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Article

Presenteeism, Job Satisfaction, and Psychological Distress among Portuguese Workers in a Private Social Solidarity Institution during the COVID-19 Pandemic: A Cross-Sectional Study

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Abstract: Under normal circumstances, the working population exhibits high levels of psychological distress and presenteeism, a scenario which was exacerbated by the COVID-19 pandemic. Moreover, few studies have analyzed presenteeism during the COVID-19 pandemic, prompting the current research. We aimed to explore the levels of presenteeism and associated factors, job satisfaction, and psychological distress in a sample of Portuguese workers in a Private Social Solidarity Institution (the acronym in Portugal is IPSS). In 2022, an observational, cross-sectional survey of workers from an IPSS in the central region of Portugal was conducted. The study included a total of 71 employees who granted written permission. The survey collected general and professional information, as well as the Stanford Presenteeism Scale (SPS-6), the Job Satisfaction Questionnaire (S20/23), and the Kessler Psychological Distress Scale (K10). Presenteeism was reported by 32 (45.1%) workers and sickness absence by 38 (54.3%). Most of the individual S20/23 evaluations indicated a greater level of satisfaction (mean ≥ 4.5 pts.), except for the question related to salary, which received a higher level of dissatisfaction (mean = 3.36 ± 1.9 pts.). Around 50.7% of participants had a high or very high risk of suffering or of suffering a mental disorder. The correlation matrix indicated a significant moderate positive correlation between presenteeism and job satisfaction and a significant moderate negative correlation between presenteeism and psychological distress ($p < 0.01$). We found five predictors for presenteeism: marital status, quality of sleep, sickness absenteeism, health perception, and psychological distress ($R^2 = 0.358$). We anticipate that our results will spark more studies about the practical consequences of presenteeism for fostering better health and well-being at work.

Keywords: COVID-19 pandemic; presenteeism; job satisfaction; psychological distress; survey; Portugal



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1. Introduction

The global pandemic due to COVID-19 had a substantial influence on individuals and many organizations worldwide (Garretsen et al. 2022). Individuals encountered substantial obstacles to their physical and mental health, as well as alterations in work practices due to local lockdown measures, which were predominantly associated with the adoption of remote work. These challenges demanded a search for a harmonious equilibrium between professional responsibilities and personal/familial obligations. The prevalence of unemployment, furlough programs, and job instability further compounded these difficulties. Concurrently, organizations were compelled to expeditiously reconfigure their workflows and processes, modify their human resource strategies, significantly alter operations, and

devise novel approaches to effectively guide and motivate remote employees and teams (Ferreira et al. 2022). Organizations have endeavored to sustain productivity and profitability amongst the economic challenges associated with the pandemic (Muzi et al. 2023), alongside the concomitant costs of escalating presenteeism (i.e., working while sick) (Kinman and Grant 2021). In the context of a pandemic, the prominence of the concept of mental health may seem paradoxical. In contrast, the risks associated with attending work while sick are readily apparent due to the potential for transmission and the dissemination of the virus inside the workplace (Ferreira et al. 2022; Kinman and Grant 2021).

Meanwhile, research indicates that even during the COVID-19 pandemic, working from home was not a viable option for many occupations, including those in health care and the service sector. Coming to work while sick might endanger customers and other personnel and perhaps promote the transmission of the coronavirus. Consequently, attending work while ill is no longer just a personal choice. However, it has been reconfigured as a workplace habit that has the potential to be harmful, thereby becoming a matter of common concern and a public health problem.

Sickness presenteeism is a complex and dynamic issue without a consensual definition. Initially, most research focused on this behavior defines the term as “attending work while ill” (Johns 2010) or “going to work despite feeling unhealthy”. Recently, Karanika-Murray and Biron (2020) offered a more person-centered and functional definition of presenteeism, describing “presenteeism as goal-directed and purposeful attendance behavior aimed at facilitating adaptation to work in the face of compromised health” (p. 245).

Under typical circumstances, the employee exhibits elevated levels of psychological distress and presenteeism. However, the COVID-19 pandemic exacerbated this situation, as workers faced various significant hazards to their occupational well-being. These hazards encompassed not only direct exposure to the virus but also conflicts arising from the intersection of work and family obligations (Sinclair et al. 2020). As a result of the uncertain and high-risk circumstances in which they found themselves, workers suffered increased degrees of anxiety, distress, and job dissatisfaction (Labrague and de Los Santos 2021; Obrenovic et al. 2021). Despite the relevance of the presenteeism phenomenon during the COVID-19 pandemic, the topic has only been analyzed in a few studies, hence warranting the need for the current investigation.

Research Problem

Evidence shows that presenteeism is reported in several countries, with prevalence ranging from 30% to over 90% (Lohaus and Röser 2019; Karanika-Murray and Cooper 2018). According to the European Working Conditions Survey (Eurofound 2022), which collected data from employees in 27 nations, 28% of workers reported working while unwell at least once in the preceding 12 months, and women were more likely to work when sick than men (31% and 26%, respectively). Presenteeism was more common in jobs with high attendance needs, or so-called “helping professions”, such as caregivers, social workers, and healthcare staff (Aronsson et al. 2000; Kinman 2019). In addition, individuals in the helping professions often have a profound sense of obligation and accountability towards the welfare of others. This may contribute to the heightened pressure to fulfill job obligations, especially in the context of a public health crisis (Kinman and Grant 2021).

Going to work when unwell may have a variety of beneficial and adverse outcomes, not just for people but also for coworkers, businesses, and society. The evidence has focused heavily on the detrimental impacts of presenteeism on productivity (Lohaus and Habermann 2019; Miraglia and Johns 2016). Sickness presenteeism may have an impact on both the amount and quality of labor. Sick employees are more prone to work more slowly than normal, to repeat tasks or make more errors, and to be involved in accidents. Although these issues imply that worker performance and business output with sick workers is lower than if they were healthy, firm productivity may be higher than if they remained at home. Surprisingly, most of these impacts have not been well studied, and it is still uncertain if presenteeism is indeed more expensive than sickness-related absenteeism (Johns 2010).

In addition to the obvious productivity advantages, there are various negative side effects of workplace presenteeism, including poor health and psychological distress, resulting in long-term health concerns (Reuter et al. 2019; Karanika-Murray and Biron 2020). The impact of job stressors and social support inside the workplace on psychological and physical stress responses is mediated through the alteration of sleep patterns (Shimura et al. 2018). Sleep deprivation is also linked to decreased productivity and higher healthcare expenses (Burton et al. 2017). Moreover, going to work unwell is related to a greater risk of future absence due to illness, worse self-reported health, and job dissatisfaction (Skagen and Collins 2016). However, the association between sickness presenteeism and job satisfaction is ambiguous. A meta-analysis found a positive relationship between presenteeism and job satisfaction (Miraglia and Johns 2016), while other primary studies found a negative association (Cho et al. 2016; Pit and Hansen 2016) or no correlation (Gosselin et al. 2013; Gerich 2015).

However, presenteeism may provide certain advantages to those who work despite illness as well as their coworkers (Karanika-Murray and Biron 2020; Lohaus and Habermann 2019; Miraglia and Johns 2016). For example, Lohaus et al. (2022) identified numerous positive effects, including social standards (e.g., being liked, maintaining job prospects, being loyal); financial concerns; demonstrating perseverance; and getting work done. Through qualitative inquiry, Knani et al. (2021) identified various reasons why employees and managers attend work despite sickness. Positive reasons included avoiding isolation when unwell; emotions of success and dedication; a friendly work atmosphere; and the ability to make job adjustments. According to Ruhle and Schmoll (2021), individuals choose presenteeism to avoid a pile-up of work when they return. The lack of a successor is a typical complaint among self-employed people (Vinberg et al. 2021). The most stated reason for presenteeism in several studies was a desire not to burden coworkers (Al Nuhait et al. 2017; Navarro et al. 2018).

The body of research on presenteeism among healthcare professions is expanding, but with a predominant focus on nurses, while other jobs are often overlooked (Homrich et al. 2020). Apparently, the occurrence of presenteeism differs depending on the specific circumstances. For instance, healthcare professionals employed in hospital environments reported a higher incidence of presenteeism compared to those working in long-term care facilities (Webster et al. 2019). This prompts a discussion about the potential variation in presenteeism across different occupations and work areas within the health sector. It also highlights the need to identify significant determinants of presenteeism among professionals employed in the community, in-home care organizations, and the social sector (Carvalho and Neto 2018; Norelho et al. 2019; Peter et al. 2023).

Considering the scarce research on presenteeism in Portugal and its significance within organizational settings, this study aims to fill this void by examining the interplay between presenteeism, job satisfaction, and psychological distress among professionals in the social sector during the COVID-19 pandemic. This will help to assess their psychological condition, provide them with necessary care, and inform initiatives to improve occupational care services.

Accordingly, our specific aims were (1) to characterize a sample of workers regarding general, work-related, and health-perception variables; (2) to determine their presenteeism, job satisfaction, and psychological distress levels; (3) to examine the relations between presenteeism, job satisfaction, and psychological distress; and (4) to identify influencing factors associated with presenteeism.

2. Materials and Methods

2.1. Study Design

An observational cross-sectional study design was conducted, adhering to the guidelines outlined in the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) checklist (von Elm et al. 2008).

2.2. Setting and Sample

Data for this study were collected in one Private Social Solidarity Institution (IPSS) located in the central region of Portugal. According to its ethical obligation of justice and solidarity, the IPSS operates as a nonprofit organization by bestowing commodities, offering services, and implementing various programs aimed at enhancing the welfare and overall quality of life of individuals, families, and communities. These efforts primarily focus on the following domains: “(a) Support for children and youth; (b) Family support; (c) Support for the elderly; (d) Support for people with disabilities and disabilities; (e) Support for social and community integration; (f) Social protection of citizens in the event of illness, old age, disability, and death, as well as in all situations of lack or reduction in means of subsistence or ability to work; (g) Prevention, promotion and protection of health, namely through the provision of preventive, curative and rehabilitation care and medication assistance; (h) Other social responses that contribute to the realization of citizens’ social rights” (Paswan 2018, p. 64).

Given that work life in the nonprofit sector is structured around limited resources, high job demands, low pay, and low organizational commitment (Wang 2022), these contexts are relevant research sites for assessing the impact of occupational and psychosocial phenomena.

Eligibility criteria for the participation study were as follows: (a) male or female adult; (b) being a full-time employee in the IPSS; (c) having at least six months of work experience; and (d) agreeing to participate in the study. Participants were excluded if they did not meet the inclusion criteria.

2.3. Data Collection

A convenience sampling technique was used to collect self-reported data in person for four weeks (20 September to 20 October 2022). Paper–pencil surveys were distributed and collected by one certified mental health nurse (A.C.M.) who worked at the institution. A paper–pencil survey is a more viable approach for data collection compared to online surveys due to the restricted accessibility of workers to their email accounts during work hours (Creswell 2014). Questionnaires were delivered by an internal courier who distributed them in sealed and stamped envelopes. Participants were asked to complete the questions immediately; however, those who were too busy to do so were allowed two weeks to submit completed questionnaires. Each survey took around 15 min to complete. Out of 89 potential subjects, 71 participants agreed to participate and were enrolled (response rate of 79.7%). Completed questionnaires were deposited into an envelope and afterward put in a designated posttest collecting box.

2.4. Measures and Operationalization

The data were obtained through a survey including five distinct sections:

(1) Individual data covered general variables: age (years); sex (male/female); marital status (single/living with a partner); education (1st, 2nd, 3rd cycles, secondary and higher education); having children (yes/no); practice of leisure activities (yes/no); restorative sleep (yes/no); number of sleep hours; and work-related information, including employment relationship (definitive/precarious contract), working sector (childhood care; elder care; management and administration; support areas), professional experience (years), absence from service in the last 12 months (yes/no), and reasons for absence (physical/mental reasons).

(2) Global health perception concerning the preceding month through a 5-point Likert scale (1 = bad to 5 = excellent).

(3) Stanford Presenteeism Scale-6 items (SPS-6; (Koopman et al. 2002), Portuguese validation by (Ferreira et al. 2010a)), which represent a widely popular measure of presenteeism “to reflect various cognitive, emotional, and behavioral aspects of accomplishing work, despite possible health problems” (Koopman et al. 2002, p. 15). Its main goal is to measure productivity losses through two distinct dimensions: Completing Work (consisting of four items) and Avoiding Distractions (consisting of two items). The grading of each question

was conducted using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The Avoiding Distraction subscale contained two reverse-scored items; all the other items were scored positively. The overall score (6–30) was determined by adding individual item scores. Scores from 6 to 18 indicate the presence of presenteeism (i.e., a decrease in overall performance of work-related tasks) (Koopman et al. 2002; Ferreira et al. 2010a). Higher scores reflect superior job performance, even in the presence of health issues. Specifically, these higher scores are indicative of work that is less affected by presenteeism, which can be seen as a reduction in lost productivity (Koopman et al. 2002; Laranjeira 2013). In this study, Cronbach's alpha for the SPS-6 was 0.823.

(4) Job satisfaction questionnaire (S20/23; (Meliá and Peiró 1989), Portuguese validation by (Ferreira et al. 2010b)). This instrument consists of 23 items divided into a set of five factors, namely: “quality of supervision (6 items); satisfaction with the physical work environment (5 items); satisfaction with the organization's benefits and remuneration (5 items); intrinsic satisfaction (4 items); and satisfaction with participation (3 items)” (Acea-López et al. 2021, p. 2209). The instrument measures using a 7-point Likert-type scale (1 = extremely dissatisfied to 7 = extremely satisfied), with a total score ranging from 23 to 161 points. There are no reverse-scored items. A higher score indicates a greater job satisfaction level. The average of the aggregate scores was used to determine the level of satisfaction, and the overall level was determined by categorizing the average responses into three distinct degrees of general satisfaction: dissatisfied (1.0–3.5 pts.), indifferent (3.5–4.5 pts.), and satisfied (4.5–7.0 pts.) (Ferreira et al. 2010b). In this study, Cronbach's alpha coefficient for the S20/23 scale yielded a value of 0.943.

(5) Kessler Psychological Distress Scale (K10; (Kessler et al. 2002, 2003), Portuguese validation by (Pereira et al. 2019)), which is a simple self-reported measure that assesses distress through questions about anxious and depressive symptoms in the previous month. The scale has a total of ten items, each rated on a 5-point Likert scale (1 = never to 5 = all the time). A total score greater than 22 indicates that the participant is at high risk of suffering or of suffering from a mental disorder (Pereira et al. 2019). In this study, Cronbach's alpha value for the K10 was 0.925, denoting excellent internal consistency (Marôco 2021).

2.5. Ethical Considerations

The research protocol was authorized by the Local Ethical Review Board (CE/IPLEIRIA/31/2022). Participation was entirely voluntary and anonymous. All participants submitted written informed permission after being fully informed about the research's purpose. Respondents were explicitly told they could leave the study at any time and stop answering any questions that made them uncomfortable. The data-gathering procedure ensured that all information obtained from participants was anonymized. There were no financial incentives for survey completion. The data collected were securely stored in a locked file cabinet inside a secured office.

2.6. Data Analysis

The data were analyzed in two stages, first concentrating on exploratory data analysis and then employing a multivariable logistic regression model to answer the study objectives. The first phase began by calculating descriptive statistics (such as frequencies, percentages, ranges, means, and standard deviations) to depict the sample's characteristics. Subsequently, we assessed basic assumptions for multivariable analysis, namely data normality using the Shapiro–Wilk test. The Pearson correlation (r) was used to assess the relationship between presenteeism, job satisfaction, and psychological distress. Values of r between 0.00 and 0.25 represented weak correlations; between 0.25 and 0.50, moderate correlations; between 0.50 and 0.75, strong correlations; and above 0.75, very strong correlations (Marôco 2021). Afterward, a multivariable logistic regression model was employed to examine the factors (independent variables) that might predict presenteeism (dependent variable), such as general personal data, work-related information, health-related perception, psychological distress, and job satisfaction. The multicollinearity of variables

was investigated using Variance Inflation Factors (VIFs). The logistic regression analysis included only factors with VIFs of less than 2.0. The threshold of significance was set at $p < 0.05$. SPSS 28.0 software (SPSS Inc., Chicago, IL, USA) was used for all analyses.

3. Results

3.1. Sample Description

Table 1 shows the characteristics of the sample. Participants were aged 41.55 ± 8.12 years old (ranging between 21 and 65) and had seniority in the institution of 9.79 ± 8.9 years (ranging between 1 and 28). Most participants were female (95.8%); had completed a higher education degree (29.6%); lived with a partner (63.4%); and had children (62%). Most participants (58%) reported they did not regularly perform leisure activities. About 55% characterized their sleep as restorative, with an average of about 7 h of sleep a day (ranging between 5 and 9). Regarding work-related characteristics, most of them had a definitive contract (88.7%), shift work (53.5%), and worked with children (49.3%) and older people (38.0%). The results indicated a high level of sickness absenteeism (54.3%) among the participants, i.e., those absent from work during the preceding year because of a health problem. The reasons for absence in the workplace were mainly due to physical reasons (92.1%).

Table 1. Background characteristics of study participants (n = 71).

Variables and Response Categories	Frequency (n)	%
Age (years)		
20–29	21	29.6
30–39	6	8.5
40–49	17	23.9
50–59	18	25.4
≥60	9	12.7
Sex		
Male	3	4.2
Female	68	95.8
Education		
1st cycle (1st, 2nd, 3rd, and 4th grade)	4	5.6
2nd cycle (5th and 6th grade)	11	15.5
3rd cycle (7th, 8th, and 9th grade)	18	25.4
Secondary school (10th, 11th, and 12th grade)	17	24.0
Higher education	21	29.6
Marital status		
Single	26	36.6
Living with a partner	45	63.4
Have children		
No	27	38.0
Yes	44	62.0

Table 1. Cont.

Variables and Response Categories	Frequency (n)	%
Leisure activities †		
No	40	58.0
Yes	29	42.0
Restorative sleep		
No	32	45.1
Yes	39	54.9
Employment relationship		
Permanent contract	63	88.7
Precarious contract	8	11.3
Working sector		
Childhood care	35	49.3
Elder care	27	38.0
Management and administration	2	2.8
Support areas (kitchen, laundry, cleaning)	7	9.9
Job type		
Fixed	33	46.5
Shift work	38	53.5
Absence from work for health reasons (last 12 months) †		
No	32	45.7
Yes	38	54.3
If yes, what health reasons		
Physical (e.g., musculoskeletal injuries, fractures, exacerbation of pre-existing physical illness, accidents at work, etc.)	35	92.1
Mental (e.g., depression, anxiety, burnout, exacerbation of pre-existing mental illness, etc.)	3	7.9

† Missing cases.

3.2. Presenteeism, Job Satisfaction, Psychological Distress, and Health-Related Perceptions among Participants

The SPS-6's global score was ≤ 18 for 45.1% of participants, indicating poor performance at work due to presenteeism (Table 2). Most individual S20/23 evaluations indicated a greater level of satisfaction (mean ≥ 4.5), except on the salary question (mean = 3.36 ± 1.9 pts.), which revealed a high degree of dissatisfaction. Regarding job satisfaction factors, many participants were satisfied with the supervision, participation, work environment, and intrinsic satisfaction, but dissatisfied with the benefits (56.3%). Participants reported a moderate level of global health (3.27 ± 0.82) related to the previous month. Around 50.7% of participants had a high or very high risk of suffering or of suffering from a mental disorder ($K10 \geq 22$).

Table 2. Presenteeism, job satisfaction, psychological distress, and health-related perceptions of participants (n = 71).

Variables	Categories	N (%)	
Presenteeism	Low [6–18]	32 (45.1)	
	High [19–30]	39 (57.9)	
Job satisfaction	Quality of supervision	Dissatisfied [1–3.5]	5 (7.0)
		Indifferent [3.5–4.5]	10 (14.1)
		Satisfied [4.5–7.0]	56 (78.9)
	Satisfaction with the physical environment	Dissatisfied [1–3.5]	5 (7.0)
		Indifferent [3.5–4.5]	8 (11.3)
		Satisfied [4.5–7.0]	58 (81.7)
	Satisfaction with the organization’s benefits and remuneration	Dissatisfied [1–3.5]	40 (56.3)
		Indifferent [3.5–4.5]	2 (2.8)
		Satisfied [4.5–7.0]	29 (40.9)
	Intrinsic satisfaction	Dissatisfied [1–3.5]	11 (15.5)
		Indifferent [3.5–4.5]	10 (14.1)
		Satisfied [4.5–7.0]	50 (70.4)
	Satisfaction with participation	Dissatisfied [1–3.5]	6 (8.4)
		Indifferent [3.5–4.5]	10 (14.1)
		Satisfied [4.5–7.0]	55 (77.5)
Psychological distress	Low distress [10–15]	11 (15.5)	
	Moderate distress [16–21]	24 (33.8)	
	High distress [22–29]	23 (32.4)	
	Very high distress [30–50]	13 (18.3)	
Perception of global health	Bad	7 (9.9)	
	Fair	29 (40.8)	
	Good	22 (31.0)	
	Very good	8 (11.3)	
	Excellent	5 (7.0)	
Variables	Mean ± SD [min–max]		
Presenteeism (SPS-6)	19.49 ± 4.07 [6–30]		
Job satisfaction (S20/23)	120.68 ± 20.11 [23–161]		
Psychological distress (K10)	23.02 ± 7.96 [10–50]		
Perception of global health	3.27 ± 0.82 [1–5]		

3.3. Correlation Analysis between Study Variables

The Pearson correlation coefficient (r) was used to examine the bivariate relationships among the study variables (Table 3). Presenteeism was significantly and moderately positively correlated with job satisfaction ($r = 0.425$) and significantly and moderately negatively correlated with psychological distress ($r = -0.500$). There was no significant correlation between distress and job satisfaction.

Table 3. Intercorrelations between variables (n = 71).

Variables	Mean	SD	1	2	3
1. Job satisfaction	120.68	20.11	1	-	-
2. Psychological distress	23.03	7.96	−0.170	1	-
3. Presenteeism	19.49	4.07	0.425 **	−0.500 **	1

** $p < 0.01$.

3.4. Predictive Factors of Presenteeism

Table 4 shows the predictors of presenteeism based on hierarchical multiple regression models after controlling covariates. General characteristics entered Model 1, wherein living with a partner and having sleep problems accounted for 12.1% of the variance in presenteeism. Model 2 included work-related factors. Living with a partner, having poor quality of sleep, and having no sickness absenteeism were statistically significant in predicting presenteeism, explaining an additional 10.7% of the variance. Controlling for the other variables, Model 3 included psychological distress and job satisfaction. This increased the variance explained by 13.0%. The results showed that presenteeism was negatively related to marital status, sleep quality, and psychological distress, but positively associated with sickness absenteeism and perception of global health. The final model was statistically significant ($F [13.123] = 3.663; p < 0.01$), predicting 35.8% of the total variance in presenteeism, with psychological distress and perception of global health as the predictors that explained most of the variance.

Table 4. Hierarchical multiple regression analysis predicting presenteeism ($n = 71$).

Predictors	Model 1			Model 2		Model 3			
	B	SE	β	B	SE	B	B	SE	β
Education	0.595	0.407	0.241	0.082	0.488	0.033	−0.654	0.543	−0.265
Age (years)	−0.186	0.457	−0.062	−0.034	0.647	−0.012	−0.486	0.650	−0.163
Having children (yes)	0.928	1.216	0.110	0.552	1.316	0.065	−0.507	1.367	−0.060
Marital status (living with a partner)	−3.214	1.110	−0.371 **	−2.881	1.256	−0.332 *	−2.026	1.423	−0.234 *
Leisure activities (yes)	1.753	1.094	0.211	1.886	1.039	0.226	1.859	1.170	0.223
Sleep quality (no)	−1.337	1.270	−0.161 **	−1.769	1.328	−0.213 *	−0.462	1.614	−0.056 *
Seniority in the institution		-		0.025	0.075	0.052	0.028	0.084	0.059
Job typology (rotative)		-		1.244	1.117	0.151	1.620	1.115	0.196
Sickness absenteeism (no)		-		2.178	1.091	0.264 **	1.788	1.205	0.217 *
Perception of global health		-			-		−0.471	0.760	−0.119*
Psychological distress		-			-		−0.167	0.080	−0.327 **
Job satisfaction		-			-		0.075	0.208	0.094
R²		0.121			0.228			0.358	
F		1.362 *			2.160 **			3.663 **	

B—unstandardized regression coefficient; SE—standard error; β —standardized regression coefficient; * $p < 0.05$, ** $p < 0.01$.

4. Discussion

To our knowledge, this is one of the first surveys to analyze work-related issues and the mental health status of workers from one IPSS in Portugal during the COVID-19 pandemic. The current study looked at presenteeism and found a concerning scenario due to its prevalence in our and other studies (Bae 2018; Johansen et al. 2014). Presenteeism has a significant impact on workers, who are unable to conduct their job duties properly. When the reasons for presenteeism are not addressed or mitigated, its detrimental effect on employees' health and their surroundings might become evident, as injuries are worsened and job quality is impaired. Fear of unemployment, a lack of possibilities, a high tolerance for terrible working circumstances, and a sense of obligation about one's job are some of the primary reasons why workers do not seek aid (Silva et al. 2017; Pereira et al. 2022). Other motivations for presenteeism among employees include not wanting to bother their colleagues, enjoying their work, other workers being unable to complete the task, not wanting to take sick leave, or even not wanting to be seen as lazy or low-productive (Johansen et al. 2014). Greater flexibility was also necessary during the pandemic since some employees were forced to acquire new skills quickly and extend their availability to keep the firm competitive (Kinman and Grant 2021).

Our results also revealed a high prevalence (54.3%) of sickness absenteeism during the previous 12 months, which was higher than in other studies in Portugal (22.7%) (Destri et al. 2022), Brazil (31.5%) (Bassi et al. 2016), and India (18.6%) (Prasad and Puttaswamy 2017). The disparity might be attributed to methodological issues, disparities in study populations, and changes in illness trends across nations. Although we found physical (rather than mental) health reasons to be the more prevalent cause of illness absence, other evidence suggests that mental health issues affect absenteeism three times more than a change in physical health (Bryan et al. 2021).

Overall, most participants said their overall health was fair. This finding is significant because a higher level of self-perceived health has been linked to higher rates of depression, anxiety, and psychological distress in different populations (Broche-Pérez et al. 2021). This suggests that poor mental health may be associated with the lowest self-perceived health. Another study suggested that better self-rated health through suitable work accommodations may effectively reduce presenteeism (Mori et al. 2019). Indeed, this emphasizes the need for additional studies on protective factors in order to increase the possibility of beneficial outcomes.

Psychological distress is a quite frequent concern (Viertö et al. 2021). In the present study, 50.7% had high to very high psychological distress (a nonspecific mental health condition constituted by anxiety, depression, and other physical symptoms). It is characterized by feelings of vulnerability, melancholy, fear, anxiety, restlessness, unpleasant thoughts, and social isolation (Drapeau et al. 2012). In the context of COVID-19, social isolation may have had an especially detrimental impact on workers' health. The pandemic, as an unavoidably unpleasant life experience, may have had a detrimental psychological effect, with increased depression and anxiety among working people (Vindegaard and Benros 2020). Furthermore, concerns over higher mortality and COVID-19 could have fostered depression and anxiety (Ran et al. 2020). On the other hand, prior research shows that around half of working parents believed they did not spend enough time with their children and that this time deficit related to psychological suffering (Milkie et al. 2018).

Regarding job satisfaction, almost all factors (physical environment, supervision, intrinsic satisfaction, and participation) indicated good levels of satisfaction. The only element that revealed discontent for the majority of participants was benefits/salary. This finding supports previous studies in other groups of healthcare professionals, which found that promotion and salary were associated with the lowest degree of satisfaction (Garcia and Marziale 2021; Izquierdo-Condoy et al. 2023).

Our data showed a stronger association between presenteeism and job satisfaction, which means that workers who arrived at work feeling physically or psychologically ill would perform with lower ability, attention, and involvement (Johns 2010). Evidence has suggested that job dissatisfaction was a psychosocial risk factor strongly associated with higher presenteeism rates (Cocker et al. 2011; Prochaska et al. 2011). Conversely to prior research (Faragher et al. 2003; Kenny et al. 2000), our findings showed no association between job satisfaction and psychological distress. We also found a correlation between presenteeism and psychological distress. This is supported by previous studies (Coutu et al. 2015; Oshio et al. 2017). Job expectations may stress an employee's mental and physical resources, leading them to work when unwell (Bakker et al. 2003).

In this study, the multivariable analysis indicated that presenteeism seems to be related to marital status (living with a partner), poor sleep quality, psychological distress, sickness absenteeism, and lack of perception of global health. Another study noted that unmarried workers (single/divorced/widow) had a higher risk of suffering sickness presenteeism (Masuda et al. 2022). Married employees may experience heavier caretaking burdens and emotional tiredness from managing work-life tasks, compared to single workers, which in turn may also result in reduced presenteeism (Fujino et al. 2022). More time spent with family members during the COVID-19 pandemic while sustaining family functioning was also found to decrease feelings of loneliness and emotional load (Fujii et al. 2021). In the current study, decreased sleep predicted more presenteeism. Nonrestorative sleep

may cause symptoms throughout the day, such as fatigue and irritated mood, which may relate to lower productivity, as expressed by presenteeism (Gingerich et al. 2018; Hwang et al. 2022). Like other studies (Goto et al. 2020; Masuda et al. 2022), employees with higher self-rated health status had a lower risk of presenteeism. Psychological distress also predicts sickness presence among the working-age population (Hiilamo et al. 2019; Mauramo et al. 2019). It is therefore reasonable to assume that the link between high psychological distress and presenteeism is due to the worker's feeling of duty and strong commitment. Accordingly, increased psychological distress might occur from ongoing stress that is difficult to manage, raising the risk of higher scores of common mental disorders (Meunier et al. 2022). In sum, the stress created by the COVID-19 crisis may have jeopardized employees' resources. This loss of resources may have reduced employees' abilities to adapt to work-related demands and pressures (Laranjeira et al. 2022), thus compromising job performance.

This study makes a valuable contribution to the existing literature by providing evidence that during a global public health crisis characterized by substantial distress levels, health-promoting management practices can mitigate the negative impact on workers' psychological health and their capacity to focus on and accomplish all their tasks despite a health problem.

4.1. Study Limitations

Some limitations to our study should be highlighted. First, the cross-sectional design precludes conclusions of causality and interactions over time. A longitudinal design would provide a better understanding of the variables. Second, the sample size was small and nonrandom. Third, data were gathered using a self-report questionnaire and therefore did not provide specific information such as mental disorders, psychological factors, or situational factors. Self-reporting biases such as social desirability bias and recall bias may have impacted the results (Althubaiti 2016). Fourth, the sample distribution was unbalanced in terms of age, seniority, and employment relationship; therefore, extending the present inferences to other working populations is inadvisable. The present results predominantly reflect female employees aged 20–29, working in shifts, and having a permanent contract with the organization. Fifth, while we considered multiple covariates, other confounders such as COVID-19-related exposure (e.g., being quarantined, fear of COVID-19, knowing significant others who were hospitalized or died as a result of having COVID-19), health-related variables (e.g., smoking and alcohol consumption), and organizational factors (e.g., organizational climate and leadership style) could affect participants' sickness presence at work. Sixth, data collection might have been constrained by the pandemic, as data were collected during the third trimester of 2022. During this period, psychological distress associated with COVID-19 was less pervasive in public consciousness compared to the onset of the pandemic, and therefore workers were less likely to develop pandemic-related mental health problems. Lastly, since evidence suggests that due to the pandemic, workers chose to embark on extreme work behaviors to protect their jobs and keep up with their occupation's demands (Chen et al. 2021), prospective research is needed to discover if presenteeism levels and mental health status change in the post-COVID world.

4.2. Implications for Practice

Our results have significant implications. One possible benefit of the COVID-19 crisis is a greater understanding of our interconnection and “that workers from all walks of life are affected by large-scale health threats and that all workers make valuable contributions to society” (Sinclair et al. 2020, p. 17). Implementing a work organizational structure that is stimulating and fosters accomplishment might minimize psychological suffering and presenteeism. The paradigm we propose is clinically relevant since it addresses a substantial societal issue. In our study group, 50.7% of participants had high to very high levels of psychological distress. The existence of such a high degree of discomfort in various organizations emphasizes the need to examine and address this issue. An

assessment integrated into a larger preventative process and aimed at the development of interventions, in addition to employing appropriate assessment tools, is critical. Although determining the frequency of these issues and identifying the major contributing causes is a crucial first step, it is not a goal in itself. For example, informing employees that management desires to measure psychological discomfort and presenteeism at work would set certain expectations, especially among workers who are dealing with these specific issues. They will expect management to take the appropriate steps to correct or mitigate the issue. Therefore, there is a very significant risk that the employer will only want to be somewhat engaged in such a process.

Since high levels of psychological distress are suggestive of poor mental health and may represent common mental diseases such as depression and anxiety disorders (Cuijpers et al. 2009; Viertiö et al. 2021), government policies should prioritize workplace mental health programs and services. These initiatives must be multifaceted, with a “blended/hybrid learning approach (combining face-to-face and online instructional methods)” (Singh et al. 2021, p. 144), and integrate psychoeducation and psychosocial support, in particular enhancing mental health literacy and protective factors that might affect the mental health status of workers and encourage help-seeking behaviors (Jorm 2012; Lam et al. 2022; LaMontagne et al. 2014). Communication seminars, stress-management groups, mindfulness skill groups, prevention and education on mental health concerns, emotional health-focused lunch and learns, and even one-on-one wellness consultations are examples of psychoeducation programs. Managers and leaders can also provide measures aimed at promoting healthy behavior by workers, adopting healthy lifestyles, and safeguarding work–family balance, which will certainly have a positive impact on the organizational commitment, personal satisfaction, and mental health of workers and the quality of the work provided.

5. Conclusions

Our study revealed that about 40% of the employees working at an IPSS reported experiencing at least high psychological distress, and 45.1% of them reported presenteeism, i.e., reduced performance of work activities. The effect of the COVID-19 pandemic on employees suffering presenteeism (a loss in production caused by individuals who are only partially completing their tasks) has been very substantial. The most satisfied workers are those with the best psychological state and, inherently, better performance at work. Some predictive variables significantly related to presenteeism were identified, namely, marital status, quality of sleep, sickness absenteeism, health perception, and psychological distress. The results of this study might aid in understanding the susceptible status of employees as a result of the pandemic and the need to offer mental health interventions and foster workplace mental health literacy. Given their influence on organizational commitment, we recommend organizational and management actions that reduce psychological distress and presenteeism.

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