

Prevalence of Job Stress and Presenteeism among Nurses in Hospitals of Hafr Al-Batin City, Saudi Arabia

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DOI: [10.36348/sjnhc.2022.v05i09.003](https://doi.org/10.36348/sjnhc.2022.v05i09.003)

| Received: 29.07.2022 | Accepted: 01.09.2022 | Published: 10.09.2022

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Abstract

Currently, both job stress and presenteeism are critical problems. Job stress carries enormous costs for healthcare workers and nurses in terms of overall wellbeing, presenteeism, and turnover, which in turn affect the quality of patient healthcare services. The objectives of this research were to uncover the extent of presenteeism and job stress among nurses in hospitals in Hafr Al-Batin, a city in the Kingdom of Saudi Arabia. A descriptive, correlational, cross-sectional study was conducted. The study sample included 146 nurses working in Hafr Al-Batin hospitals. Data were collected from May to June 2020. For analysis, the researcher used two tools, the Expanded Nursing Stress Scale (ENSS) and the Stanford Presenteeism Scale-6 (SPS-6). The data was subsequently analyzed by descriptive statistics and Spearman's correlation coefficient. Study results showed that the mean values of job stress and presenteeism were both high. Furthermore, there was a relationship between the overall presenteeism and overall job stress experienced among staff nurses. The results of this research would aid both nursing administrators and hospital managers in designing effective strategies to reduce job stress and manage presenteeism among staff nurses in the hospitals of Hafr Al-Batin.

Keywords: Job Stress, Presenteeism, Nurses, Hafr Al-Batin, KSA.

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Chapter 1: Introduction and Background

INTRODUCTION

The presenteeism concept is generally defined as the act of staying at work for a long time to impress your bosses despite complaints and ill health that should prompt for rest and absence from a job (Coutu, Corbiere *et al.*, 2015). While, Ospina, Dennett *et al.*, (2015) displayed presenteeism as low-level work quality productivity when physically present at work. The employees prefer to attend the work even if suffering from physical or psychological conditions with low efficiency rather than an absence to receive a full salary to preserve their job (Malhi, Akkadechanunt *et al.*, 2016). Lu (2016) pointed out that many factors in the work contexts influenced the act of presenteeism as easy job replacement, personality traits as neuroticism, and the internal locus of control of employees. Researchers discovered presenteeism to be a prevalent

problem among healthcare professionals in the nursing profession.

In nursing, occupational stress is a situation in which job-related factors change nurses' psychological and physiological conditions that are forced to deviate from normal functioning. The truth that cannot be ignored that work-stress affects a nurse's quality of life, reduce the quality of care, and simultaneously patient safety (Sarafis, Rousakis *et al.*, 2016). The high job demands, stressful work conditions, lack of social support, experiencing health problems, prevent nurses to adjust the amount and type of work within the allotted time are stated as the predisposing factors that prompt the incidence of presenteeism (Malhi, Akkadechanunt *et al.*, 2016). Therefore, this research aims to study the prevalence of job stress and presenteeism among nurses.

BACKGROUND

Nurses in the healthcare workforce sector had a significant role in delivering services that are directly related to patients and families. Structuring a healthy workforce needs to be created for helping nurses to work effectively and efficiently, as well as maximizing performance to benefit the organization (Urus, Pongtiku *et al.*, 2019). Presenteeism is the emerging global occupational health problem in many countries and prevalent among health service organizations especially among nursing staff (Ospina, Dennett *et al.*, 2015, Mekonnen, Tefera *et al.*, 2018). Increasing evidence shows that presenteeism phenomena represent a “silent problem” but a significant source for losing productivity that can cost organizations much more than absenteeism does (Ospina, Dennett *et al.*, 2015). Moreover, work stress in the nursing profession is a universal problem that ranked 12 among the top 20 stressful occupations (Bani-Hani, Hamdan-Mansour *et al.*, 2016).

The concept of presenteeism refers to the phenomenon of working while impaired physical or psychological health problems, which undermine the efforts of managers. The development of this phenomenon among nurses can be attributed to somatic symptoms, underlying social agreements, and workplace atmosphere problems (Kim *et al.*, 2019). Both presenteeism and stress have drastic effects not only on the organization or healthcare employees but also for the safety of healthcare consumers and their families (Ospina, Dennett *et al.*, 2015, Mdziniso 2016). Therefore, maintaining optimum health among nurses in the workplace must be gained attention.

Aim of the study

This research aims to study the prevalence of job stress and presenteeism among nurses in hospitals in Hafr Al-Batin City, Saudi Arabia.

Research questions

The current study aimed to answer the following research questions:

1. What are the levels of job stress among nurses working in hospitals of Hafr Al-Batin City?
2. What are the levels of presenteeism among nurses working in hospitals of Hafr Al-Batin City?
3. Is there a correlation between the nurses’ job stress and their presenteeism?
4. Are there relationships among nurses’ demographic data and their job stress and their presenteeism?

Study significance

Notably, the nature of the nursing profession is work-related stress and a very demanding job that is accompanied by time pressures, high workload, long working hours, lack of staff, working on holidays. low wages and benefits that may lead to presenteeism (Asefzadeh, Kalhor *et al.*, 2017, Keykaleh, Safarpour *et al.*, 2018, Mekonnen, Tefera *et al.*, 2018).

Consequently, the prevalence of presenteeism among nursing staff can lead to health impairment, work productivity reduction, decreasing quality of care, impaired social functioning, low workers’ morale, job insecurity/turnover, increasing the risk for errors, decreased job satisfaction, increased absenteeism and jeopardizing patient safety (Letvak, Ruhm *et al.*, 2012, Umann, Guido *et al.*, 2014, Bani-Hani, Hamdan-Mansour *et al.*, 2016, Wee, Yeap *et al.*, 2019). Management of sickness presenteeism will save money in both the short and longer-term, and will also contribute to the development of an engaged and productive workforce (Mdziniso 2016).

In other words, low well-being and high job stress in the nursing workplace are much costlier problems among nurses. Furthermore, working while ill in a stressful job may adversely affect the nurses’ health conditions, which causes a negative feedback cycle of increased costs and burdens (Yang, Ma *et al.*, 2017). In this perspective, presenteeism and job stress are perplexing issues in the healthcare system that must receive increasing attention, especially in the nursing field. The responsibility of nurses towards maintaining the health and wellbeing of the patients makes presenteeism a serious problem especially if associated with stress, therefore, it is necessary to consider both patients’ and nurses’ health. However, there has been little researches focused on nurses’ presenteeism and job stress. Therefore, this research emphasized study the prevalence of job stress and presenteeism among nurses in hospitals of Hafr Al-Batin City, Saudi Arabia.

Conceptual and Operational Definitions:

Definition of Terms:

Presenteeism: Presenteeism refers to attending work with reduced performance because of feeling physically and/or cognitively unable to fully engage in normal day-to-day work activities (Lui and Johnston 2019).

Job stress: Stress is the emotional and psychological state that is internally represented as part of a stressful work problem (Malhi *et al.*, 2016).

Health problem: Health problem refers to a state in which the nurses are unable to function normally and without pain, that may be physically, cognitively, emotionally, or pathologically.

Job demands: Job demands refer to the physical, cognitive, and social features of a job that require prolonged physical and psychological efforts associated with workload, constraints on task completion, and role conflict (Jourdain and Vézina 2014).

Control refers to the ability of nurses to use their decisions and behaviors for adjusting work to suit the current health status by either reducing the amount of work to be done or postponing some tasks (Jourdain and Vézina 2014).

Chapter (2) Literature Review and Framework

Theoretical or conceptual framework

The conceptual model of Jourdain and Vézina (2014) was used as a framework for conducting this

research, which studies the relationship between sources of job stress and presenteeism as in Figure 1.

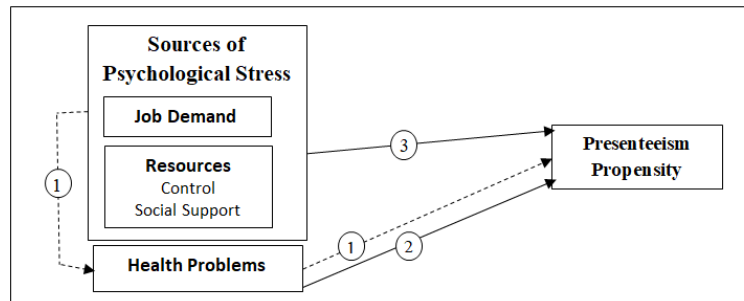


Figure 1: Conceptual Model Study the Relationship between Presenteeism and source of job stress

This figure illustrates the relationship between job demand, locus of control, social support, health problems, and sickness presenteeism. The model describes the effects of high job demands, inability to control the working environment about tasks to be performed, lack of social support from managers, and among co-workers accompanied by the existence of health problems among employees lead to a tendency of presenteeism.

According to the model, the concepts are represented by boxes, bold lines, and broken lines. The broken line numbered 1, linking sources of psychological stress with high job demands and lack of resources (control and social support) in the workplace and the presence of health problems lead to sickness presenteeism. The bold line numbered (2) indicates the acute or chronic health problem experienced by nurses may stand alone for increasing the rate of presenteeism. While the bold line numbered (3), represent a positive relationship between high job demands, lack of control over work tasks, and lack of social support that indicates a high propensity to presenteeism. The model has been more relevant for the study's aim that identifies the key concepts, which contributes to the presence of sickness presenteeism. Also, this study aimed to study the prevalence of job stress and presenteeism among nurses.

REVIEW OF THE LITERATURE

A review of empirical literature shows that workplace presenteeism has been defined as a contemporary concept that reduced productivity due to sick and other events that distract nurses from full capacity work (Wan, Downey *et al.*, 2014). Yang, Guo *et al.*, (2017) describes presenteeism as chatting, procrastination, or surfing the internet, which decreases nurses' performance. Moreover, Wee, Yeap *et al.*, (2019) displayed presenteeism as the tendency to attend work, despite being ill regardless of impaired physical or psychological health problems. On another scene, Malhi, Akkadechanunt *et al.*, (2016) classified

presenteeism into two dimensions; completing work and avoiding distraction. The focus of completing the work dimension refers to the amount of work accomplished accompanied by some sort of ill. The focus of avoiding distraction denotes the ability to concentrate on the process of doing work despite some sort of sick.

In 2019, li *et al.*, made some scientific research clarifying two deficiencies, based on a definition of attendance and measure, which created barriers and barriers for researchers attempting to gain a deeper understanding of the behavior. The study aims to examine the situation of nurses in China and to examine the direct impact of health mediation and moderate impact on low productivity and attendance. The researcher worked on 340 samples of nurses at a public hospital in the city of Nehan, China, drawing on the results of the patient presenteeism by the Presenteeism Scale Stanford (SPS-6), the General Self-Efficacy Scale (GSES), Sickness Presenteeism Questionnaire (SPQ), and the 12-item General Health Questionnaire (GHQ-12). It should be noted that there were a difference and discrepancy between the studied age and social cases; the initial result of this sample was 3.3 ± 0.8 with an average of 3.3 in SPQ scores. When these factors are combined, hospital attendance is strongly correlated with a loss in health and productivity. Health is also associated with loss of productivity. Staff self-efficiency negatively affects a loss in productivity. A training test was conducted which shows that public health falls in the average attendance rate for nurses and efficiency and productivity. Based on pyramid regression analysis, self-efficacy plays a role in the moderation of productivity and attendance. The rate of loss in nurses' productivity is predicted to increase significantly by reference to attendance, but this problem can be solved as hospital management can increase nurses' competence, take care of their health and developmental abilities to compensate for the loss of productivity due to attendance.

A study was conducted in 2019 by Webster *et al.*, explaining the role of continuous presence in the workplace in helping to spread parenthood and infection. A major focus was placed on attendees, with an overall emphasis on mental and physical health. The research was carried out manually by Scopus, Psyc articles, Medline, Science Network, PsycINFO, and after the reference was made to certain research papers and references on the same subject. After the scheduled parts of the research were canceled, the number of pages was 3470. 24 papers were sent to information on 23 studies, cross-sectional studies, and research after title, repetition, and unnecessary details. Of the 24 studies submitted, There's already been a study. The study's efficiency was poor, owing to inefficiency, problems in identifying samples, or bias of an idea, and the prevalence rate ranged from 35% to 97%. The reasons for self-reporting were divided into three main points:

- Organizational worker (attendance culture, discipline, organization)
- Job characteristics (loss of coverage, professionalism, job demand)
- Personal reasons (distraction, illness, financial reasons)

There are four main reasons for the risk:

- Social demography.
- Health system
- Function characteristics
- Disease-related behavior.

It must be noted that all causes of risk are not sufficiently substantiated and informed to enable us to reach conclusive conclusions, and sample evidence from personal information such as age and sex are not interrelated. Risk factors for infection are also highly correlated with the type of profession a person is practicing, and this was shown by the results, as people working in the health system are more likely and have a greater chance of infection than staff in other sectors. This problem, which threatens the efficiency of the health system of international and local health organizations, must be tackled in a significant way by strengthening the culture of positive work for workers as well as developing the health system, thereby reducing the incidence of injuries and the spread of infections among health workers and reducing attendance. Across other organizations, health workers, schools and universities must research the rest of the public sectors to see the effect of infection on their workers, as these reports can then be used positively to regulate income at the individual and collective levels.

According Wan *et al.*, (2014) they conducted a study of health workers working directly with infected patients, especially nurses, the aim was to discover the link between patient management and stress experienced by staff. A meta-study was conducted in 2014 to measure stress on nurses. This test was

performed on 130 patients in the hospital. Several factors, such as stress measurement, were used in addition to providing some professional questions in the form of questionnaires. The Kolmogorov Smirnov test was implemented for some analyses and correlation cofactors were used from chi-square and spearman. After analysis of results obtained from patients, a direct correlation was found between the low productivity of nurses and their increased rate of abortion: 66.8% of nurses showed low stress while 87% tried not to show low stress by using the control system, 5% showed low productivity.

One of these results is the significant impact of stress on the work of nurses and the efficiency it shows. However, the control system used by nurses significantly reduces stress rates for the ability to follow patients and provide needed care. Organizational factors also play a major role in developing the work culture and skills development of workers by encouraging and encouraging the role of management in the organization of work. Teachers are under constant pressure and nurses need to be provided adequately every day to maintain hospital productivity, which may be a major incentive to encourage attendance (Wynne-Jones *et al.*, 2011).

Managers are considered to be more resilient than staff and are therefore constantly at the forefront of ensuring that business is normal and does not fail. A study by Rico *et al.*, (2016). In 2016, a study by Rico *et al.*, (2016) aims to establish and evaluate an association between high attendance among nursing staff and risks caused by low blood pressure in these workers. After considering the demographic and social characteristics and the effect of these factors on workers in the workplace, following the application of the multipurpose, robust, and distinctive fear models, there is a significant difference in attendance between nursing assistants and nurses. 59% of attendance was obtained with low blood pressure. Some other factors influence attendance in the workplace, particularly in hospitals. Some very important conclusions have been reached that show that nurses have increased attendance due to LBP and have a direct effect only in the workplace, as it is not influenced by social and demographic characteristics.

Given the presence of LBP among registered nurses, participants should be closely monitored, and efforts should be made to reduce this situation to prevent future work barriers related to LBP. The expression is defined as the active participation of employees in the organization, with a focus on cognitive, emotional, and behavioral participation in the work. The expression has two dimensions: completion of the work, indicating that although there is a certain impact (focus on work), the workload is; Avoid a distraction, indicating that despite some present

influence (psychological attention), the focus is still on work.

Presenteeism is a developing idea in authoritative writing (Johns, 2010) and alludes to 'the issue of laborers being at work at the same time, on account of sickness or other ailments, not completely working' (Hemp, 2004, p. 49). These ailments incorporate headaches and different sorts of long-winded or incessant agony, for example, sensitivities, sinus inconvenience, asthma, gastroesophageal reflux ailment (GERD or indigestion ailment), dermatitis, uneasiness, and wretchedness (Koopman *et al.*, 2002). By and large, presenteeism is related to significant efficiency misfortune (Hemp, 2004; Lofland, Pizzi, and Frick, 2004) that influence an association's worldwide pay and even lead to negative monetary results. Although attendance at work is required in almost all occupations and occupations, the health and education sectors lead the proportion of attendance in all occupations where dim's presence at work is required. The premise from ancient times until now has been that employees bring lasting productivity to work (Aronson, Gustafson, & Wallner, 2000); Bergstrom *et al.*, 2009; Elstad & van, 2008).

However, you will be sorry to learn that this model is not a reward for everyone with different life experiences. In all kinds of medical situations, high attendance is effectively linked to low productivity and efficiency in work, (Shemanski, 2002).

Ozminkowski, Goetzel, and Long (2003) did a study showing the effect of an employee's general health on productivity and efficiency in employment despite attendance. A comprehensive study conducted at the national institute for infectious diseases in 2004 in the United States found that 61% of employees in various sectors go to work daily, even though they suffer from health and physical problems that could affect their work efficiency, but fear not completing a job. 48% of absentees feel guilty, 20% fear discontent. Managers, 18% were concerned about the consequences of absenteeism, such as loss of employment or discount, and generally speaking, most employees were anxious to go to work despite illness for fear of not finishing assignments on time and having no one to delegate them. Attendance was also associated with psychological and cultural factors, as well as with organizational practices (Beckerman and Laukkanen 2010; Gilbreath and Karimi 2012), some studies have been carried out which indicate that the desire to attend school is linked to a person's educational culture, Dew *et al.*, 2015. For example, some organizational cultures prefer long hours at work. (Worrall and cooper 2012).

Ducky *et al.*, (2015) showed that the attendance ratio of employees employed in the private sector is two and a half times higher than that of public sector employees (odds ratio [or] 2.58, 96% ci 1.10-

6.99). Gilbreath and Karimi (2012) explained that there is a strong relationship between staff attendance ratios and negative interactions between supervisors and managers. The spirit of being a team player when an employee falls ill and the cooperation of the teachers can give positive energy to the employee and encourage him or her to work during the illness. Libyerla *et al.*, (2011) and) Ramsey (2006).

Nyberg *et al.*, 2008; Ribelin 2003; Sandmark and renting 2010). Poor work management and supervisors were found to have a negative correlation with low staff attendance resulting in low productivity at work, due to the high pressure placed on staff due to poor management. Demermerge *et al.*, (2009) showed that the risk ratio of being in a workplace is higher among men than women. Women are more likely to work with health problems than men. Gustafsson Senden *et al.*, (2016). The large presence of females in times of illness was explained by some family disputes. Schulz in 2009 explained this phenomenon. He found that in 30 studies both age and sex were adopted as confusing factors. But only one study explained the gender difference. Weight gain has been found to have a significant impact on work, with many more work restrictions than normal-weight holders, but this is ineffectually statistician for men. Tunceli et al. (2006) To modify the results of the study between men and women, the age difference was used in addition to sex but was not usually used as an independent variable. Aronson and Gustafson found no difference in the results when sex was included in the statistics.

Perla believes that women are underrepresented, but their absence is higher, and generally, gender is not fully correlated with attendance because of a lack of evidence and requirements. Because the past two decades have differed greatly on the definition of a certain audience concept, and based on Jones' statement, it is difficult to find a specific definition of attendance, he developed nine concepts of attendance, as follows:

- Attendance at work and absenteeism.
- Specially expresses its presence.
- Working long hours even if you're not ready.
- Part-time rather than full time.
- Even if you're sick, you'd rather not miss work.
- Going to work even if you have health or physical problems.
- Coming even in the event of a parallel accident is an excuse not to come.
- Low productivity due to some management problems.
- Production has fallen into disuse because of absenteeism due to health problems, or because of a lack of work.

It can be concluded that the only denominator between these definitions is the presence of the

employee in a place of nothingness with the inability to perform the required tasks. (Johns 2010).

Screening work is performed on attendance ratio and attendance quotient due to a disease (Andersen, Hansen 2009, attendance illness causing a loss in productivity, Wingard *et al.*, 2004), and on-loss loss (lang 2004; Schultz and Edington 2007). In the absence of a specific and documented definition of attendance, Lofland *et al.*, (2004) argue that there is no gold standard for defining attendance and that the consensus does not coincide with the abundance of studies, as all the research produced for defining attendance varies.

According to Brooks *et al.*, (2010), Prasad *et al.*, (2004) studies, the researchers have very few topical measurement methods yet these are job-specific and cannot be applied to all, as the results cannot be relied upon by other professions. However, self-reporting was found to be reliable and rewarded for attendance assessment (Druss *et al.*, 2001; Kessler *et al.*, 2003). All the assessment steps adopted and published show the validity of one *et al.*, 2015 but no such assessment of productivity at work was predicted. (Thompson *et al.*, 2015).

A suggestion was made by Thompson *et al.*, (2015) that the focus in the research should be on studies that focus on finding scientific methods for real-life production presentation. It was explained that some productivity studies were adequate for all parameters and had a robust methodology but could not reach (hours of loss) "a gold standard or forecast loss of production.

In Table 1 we will find a summary of all the instruments used to evaluate attendance and it was described in all the previous studies, such as Jones *et al.*, 2016, Osina *et al.*, 2015; Mattke *et al.*, 2007; and Mattke *et al.*, Sensitivity to such studies, rather than use for disability assessment. In a dissenting opinion, Severance *et al.*, (2000) believe that questionnaires can be used as a reliable and real source of data retrieval, provided these questionnaires do not exceed two months.

There is a difference between subjective and objective measures of production, and between the performance and efficiency of the company, in the case of self-management, which is based on the perception of the employee's condition and the self-assessment of his or her condition at work (Tanscripelle 2017), and the fact that industrial engineering and economy-system are dominated by topical productivity theory and the self-performance measure; Self-measures are widespread in the field of health and science. Some studies have been conducted to investigate the relationship between self-performance and local

productivity, but no clear relationship has yet been reached (Wall *et al.*, 2004; Forth and McNabb 2008).

Attendance is influenced by many social or psychological factors of staff in the workplace, and when relying on previous studies and research stress factors have been found to play a significant role in influencing staff such as "workplace insecurity, satisfaction, demand rate, job control, support", staff excellence in work is considered a high-risk factor for productivity, and the KWCS questionnaire supports all previous items. The attendance of nurses is given special attention. In the case of absenteeism, this may cause undesirable consequences. When a nurse comes to work with health issues, this may cause a reduction in the efficiency of work at health issues. That's it. No one denies the great role of nurses in health, providing health care as well as emotional services to patients. That term was launched in the 1980s and is defined as "the management of feeling to create an observable facial and organ", which is the effort of the individual to assist others by providing them with emotional support in a positive way.

Besides, all medical institutions are constantly seeking to disseminate a sympathetic case in which nurses are trained to use emotional expression when applying certain standards. Regarding previous studies, a strong relationship will be found between occupational stress and attendance at work. This ratio increases among health workers and nurses in particular. The ratio is expected to increase in Arab countries. The main objective of this study is to study the relationship between attendance and functional stress among nurses and prevalence rates.

In economics and industrial engineering, quantitative efficiency and output metrics are prevalent, while in the health sciences, subjective measures are prevalent. Some studies have tried to validate an association between objective and subjective productivity or performance measures, but so far an association has remained unclear (Wall *et al.*, 2004; Forth and McNabb 2008). Presenteeism is influenced in the workplace by different psychosocial factors. According to previous research, well-known risk factors for presentism were task-related stress factors (such as job management, job demand, help, job satisfaction, and job insecurity) and workplace discrimination as an organizational factor. The KWS questionnaires also contain the above variables.

The prevalence and variables of presentism have been identified by previous research on different occupational classes. This has already been recognized as an issue that may place coworkers, patients, and patients' families at risk. Nurses provide medical services as professionals simultaneously with emotional services, such as dealing with patients face-to-face and listening to their complaints. This characteristic of

nurses' tasks is inevitably related to emotional labor. The term emotional labor was introduced in the 1980s as “the management of feeling to create a publicly observable facial and bodily display” and was defined as an individual's efforts, plans, and control necessary to cater to the emotional expression that an organization demands in the interaction between people. Furthermore, as competition between medical institutions intensifies, institutions seek to gain a friendly atmosphere by educating nurses on kindness and enforcing uniform standards of emotional expression.

A review of empirical literature shows that workplace presenteeism has been defined as a contemporary concept that decreases productivity due to sick and other obstacles that distract nurses from full work potential (Wan, Downey *et al.*, 2014). Yang, Guo *et al.*, (2017) describes presenteeism as procrastination or surfing the internet, which decreases nurses' performance. Moreover, Wee, Yeap *et al.*, (2019) displayed presenteeism as the tendency to attend work, despite being ill regardless of impaired physical or psychological health problems. On another scene, Malhi, Akkadechanunt *et al.*, (2016) classified presenteeism into two dimensions; completing work and avoiding distraction. The focus of completing the work dimension refers to the amount of work accomplished accompanied by some sort of ill. The focus of avoiding distraction denotes the ability to concentrate on the process of doing work despite some sort of sick.

Many research papers, revealed that nursing is a strenuous work associated with high workload, long working hours, clinical challenges, dissatisfaction with wages and benefits, understaffed. working on holidays and demand communications with patients, peers, and physicians; therefore, stress is inherent to the nursing profession and prevalent among nurses (Umann, Silva *et al.*, 2014, *et al.*, Umann, Silva 2018, Kim, Kim *et al.*, 2019). The unusual circumstances of the health work environment lead to the creation of job stress that further results in negative consequences as decreased productivity and poor quality care services to patients. Job stress can be classified as a challenge or hindrance to stress. Challenge stress refers to occupational stress that is controllable and benefits career development as job load, job responsibility, and time urgency. While, hindrance stress refers to stress that is uncontrollable and prevents future development as role conflict, organizational politics, and work insecurity (Wallace, Edwards *et al.*, 2009).

Additionally, several recent studies showed that job stress is a strong predictor affecting presenteeism phenomena in nursing (Jourdain and Vézina 2014, Umann, Silva, *et al.*, 2014, Brborovic, Brborovic *et al.*, 2016, Malhi, Akkadechanunt *et al.*, 2016, Yang, Guo *et al.*, 2017, Yang, Ma1 *et al.*, 2017,

Kwiecień-Jaguś, Mędrzycka-Dąbrowska *et al.*, 2018, Kim, Kim *et al.*, 2019). In an American study developed by Yang, Shen *et al.*, (2015) found out a significant direct positive relationship between job stress and presenteeism phenomena. Conversely, Malhi, Akkadechanunt *et al.*, (2016) conducted a study on 805 nurses who were worked in three care hospitals in the Islamic Republic of Hafr Al-Batin City. The findings of this research revealed a moderate level of job stress and a high level of presenteeism, as well as no significant relationship between presenteeism and job stress.

The explosion of presenteeism phenomena among nursing staff is a critical issue especially if accompanied by job stress among healthcare workers decreases productivity and can cause adverse effects on their health that stimulates a negative feedback cycle of increased costs and burdens (Yang, Ma1 *et al.*, 2017). Many recent studies have investigated the association between workplace presenteeism and job stress in nursing. In a Chinese study, Yang, Ma1 *et al.*, (2017) revealed that challenge stress and hindrance stress were directly associated with presenteeism. This study confirmed that young and junior healthcare workers have a higher level of presenteeism that can be reduced by using suitable challenge stress and better health determinants.

Santos, Marziale *et al.*, (2018) found out that presenteeism is a common problem that occurred among nursing professionals, that reducing work performance, loss of concentration, increasing absenteeism, and presence of musculoskeletal symptoms. While, Umann, Silva *et al.*, (2014) conducted a descriptive cross-sectional quantitative study in a university hospital on 129 nurses working in a nephrology unit and found out that nurses suffered from a high-intensity level of stress and using presenteeism as a strategy for coping by decreasing productivity. In this perspective, Widera, Chang *et al.*, (2010) recommended using unrestricted paid sick leaves for decreasing pressure on the nursing staff, screen all nurses for any contagious illnesses before starting the worked shift and ensure adequacy of nurses for reducing the burden of personal obligation towards patients and coworkers.

On the other side, Mach, Ferreira *et al.*, (2018) conducted a study on 213 health care employees including nurses, doctors, and staff who were worked in one large private hospital in Lebanon to examine the relationship between job autonomy, and supervisor support to presenteeism attendance behaviors. The finding shows the mediation role of the presenteeism climate on the relationship between job autonomy and the occurrence of presenteeism behavior. The limitation of this study due to the use of convenience that was collected by a self-reported questionnaire. In this perspective, Coutu, Corbiere *et al.*, (2015) displayed that psychological distress was highly associated with

the increasing incidence of presenteeism in which the majority of respondents reported working while ill and estimated being less productive half of the time.

Mdziniso (2016) researched health facilities at the primary, secondary, and levels of healthcare service delivery in Swaziland on 264 nurses who are selected through using both simple random sampling and cluster random sampling techniques. In this research, the author illustrated that the extent of sickness presenteeism was (80.7%). Nurses experienced severe

psychological illnesses, severe chronic illnesses, and acute health problems that were considered as major predisposing factors for sickness presenteeism.

Based on the foregoing studies, the interest in investigating the relationship between job stress and workplace presenteeism has been growing in the nursing field especially in Arab countries. Therefore, this research aims to study the prevalence of presenteeism and the level of job stress among nurses, as well as exploring the relationship among them.

Chapter (3): METHODS

Research Design

This study was utilized as a cross-sectional quantitative descriptive design to answer the research questions. This design is more suitable to provide an accurate description of respondents' demographic characteristics, opinions regarding job stress, and frequency of presenteeism phenomenon.

Sampling and Setting:

This research involved all available nursing staff who have either a diploma, bachelor's, or master's degree in nursing who are working in different departments of the previously mentioned settings. The target population of this study was 300 nurses. The Yamane formula (1973) was used to calculate the sample size, which was 169 nurses. They were invited to participate in an anonymous online survey that was sent through the mail, or WhatsApp. The inclusion criteria for the selection of sampling had at least one year of experience at the workplace and approved to participate in this research. The total of 23 questionnaires was not valid which means an 89% response rate. And only 146 nurses participate in the current study.

This study was conducted in all governmental hospitals in Hafr Al-Batin city including; King Khalid Hospital, Maternity and Children Hospital, and Central Hospital. The departments involve male and female wards as medical, surgical, pediatric, emergency, and labor, as well as intensive care unit (ICU), coronary care unit (CCU), and acute kidney unit (AKU).

$$n = \frac{N}{1 + N * (e)^2}$$

Figure 1: Yamane formula

- n = Sample
- N = Total population of the area under study
- 1 = 1 is constant
- e = error limit or margin of error. It's usually accepted at 5% or 0.05.

Research Instruments:

This study used a set of questionnaire that included the following:

1. The first part developed by the researcher involves the participants' demographic data including; age, gender, nationality, marital status, level of education, years of work experience, hospital name, working unit, current position, and salary per month. Moreover, two additional questions were asked; how many numbers of absent in the last month? and what is the type of employment in this hospital?
2. The Expanded Nursing Stress Scale (ENSS) was developed by French, Lenton *et al.*, (2000), which contains 57 items. It included nine parts; death and dying (7 items), conflict with physicians (5 items), inadequate emotional preparation (3 items), problems relating to peers (6 items), problems relating to supervisors (7 items), workload (9 items), uncertainty concerning treatment (8 items), patients and their families (8 items), and discrimination (3 items). The participants' responses were used on a 5-point Likert scale from 1 (not apply) to 4 (extremely stressful).
3. The Stanford Presenteeism Scale (SPS-6) was developed by Koopman, Pelletier *et al.*, (2002) which consists of six items with two parts; completing work and avoiding distraction, each one involves three items. Participants were asked to indicate their level of presenteeism using a five-point Likert scale from 1 (strongly disagree with the statement) to 5 (strongly agree with the statement). Three of the items in the dimension of avoiding distraction were scored reversely.

Validity and Reliability:

A panel of seven experts from the nursing management specialty was invited for reviewing the previously mentioned set of questionnaires to measure face and content validity. Therefore, the value of Cronbach's coefficient alpha test and the test-retest reliability were measured. Accordingly, necessary modifications were done and the pilot study was conducted on 10% of participants (excluded from the study sample) from the nursing department at the previously mentioned settings. Both tools were

confirmed for reliability and validity by the researcher. The reliability coefficients for both tools were 0.80.

Data Collection Procedures:

Self-administered questionnaires through the online survey were used for data collection in previously mentioned settings in Hafr Al-Batin city that are highly convenient to be accessible to most target participants. The researcher collected lists of participants' emails and telephone numbers from the authoritative person, then sent to the study's aim, and a survey link to the participants to be answered. The estimated time to answer the questionnaire was consumed from 7 to 10 minutes for each participant.

Data Analysis

After the data collection stage was completed, the participants' responses were copied to SPSS Statistics version 20 to be analyzed. The quantitative variables were described by Mean, Standard Deviation (SD), and Range (Maximum-Minimum). While the qualitative variables were described by percentages. Analyzed data was done using the Pearson test and Chi-

square for measuring correlation. The significance level was stated at= 0.05.

Ethical Considerations

Before data collection, the approval for conducting the study was obtained from each hospital's Chief Executive Officers (CEO). Moreover, oral consent was obtained from respondents after informed about the purpose of the study. The participation of nurses in this research was voluntary without penalty from withdrawal or nonparticipation. Additionally, the participants' responses were kept confidential.

Limitation of the study:

There are several limitations to this study:

- The study was done only with 146 participants, which is considered as a low response rate that may arise during the stage of data collection in this research due to using an online survey.
- The ability to access a large range of scientific literature and researches is limited.
- There is not enough money to explore more facts.
- Time to do research and collect data is limited.

Chapter 4: Analysis and Interpretation of Data

Table 1: Participants Demographics Data

Items	Frequencies	Percentages
Gender		
Male	33	23%
Female	113	77%
Age		
Less than 30 years	55	38%
30 – 40 years	81	55.4%
More than 40 years	10	6.6%
Marital state		
Single	66	44.6%
Married	80	55.4%
Year of experience		
Up to 5 years	13	5.2%
6–10 years	23	9.6%
11 years and longer	100	85.2%
Job position		
Community nurse	16	5.5%
General practice nurse	20	9.4%
Head Nurse	100	85.1%

Table (1) showed that the age group from 30 – 40 years was the highest with 81 participants (55.4%). Regarding the gender variables, the majority of the respondents' nurses were female with percent (77%) 113 respondents. Moreover, more than half of the study participants were married with (55.4%) percentage and

80 respondents. More than half of the nurses had more than 11 years' work experience (85.2%). Furthermore, about (85.1%) of the nurses were working as a head nurse.

Expanded Nursing Stress Scale

Table 2: Mean value, SD, and Job Stress levels measured by the Nurses (n = 146)

Job Stress factors	Items No	N =146	Mean	SD	Level
Factor (1) Death and Dying	7	146	4.7725	.87523	High
Factor (2) Conflict with a physician	4	146	3.7625	.96532	High
Factor (3): Inadequate Emotional Preparation	7	146	4.65725	.87532	High
Factor (4): Problems related to Peers	7	146	4.7725	.7532	High
Factors (5): Problems relating to supervisor	7	146	4.7725	.97532	High
Factors (6): Workload	6	146	4.6725	.87532	High
Factors (7): Uncertainty Concerning Treatment	8	146	3.7735	.67532	High
Factors (8): Patients and their Families	7	146	4.4625	.87532	High
Factors (9): Discrimination	3	146	4.5725	.97532	High

SD: Standard Deviation

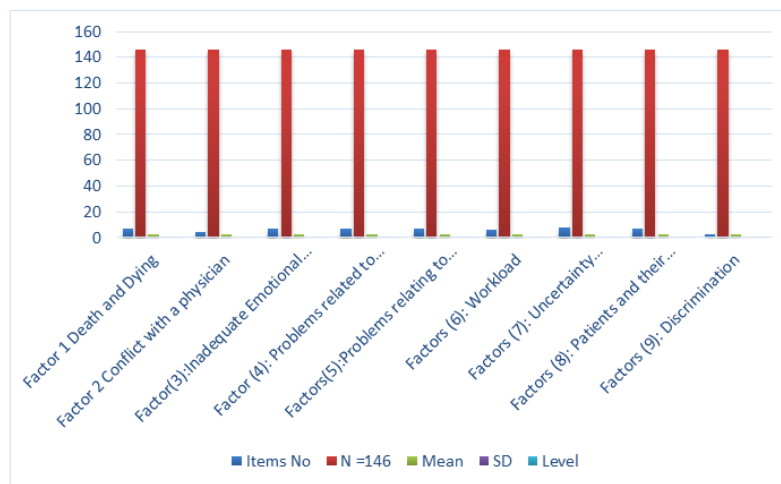


Figure 2: Mean value, SD, and Job Stress levels as measured by the Nurses (n = 146)

Table (2) showed that the staff nurse's job stress level was high. The elements of the current research job stress-related work factor, especially the patients as well as their families, daying and death treatments, problems of peers with supervisors, physicians conflict, the discrimination. Finally, inadequate emotions showed a high level.

Firstly, the Job stress research results: The results of the current study showed that the overall mean of job stress value was at a high level. The study finding consistent with another Chines study that used the same study tools in Hong Kong. In the Chines study, the mean Job Stress value ranged from 22.66 to 6.78. It also explored that all the elements of job stress found to be at a high level. There are several factors which may contribute to the job stress high level as

perceived by staff nurses in Hafr Al-Batin City, especially, the workload of staff nurse caused by shortages of hired nurses. And according to hospital statistics, the existing nurse-patient ratio in the general wards in Hafr Al-Batin City is approximately 1:40 even though the Hafr Al-Batin City. according to Nursing Council statistics they recommended a certain ratio for nurses per ward as 1:10. As per a government report in the health department, Hafr Al-Batin City lacks around 40,000 nurses. In this research, a majority of staff nurses asked to do too many required non-nursing tasks, such as office and clerical work. Both responsibilities and additional duties can increase the pressure releasing from complete ward tasks. Job stress affects the quality of nurses' working lives negatively. Moreover, it leads to illness physically and may increase minor morbidity levels.

Table 3: Mean Value, Standard Deviation value and the Level of Overall and Each Dimension of Presenteeism as Perceived by the Nurses (n = 146)

Presenteeism value	Mean	SD	Level
Overall Presenteeism score	18.25	2.99	High
Completing work score	8.61	2.92	High
Avoiding distraction score	8.54	3.07	High

Table (4) showed that there was a statistically significant relationship between overall job stress and overall presenteeism.

Table 4: Relationship between Overall Level of Job Stress and Overall Presenteeism as Perceived by Study Nurses (n = 146)

Job Stress	Overall Presenteeism	
	R	P
Overall Job Stress	0.473	0.001

Secondly, the results of presenteeism: The study results showed that the overall presenteeism score as collected from data by the staff nurses in the care hospitals Hafr Al-Batin City was at a high level (Mean = 18.25, SD 2.99). This result matches another study that was done by China and Croatia researchers. It may show a strong relationship between a shorter duration of being ill and duty performing. Moreover, the Chinese study showed a negative impact on staff nurses in the long term. From the work owner's perspective, presenteeism as a term is important in that it lessens the quality of working life, might worsen current medical illnesses. And contribute to impressions of inefficiency at work due to decreased productivity. The findings of the study indicate that most staff nurses were involved in the perfect performance of their duties instead of being vigilant about their important individual health issues. The idea that nurses remain actively engaged in serving society in the Hafr Al-Batin City hospital could explain this result. Among the nurses in Hafr Al-Batin Region, different sources of social support have been

identified. Social support is a precursor to engagement (presenteeism) among workers.

Third, and finally The results of the presence of a relationship between job stress-related work and presenteeism level: study results showed that there was a significant relationship between both overall Job Stress related work and overall presenteeism score ($r = 0.473$, $p < 0.001$) The study results were consistent with the findings of a joint study in UK and Australia by which found a significant relationship between presenteeism score and job stress-related work level. The results of this explained that although the staff nurses are facing job stress-related work, as they still go to work despite their illness. Jobs' stress was at a high level; which means that they cannot cope with job stress-related work and there is a piece of high evidence that job stress level has a critical impact on presenteeism score. In other words, even if they get stressed/ sick, they still go to work which increases the level of work stress level.

Chapter 5: Summary of Findings, Conclusion, and Recommendation

DISCUSSION

In this study, we tried to demonstrate the relation between job stress-related work and the prevalence of presenteeism among staff nurses. As a result of diverse definitions of presenteeism, most studies initially focused on this behavior, It defined "going to work despite feeling unhealthy" or "attending work while sick", despite this, scientists have found a negative impact as a result of increased interest in the presenteeism on the productivity of organizations, in addition to large losses for organizations from absenteeism. As such, presenteeism has been defined by both sides by scientists, and these aspects are health and the loss of productivity as a result of the presenteeism, such as "low productivity due to health and other events distract the staff from their full potential. " This is in addition to the studies that conclude that the disease is presenteeism, indicating the presenteeism also talking or surfing the Internet and possibly procrastination, which reduces the performance of employees in their work. One possible reason can be the possible rules and regulations for seeking to leave either nurse are sick or have urgent matters such as relative death and family disasters. Staff nurses in Hafr Al-Batin City can avail of twenty-five days of casual leave (on emergency grounds) which is paid. Besides, they can apply for sick leave depending upon the severity of the illness and a medical doctor's opinion to take rest during such an illness. Hence, in the case that a nurse feels sick and

they still come to work, their productivity may decrease. These results agreed with previous studies such as (Marziale *et al.*, 2018) study which found out that presenteeism is a common problem that occurred among nursing professionals, that reducing work performance, loss of concentration, increasing absenteeism, and presence of musculoskeletal symptoms. While, (Umann *et al.*, 2014) conducted a descriptive cross-sectional quantitative study in a university hospital on 129 nurses working in a nephrology unit and found out that nurses suffered from a high-intensity level of stress and using presenteeism as a strategy for coping by decreasing productivity. In this perspective, (Widera *et al.*, 2010) recommended using unrestricted paid sick leaves for decreasing pressure on the nursing staff, screen all nurses for any contagious illnesses before starting the worked shift, and ensure the adequacy of nurses for reducing the burden of personal obligation towards patients and coworkers.

The staff present at work, however, low work efficiency while receiving a full salary may reduce the productivity of organizations or institutions. As a result of the foregoing, the empirical studies of perceived ability to act the "PAWS" scale has been certified as a standard for this form of presenteeism, as a result of testing in the United States for an old citizen. We have used this definition In our current study because some

recent studies have identified the present as a possibility, we lost productivity in the workplace due to the current and other health events. And previous studies such as (Hemp, 2004, p. 49) study that have shown that work stress is a critical factor in the present. Although, empirical evidence will allow us to sort out the effect of different types of work stress results related to productivity.

In this study, work stress was categorized as disability, challenge, and stress. What refers to work stress is challenging stress, through which individuals feel they can overcome and benefit from their career development, including workload, urgency, and job responsibility. Individuals feeling that they cannot overcome it and stop their career development; This is what handicapped stress indicates, then this results in work insecurity, conflicting roles, and organizational policies.

Tension can have negative effects on emotional well-being. Both of them challenge disability and stress, but the influence of the mechanisms these effects are different and varied, in most cases, we find that stimulating the challenge has a positive impact on a person's productivity, because it motivates emotions to encourage people to solve problems positively, on the contrary, obstruct stress It has harmful effects. Scientists believe that work stress has positive effects on the commitment and performance of the business, on the contrary, handicap compression has harmful effects although performance,

It is a major source of concern in companies and organizations, and few studies have clarified the differential effects from the challenge, stress, disability to presenteeism, and other productivity-related outcomes. These different types can be studied further in terms of work stress in specific occupations and cultural contexts to improve understanding of the effects of work pressure on presenteeism. Work stress is a significant indication of presenteeism, however, few studies have been done on the common things that mediate between presenteeism and work stress define them (Kim *et al.*, 2019).

Only health is what was considered as the primary medium for presenteeism, and it has been defined in various and various definitions, in previous studies. However, emotional commitment also plays an important role in work stress and presenteeism. The sentimental commitment is a basic dimension of the commitment in an organized manner and does so contrary to employee values, emotional dependence on the organization, and commitment to the goal, which was considered as a previous variable that plays an important role in presenteeism and the outcome of the stress variable.

The theory of social exchange provides more explanations, including the relationship of exchange and social cohesion between organizations and employees regarding the outcome of exchange Interests are also rooted in support and communication between employees. Work stress is centered on responses and liaison with the organization, colleagues, staff, and supervisors; For example, assistant supervisor, organization support, and many other activities. In these activities, there are many situations throughout the days, and there are many attitudes, as well as strengthening the relationship between employees and the organization. Then comes the emotional dependence of employees on the organization, and this is called emotional commitment. This emotional commitment encourages employees to increase activities that are beneficial to them and organizations, one of these activities is behavioral; expanding the scope of work and fulfilling their work responsibilities, in addition to improving performance and reducing spin-off. These employee behaviors can strengthen the limitation of presenteeism and the ability to work, and thus, the hypothesis that states that emotional commitment reduces presenteeism has been tested (Yang, Ma1 *et al.*, 2017).

In previous studies, such as (Yang, Ma1 *et al.*, 2017) study it was explained that the burden of treating the injured and burying the dead leads employees to feel high employment stress, including health service providers, and health care workers. Spin-offs and work stress among health care workers increase medical errors and stress, as it is endangering patient safety; Thus, the need for inspection in this group is great. As a result of the increase in health problems and other work stress in China, in addition to the spread of mental illness among a small number of Chinese health care workers, due to their excessive enthusiasm for work, has led to apathy and increased patient presenteeism, and in such circumstances, health services have deteriorated and hospital performance has decreased. Therefore, in this study, Chinese hospital staff and their associated quality were recorded as the mediating effects of emotional commitment and the association between work stress and presenteeism.

CONCLUSION

In this research, the author discovered the relationship between job stress factor percentages (high) and presenteeism factor level (high) as shown by participating nurses in Hafr Al-Batin hospitals. The current results of this research paper provide facts for both hospital administrators and nurses regarding adjust and decrease the level of presenteeism. Moreover, the results provide strategies needed to be developed by recruiting more staff nurses, such as general nurses. This can help in decreasing the workload done by the staff nurse. The nursing manager should provide a work environment for nurses to increase their productivity and proficiency. It will be helpful to conduct future

research to explore the job stress factors for staff nurses in different levels of hospitals that have supporting systems as well as different environments.

RECOMMENDATION

Based on the current study results, researchers need to employ a longitudinal research design to have deep knowledge and facts regarding the impact of job stressors factors. moreover, create methods to reduce job stress among nursing staff to increase job performance as well as job satisfaction. Empowering employees by sharing in problem-solving and decision making. And finally, replication of the study with a larger sample size.

Future Work

Future work and research can be done to discover the job stress for staff nurses in different levels of hospitals that have different supporting systems and environments. Secondly, there was a significant relationship between job stress-related work and presenteeism level; thus, the relationship between any other possible variables that may relate to presenteeism must be explored. Set and monitor strong regulations or changes after implementation of policy guidelines regarding job stress and presenteeism will be a good solution for the future.

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