ISCTE Business School
Instituto Universitário de Lisboa

PRESENTEEISM IN CHINESE HEALTH AND EDUCATIONAL INSTITUTIONS

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Abstract:

This research aims to study the possible relation between presenteeism and other factors which are considered to be connected with presenteeism in former studies in Chinese health and educational institutions. Presenteeism, asa new concept in organizational behavior literature, refers to working performance and productivity loss that occurs when employees come to work but are not well-functional due to physical and psychological causes. Next, we clarify factors connected to presenteeism: work-family conflict, family-work conflict, role ambiguity, performance and supervisor support. The results from a sample of 258 health and educational institutions revealed that work/family conflict and role ambiguity are predictive of presenteeism. We also found that employees in health institutions exhibited higher level of supervisor support and lower level of presenteeism compare to employees in educational institutions. Finally the implications and limitations of these results and directions for further research are discussed.

Keywords: presenteeism; health and educational institution; work/family conflict; role ambiguity; performance

Resumo:

Este estudo tem como objetivo estudar a possível relação entre o presentismo e outras variáveis consideradas importantes na relação com o presentismo em instituições de saúde e educação Chinesas. Presentismo – aparece como um novo conceito na literatura de comportamento organizacional - refere-se ao desempenho de trabalho e perda de produtividade que ocorre quando os funcionários vão trabalhar, mas não conseguem o maior rendimento devido a causas físicas e psicológicas. No presente trabalho pretendemos esclarecer a sua relação com variáveis associadas ao conflito trabalho-família , a ambiguidade, de papel, o desempenho individual e o suporte do supervisor. Os resultados obtidos incidiram numa amostra de 258 sujeitos pertencentes a instituições de saúde e educação, tendo revelado que o trabalho / conflito familiar e a ambiguidade de papel são preditores de presentismo. Os dados revelam ainda que os trabalhadores das instituições de saúde apresentaram maior nível de apoio do supervisor e menor nível de presentismo. Finalmente, são discutidas as implicações destes resultados e as direções para futuras pesquisas.

Palavras-chave: presentismo; saúde em instituições de ensino; conflito trabalho / família; ambiguidade de papel; desempenho.

Content

Introduction

Presenteeism is an emerging concept and becomes a subject of interest in organizational literature. It isdefined as “workers being on the job but, because of illness or medical conditions, not fully functioning” (Hemp, 2004:49). Interest in presenteeism stems from two main but somewhat geographically distinct sources(Johns, 2010): (1) UK and European scholars in management (Simpson, 1998; Worrall, Copper and Campbell, 2000) and occupational health practitioners (Virtanen, Kivima, Elovainio, Vahtera and Ferrie, 2003). They are worried about job security because of downsizing and restructuringleading to exaggerated levels of attendance.For example,working on exceeding hours or showing up at work despite physical or mental conditions, and therefore all these factors will result in stress and illness. (2)Medical scholars and consultants (most of them are American); including specialists in occupational health, fears that the above-mentioned stress and illness will exert a bad effect on work productivity. In a word, Europeans researchers pay more attention to the frequency of presenteeism as a reflection of job insecurity and other occupational characteristics, while Americans are mainly interested in the connections between work productivity and presenteeism.

Presenteeism is often related to absenteeism. Both of them are considered as the factors to productivity loss.Absenteeism, generally defined as not showing up for scheduled work, has a long research history, due in part to its perennial cost to organizations and its status as an indicator of work adjustment (Harrison and Martocchio, 1998; Johns, 1997, 2008, 2009). Missing work due to absenteeism, and absenteeism caused by illness, has been a focus of research in a variety of academic disciplines for a long time. Whilepresenteeism measures the “decrease” in productivity for the much larger group of employees whose health problems have no necessarily led to absenteeism and the decrease in productivity for the disabled group before and after the absence period(Burton, 1999). Presenteeism related to dynamic attendance, is less studied compared to absenteeism. In the past, many papers have assumed that absenteeism have a negative effect on performance and work productivity. But now it seems that health-related loss of organizational productivity can be traced even if the workers go to the work while being sick. Moreover, presenteeism in the workplace now is more

prevalent than absenteeism (Hemp, 2004).

According to the UK National Statistics in 2008,The UK lost 5.8 million working days due to sickness or injury between July 2007 and June 2008; and the 5.8 million days lost accounted for 1.5 per cent of work days. Since 2006, the sickness-absence rates of all employees in UK have remained stable at about 2.5 per cent. The statistics indicate that 2.5 per cent of employees have at least one day's absence from work. Sickness-absence rates in UK public sector remains the highest,and compare to public sectors, sickness-absence in private sector is lower, from 2.9 to 2.4 percent. Absence rate is still high, but presenteeism becomes a new concern. As the spokesperson of Public and Commercial Service in UK said, "there's a risk of people coming into work and spreading sickness when they should have stayed at home, and also coming into work and not getting better, resulting in a longer period of sickness". All medical conditions related to presenteeism lead to reductions of productivity levels (Shamansky,2002), in terms of both quality and quantity of work (Hemp, 2004). Why people who are sick or not well-functional still show up to work? According to the US Omnibus survey (2004) conducted by the National Foundation for infectious Disease, about 60% of employees (despite not having good health) go to work because they are concerned about their professional task not being completed; 48% feel guilty about missing work; 20% fear their boss's anger and 18% fear consequences related with job loss. Generally, people stay at work while being sick because they believe that certain tasks cannot wait or be delegated(McKevitt, Morgan, Dundas and Holland, 1997).This will make the organization rethink and reconsider their approaches instead of just considering regular work attendance.

Although so far presenteeism has been a new interest to scholars of diverse areas, most of the presenteeism researches come from the Europeans countries, United States, Canada and Australia(Cooper and Dewe,2008).Consequently, research involving Asian organizations remains scarce. So this paper is trying to fill the gap by studying the prevalence of potential physical and psychological causes of presenteeismvia a Chinese version of presenteeism scale. Medical workers (e.g. doctors, nurses, medical administrative workers) and educational workers (professors, associate professors, research assistants, administrative workers in

educational institutions) are selected as our target samples, as presenteeism ranks particularly high among the educational, welfare and health sectors(Aronsson, Gusafson and Dallner, 2000; Berstrom et al., 2009; Elstad and Vabø. 2008).

Presenteeism has important implications in many aspects, such as organizational productivity, employees' well-being, employing organization, attendance of work so on and so forth…All these factors are closely connected with presenteeism. Based on presenteeism, we developed three main goals for our study: Firstly, we sought to find out and analyze the prevalence of physical and psychological causes of presenteeism in Chinesehospitals, relatedheath institutions and educational institutions. The reason for choosing health and educational institutions is that presenteeism rate is relatively high in these areas in America and European countries(Aronsson, Gusafson and Dallner, 2000), and there has been no statistics for presenteeism rate in these two areas in China so far. Secondly, after collecting the data from both health and educational institutions, we analyzed the data based on the former theoretical models and our hypothesis model, and then made a comparison to see if there was any difference or similarity between presenteeism rate and its related factors in health and educational institutions in China. Last but not least, we explored the correlation betweenpresenteeism and other potential antecedents and work-related variables in both areas, (e.g. age, gender, number of working hours, seniority, job ambiguity, performance, work-family conflict, and family-work conflict) and then put forward our suggestions and solutions based on the result.

Background and Rationale for the Study

Relationship between Absenteeism and Presenteeism

Absenteeism, as a traditional topic related to loss of productivity, has long been researched in the field of work and organization psychology. Over the last 40 years, hundreds of studies have examined this phenomenon and attempted to understand not only the determinants, but also the consequences of such behavior— both unavoidable and undesirable(Rhodes and Steers, 1990). Among all the literatures about absenteeism, there is a general agreement on the definition of absenteeism "a lack of physical presence at a behavior setting when and where one is expected to be"(Harrison and Price, 2003:204). Though it has long been a topic, absenteeism is still an organizational problem in many organizations all over the world. A number of theories involve different tracks in order to explain this behavior, such as withdrawal model, adjustment-to-work model, conflict model and so on. Some integrated models, for example Nicholson attendance motivation model, Brooke and Price model of absenteeism have also been suggested to account for the key determinants of absenteeism and their interactions(Gosselin,2013). According to these researches, the key absenteeism determinants have been identified as the social-demographical indicators, personality, workplace behavior, social context, and the decision process itself. More specifically, studies have highlighted the contributions of low job satisfaction and low organizational commitments as a stepping stones toward absenteeism (Punnett, Greenidge and Ramsey, 2007). However, though a number of models have successfully described absenteeism behavior, these modelalso have some limitations. Therefore, absenteeism, as a human resource management problem, is a concern of managers as well as researchers. In a word, absenteeism is a multiple and complex issue that still needs further investigation.

Presenteeism is less researched compare to absenteeism. Traditional researches always regard the direct and indirect losses in workplace which are related to health-related issues are due to absenteeism.Until recently, presenteeism became a new topic and more researchers carried out studies into this field. Many researchers have confirmed that productivity losses resulting from presenteeism may indeed be more significant than those caused by absenteeism (Schultz

andEdington, 2007). Compared to absenteeism, presenteeism phenomenon is harder to measure. Absenteeism can be measured by the days and time duration of workers absence from work. However, the impact of presenteeism phenomenon on organizational productivity, for example, an increase trend in convalescence leave, or future absenteeism behaviors, is hard to quantify. Researchers now call for a joint conceptualization of these behaviors to capture their dynamic interplay as well as their common repercussions(Johns, 2010).

Conceptual Framework of Johns's Absenteeism and Presenteeism model

In order to understand possible causes of presenteeism and absenteeism as well as their relations to cumulative individual consequences (e.g. productivity), Johns (2010) developed a conceptual model where he mentions the importance of personal, contextual and health event variables regarding both presenteeism and absenteeism dynamic modeling (Martinez and Ferreira, 2012)(Figure 1).

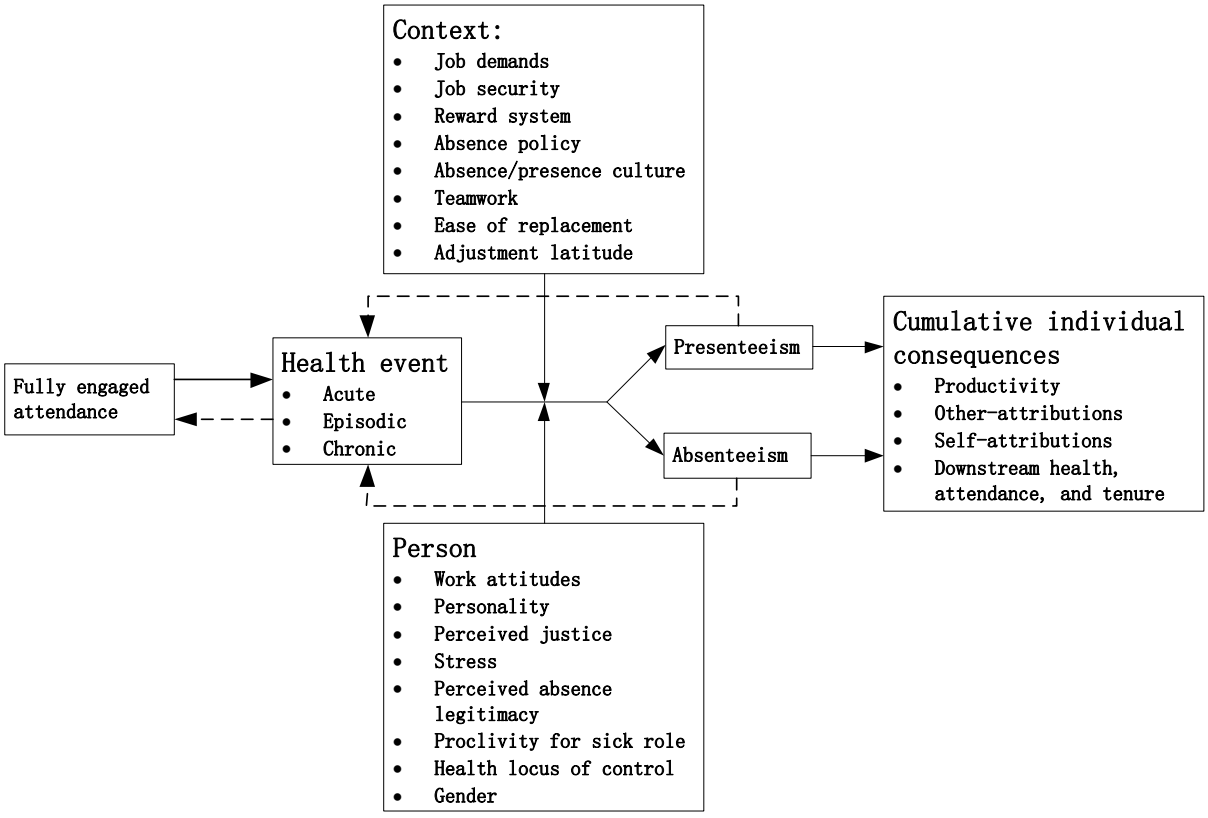

Figure1A dynamic model of presenteeism and absenteeism (Johns, 2010:532)

According to Johns's (2010) theoretical framework, health event plays an important role to absenteeism and presenteeism. Health event including acute, episodic and chronic disease will affect employees' work-related behaviors in the workplace. To some extent, the nature of the health event will dictate whether absenteeism or presenteeism ensues(Johns,2010). For example, flu is likely to provoke absence in the workplace, while a diagnosis of high-pressure blood is likely to promote presence in the workplace. So whetherhealth event will lead to presenteeism or absenteeism is based on the precipitating personal event and the context surrounding the event (e.g. occupation). When people showing up to work despite their sickness, a loss of productivity will happen and economic costs will increase. As Yen, Edington and Witting (1992) described, "health-related measures significantly predict economical costs and lack of productivity".

Considering the reasons why people go to work despite illness, Johns (2010) putforward that some organizational factors such us job demands, job insecurity and reward systems motivate people go to work while being sick. For example, the high job demand will force people to showup at work and finish all the tasks on time to maintain a high levels of performance, or else it may lead to a low score in the assessment of performance appraisal and affect their rewards even career development. Moreover, ease of replacement is another variables relating to presenteeism.If people have feelings that they are easy to be replaced by others if not showing up to work, they will insist to go to work, even suffering from some health problems. Moreover, organizational culture is also a contextual variable, seen in the case where organization has a team-work oriented culture (people tend to be present or otherwise affect the work process of their group), or laissez-faire style (people tend to be absent rather than present at work).

Individual factors include work attitudes (the willingness to work) and personality, which is considered stable and can reflects one's psychological characteristics. According to what Gordon Allport (1945) said, people varies in terms of cardinal trait (the typical personality), central traits (often from 5 to 10 traits and consist one's personality) and secondary trait, different cardinal and central traits can affect one's consequence of presenteeism. Other

factors include perceived justice,stress, perceived absence, legitimacy, proclivity for sick role and health locus of control.As Boles, Pelletier and Lynch (2004)described, "*gender is undoubtedly a crucial variable so as to comprehend presenteeism*". And Simpson (1998) pointed out that "p*resenteeism is highly gendered and associates with male-dominated organizations*". So people are more likely to show up and stay at work for longer hours in order to achieve career promotions, more money rewards and new job opportunities. Based on this theory, Martinez and Ferreira (2012) did a research on presenteeism among nurses in a Portuguese public hospital, sought to analyzepresenteeism in a female-dominated occupation in Portugal, taking nurses as an example. The research reinforces evidence found in the literature that denotes how women are more prone to presenteeism than men because women have a heavier social pressure required from both work and home. Accordingly, data based on nurses indicates that the prevalence of presenteeism is higher among females however no gender difference regarding both the mean days per year affected by presenteeism(Martinez and Ferreira,2012).

Eric Gosselin's conceptual model of presenteeism and absenteeism behaviors

Following Johns's study (2010), Eric Gosselin (2013) depicts an explanatory model in order to formulate a combined modeling of presenteeism and absenteeism. This model underlies one exploratory proposition concerning the influence of health problems on both behaviors and four specific research hypotheses linked to each set of variables studied(Eric Gosselin,2013). Figure 2 listed below shows the model:

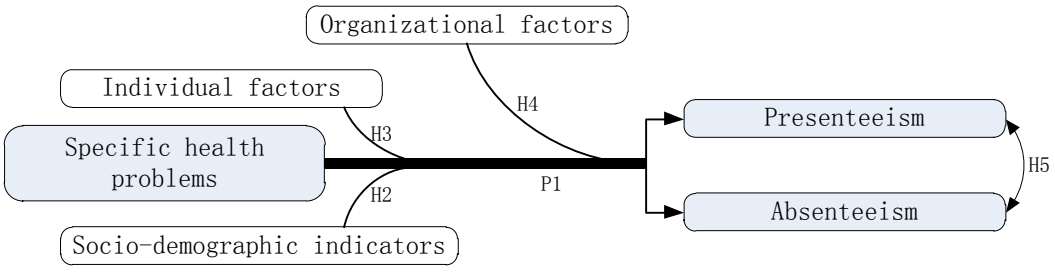

Figure 2 Gosselin'sconceptual model of presenteeism and absenteeism behaviors

According to this model, some specific health problems will lead to presenteeism and

absenteeism, and as what Johns has described (2010), "*health problems are the primary cause of productivity loss by presenteeism and absenteeism behaviors*". For example, back pain, drinking problems, headaches and psychological disorders have been regularly linked to absenteeism (Johns, 1997). While the health antecedents of presenteeism behaviors are possibly related to allergies, arthritis, chronic pain, diabetes, gastrointestinal conditions and mental health (Schultz andEdington, 2007). In a word, presenteeism and absenteeism may be caused by different factors. Based on the research, they developed a hypothesized model: It is possible to note the differences in the nature of health problems as the origin of presenteeism and absenteeism behaviors.For example, allergies will lead to presenteeism but back pain is the cause of absenteeism, and these differences can be noticed. Based on this hypothesis, they take social demographic indicators, individual indicators and organizational indicators into their study, and they suggest that there is a significant connection between these indicators and presenteeism, as wellas absenteeism.Some indicators (for example allergies) are the precedents of presenteeism while some others (for example back pain and headache) contribute to absenteeism. As to the relationship between absenteeism and presenteeism, Gosselin(2013) suggested that there is a connection between the number of behaviors of presenteeism and absenteeism, and he hypothesized two branches, one is a negative connection and the other is positive connection.

Based on the conceptual model and hypothesis, 3,670 questionnaireswere distributed to public service institutions in Canada, and 1,730 were voluntarily completed and returned and were used for statistical analyses. Overall, results of this study were built upon previous knowledge on the relational dynamic between presenteeism and absenteeism. More specifically, the results reinforced Hansen and Anderson (2008), Gustafsson and Dallner (2000), and Johns (2011) have put forward before. The findings indicate that certain health conditions are more likely to predisposepresenteeism whereas others have a specific impact on absenteeism. The study confirms that workers with gastritis and allergies are more likely to show up for work despite their conditions. Conversely, individuals suffering from emotional thyroid, or blood pressure problems will tend to stay at home, back pain can result equally in presenteeism and absenteeism (Gosselin,2011). Based on their findings, they put forward that demographic

indices have very little to do with the two behaviors under study, except for the constant significant influence of age on presenteeism behavior. As to individual factors, the researchers have found that individual factors are more closely associated with presenteeism than with absenteeism. The findings clearly revealed that people suffering from the highest level of stress are among those who show up to work despite their illness.Like what Wynne-Jones (2009) said, "*Individual factors do not allowed discrimination between occurrences of presenteeism or absenteeism behaviors*". Their hypothesis is been supported as major professional responsibilities and weak peer support would create conditions conductive to presenteeism. As for absenteeism, the number of working hours and the relative importance of responsibilities would appear to reduce the occurrence of this behavior. Finally, the study respondents do not appear to be substituting presenteeism for absenteeism, there is a weak positive and significant correlation between the two behaviors (r= 0.162, p<0.01). This confirms even if presenteeism and absenteeism do not pertain to a logic of substitution, these two phenomena appear to be subjected to some behavioral complementarily rule.

Hypothesis model of this study

Although a number of definitions of presenteeism emerged recently in the literature. Most of recent studies agree on that presenteeism can be defined as showing up for work despite illness or feeling uncomfortable, both in physical and psychological aspects. Presenteeism symptoms include diverse types of medical conditions, such as migraines and other types of episodic or chronic pain, allergies or sinus trouble, asthma, acid reflux disease, dermatitis, anxiety and depression (Koopman et al., 2002), and presenteeism has been a well-studied topic in occupational medicine. However, until very recently the relationship betweenpresenteeism and organizational issues, such as ineffective at work and productivity loss, hasbecame a common interest of executives and organizations. Additionally, a cultural environment where employees are encouraged to stay at work while ill may induce higher level of health care expense (Sheridan, 2004). Due to this, our study focuses more on the relationship between organizational factors including its related issues and presenteeism. Our hypothesis model is listed as below:

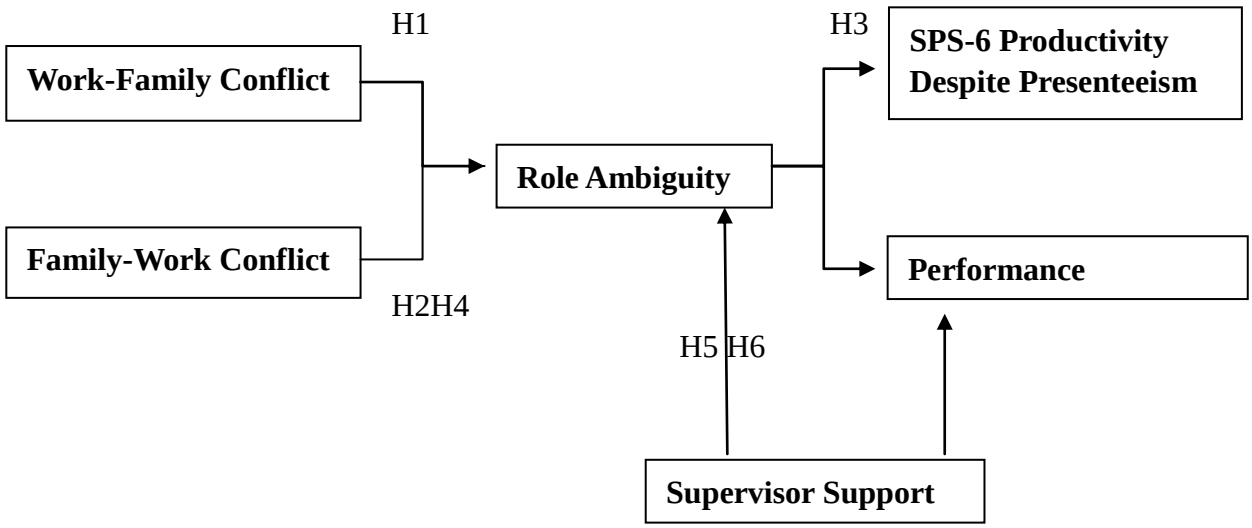

Figure 3 Hypothesis models of presenteeism and performance behaviors.

In modern society and developed nations, most individuals participate in multiple roles in their lives, for both men and women; the two primary roles for adults are work and family (Zedeck, 1992). Work and family are often considered as the two most important domains in a person's life.Nowadays the composition of workforce has changed a lot. For example, the number ofsingle-parent families and dual-earner couples increase significantly. Moreover, changes in work and life attitudes have profoundly altered the relationship between work and family domains, making it more difficult for employees to balance their work and family demands (Sandaand Denis, 2009).

Former findings have demonstrated that work-family conflict (WFC) — which can be interpreted as a form of inter-role conflict where the role pressure from work and family domains are mutually incompatible to some degree — negatively affects satisfaction within the family system (Netemeyer, Bolesand McMurrian, 1996). Moreover, studies also indicated that work-family conflict and its resultant stress can affect employees' attitude toward work and job ambiguity(Good, Sisler,Gentry,Greenhaus and Beutell, 1988). Based on the theoreticalbackground, our first hypothesis is listed as below:

H1: There is a positive interrelation between work-family conflict and role ambiguity.

Family-work conflict often happened when family responsibilities impede work activities; it

appears that an individual must perceive role demands from both the work and family domains as legitimate (James, Johnsand Julie, 2003). Compare to work-family conflict, for family-work conflict, the stressor which led to conflict comes from family. It can be the request and demands from the employee's family or sponsor, such as going home on time and accomplishing daily family responsibilities, etc.

Conflict is interchangeable alone both in work and family dimensions when a people fulfill his family or work roles. In the person's perception, the conflict must strain their values, desires and goals (James, Johnsand Julie, 2003), and in this way, the employee's role ambiguity is affected by family-work conflict as well. The pressure and responsibility from sponsors or children or other family members, such as being home on time or takingresponsibility of some housework, can strain the people and reduce their effectiveness at work.Hence we developed our second hypothesis as below:

H2: There is a positive interrelation between family-work conflict and role ambiguity.

Role ambiguity is another aspect of work-related role stress. According to Behrman and Perreault (1984), it happens when the duties and actions required by an employer are unclear to the employee. For an employee, each former position in a structure should have clear task requirements to minimize confusion (Hamilton, 2002). Role ambiguity can happen because of inadequate information or knowledge to a job, work-family conflict or lack of supervisor support.

When some structures task requirements are ambiguous, it will lead to the decrease of productivity. Most of the former studies suggested that role ambiguity is indeed negatively correlated with job satisfaction, job performance and working productivity (Rizzo, House, and Lirtzman 1979; Van, Brief and Schuler 1981; Singh 1998). So here we put forward our third hypothesis related to role ambiguity:

H3: There is a negative interrelation between role ambiguity and SPS6 productivity despite presenteeism.

As we mentioned before, role ambiguity is always regarded as a negative factor to productivity and performance. Role ambiguity is viewed as the situation where an individual does not have a clear direction about the expectations of his/her role in the job or organization (Rizzo, 1970). And Employee's performance is in accordance with his capacities and competences. It is not judged by quantitative perspectives but a qualitative one.

According to Koustelios (1998) and Abramis, the adverse consequence of role conflict and ambiguity may translate into lower firm performance. AndOnyemah (2008) has indicated that Role ambiguity and role conflict influenced job performance. Jackson, Schuler (1985), Tubre, Collins (2000) and Vroom (1964) also put forward the point of view that role conflict and ambiguity have been found to erode individual job performance because of decreased expectancy and instrumentality and inefficient, misdirected, or insufficient behaviors. So based on these theoretical backgrounds, we have the fourth hypothesis:

H4: There is a negative interrelation between role ambiguity and performance.

Role ambiguity is considered negatively connected to performance and productivity. But how role ambiguity happened? Role ambiguity can occur when a person's task or authority is not clearly defined and the person becomes afraid to act on take responsibility for anything (Jones, 2007). It results from inadequate information or knowledge to do a job and this ambiguity may be due to inadequate training, poor communication, or the deliberate withholding or distortion of information by a coworker or supervisor. In this way, the supervisor can contribute to reducing the role ambiguity and conflict of his subordinates.

A supportive management may help individuals to clarify their objectives or management expectations, thus reducing the level of role conflict and role ambiguity. Majchrzak and Cotton (1988) have found that a supportive managerial environment is an effective way of reducing role ambiguity and stress. Similarly, Yap (2000) also concluded that supervisor support is one of the key factors in reducing occupational role stress and ambiguity. Therefore, we hypothesized that:

H5: There is a negative interrelation between supervisor support and role ambiguity.

Greater organizational commitment has been linked to low rates of absenteeism and also better job performance (Cohen, 1992). A good job performance is connected with a variety of factors, supervisor support is considered as one of the most important factors which help to increase the individual's job performance. Supervisor support is defined as the extent to which leaders value their employee's contribution and care about their well-being (Jevon, 2011). A leader with high supervisor support is one that makes employees feel heard, valued and cared about.

There are quantities of former researches whichindicate that the supervisor's support will affect subordinate's work outcomes. For example, by introducing the structure of workplace, help to reduce subordinates' role ambiguity, lead to a higher quality exchange relationships, raise perceived job autonomy, develop a more flexible working schedule and so on (Powell, 2011).All these factors will make a contribution to the employees' work outcomes in a positive way. Moreover, the supervisor support can also enhance the relationship between supervisor and subordinates, which can also contribute to the work performance. So here we put forward our sixth hypothesis:

H6: There is a positive interrelation between supervisor support and performance.

Method

Participants

During our research, questionnaires are edited online and the link of the questionnaire was sent via email. The online survey achieved a higher response rates than traditional paper-and-pencil or mailed surveys (McCabe, 2004) and had an advantage of reducing costs and allowing data to be handled rather easily (Kaplowitz, Hadlock, & Levine, 2004). Moreover, this methodological approach usually provides reliable data that results in minimal differences when compared with data obtained from traditional methods such as paper and pencil questionnaires (McCabe, 2004). Other studies revealed no differences when compared

to demographic data provides form traditional questionnaires and Web-based surveys (Ballard &Prine, 2002).

Essentially, we sent the questionnaire to approximately 300 people in Chinese medical fieldand about 200 people in Chinese educational institutions.Then we got a response of 174 samples from medical fields, samples were voluntarily completed and were used for statistical analyses. The response rate is 58%, which is quite acceptable comparing with the rates obtained by surveys using similar methodologies. The sample is made up of 44% male and 56% female with an average age of 27. And then we sent the questionnaire to approximately 200 employees in Chinese educational institutions and get a feedback of 83 participants, the response rate is 41.5%. This sample is made up of 39% male and 61% female with an average age of 29.

The response questionnaires come from Guangdong province (South of China), Hubei province (Middle of China), ShanXi and Ningxia province (North of China), HeiLongjiang province (Northeast of China) and GuiZhou province (Southwest of China). Participants from healthy institution samples are all the people working in Chinese medical field, including doctors, nurses, medical trainees and administrative staffs in hospital. They are regarded as representatives in Chinese medical field, and participatefrom educational institutions including professors, associated professors, teachers and assistant in Chinese universities and training schools.

Measures and Contents of Questionnaire

In order toguarantee the reliability and validity of the questionnaire and make a comparison with former studies, the various instructions used are already existed in English version, the whole questionnaire has 7 scales in total, including Stanfordpresenteeism scale (SPS6), performance in organization scale, presenteeism climate scale, work-family conflict and family-work conflict scale, supervisor support scale. Besides the 7 scales, we have some demographic and descriptive questions such as gender, age, working year, leader or not and so on. The choices of the scales are based on the predetermined validity of metrics and research

objectives. The Chinese version of the survey is translated from the existing scales in English.Below all the measurement are being presented according to the questionnaire.

Demographic Factors

According to formal researches (Aronsson, 2000; Johns 2010; Eric 2013), demographic indices have very little to do with absenteeism and presenteeism, except for the constant significant influence of age on presenteeism behavior. (Aronsson ,2000), and Eric's general models of absenteeism and presenteeismalso reveals that only age factor has an significant impact on presenteeism behavior, as younger respondents who have greater career-related concerns would rather come to work than not. Based on these, our demographic factors of this research are focused on gender and age; the demographic characteristics of respondents were obtained via a series of single issue questions. Gender is measured following a dichotomous logic (male/female) from a classification by category. Age was asked the participateto fill the blank.

Individual and Organizational Factors

Performance in organization:performance in organization scale contains 3 items regarding the self-assessment of one's performance in the organization. The respondents are asked to circle their perceived performance level in their organization, using a 9-point scale. The question is for example, "How do you estimate your work performance level?", "How do you rate you work regarding time management, planning skills and work processes management?" By choosing "9" means that one thinks he is amongst the top 10% of all the employees. On the contrary, choosing "1" means his performance is amongst the lowest 10%.

Presenteeism Climate:

This 7-point scale involves in individual attitudes toward presenteeism and organizational factors that affected presenteeism. Individual ones include whether one has the tendency to present work despite health condition, and whether the presenteeism lower their productivity levels or lower their job performance. This scale is consisted of 26 items, which includes five

factors defined as follows: extra-time valuation, supervision distrust, productivity concerns, difficulty of replacement and co-workers competitiveness. Extra-time valuation (items 8, 9, 11, 15, 16) refers to if the employees' productivity was directly related to time spent at work and questions are like, "I feel that I am judged by the number of hours I stayed at work". Supervision distrust (items 4, 12, 23, 24) is about whether the leaders regard absenteeism as illegitimate, and whether it will affect the involuntary presenteeism. Questions such as "I think my supervisor distrust me if I am absent from work due to a health problem". Productivity concerns (items 3, 6, 7 and 21) refer to the awareness of workers about the impact of a health problem on their productivity at work. Questions are like "my healthy problem undermines my productivity levels at work". The fourth factor is difficult of replacement (items 1, 5, 17), which indicates that the employees decide to go to work due to the responsibilities and what he did is not easy to be replaced. Questions for example "sometimes I prefer to go to work, even knowing that I have stayed at home". Finally, the fifth factor is the co-workers competitiveness (items 18, 19, 20); it explained the employees' perception in relations to the existence of a culture of presenteeism competitiveness adopted by peers that stay long hours after working hours. Questions are like "Some of my colleagues stay for longer hours at work just for the sake of being noticed".

Supervision Support

Supervision Support scales isoriginally from Oldham and Cumming's research (1996). This questionnaire seeks to assess whether the respondents have perceived supervision support during their works. Score 1 to 7 is from totally disagreement to totally agreement. Questionnaire contains 8 items in total, and among them, item 7 and item 8 are reverse.Questions include"My supervisor keeps informed about how employees think and feel about things" and "My supervisor encourages employees to participate in important decisions".

Role Ambiguity: Role conflict and ambiguity is found to decrease individual's job performance because of the decreased expectancy, misdirect or insufficient behaviors, etc. Furthermore, the decreased individual job performance will lead to the decrease of organizational performance. The role ambiguity scale comes from Rizzo and Lirtzman's paper

“role conflict and ambiguity in complex organization” (1970). The English version of the role ambiguity questionnaire was translated into Chinese and the questionnaire was examined by two Fudan University bilingual professors. Back translation was used to test accuracy and all discrepancies were identified correctly(Mee-KauNyaw, 2001).

The questionnaire of role ambiguityhas 6 items in total to assess role ambiguity in the responder’s job. Role ambiguity occurs when people are unclear or uncertain about their expectations of a certain role, typically their role in the job or workplace. So based on a 7-point scale (from totally disagree to totally agree), this scale sought to test if the definition of a person’s job is vague or not, and whether a person is clear about the goals, expectations or responsibilities associated with the performance. Sample items include“I know exactly what to expect in my job,”“I know what my responsibilities are in my job” and “Clear, planned goals and objectives exist in my job”. Score 7 means total agree, and score 1 means totally disagree. The items are reverse, the higher score means a lower job ambition.

Work-familyConflict and Family-work Conflict: The work-family and family-work conflict scale seeks to find if there is any connection between work-family (or family-work) conflict and presenteeism（or absenteeism）. The scale was developed by Netemeyer and McMurrian (1996) in their research paper “Development and validation of work-family and family-work conflict scales”. According to Robert McMurrian (1996), family and work, these two factors are not always compatible with each other; conflicts sometimes happen between them. These conflicts are related to outcomes such as job dissatisfaction, job burnout, and turnover (Burke, 1988; Frone, 1992; Greenhaus, 1988;Pleck, Staines and Lang, 1980), as well as lead to some psychological problems such as depression and dissatisfaction. Furthermore, there are many evidences indicating that work-family conflict and family-work conflict are related to work productivity and financial costs incurred by an organization (Cascio, 1991). In general, the work-family conflict and family-work conflict scale is based on a 7-point scale from totally disagreement to totally agreement. Items 1 to 4 are related to work-family conflict and items 5 to 7 are related to family-work conflict. Samples items include “The amount of time my job takes up makes it difficult to fulfill family responsibilities” and “My

home life interferes with my responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime".

Health Status and Employee Productivity

This scale uses a 6-item scale named SPS6 (Stanford Presenteeism Scale) to analyze the relationship between health problems and individual performance. The SPS6 scale came from Koopamn, Pelletier, Murray, Sharda, Berger,Turpinand Bendel's research "StandfordPresenteeism Scale: Health Status and Employee Productivity" in 2002.The original questionnaire is made of 32 items, which is based on the result of over 175 countries respondents. The SPS32 sought to find the cognitive, emotional and behavioral affections of one's performance despite illness. It is based on two dimensions, one is work focus, which means process out of work, and the other is psychological focus, which means emotion, cognition and behavior. Based on the 32-item Stanford Presenteeism Scale (SPS34), Cheryl Koopman, the Phd of Stanford university, Kenneth R.Pelletier, Phd, MD (hr) and their colleagues identified six key items to presenteeism, they conducted classical factor analysis of the SPS-32 using the Varimaxrotationwith Kaiser Normalization on the items. The reason to do this process is to maximize the variance caused by individual factors, which made SPS-6 come into use.

The SPS-6 has excellent psychometric characteristics, supporting the feasibility of its use in measuring health and productivity. But according to Occup (2002), further validation of the SPS-6 on actual presenteeism (work loss data) or health status (health risk assessment or utilization data) is needed, because there is no direct method or standard to define the validation of SPS6. In order to verify whether SPS-6 can effectively reflect the differences in presenteeism for individuals over time, and have difference between different individuals, not because of constant or randomly error. Cheryl Koopman(2002) and his colleagues present 3 types of evidence to verify the validation of the SPS-6, concurrent validity, criterion validity and discriminate validity.

After the test of construct validity of SPS-6, a descriptive statistics and scale correlation was

down between SPS-6 and SPS-32. And the result shows the two versions were strongly correlated. And according to Koopman (2002), this SPS-6 scale seeks to determine the employee's ability to focus on work without being distracted by health problems. The scale includes two factors, one being related to "Completing Work" (items 2, 5 and 6), which means the amount of the work accomplished despite some sort of presenteeism effect (Ferreira& Martinez, 2012). Sample question is, "Despite having my (health problem), I was able to finish hard tasks in my work." Another factor is "Avoid Distraction" (items 1, 3, 4), which denotes the ability to concentrate in the process of doing work despite some sort of presenteeism effect (Ferreira & Martinez, 2012). Sample question is, "Because of my (health problem)*, the stresses of my job were much harder to handle".

Sample description

Sample 1 (health institution)

The number of the total respondents is 175 in medical and medical-related areas. [44.1% males, 55.9% females, Mage=27, Agemin=22, Agemax=55, standard deviation (SD=5.52)], and their mean seniority was 5 years on average, and these employees' averageworking hour in medical areas worked are 43.67 hours per week. (SD=5.4). The descriptive statistics of employees in medical organizations are listed in figure 3 as below:

Table 1., Description of the research sample in health institution

Variables	General Sample
Gender	
male	67
female	85
Age(years)	
Mean	27
SD	5.52
Seniority(years)	
Mean	5
SD	4.2
Average Working Time (Per-week)	
Mean	43.67

SD	7.1
Supervisor	
Yes	22
No	121

Note: SD--- standard deviation.

Among all the respondents, 64.5% (more than half) of employees considered their health status as bad(11.2%) and reasonable (53.3%), and only 30.4% respondents regard their health status as very good (14.5%) and excellent (5.9%). The mean score is 2.51 while the SD is 1.06.

Table 2., Health status in health institutions

Health Status	**Frequency**	**Percent**
Bad	17	11.2
Reasonable	81	53.3
Good	23	15.1
Very good	22	14.5
Excellent	9	5.9
Total	152	100

Sample 2 (educational institution)

The questionnaire was sent via email and got a response of 83 feedbacks in educational and its related fields. Among all the questionnaires, 38.55% are male while 61.45% are females. The mean of age of the responders is 29.12 (standard deviation=5.28), and their mean seniority are 8.13 years on average, and the mean of working hours every week are 42.41 hours. 16 of the respondents are leaders while another 77 are not. The descriptive form is listed as below:

Table 3.,Description of the research sample in educational institutions

Variables	**General Sample**
Gender	
male	32
female	51
Age(years)	
Mean	29.12
SD	5.28

Seniority(years)	
Mean	8.13
SD	9.33
Average Working	
Time (Per-week)	
Mean	39.41
SD	10.32
Supervisor	
Yes	16
No	77

Note: SD---standard deviation.

The table below indicates the heath situation of all the respondents, 8 of them consider their health status as bad, which takes up a percentage of 9.6%; 21 of them regards their health status as reasonable, which takes a proportion of 25.3%; 36 respondents keep neutral think their health status as reasonable; 11 of the respondents has chooses very good options (13.3%), and only 7 respondents among the total 83 think they have excellent health status (8.4%). Related to the presenteeism and absenteeism dayssurpass theabsenteeism days are 2.12 days only, and the presenteeism days surpass the absenteeism days with the average days of 12.14. This means that on average, the respondents of the educational institutions have 12.14 days attending work despite illness or not feeling good.

Table 4.Health Status in educational institutions

Health Status	**Frequency**	**Percent**
Bad	8	9.6
Reasonable	21	25.3
Good	36	43.8
Very good	11	13.3
E**xcellent**	7	8.4
Total	83	100

Results

After collecting the data from health and educational institutions, we get 285 responses in total. Among all the responses, 175 came from health institutions and the rest of 83 were from educational one. Then we did a correlation matrix among all the factors which have been

described before, in both health and institutions, and figured out whether the factors we mentioned connect with presenteeism in our hypothesis model.

The correlation matrix in health institutions is listed as below:

Table 5.Means, standard deviations and correlations among variables in health institution.

	Mean	SD	1	2	3	4	5
1.SPS6 total	3.19	0.64	_				
2.Ambiguity	4.33	0.81	0.183*				
3.Work-family Conflict	3.85	1.31	-0.199*	-0.031			
4.Family-work Conflict	3.54	1.28	-0.252**	-0.075	0.537**		
5.Performance	6.2	1.49	0.199*	0.477**	-0.130	-0.042	
6.Supervisor Support	4.73	1.04	0.128	0.466**	0.272*	-0.071	0.338**

Note: M=Mean; SD=standard deviation
*p<0.05, **p<0.01

Based on the correlation matrix, job ambiguity(r=0.183, p<0.05) and performance(r=0.199, p<0.05) have strong and positive relationships with SPS6 total, which contains accomplishment of work and distraction from work; while there is a negative connection between work-family conflict (r=-0.199, p<0.05), family-work conflict (r=-0.252, p<0.01) and SPS6 total. Also we can see from the table that supervisor support has a strong connection with employees' job ambiguity (r=0.466, p<0.01) and work performance (r=0.338, p<0.01).

Then we did the correlation matrix in educational institution in the same way, and the result is listed as below:

Table 6. Means, standard deviations and correlations among variables in educational institution

	Mean	SD	1	2	3	4	5
1.SPS6 total	3.34	0.51	_				
2.Ambiguity	5.34	0.91	0.459**				
3.Work-family Conflict	3.82	1.28	0.163	0.059			
4.Family-work Conflict	3.39	1.16	-0.212*	-0.217*	0.498**		
5.Performance	7.05	1.29	0.359**	0.512**	0.092	-0.168	

6.Supervisor Support	4.28	1.14	0.054	0.211*	-0.126	0.142	0.095

Note: M, mean; SD, standard deviation
*p<0.05, **p<0.01

Based on the hypothesis model we have put forward before, the work-family conflict and family-work conflict are supposed to have a close relationship with job ambiguity.However from this table, there is no significant correlation between work-family conflict and job ambiguity, (r=0.059), while family-work conflict has a significant negative correlation with job ambiguity, (r=-0.217, p<0.05) which indicate pressures and conflicts from families may affect people's job ambiguity. Similarly, between work-family conflict and SPS6 total, (r=0.163), there is no significant connection with family-work conflict and SPS6 total is of significance(r=-0.212, p<0.05). According to another hypothesis mentioned before, job ambiguity has a significant correlation with SPS6 total and performance, the result has certified the hypothesis. For job ambiguity and SPS6 total, there is a strong connection between them(r=0.459, p<0.01), and there is a connection between job ambiguity and performance(r=0.512,p<0.01). Moreover, there is a strong connection between SPS6 total and performance also. (r=0.359, p<0.01). According to the hypothesis model, supervisor support will affect job ambiguity and performance, and yet the result from educational institutions indicates that there is a connection between supervisor support and job ambiguity in educational institutions, (r=0.211,p<0.05), with no significant connection between supervisor support and performance(r=0.095).

A comparative study between health and educational institutions

To better understand the presenteeism and its related issues in healthy and educational institutions, we combined the data from both health and educational institutions, then we made a comparative study between them, and the first is the demographic and descriptive data, listed as below:

Table 7.Description of the research sample in health and educational institutions.

Variables	Healthy Institutions	Educational Institutions
Gender		

male	67	32
female	85	51
Age(years)		
Mean	27	29.12
SD	5.52	5.28
Seniority(years)		
Mean	5	8.13
SD	4.2	9.33
Average Working Time (Per-week)		
Mean	43.67	39.41
SD	7.1	10.32
Supervisor		
Yes	22	16
No	121	77

From the table we can see that in our samples, females are more than males both in healthy and educational institutions, because in hospital, nurses are mostly female, while for doctors, the ratio is around 1:1. In educational institutions, there are more female teachers than males. As to age, the average age in healthy institutions is 27, while the average age in educational institutions is 29. Accordingly, the seniority year in educational ones is longer the healthy ones, 8.13 years compared to 5 years. As to the average working hour, people in healthy institutions obviously working longer than people in educational institutions, 43.67 hours compared to 39.41hours, and people from healthy areas worked 4 hours more a week in average than people from educational areas. As to supervisor position, 22 people are leaders in healthy institutions while 121 are not, with the ratio of leader beings 18%. While in the educational institutions, 16 out of 83 said they are leaders, with a ratio of 19.27%.

In order to have a comprehensive understanding to whether the social-demographic and variables will impact on SPS6 total and performance, we conducted a linear regression analysis in both health and educational institutions (See table 8 and 9) listed below, one for each dimension: (1) SPS6 total; (2) Performance. For each analysis, we entered the participants' gender (code 1 for male and code 2 for female), age, sector (code 1 for educational sector and code 2 for healthy sector), seniority, work-family conflict score, and

family-work conflict score, job ambiguity and finally supervisor support. Before doing the linear regression analysis, we tested assumptions with the use of collinearitystatistics; the result shows that all the variance inflation factor (VIF) scores were below 5.0, which imply that these variables contain redundant information (Field 2005).

Table8., Standardized beta weights from linear regression analyses predicting dimensions of presenteeism and performance in health institution.

Predictor	SPS6 Total	Performance
Gender	0.041	-0.040
Age	- 0.019	0.191**
Leader or Not	0.191**	-0.037
Seniority	-0.004	0.143*
Work-Family Conflict	-0.215**	-0.132
Family-Work Conflict	-0.259**	-0.061
Job Ambiguity	0.172**	0.534**
Supervisor Support	0.160**	0.410**

Note: $^{*}p<0.05$, $^{**}p<0.01$

According to the result, Social factors such as gender and age do not contribute significantly to the SPS 6 total, just as Johns (2010) has put forward before. However, age factor is significantly correlated with performance (r=0.191, p<0.01), this may because in health institutions, the more experienced people will achieve a better performance, and the more experienced people are tend to be older than less experienced people, so age and performance are correlated closely. Moreover, the leader position, work-family conflict, family work conflict, job ambiguity and supervisor support are all significantly correlated with SPS6 total in the linear regression in health institutions, while the seniority factor was contributed little to SPS6 total. As to performance, seniority, job ambiguity and supervisor support are correlated significantly with performance, however leader position, work-family and family-work conflict has no significantly correlated with performance.

Table9., Standardized beta weights from linear regression analyses predicting dimensions of presenteeism and performance in educational institution:

Predictor	SPS6 Total	Performance
Gender	0.024	0.059
Age	0.039	0.188**
Leader or Not	0.069	-0.065
Seniority	-0.042	0.142**
Work-Family Conflict	-0.164**	0.093
Family-Work Conflict	-0.212**	-0.168
Job Ambiguity	0.495**	0.512**
Supervisor Support	0.054	0.095

Note: *$p<0.05$, **$p<0.01$

According to the result, Social factors such as gender and age do not contribute significantly to the SPS 6 total in educational also. And age factor is significantly correlated with performance (r=0.188, p<0.01) as well. Unlike health institution, leader position and supervisor support are not significantly correlated with SPS 6 total, this may because people in health institution have reported a higher score in supervisor support than people in educational institution. Family-work conflict, work-family conflict and job ambiguity are correlated with SPS6 just as in health institutions. Related to performance, seniority and job ambiguity are correlated with performance, while other factors are not making a significant contribution to performance.

To better perceive the difference between health and educational institutions regarding presenteeism, performance, work-family and family-work conflict and job ambiguity, we developed an inferential analysis. The result is listed in the table below:

Table 10.Presenteeism and work-family conflict; family-work conflict; ambiguity and performance comparison for healthy and educational institutions.

	healthy		education		t-test	sig
	Mean	SD	Mean	SD		
1.SPS6 total	3.19	0.64	3.34	0.51	1.769	0.078
2.Ambiguity	4.33	0.81	5.34	0.91	7.946	0.000**

3.Work-family Conflict	3.85	1.31	3.82	1.28	-0.152	0.201
4.Family-work Conflict	3.54	1.28	3.39	1.16	-0.869	0.386
5.Performance	6.2	1.49	7.05	1.29	5.578	0.000**
6.Supervisor Support	4.73	1.04	4.28	1.14	-2.891	0.004**

Note: M, mean; SD, standard deviation

*p<0.05, **p<0.01

According to the results from the three tables, there is no significant difference for people work in healthy and educational institutions regarding to presenteeism and there is no significant difference for work-family and family-work conflict between these two institutions too. But people who work in the educational institutions have reported a higher level of job ambiguity$t_{(203)}$=7.946, p<0.01 and a higher level of performance $t_{(203)}$ =5.578, p<0.01. In the opposite, people in healthy areas present a higher mean values of educational ones, $t_{(203)}$=-2.891, p<0.01.

Discussion

Our first hypothesis for this study is that work-family conflict is significantly correlated with role ambiguity as ample prior references has indicated that employee experience difficulties in balancing their work and family, which include work-family conflict and family-work conflict, and this will result in not only their health problems, but also their job ambiguity, leading to the decrease on their working performance (Byron and Brinley, 2005). However, work-family conflict, which is defined as "a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in respect" (Greenhaus and Beutell, 1985) is not significantly connected with role ambiguity in this study, both in health and educational institutions. The correlation between work-family conflict and role ambiguity is -0.031 (p>0.05) in health institutions while in educational institutions it is 0.059 (p>0.05), thus thehypothesis one is rejected.In our point of view, this is due to supervisor support. Supervisor support can reduce work-family and family-work conflict and it is particularly beneficial for those who spend a great deal of time on work-related activities (Fox and Dwyer, 1999). In our study, supervisor support is significantly correlated with both health and educational institutions. So the support from supervisor helps employees to have a clear goal

and responsibilities of their job, which help to reduce work-family conflict. From the data we can see, the average score for work-family conflict is 3.82 in health institutions and 3.82 in educational institutions, According to Gordon (2007), a helpful organizational environment has significant effects on family satisfaction, job satisfaction, and organizational commitment. Organizational support for work-family issues is an important factor in reducing work-family and family-work conflict. (Gordon, 2007; Mesmer-Magnus and Viswevaran, 2005; Holiday, 2004; Thompson,1999). The score of work-family conflict is comparatively low and it is not correlated with role ambiguity. The reason may attribute to comparatively high supervisor support which helps to balance employee's work and life.

Our second hypothesis is that there is a positive interrelation between family-work conflict and role ambiguity.As forfamily-work conflict, it will occur when family responsibilities impede work activities. And the result indicated there is no significance in health institutions(r=-0.075, p>0.05) but with significance in educational institutions (r=-0.212, p<0.05).The reason for hypothesis two is rejected in health institution but accepted in education is maybe because of age, The average age of the study in healthy institutions is only 27, most of them might be single and don't have too much pressure from their sponsor and children, since they have a small size of family hence the family doesn't generate enough pressure when it clash with their work, this will lead to reduce the level of family-work and work-family conflict. Compare to health institution, the average age in educational institutions is older in this study (average age of 29 compare to 27), so people from educational institutions might feel more pressure to balance their family and work since most of them are already get married. So they may have more pressure from family-work conflict which will lead to the decrease of role ambiguity. Secondly, though supervisor support is significantly connected with job ambiguity in both health and educational institutions, the mean score in health score is higher (m=4.73 compare to m=4.28, t=-2.891, p<0.01). The more supervisor support employees have received in health institutions may help them for balancing work and family, which is why family-work conflict is not significantly connected with health institution but significant in educational ones. Moreover, we also take gender into account. In educational institutions; there are 67 females out of 83 participants, with the

proportion of 61.5%, while in healthy institutions, females are 55.9%. Women carry out most of the family responsibilities from child care to the household, in this way this might be one of the reason why people in educational institutions have report the significant connection between family-work conflict and job ambiguity.

The third hypothesis of this study is that role ambiguity has a significantly relationship with performance. According to former study, role ambiguity has been found to have a close correlation with individual job performance, in our study we also certified the former theory, and job ambiguity is significantly correlated with performance in both health and educational institutions. The correlation between job ambiguity and performance is 0.477 (p<0.01) in health institutions and the correlation is 0.359 (p<0.01) in educational institutions. The correlation rate is higher in health institutions, in our point of view; it is because of a higher supervisor support in health institutions, and it helps the employees to have a better understanding of their job and a clear goal of their responsibilities, which made a contribution to the performance.

The fourth hypothesis is that role ambiguity is significantly correlated with presenteeism. As a role conflict can decrease expectancy and instrumentality and inefficient, misdirected, or insufficient behaviors (Jackson and Schuler,1985; Tubre and Collins, 2000; Vroom, 1964), which will also lead to presenteeism, since presenteeism occurs when employees are physically present, but mentally absent (Gilbreath and Karimi,2012). This can be explained, in other words, employees going to attend work, but they are not fully functioned because of illness or uncomfortable feeling, which will lead to presenteeism. Due to this, whether the employee has a clear role or not will affect not only performance but also presenteeism. In our study we certified this theory; job ambiguity is significantly connected with presenteeismin both health and educational institutions. In health institutions, the correlation between job ambiguity and presenteeism is 0.183 (p<0.05), and in educational institutions, the correlation between job ambiguity and presenteeism is 0.459 (p<0.01).

Concerning about supervisor support, we developed our hypothesis five – there is a

significant interrelation between supervisor support and role ambiguity and hypothesis six – There is a significant interrelation between supervisor support and performance. Former studies indicate that supervisors can have a significance influence on employee's morale and their work behavior (Fleishman and Harris, 1962; Walker, Guest and Turner, 1956). There have been numerous research and media reports about how bad bosses affect employee's well-being (Pisano, 2006). In the opposite, a supportive supervisor will significantly affect his employees also. In this study, supervisor support is significantly connected with job ambiguity in both healthy and educational institutions, in healthy institution the correlation is 0.211 (p<0.05), while in educational institutions the correlation is 0.466 (p<0.01), so hypothesis five is accepted. As to hypothesis six, there is a significant connection between the supervisor support and performance in health institutions with the correlation of 0.338 (p<0.01), however no significance is found between supervisor support and performance in educational institutions. So hypothesis six is accepted in health institution but rejected in educational institutions. In our view, this is because in health institutions, people facing more working pressures every day, in China, a doctor will see more than 100 patients every day in average. Similarity, nurses are devote to themselves hardly to take care of a large quantity of patients; they are more pressure than people work in educational institutions. In this way, supervisor support can encourage people in health institutions more and help them reduce pressure and increase their performance.

Findings and Limitations of the Study

Considering the findings of the study, we pointed out some implications. For example, cultivating a friendly and flexible organizational culturecan help the employees balance their work and family. If the resources and support are supplied by organizations to assist individuals in managing work and family domains, the potential for positive outcomes exists through perception of decreased role conflict, specifically decreased work-family conflict (Heather and Thomas 2012). In this way, family-work and work-family conflict can be reduced, andemployees will have a clearer job ambiguity, which can make contribute to the increase of performance and help to improve the current status of work.Yet, because of the

illness or some mental uncomfortable factors, they cannot fully fulfill their work.

Secondly, managers and organizations should have the awareness not only for absenteeism, but also presenteeism. When too many workers miss too much work too often, productivity takes a nosedive (Robert and Ramsey, 2006). That's why supervisors pull out all their effort to reduce absenteeism. However, unlike absenteeism, presenteeism will lead to the lost of productivity and money in an invisible way, so for an organization, using suitable strategies to reduce presenteeism is of importance. Strategies involve supervision and management; targeting organizational and environmental factors to influence behaviors; improving supervisor and manager's knowledge of mental health in the workplace; using participatory approaches that involve employees and increasing the frequency and length of rest breaks for at-risk employees and so on.

This study is not without limitations. Firstly, the validity of these findings is limited. For example, it is hard to control all the variables when we conduct the study. All the questions in this study are self-assessment questions, and this may result a biased result which will influence the validity of the result. Secondly, the data set is small; in healthy institutions we got 175 respondents, and in educational we only get 83 respondents. Further study should be carried out to measure presenteeism in health and educational institutions with a larger sample of organization. Thirdly, the average age of the participants iscomparatively young, and they might be still single and live in a small size family, they don't have so much pressure from their sponsoror children, leading to affect the result of work-family and family-work conflict score and its related issues. Fourthly, in all the respondents, female are more than males, this may have a sex-biased result.

Further study should measure the validity of the samples before exercising analysis, so the acquirement of a larger sample is required. Moreover, taking account into the age and gender factors into considerationis of importance, since these factors may lead to a biased result. Furthermore, in this study, measures were all self-reported, the single source may result into bias and disturb the result, so further study can involve in more methods. For example,

interviews or other people's (colleague, supervisor) assessment can increase the validity of the research. Despite the limitations, the study makes an initial contribution to the presenteeism in Chinese health and educational institutions, and its correlated factors such as job ambiguity, work-family and family-work conflict, performance and so on. Given these findings, further research on this field is needed to fill the gap in this domain.

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Annex：

ISCTE IUL
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This questionnaire is part of an international academic research project.

It focuses essentially organizational behavior topics (e.g., health at work, job characteristics).

Confidentiality is assured. It will take approximately 15 minutes of your time.

Please answer **all**questions, because only that way you will contribute to the success of this research.

Thank you very much!

1. Gender: Male □ Female □ **2. Age:** _____

3. Job designation: _____ **3a. Supervisor?**Yes□No□

4. Years of experience (total): _____ years **5. Seniority (in current company):** _____ years

6. During last year, how many hours did you spend at work (on average)? _____ hours

7. How do you evaluate your overall health status, using the following scale?

(please circle the number that best describes your condition):

Bad	Reasonable	Good	Very Good	Excellent
1	2	3	4	5

8a. During the last six months, how many days did you miss your job due to illness (or not feeling well)? _____ days

8b. During the last six months, how many days did you attend your job, despite being ill (or not feeling well)? _____ days

9. Specify both a physical and a psychological condition that somehow affected your performance at work, during the last six months

(e.g., migraines, back pain, depression, anxiety, asthma, allergies, ...):

a) Physical condition:

_____**Chronic?**Yes□

No □

b) Psychological condition:

_____ **Chronic?**Yes□ No □

10. Please indicate the results of your performance evaluation, during the last year:

Obtained score: _____ [Maximum possible score / scale: _____]

11. Health Status and Employee Productivity:

Below we would like you to describe you work experiences in the past month. These experiences may be affected by many environmental as well as personal factors and may change from time to time. For each of the following statements, please circle one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month. Please use the following scale:

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1	2	3	4	5

1. Because of my (health problem)*, the stresses of my job were much harder to handle.	1	2	3	4	5
2. Despite having my (health problem)*, I was able to finish hard tasks in my work.	1	2	3	4	5
3. My (health problem)* distracted me from taking pleasure in my work.	1	2	3	4	5
4. I felt hopeless about finishing certain work tasks, due to my (health problem)*.	1	2	3	4	5
5. At work, I was able to focus on achieving my goals despite my (health problem)*.	1	2	3	4	5
6. Despite having my (health problem)*, I felt energetic enough to complete all my work.	1	2	3	4	5

12. Performance in the Organization:

Next,there are some questions regarding your performance level in your organization. Please circle your perceived performance level, using a 9-point scale. For example, by choosing '9' you state that your performance is amongst the top 10%, or by choosing '1' you state that your performance is amongst the 10% workers.

Worst 10%	Worst 20%	Worst 30%	Worst 40%	Median (50%)	Top 40%	Top 30%	Top 20%	Top 10%
1	2	3	4	5	6	7	8	9

1. How do you estimate your work performance level?	1	2	3	4	5	6	7	8	9
2. How do you rate you work regarding time management, planning skills and work processes management?	1	2	3	4	5	6	7	8	9
3. How do you rate the quality of your relationship with colleagues and clients?	1	2	3	4	5	6	7	8	9

13. Presenteeism Climate:

The following questions seek to assess the presenteeism climate of your organization. Please circle whether you disagree or agree with each sentence, using the following scale (1 to 7):

Totally Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Totally Agree
1	2	3	4	5	6	7

1. When suffering from health problems, I think that I should request permission to be absent from work, but I choose to attend my job.	1	2	3	4	5	6	7
2. I still go to work when I am ill, because I'm afraid of being fired.	1	2	3	4	5	6	7
3. My health problems undermine my productivity levels at work.	1	2	3	4	5	6	7
4. When I call someone in my organization to say I am ill, I feel that they mistrust me.	1	2	3	4	5	6	7
5. Sometimes I prefer to go to work, even knowing that I should have stayed at home.	1	2	3	4	5	6	7
6. I feel that my job performance decreases when I go to work feeling ill.	1	2	3	4	5	6	7
7. With my health problem, the organization where I work gains more with my absence rather than my presence.	1	2	3	4	5	6	7

8. I feel that there is the cult of "living at work" in my organization.	1	2	3	4	5	6	7
9. I feel judged by the number of hours I spend at work.	1	2	3	4	5	6	7
10. In my organization, there is a rigid time schedule and a strict control of absences from work.	1	2	3	4	5	6	7
11. I benefit from spending more hours at work.	1	2	3	4	5	6	7
12. My supervisor suspects from the reasons of my absences from work.	1	2	3	4	5	6	7
13. I feel that when I am too quick performing a task, the difficulty of the task is not acknowledged.	1	2	3	4	5	6	7
14. I feel that people value more the hours I spend at work rather than what I do at work.	1	2	3	4	5	6	7
15. My career depends on the number of hours I work per day.	1	2	3	4	5	6	7
16. I feel that I am more valued if I leave late from work without getting things done than leave earlier and accomplishing my tasks.	1	2	3	4	5	6	7
17. In the past, I sometimes refrained from missing work because I felt nobody could replace me.	1	2	3	4	5	6	7
18. Some colleagues of mine stay longer hours at work just for the sake of being noticed.	1	2	3	4	5	6	7
19. Some colleagues of mine stay longer hours at work because they are afraid of losing their job.	1	2	3	4	5	6	7
20. There is some competition among my colleagues about who stays longer at work.	1	2	3	4	5	6	7
21. Going to work while ill may also affect the performance of my colleagues.	1	2	3	4	5	6	7
22. I have to go to work even when ill, because I am necessary there.	1	2	3	4	5	6	7
23. I feel that my supervisor suspects me if I am absent from work due to illness.	1	2	3	4	5	6	7
24. I fear that my supervisor will consider me less important if I miss work due to illness.	1	2	3	4	5	6	7
25. I think that it is every worker's duty to be present at work.	1	2	3	4	5	6	7
26. I will have more chances of being promoted if I stay longer at work, regardless of [the quantity and quality of] my performance level.	1	2	3	4	5	6	7

14. Autonomy and Job Security:

The following questions seek to assess your perceived autonomy and job security. Please circle whether you disagree or agree with each sentence, using the following scale (1 to 7):

Totally Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Totally Agree
1	2	3	4	5	6	7

1. I have significant autonomy in determining how I do my job.	1	2	3	4	5	6	7
2. I have considerable opportunity for independence and freedom in how I do my job.	1	2	3	4	5	6	7
3. I can decide on my own how to go about doing my own work.	1	2	3	4	5	6	7

4. I am certain that I will have a job at this company a year from now.	1	2	3	4	5	6	7
5. I worry a great deal about company downsizing.	1	2	3	4	5	6	7
6. I often wonder about my job security.	1	2	3	4	5	6	7

15. Supervision Support:

The following questions seek to assess your perceived supervision support. Please circle whether you disagree or agree with each sentence, using the following scale (1 to 7):

Totally Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Totally Agree
1	2	3	4	5	6	7

1. My supervisor helps me solve work-related problems.	1	2	3	4	5	6	7
2. My supervisor encourages me to develop new skills.	1	2	3	4	5	6	7
3. My supervisor keeps informed about how employees think and feel about things.	1	2	3	4	5	6	7
4. My supervisor encourages employees to participate in important decisions.	1	2	3	4	5	6	7
5. My supervisor praises good work.	1	2	3	4	5	6	7
6. My supervisor encourages employees to speak up when they disagree with a decision.	1	2	3	4	5	6	7
7. My supervisor refuses to explain his/her actions.	1	2	3	4	5	6	7
8. My supervisor rewards me for good performance.	1	2	3	4	5	6	7

16. Role Ambiguity:

The following questions seek to assess role ambiguity in your job. Please circle whether you disagree or agree with each sentence, using the following scale (1 to 7):

Totally Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Totally Agree
1	2	3	4	5	6	7

1. [In my job] I know exactly what is expected of me.	1	2	3	4	5	6	7
2.I know that I have divided my time properly [in my job].	1	2	3	4	5	6	7
3. Explanation is clear of what has to be done [in my job].	1	2	3	4	5	6	7
4. I feel secure about how much authority I have [in my job].	1	2	3	4	5	6	7

5. I know what my responsibilities are [in my job].	1	2	3	4	5	6	7
6. Clear, planned goals and objectives exist [for my job].	1	2	3	4	5	6	7

17. Work-family conflict:

The following questions seek to assess work-family and family-work conflicts. Please circle whether you disagree or agree with each sentence, using the following scale (1 to 7):

Totally Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Totally Agree
1	2	3	4	5	6	7

1. The demands of my work interfere with my home and family life.	1	2	3	4	5	6	7
2. The amount of time my job takes up makes it difficult to fulfill family responsibilities.	1	2	3	4	5	6	7
3. Things I want to do at home do not get done because of the demands my job puts on me.	1	2	3	4	5	6	7
4. My job produces strain that makes it difficult to fulfill family duties.	1	2	3	4	5	6	7
5. Due to work-related duties, I have to make changes to my plans for family activities.	1	2	3	4	5	6	7
6. The demands of my family or spouse/partner interfere with work-related activities.	1	2	3	4	5	6	7
7. I have to put off doing things at work because of demands on my time at home.	1	2	3	4	5	6	7
8. Things I want to do at work don't get done because of the demands of my family or spouse/partner.	1	2	3	4	5	6	7
9. My home life interferes with my responsibilities at work such as getting to work on time, accomplishing daily tasks, and workingovertime.	1	2	3	4	5	6	7
10. Family-related strain interferes with my ability to perform job-related duties.	1	2	3	4	5	6	7

18. Justice and Leader-Member Exchange:

The following questions seek to assess justice and leader-member exchange in your organization. You should answer as a leader or as a follower / subordinate (where applicable). Please circle whether you disagree or agree with each sentence, using the following scale (1 to 5):

To a Small Extent				To a Large Extent
1	2	3	4	5

1.Does your outcome reflect the effort you have put into your work?	1	2	3	4	5
2. Is your outcome appropriate for the work you have completed?	1	2	3	4	5
3. Does your outcome reflect what you have contributed to the organization?	1	2	3	4	5

4. Is your outcome justified, given your performance?	1	2	3	4	5
5. Do you know where you stand with your leader [follower] and do you usually know how satisfied your leader [follower] is with what you do?	1	2	3	4	5
6. How well does your leader [follower] understand your job problems and needs?	1	2	3	4	5
7. How well does your leader [follower] recognize your potential?	1	2	3	4	5
8.Regardless of how much formal authority your leader [follower] has built into his or her position, what are the chances that your leader [follower] would use his or her power to help you solve problems in your work?	1	2	3	4	5
9. Again, regardless of the amount of formal authority your leader [follower] has, what are the chances that he or she would "bail you out" at his or her expense?	1	2	3	4	5
10. Ihave enough confidence in my leader [follower] that I would defend and justify his or her decision if he or shewere not present to do so.	1	2	3	4	5
11. Is your working relationship with your leader [follower] effective?	1	2	3	4	5

19. Conscientiousness:

The following questions seek to assess your conscientiousness levels. Please circle whether you disagree or agree with each sentence, using the following scale (1 to 7):

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I see myself as someone who:

1. Does a thorough job.	1	2	3	4	5
2. Can be somewhat careless.	1	2	3	4	5
3. Is a reliable worker.	1	2	3	4	5
4. Tends to be disorganized.	1	2	3	4	5
5. Tends to be lazy.	1	2	3	4	5
6. Does things efficiently.	1	2	3	4	5
7. Makes plans and follows through with them.	1	2	3	4	5
8. Is easily distracted.	1	2	3	4	5

20. Ethical Climate:

The following questions seek to assess the ethical climate of your organization. Please circle whether you disagree or agree with each sentence, using the following scale (1 to 7):

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

1. My organization emphasizes the importance offurthering its interests.	1	2	3	4
2. Employees in my organization are not expected tobe concerned with the organization's interestsallthe time.	1	2	3	4
3. All decisions and actions in my organization areexpected to contribute to the organization'sinterests.	1	2	3	4
4. Work that hurts my organization's interests canbe acceptable.	1	2	3	4
5. Concern for employees is prevalent in my organization.	1	2	3	4
6. My organization does not emphasize employeewelfare.	1	2	3	4
7. All decisions and actions in my organization areexpected to result in what is generally best foreveryone.	1	2	3	4
8. My organization does not consider the well-beingof all employees.	1	2	3	4
9. Compliance with organization rules and proceduresis very important in my organization.	1	2	3	4
10. Employees in my organization are not expected tostick to organization policies strictly.	1	2	3	4
11. People who do not follow organization rules andprocedures are not viewed favorably in myorganization.	1	2	3	4
12. My organization does not emphasize the importanceof its rules, procedures and policies.	1	2	3	4

*** * * THANK YOU VERY MUCH * * ***