

PRESENTISM AND SOCIOECONOMIC ASPECTS IN DOCTORS OF A PSYCHIATRIC HOSPITAL

PRESENTISMO Y ASPECTOS SOCIOECONÓMICOS EN MÉDICOS DE UN HOSPITAL PSIQUIÁTRICO

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ABSTRACT

Objectives: Determine the relationship between presenteeism and socioeconomic aspects in doctors of the Hospital Nacional Víctor Larco Herrera in 2018. **Methods:** A non-experimental, cross-sectional, correlational, prospective quantitative study was carried out. 60 doctors from the Hospital Nacional Víctor Larco Herrera were included, the dependent variable was occupational presenteeism, measured with the Stanford SPS-6 work presenteeism scale, the independent variables were the socioeconomic aspects. For the bivariate analysis, the Pearson correlation test was used, obtaining the correlation coefficient (r) and the p value. **Results:** 54.5% of the sample were female, the most frequent age group was 28 to 37 years old with 45.5%. The prevalence of presenteeism was 49 (81.8%). It was significantly associated to the labor condition (r = -0.236, value p = 0.039), correlating with having a contracted or third-party regime against permanent contract worker. There was no statistically significant association with having another job, people who depend economically, work hours and years of service. **Conclusion:** The presenteeism in doctors of the Larco Herrera National Hospital was associated to the labor condition. It is recommended to carry out more studies in this regard in order to better understand the reality of this problem in our country.

Key words: Presenteeism; Physicians; Employment; Workers. (source: MeSH NLM)

RESUMEN

Objetivo: Determinar la relación entre el presentismo y los aspectos socioeconómicos en los médicos del Hospital Nacional Víctor Larco Herrera en el año 2018. **Métodos:** Se realizó un estudio cuantitativo de tipo no experimental, transversal, correlacional, prospectivo. Se trabajó con 60 médicos del Hospital Nacional Víctor Larco Herrera, la variable dependiente fue el presentismo laboral, medido con la escala presentismo laboral de Stanford SPS-6, las independientes fueron los aspectos socioeconómicos. Para el análisis bivariado, se usó la prueba de correlación de Pearson, obteniendo el coeficiente de correlación (r) y el valor p. **Resultados:** 54,5% de la muestra fueron del sexo femenino, el grupo etario más frecuente fue de 28 a 37 años con 45,5%. La prevalencia de presentismo fue de 49 (81,8%) médicos. Estuvo asociada significativamente a la condición laboral (r=-0,236; valor p=0,039), correlacionándose con el tener un régimen de contratado o por terceros frente a ser nombrado. No hubo asociación estadísticamente significativa con tener otro trabajo, personas que dependen económicamente, horario de trabajo y años de servicio. **Conclusión:** El presentismo en médicos del Hospital Nacional Larco Herrera estuvo asociado a la condición laboral. Se recomienda realizar más estudios en este respecto para poder conocer de mejor manera la realidad de esta problemática en nuestro País.

Palabras clave: Presentismo; Médicos; Empleo; Trabajadores. (fuente: DeCS BIREME)

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INTRODUCTION

Recently, presentism has become a topic of interest. Adrián et al defined labor presentism as going to work while having a health problem and emerges as a counterpart to work absenteeism¹.

Contrary to what we might think intuitively, there are claims that working while sick causes a much greater loss of productivity than absenteeism² and because of the idea that managing presentism effectively could provide a competitive advantage³.

The studies on presentism are not recent, it originated in European and American studies done by specialists in occupational health and administration⁴, concerned about the job insecurity that derives from the reduction of personnel and the restructuring that forces to exaggerate the levels of assistance that results in stress and illness, as well as the impact of certain general or specific medical conditions (eg migraine) on labor productivity⁵. All of this is driven by the fact that in recent years, the rising cost of medical care, combined with employers' provision of employee health plans, has led to assess the economic impact of workers' health^{6,7}.

Despite these antecedents, the studies done on the presentism in our country are really scarce, and most of these have been carried out in other areas that are not health⁸⁻¹⁰, so there are few health professionals who are used to the term. Because it is one of the main problems that companies have to oppose, those that handle workers who are dedicated to providing a health service to people with mental health problems, have a greater challenge ahead. Most studies on occupational presenteeism in health personnel are done, as one would expect, in general hospitals^{1,11-14}, with no studies in hospitals dedicated especially to the care of mental health problems, such as the Víctor Larco National Hospital Herrera level III-E. That is why the objective of the present study was to determine the relationship between presentism and socioeconomic aspects in the Doctors of the Víctor Larco Herrera National Hospital in 2018.

METHODS

Type and design of the research: A quantitative study of non-experimental, cross-sectional, correlational, prospective type was carried out.

Population and sample: The population was constituted by the total of doctors of the Víctor Larco Herrera National Hospital during the year 2018, which

consist of 77 doctors. All the Doctors of the Víctor Larco Herrera National Hospital who agreed to carry out the survey were included and the doctors who were not present at the time of the survey (for vacations, medical rest or leave) were excluded. After applying the selection criteria, he was left with a sample of 60 doctors.

Variables: The dependent variable was occupational presenteeism, measured with the Stanford Occupational Presentism scale SPS-6; while the independent variables were the socioeconomic aspects, being these: 1-What is your employment status? 2-How many people depend economically on you? 3-How many years of service do you have in office? 4-Do you have another job? 5-What work schedule do you have? In addition to the general characteristics of the population.

Instrument: The instrument used to collect the dependent variable was the Stanford SPS-615 labor presenteeism scale, whose translation was validated by submitting to the judgment of 3 experts who meet the characteristics of being hospital administrators and experts (former director of the National Institute of Niño Breña, Expert and Researcher of the Faculty of Medicine of the National University Federico Villarreal and former Director General of the Institute of Neurological Science) and the application of the 15% pilot test, obtaining acceptable validity and reliability coefficients for the study.

Procedures: Coordinations were carried out with the Medical Corps of the hospital in order to obtain approval, the survey was applied in the services where medical professionals work with 100% acceptance of all those who were present on the day of collection, that was 60 physicians.

Statistical analysis: For the descriptive analysis of the qualitative variables frequencies and percentages were used. For the bivariate analysis, the Pearson correlation test was used, obtaining the correlation coefficient (r) and the p-value, considering that those with a p-value less than 0.05 were considered statistically significant.

RESULTS

General characteristics of the population: 60 doctors participated in the study, the majority being female, with 54.5% and the most frequent age group was 28 to 37 years with 45.5%. Also, 64% was born in the department of Lima and the Hospital Area where there are more doctors is the hospitalization area. 49.2% say they have no disease and, of those who have a disease, the most common is respiratory disease. These values can be seen in table 1.

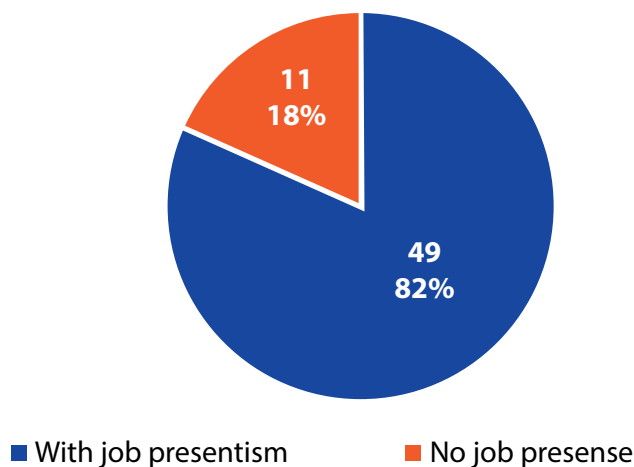
Table 1. General characteristics of the population studied.

Social variables	Frequency	Percentages
Age		
28 to 37 years	27	45,5
38 to 47 years	17	28,6
48 to 57 years	11	18,2
58 to 67 years	5	7,8
Sex		
Male	25	45,5
Female	35	54,5
Place of Birth		
Lima	35	83
A different department from Lima	25	17
Hospital Areas		
Department of External Consultation and Community Mental Health	14	48
Department of Hospitalization	28	18,2
Department of Children and Adolescents	6	2,6
Department of Addictions	3	3,9
Department of Emergency	2	27,3
Department of Support to Diagnose	7	
Medical break in the last 3 months		
Yes	7	22,1
No	53	77,9
Chronical disease		
Yes	12	20,8
No	48	79,2
Disease Present in the doctor		
Does not answer	20	77,9
Respiratory disease	10	6,5
Neurological disease	4	1,3
Musculoskeletal disease	8	3,9
Gastrointestinal disease	8	5,2
Dermal disease	4	1,3
More than a disease	6	3,9

Source: Analysis of data.

Analysis of presentism and related socio-economic factors: Of the total population studied, 49 (81.8%)

doctors state that they attend work while ill; while 11 (18.2%) doctors do not attend work while ill.



Source: Analysis of data.

Figure 1. Prevalence of occupational presenteeism in doctors of the Victor Larco Herrera National Hospital.

Table 2. Socio-economic factors of the doctors of the Victor Larco Herrera National Hospital.

Socioeconomic variables	Frequency	Percentage
Another job		
Yes	25	58,4
No	35	41,6
People who depend economically of the physician		
No one	6	10,4
From 1 to 2 people	22	55,8
From 3 to 4 people	18	24,7
More than 4 people	14	9,1
Labor condition		
Appointed	50	64,9
Hired	8	11,7
Modality of a third one	2	23,4
Working schedule		
Fixed shift	40	51,9
Rotary shift	20	48,1

Source: Analysis of data.

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In regard to the association of labor presenteeism with socioeconomic factors, there was a negative correlation between the question "Which is your labor condition?" and the labor presenteeism, obtaining a coefficient of correlation of Pearson of -0,236, being an

inverse correlation statistically significant, with a value of p of 0,039. There were no correlations statistically significant between the rest of socioeconomic aspects and labor presenteeism, as it can be seen on Table 3.

Table 3. Correlation of the socioeconomic aspects with the labor presenteeism in physicians of the National Hospital Victor Larco Herrera.

Socioeconomic aspect	Correlation coefficient of Pearson	Average Value
Which is your labor condition?	-0,236	0,039
How many people depend economically on you?	0,175	0,127
Do you have another job?	-0,144	0,211
What working schedule do you have?	0,178	0,121

Source: Analysis of data.

Causes of presentism: Among the reasons why workers attended work despite being sick were: "For not leaving the workplace" is the most frequent cause

of presentism with a percentage of 30%, followed by "For not harming my colleagues "With 22%, as illustrated in table 4.

Table 4. Causes of labor presenteeism in physicians of the National Hospital Victor Larco Herrera.

Cause of presenteeism	Frequency	Percentage
Because of not losing the job	6	12%
Because of having medical rests constantly	2	4%
Because of not staying at home	4	8%
Because of feeling necessary	4	8%
Because of not being absent From my working place	14	33%
Because of not damaging my Workmates	10	22%
Because of not damaging the Patient	2	4%
The medical rest was not given	2	4%
Other	2	4%
Total	60	100%

Source: Analysis of data.

Responses of the SPS-6 scale: In relation to the first expression, an important 40% indicate that they partially agreed that the health problem was more difficult to deal with the stress of their work. Also, in relation to the second expression: "I felt without courage to finish some tasks of my work due to my health problems" shows 40% that was partially in agreement and 20% that was in total agreement. In relation to the third expression: "Due to my health problem I could not have pleasure in my work", he points out that 37% who partially agreed and 18% who

totally agreed. With regard to the fourth expression: "Despite my health problem I had the energy to finish" 35% who partially agreed and 37% who totally agreed. In the fifth expression, it is observed that 37% of the respondents agreed that at work they managed to concentrate more on their goals despite their health problem, while 24% agreed in full. Finally, the analysis of the sixth expression, 42% affirm with a total agreement that despite the health problem he was able to finish with the tasks of his work. All this is observed in table 5.

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Table 5. Evaluation of the responses of the Stanford SPS-6 labor presenteeism scale by the doctors of the Victor Larco Herrera National Hospital.

	A	B	C	D	E	F
Because of my health problem it was more difficult with stress in my work.	2 (3%)	7 (12%)	6 (10%)	9 (15%)	24 (40%)	12 (20%)
I felt without courage to finish some tasks of my work due to my health problems.	2 (3%)	9 (15%)	6 (10%)	7 (12%)	24 (40%)	12 (20%)
Due to my health problem I could not have pleasure in my work.	2 (3%)	7 (12%)	7 (12%)	11 (18%)	22 (37%)	11 (18%)
Despite my health problem I had the energy to finish my work.	2 (3%)	4 (7%)	4 (7%)	7 (12%)	21 (35%)	22 (37%)
At work I managed to concentrate more on my goals despite my health problem.	2 (3%)	5 (8%)	8 (13%)	9 (15%)	22 (37%)	14 (24%)
Despite the health problem I managed to finish the difficult tasks of my work	2 (3%)	5 (8%)	2 (3%)	4 (7%)	22 (37%)	25 (42%)

Source: Data analysis. Legend: A: Does not respond B: Strongly disagree C: Partially disagree D: Neither agree nor disagree E: Partially agree F: Strongly agree.

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DISCUSSION

This research is important in our environment as it provides current statistical data on the problem of presenteeism in medical personnel dedicated to mental health care, as well as sociodemographic data in this little studied professional group but of great importance and responsibility in Public health. Unlike previous studies of presenteeism in our country, which were mainly focused on doctors on duty or working in the emergency department, having repercussions such as greater stress on workers¹³, data are provided about the implications and possible causes of this problem in a hospital dedicated to mental health, which has its own implications. It is necessary to remember that presenteeism can have serious consequences on the health of the worker, such as anxiety and stress^{16,17}; which makes it very important to study this problem in our country in a better way.

In the present study, the sample consisted of 54.5% of female sex, this result indicates that there are slightly more women than men in the sample studied, the difference in sex in this profession can be explained by the conformation of the Peruvian population and also for the augment in the increasingly active participation of women both professionally and laborally. Also, the most frequent age range was between 28 and 37 years, which indicates that the majority of doctors participating in the study are young doctors.

The analysis of the results shows that 81.8% of medical professionals state that they attend work while they are sick, this prevalence in health professionals is usually higher than other professionals, as reported by the study of Reyes Revuelta¹², who points to the group of Nursing as one of the professional groups with significantly higher rates compared to other professions. However, this prevalence of presenteeism is slightly different from that found in the medical professionals of the Health Service of the Principality of Asturias, where a prevalence of 52.9% of the medical professional participating in such study was found¹³. Likewise, it was May to the percentage found in 580 primary care physicians of 9 hospitals in Shaanxi Province, in a study conducted in China; which resulted in 47.4%¹⁸. Also, in a study carried out in nurses at the University Hospital of Sao Paulo, Brazil; it's found a prevalence of presenteeism of 23.7%¹⁹. These differences between proportions of presenteeism are due to various factors, in the first instance, a little concordance between the methodologies carried out in the various studies that address the issue of presenteeism²⁰, as well as cultural differences in the foreign population against the Peruvian population, since a study conducted in university students in our country found that the levels of presentism are higher than 76.3%⁸; Although this may also be due to the characteristics of a university student, it is also important to consider that in the present study and the one carried out in university students in Peru has

a relatively young population, compared to the other studies mentioned, which would indicate that A young professional accepts the idea of going to work while ill or for work reasons such as fear of being sanctioned or losing a job. The unclear nature of this issue makes it necessary to increase the number of publications of studies on presenteeism in our country, in order to understand these dimensions in a better way.

Regarding the associated factors, it was found that there was a statistically significant relationship with the employment status, finding that those who are hired and hired by third parties have a higher rate of presentism than those named. This could be explained by the reasons expressed by professionals to assist while ill. The most frequent reasons are those who do it for not absent from the workplace and those who do so for not harming colleagues, as well as those who do so for not losing their job. These reasons with higher percentages allow us to analyze that the professional assists in working sick due to labor concerns, fear of receiving sanctions or even being fired, because of companionship or institutional identity, colloquially called "love of the shirt." The study by Bierla et al.²¹ supports the present analysis since it refers to the reason that he will work while he is sick is the fear of losing his job and, consequently, a decrease in his income, this analysis worries, since it indicates that the health and personal well-being of the Professional goes to the background and is not a sufficient reason to be absent from work even while ill, the same conclusion tells us Petit Rodríguez et al.²² who points out that the quality of life of workers with presentism is altered in different areas such as the health and family An interesting demographic to mention is that most doctors have people who depend economically of them and that is a sufficient reason to work in more than one institution at a time, which can be related to salaries or the lack of professionals in the area.

On the other hand, it is worrisome to know that 20.8% of the Doctors of the Victor Larco Herrera National Hospital claim to suffer from a chronic disease, with respiratory diseases being the most frequent within this group with 6.5%; followed by gastrointestinal diseases with 5.2% and musculoskeletal diseases with 3.9%. When knowing the implications of suffering from a chronic disease, it is convenient to point out that in the last three months 22.1% of medical professionals report having had medical rest. In another study, a

different distribution of health workers' diseases can be observed, the main diseases being musculoskeletal (60.9%), and to a lesser extent headaches and migraines (13.9%) and gastrointestinal diseases (12.6%)¹⁹. This may be due to the large participation in the Hospital where the present study was conducted, the environment and old infrastructure and close to the sea. In relation to other research, Ruiz Gutierrez et al.²³ reports that diseases that affect staff with presentism are musculoskeletal problems, depression, headaches, respiratory diseases and also heart disease. Another study indicates that the most frequent pathology with a high rate of presenteeism was musculoskeletal²⁴, both investigations, in summary, support our findings.

When analyzing the responses of the SPS-6 scale, we found that a large percentage of the population studied indicated that due to their health problem it was more difficult to cope with the stress of their work, as well as a good proportion felt without courage to finish some homework due to their health problems. Along the same lines, a little more than half of the respondents state that due to their health problem they could not have pleasure in their work. These analyzes involve affirming that attending while ill, that is to say presenteeism, causes problems in work performance and individual well-being. On the other hand, an important majority indicates that despite his health problem they had the energy to finish their work, a similar proportion affirms that despite his health problem he was able to finish with the tasks of his work and also, a good proportion refers that at work he managed to concentrate more on his goals despite his health problem. These statements may represent the components that justify attending work while ill and in the positive sense expressed in such behavior. However, let's not forget that the presenteeism found in the present study is also related to its incidence to young professionals and also to the fact that a good part of the population does not enjoy working stability as they are not appointed personnel.

CONCLUSION

It is concluded that the presenteeism in doctors of the Larco Herrera National Hospital was associated with the working condition. It is recommended to carry out more studies in this regard to be able to know better the reality of this problem in our country.

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