Miraglia and Johns (2016) provides an insight into the correlates of presenteeism, the authors recognize the need for a deeper understanding of when and/or how attending work while ill is a positive or a negative phenomenon (Miraglia & Johns, 2016). However, a discussion on whether different types of presenteeism are actually reflected in the literature, is lacking. It seems plausible that including such a discussion in a review can contribute to a deeper understanding. Second, building on this point, it may be argued that presenteeism can be understood from an individual, organizational, and societal perspective; however, only one article has identified the applied perspective in the literature, and this review only included four studies (Vingård, Alexanderson, & Norlund, 2004). Elaborating on this review can contribute to a deeper understanding of presenteeism, which will benefit both scholars and organizations alike.

Theoretical Foundation

In a thesis, the theoretical foundation identifies definitions of key concepts and theories that relate to the chosen topic (Bryman & Bell, 2015). The first part of this chapter will explore and evaluate how scholars have defined presenteeism, and conclude with a proposed conceptualization of key concepts. The second part of the chapter will briefly present theories applied in research on presenteeism.

What is presenteeism?

Presenteeism derives from the word *presentee*, i.e. a person who is present, with a suffix added at the end to form a simple noun of action (Presenteeism, 2017). The word *presentee* can be traced back to a novel by Mark Twain published in 1892 (Presentee, 2017). In his novel, *The American Claimant*, he wrote:

***She wouldn't be reminded, at that table, that there was an
absentee who ought to be a presentee—a word which she***

¹ The search was conducted in March, 2017, and showed 689 hits in Web of Science, 150 in PsycINFO, 9 in PsycARTICLES, and 98 in Business Source Complete

meant to look out in the dictionary at a calmer time.

(Twain, 1892)

Whether looking it up in a dictionary gave her greater clarity or not, one can only imagine. What we *do* know is that society and the conceptual context has changed fundamentally since Mark Twain published his novel.

Today, presenteeism is most frequently referred to as attending work while ill (Johns, 2010). However, over the years the term has been conceptualized in various ways, as illustrated by the associated definitions in *The Oxford English Dictionary Online* (Presenteeism, 2017):

- The fact or condition of being present, especially at work
- The practice of working more hours than is required by one's term of employment, or of continuing to work without regard to one's health, especially because of perceived job insecurity
- The practice of attending a job but not working at full capacity, especially because of illness or stress

In addition, an even greater number of definitions have been given or implied in scientific research, summarized by in Table 1. The span of these definitions illustrates how the understanding of the concept has changed over time, leading to the current conceptual ambiguity.

Table 1. Definitions of Presenteeism (Johns, 2010, p. 521)

a.	Attending work, as opposed to being absent (Smith, 1970)
b.	Exhibiting excellent attendance (Canfield & Soash, 1955)
c.	Working elevated hours, thus putting in “face time,” even when unfit (Simpson, 1998; Worrall, Cooper, & Campbell, 2000)
d.	Being reluctant to work part time rather than full time (Sheridan, 2004)
e.	Being unhealthy but exhibiting no sickness absenteeism (Kivimaki et al., 2005)
f.	Going to work despite feeling unhealthy (Aronsson, Gustafsson, & Dallner, 2000; Dew, Keefe, & Small, 2005)
g.	Going to work despite feeling unhealthy or experiencing other events that might normally compel absence (Evans, 2004; Johansson & Lundberg, 2004)
h.	Reduced productivity at work due to health problems (Turpin et al., 2004)

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- i. Reduced productivity at work due to health problems or other events that distract one from full productivity (Hummer, Sherman, & Quinn, 2002; Whitehouse, 2005)
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Presenteeism as a concept or a construct?

To understand the scientific problems associated with conceptual ambiguity, it is important to recognize the purpose of concepts in scientific research. Described in basic terms, concepts help us organize and convey our research findings, in the sense that they limit and clarify our research interest. They can either represent an existing research field that we wish to investigate further, or they can be novel outcomes of our research. In both cases, they are important components of the scientific theories that we apply to explain the main issues within our research field (Bryman & Bell, 2015). When evaluating these explanations, and the data collected to support them, it is crucial that we know “what the main concepts are...and what controversies (if any) surround them” (Bryman & Bell, 2015, p. 10).

In psychology, *constructs* and *concepts* are often used interchangeably, and they are subject to an ongoing theoretical debate (Warren, 1991). Concepts can be defined as “categories for the organization of ideas and observations”, and they can be theoretical or observable (Bulmer, 1984, p. 43; Slaney & Racine, 2013a). Despite their frequent use in the social and behavioral sciences, clear definitions of *constructs* are rare. A contemporary view holds that constructs are a special class of theoretical concepts in the sense that they represent something that cannot be directly observed, but which is constructed by researchers to account for relationships in behavior (Slaney & Racine, 2013a; Thorndike & Hagen, 1969).

In practice, constructs and concepts are often used interchangeably, and many scholars question the usefulness of the term construct (Slaney & Racine, 2013b). This thesis will therefore refer to presenteeism as a concept, by adopting the view that “Constructs are concepts and they are used to represent some feature... of psychological reality under study” (Slaney & Racine, 2013b, p. 10).

The importance of conceptual clarity for research on presenteeism

If empirical findings are to advance our knowledge of a research field, they have to be organized based on clearly defined concepts (Bryman & Bell, 2015). Our thoughts are at best “opaque and blurred” when they are not guided by clear propositions made true or false by facts (Wittgenstein, 1922, p. 10). The underlying issue concerning the use of ambiguous concepts in scientific research is that our perception of these concepts can be colored by the implicit mental representations that we often hold (Van Knippenberg & Sitkin, 2013). Essentially, our perceptions, which are often normative, guide our thoughts, our understanding, and the type of questions that we ask ourselves, both as scholars and practitioners. Thus, to separate between the descriptive and the normative in scientific research, it is crucial that the concepts applied are clearly defined.

Since concepts are components of language, which function is to create meaning, the importance of conceptual clarity can further be illustrated by Wittgenstein’s investigations into language and communication (Slaney & Racine, 2013b; Wittgenstein, 1922). In *Tractatus Logico-Philosophicus* he is concerned with the conditions for *accurate symbolism* or uniqueness of meaning (Wittgenstein, 1922). According to his ideas, accurate symbolism is necessary to create a logically perfect language and thus avoid communication problems and misuse of language. In a logically perfect language “there should be one name for every simple, and never the same name for two different simples” (Wittgenstein, 1922, p. 8). He does not refer to this as conceptual clarity, but his ideas can easily be applied to illustrate conceptual clarity. In line with his thoughts, a word should have a unique and definite meaning, representing a specific relation between a word and that which it refers to (Wittgenstein, 1922).

Inspired by the writings of Wittgenstein (1922): in the literature on presenteeism the same *name* is applied for several different *simples*. This means that the concept is often used without considering or clarifying its origins and prerequisites, which is problematic if the field is to advance for two reasons (Wikman, Marklund, & Alexanderson, 2005). First, conceptual clarity is a necessary condition of empirical investigations, which are crucial for gaining new

knowledge on presenteeism (Lovasz & Slaney, 2013). When various definitions of presenteeism are used, it is difficult to compare studies and to determine the underlying causes of presenteeism. Second, one consequence of grouping together several phenomena into a single concept is that it becomes impossible to have *one* single theory that can explain everything (Briner & Reynolds, 1999). This allows for the development of various theoretical frameworks, however, few can currently be identified in the literature, and existing measures are rarely rooted in theory (Cooper & Luo, 2016).

Presenteeism in a historical perspective

Examining how the definition of presenteeism has evolved over time aims at increasing the conceptual clarity by viewing presenteeism as a contextually contingent concept, subject to change in the light of social and organizational changes. When a concept is contextually contingent, “Ascribing a given concept at one point in time may be abandoned in favor of other ground due to some relevant empirical discovery” (Lovasz & Slaney, 2013, p. 30). As a result, the various definitions of such concepts can be seen as reflections of the issues that we face in society, which tend to define our research interest and guide our empirical investigations.

The following section aims at increasing conceptual clarity by identifying the potential issues underlying the different definitions of presenteeism, while making use of an organizing framework, presented in Table 2, which will serve as a guide for the reader. The following examination of the concepts will be elaborated in the discussion chapter of this thesis.

Table 2. Employee absenteeism and presenteeism

		With illness
Being present at work when scheduled	Presenteeism	Sickness presenteeism
Not being present at work when scheduled	Absenteeism	Sickness absenteeism

Presenteeism and its relationship to absenteeism

In the literature, presenteeism was originally applied as an antonym for *absenteeism*; when one increases the other decreases (Presenteeism, 2017). While the word presentee can be traced back to 1892, the word *absentee* was mentioned as far back as in 1537, in an act by King Henry VIII (Absentee, 2017; Presentee, 2017). As the history of *absenteeism* reveals, it was initially defined as “The practice of residing away from one’s home, country, property, or place of work”, and the underlying issue of this definition was the rack-rent placed upon Irish tenants by landlords holding property in Ireland, but residing in England (Absentee, 2017; Absenteeism, 2017).

A more current definition of absenteeism, which reflects the contextual change from agricultural society to industrial society, is “The persistent habit of absenting oneself (from work, church, school, etc.)” (Absenteeism, 2017). This definition coincides with “Absenteeism” in Table 2, which in an organizational context implies the act of not being present at work when scheduled, for various reasons. Research shows that sickness is the most common cause of absenteeism, and sickness absenteeism can thus be used to specify the specific cause of absenteeism, as illustrated in Table 2 (Uris, 1955). The underlying issue of the current definition of absenteeism can be identified as “how to discourage absence of workers by finding causes, taking action”, and the actors facing this issue are primarily the managers, in addition to the state in certain societies (Uris, 1955, p. 348). In the literature, identifying the causes of absenteeism was seen as crucial to developing the correct organizational policies (Uris, 1955).

Implementing policies to punish and reduce absenteeism, such as posting the names of absentees on bulletin boards, was not well received by employees. Instead of lowering absenteeism, it resulted in undesirable employee behaviors such as low morale and turnover (Stolz, 1993; Uris, 1955). Therefore, to remedy the situation managers had to frame the issue of absenteeism in a more positive way, and this was done by focusing on presenteeism instead of absenteeism when communicating with the employees (Smith, 1970). A case in point can be found in an article published in the *National Liquor Review* in 1943:

The Kaiser Company's public relation officials discovered that the term 'absenteeism' irked the people who read it...The Kaiser Company...changed its policy and praised those who were on the job by using the term 'presenteeism.'
(As cited in Presenteeism, 2017)

In Table 1 the two first definitions of presenteeism illustrate the shift of focus from absenteeism to presenteeism:

- a. "Attending work, as opposed to being absent" (Smith, 1970, as cited in Johns, 2010, p. 521)
- b. "Exhibiting excellent attendance" (Canfield & Soash, 1955, as cited in Johns, 2010, p. 521)

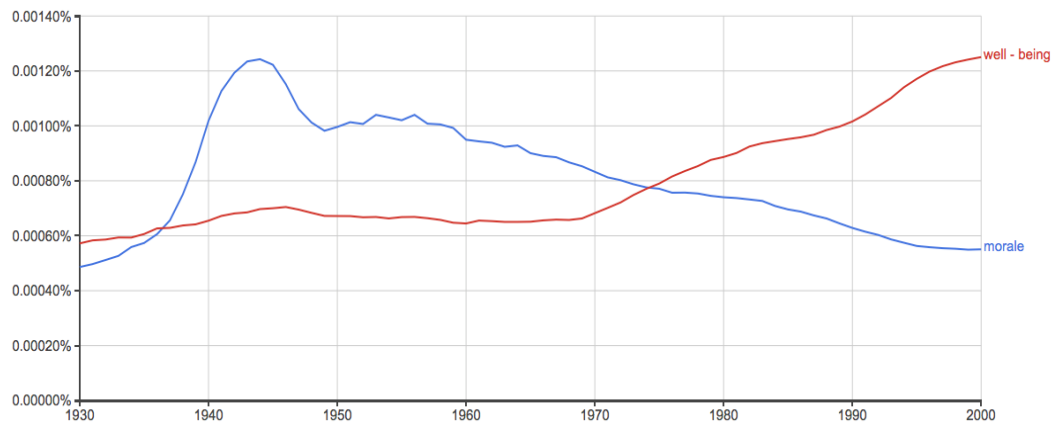
This positive framing is supported by literature published in 1930 - 1970: Uris (1955) encourages managers to build presenteeism instead of punishing absenteeism, while Stolz (1993) sees rewarding presenteeism instead of penalizing absenteeism as a technique to control employee turnover. Further, a way to integrate the two concepts is proposed by Smith (1970): management should develop policies addressing absenteeism, while emphasizing presenteeism when counseling employees on these policies. However, building presenteeism proved to be more difficult for managers than finding the right remedies for absenteeism.

Presenteeism and its relationship to morale and well-being

While absenteeism was initially seen as something that afflicted certain individuals (i.e. trouble makers with bad morale) outside the control of managers, presenteeism was found to be closely coupled with management factors and working conditions (Smith, 1970; Uris, 1955). This means that the change of focus from absenteeism to presenteeism can be said to illustrate the change of focus from employee *morale* to employee *well-being*. Instead of penalizing employees with bad morale, managers had to understand how they could increase employee well-being (Uris, 1955).

This change of focus in the literature can be seen by conducting a simple search in Google Books Ngram Viewer (2017) with the keywords morale and well-being. Even though Illustration 1 should not be considered scientific evidence, it can point to a potential shift in scholarly interest. The graphs can be used to illustrate a heightened interest in absenteeism during World War II, represented by the morale graph, while the well-being graph can potentially illustrate how presenteeism gained increased scholarly attention after the 1970s (Smith, 1970).²

Illustration 1. Literature on morale and well-being from 1930 - 2000



² The amount of literature on absenteeism is much greater than the literature on presenteeism to illustrate this shift in Google Books Ngram Viewer by the use of these two search words

Presenteeism and its relationship to health

The change of focus from absenteeism to presenteeism had unintended consequences, which resulted in a new issue confronting managers. When employees were rewarded for perfect attendance, they also tended to show up for work in cases of ill health, which is sometimes specified as *sickness presenteeism* by scholars (Uris, 1955). Looking back at Table 1, one can say that definitions c, e, and f actually define sickness presenteeism and not presenteeism:

- c. “Working elevated hours, thus putting in ‘face time,’ even when unfit” (Simpson, 1998; Worrall et al., 2000 as cited in Johns, 2010, p. 521)
- e. “Being unhealthy but exhibiting no sickness absenteeism” (Kivimäki et al., 2005 as cited in Johns, 2010, p. 521)
- f. “Going to work despite feeling unhealthy” (Aronsson et al., 2000; Dew et al., 2005, as cited in Johns, 2010, p. 521)

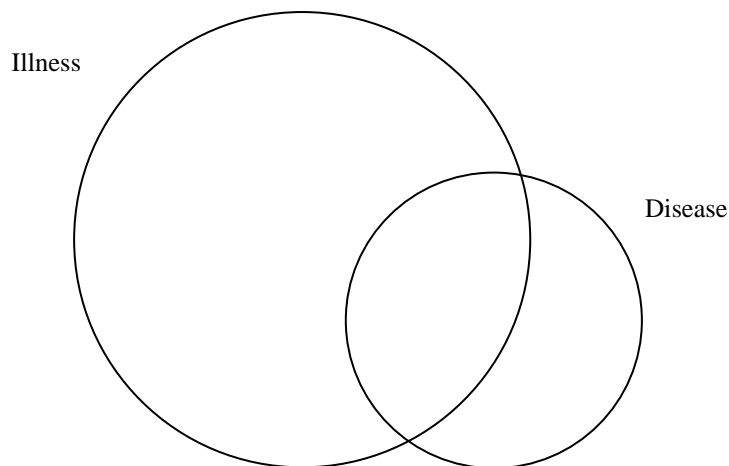
However, in their writings on employee health in the workplace, many scholars tend not to differentiate between presenteeism and sickness presenteeism, and they are prone to using sickness and illness as interchangeable concepts of ill health (Wikman et al., 2005). On the contrary, Wikman et al. (2005) have identified illness, disease, and sickness as different aspects of ill health that have a low degree of overlap. Illness, on the one hand, can be defined as “the ill health the person identifies themselves with, often based on self reported mental or physical symptoms”, and is seen as a wide concept that might or might not overlap with a disease diagnosed with by a medical doctor. Sickness, on the other hand, is related to “the social role a person with illness...takes or is given in society, in different arenas of life“ (Wikman et al., 2005, p. 450). The social role that an employee with illness takes or is given at work, is influenced not only by the ill health the person identifies themselves with, i.e. their illness, but the actual conditions in society, in the labor market, and in the employee’s ability to cope with and influence these conditions (Wikman et al., 2005, p. 451). The interchangeable use of illness and sickness, and presenteeism and sickness presenteeism, results in conceptual ambiguity, which can easily be avoided by applying the correct term.

The first true challenge can be seen in definition g in Table 1:

- g. “Going to work despite feeling unhealthy or experiencing other events that might normally compel absence” (Evans, 2004; Johansson & Lundberg, 2004 as cited in Johns, 2010, p. 521)

Including the word “compel”, without defining the conditions for compelled absence is problematic. Is it the employee, the employer, the union, the medical doctor, or the state that should define what constitutes compelled absence? Building upon the works of Wikman et al. (2005) various actors will have an interest in defining the different aspects of an employee’s ill health, when compelled absence is justified by ill health. The medical doctor acts as an impartial judge of whether the person suffers from a disease or not and whether the associated symptoms affect their working ability or not in a specific working environment. However, the illness, i.e. the ill health the person identifies themselves with, does not necessarily overlap with the doctor’s assessment, which makes this a more complicated issue, as illustrated by Figure 2. In basic terms, different situations have different effects on different people.

Figure 2. Relation between illness and disease (Wikman et al., 2005)



The interests of all of the actors mentioned above are of importance when defining the requirements for compelled absence due to ill health. This is because when you grant somebody the right to stay at home or to work with reduced capacity,

someone has to pay for it. However, in research, an employee's ill health and its effect on their working ability are most commonly assessed by self-report questionnaires. The use of self-report questionnaires as the only measurement method is problematic for several reasons. For now, it is sufficient to note that these questionnaires are inadequate in developing a deeper understanding of sickness presenteeism. This is because they do not capture the perspective and the underlying interests of the other actors. And their perspective is important in understanding the social role a person who is present at work with illness takes or is given.

Presenteeism and its relationship to productivity

When taking the perspective of the employer, sickness presenteeism is an issue confronting managers in the sense that it can reduce employee productivity. This issue is commonly presented as “how to ensure full productivity”, and it is reflected in definition h and i in Table 1:

- h. “Reduced productivity at work due to health problems” (Turpin et al., 2004, as cited in Johns, 2010, p. 521)
- i. “Reduced productivity at work due to health problems or other events that distract one from full productivity” (Hummer et al., 2002; Whitehouse, 2005, as cited in Johns, 2010, p. 521)

There are several challenges associated with defining presenteeism as “reduced on the job productivity due to employee health” (Schultz, Chen, & Edington, 2009, p. 366). The first challenge is reflected in the jingle fallacy, which can be described “as the occurrence of two constructs with identical names referencing different real-world phenomena” (Larsen & Bong, 2016, p. 4). The tradition of defining presenteeism as “reduced on the job productivity due to employee health” derives from cost-of-illness (COI) studies conducted within the occupational medicine, and the relationship between ill health and productivity has been extensively studied under the heading “the cost of presenteeism to employers” (Kigozi, Jowett, Lewis, Barton, & Coast, 2017; Schultz et al., 2009, p. 366). The jingle fallacy is illustrated by applying two different definitions of presenteeism to the

research topic “the cost of presenteeism to employers”. When presenteeism is defined as an antonym for absenteeism (the act of being present at work when scheduled) the research topic becomes “the cost of employees being present at work when scheduled, to employers”, but when presenteeism is defined as “reduced on the job productivity due to employee health” the research topic becomes “the cost of reduced on the job productivity due to employee health, to employers”. This exercise shows that when the same concept is torn across various logics or perspectives it does no longer provide a meaningful interpretation because the same *name* is applied for different *simples* (Wittgenstein, 1922).

The second challenge concerns how productivity should be defined and which indicators should be used to measure it. Measures of individual productivity that capture all contributing factors have not yet been properly developed, and productivity is therefore difficult to capture, especially for knowledge workers. As a result, productivity is most commonly measured by employee self-assessment (Johns, 2012). The use of self-assessment as the only measurement method is associated with certain measurement issues that will be explained in the chapter “The measurement of presenteeism”.

The third challenge is the tendency to “conflate the act of presenteeism...with its consequences (any resulting productivity loss)”, thus conflating cause and effect and reducing conceptual clarity (Johns, 2012, p. 209). As a case in point, *leadership*, specifically *charismatic-transformational leadership*, is a concept, which has received criticism for confounding cause and effect (Van Knippenberg & Sitkin, 2013). A clear conceptual definition is lacking, and the current conceptualization confounds leadership with its effects on followers, e.g. “motivating performance beyond expectations, inspiring innovation and change” (Van Knippenberg & Sitkin, 2013, p. 4). This reveals similarities to defining presenteeism as “reduced on the job productivity due to employee health” in the sense that both concepts are defined in terms of their effect: Presenteeism in terms of employee performance, and leadership in terms of follower performance

(Schultz et al., 2009, p. 366). It is a logic flaw to define a concept in terms of its effect, and should thus be avoided.

In addition to being a logic flaw, it reduces our ability to draw valid conclusions regarding the impact of the concept. This means that it becomes impossible to conduct scientific studies on the relationship between presenteeism and productivity loss, since presenteeism is literally by definition *reduced productivity* (Van Knippenberg & Sitkin, 2013). Further, one cannot exclude that parts of the assessed productivity loss might actually be caused by other factors not included in the questionnaire (Johns, 2012). The influence of some of these factors was examined in a study by Johns (2011). The results of the study showed that when controlling for overall health, substantial variance in the two measures of presenteeism: SPS-6 and WLQ could be explained by “neuroticism, conscientiousness, perceived ease of replacement, job security, and work-family conflict” (Johns, 2011; 2012, p. 210). Considering that social psychological factors have been given limited attention in research on the costs associated with sickness presenteeism, these costs might be highly overestimated (Johns, 2011).

Presenteeism and its relationship to job satisfaction

Presenteeism, or more specifically sickness presenteeism, tends to have a negative connotation of attendance pressure and productivity loss. However, recently there is another concept that has sparked the interest of organizational scholars studying presenteeism, namely job satisfaction. Self-reported job satisfaction is strongly linked to employee well-being, and as a result researchers often operationalize employee well-being as job satisfaction (Cropanzano & Wright, 2001; Faragher, Cass, & Cooper, 2005). The interest in employee well-being was described in a previous section when discussing the shift of focus from absenteeism to presenteeism. However, the currently sparked interest is motivated by two different findings. The first finding is the connection between well-being and productivity, known as the happy-productive worker thesis, which is based on the assumption that happy workers are also productive workers (Cropanzano & Wright, 2001; Danna & Griffin, 1999). The second finding is the connection

between health and well-being, which is based on the idea that human health is defined by more than the absence of illness (Ryff, Singer, & Love, 2004).

The underlying issue that is guiding the current research interest is the need to understand why people come to work while ill, when it cannot be explained by constraints on absenteeism. This issue is exemplified by definition g in :

- g. “Going to work despite feeling unhealthy or experiencing other events that might normally compel absence” (Evans, 2004; Johansson & Lundberg, 2004, as cited in Johns, 2010, p. 521)

Including both health and well-being, as antecedents in the discussion on presenteeism, allows for a dual understanding of the concept as both negative and positive (Miraglia & Johns, 2016). However, whether the issue of going to work while ill should be considered a negative or positive phenomenon will depend on the applied perspective, e.g. the perspective of the employee, the employer, the union, the medical doctor, or the state. This idea will be elaborated in the discussion section of this thesis. For now it is sufficient to note that such a discussion is lacking the current literature on presenteeism.

Methodology

A review can be defined as a "summary and evaluation of...developments in a specific field" (Review, 2017). This thesis will follow a systematic approach when evaluating the current literature on presenteeism toward clarifying the chosen research questions (*Publication manual of the American Psychological Association*, 2010). Since there are limited methodological guidelines for writing a literature review article within the field of organizational behavior, the process of conducting a systematic review in the medical sciences can be used as a proxy (Tranfield, Denyer, & Smart, 2003). According to Tranfield et al. (2003), applying specific principles of the systematic review methodology can reduce researcher bias and improve the quality of a review by providing a reproducible and transparent methodology. Thus, in this thesis I will apply methodological frameworks developed within the medical sciences (Grant & Booth, 2009; Liberati et al., 2009; PRISMA, 2015).

Tentative Plan for Completion of Thesis

March will be spent on making adjustments according to the received feedback and finalizing the theoretical foundation. In addition, a final search will be performed. The methodology will be finalized before Easter, and the selection process will be performed in April and May. June will be spent on performing the review on the selected articles. Results, discussion, and the remaining chapter will be written in July and August.

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