

A SECONDARY DATA ANALYSIS ON REPORTED WORKER
INCOME AND SICK PRESENTEEISM BEHAVIOR

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By
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CERTIFICATION OF APPROVAL

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DEDICATION

Ode to Stress

Many people, including professors warned me about you.
Your way of causing mayhem to individuals
Creeping up and altering blood pressure with a simple glance at the calendar.
You knocked on my door and uninvited you stayed.

Breathe, just breathe, I told myself fencing off your presence.
Think of nature, think of...think of the near future.
Picture yourself crossing the stage and walking into freedom.

Few seconds of clarity, enough to catch my 26th wind,
Then the next day you were there once again
For you never left
On guard!
Another day
On guard!

Breathe, just breathe, I told myself fencing off your presence.
Think of nature, think of...think of the near future.
Picture yourself crossing the stage and walking into freedom.

Week after week you wove into my habits
No gym, no social time after Quidditch, no real life.
Tired hands from scrolling through articles
Tired eyes from reading, and other times from just starting at the curser coming in
and out of focus
Tired, sleep deprived, not because I was working late, but because you climbed into
my mind and kept me awake hours on end thinking of major disasters that would
happen if the PAPER was not complete by early May!

Breathe, just breathe, I told myself fencing off your presence.
Think of nature, think of...think of the near future.
Picture yourself crossing the stage and walking into freedom.

But you know what?! I learned a lot from you
I learned to be proactive
I learned to value articles
I learned putting a pillow on my chair makes sitting much more comfortable for those
long hours of work

I learned the Internet is a distraction, lucky for me I didn't have Internet at home,
So downloading articles at school and burying myself at home became a norm
I learned to expect the unexpected, "oh, revamp the whole chapter?...Sure"
I learned to just roll with it, and pick myself up after having my tiny meltdowns
Sometimes a nap is all I needed

Because of this, I thank you.
For you taught me that you don't have to be ugly and monumental
I discovered my own strength through you,
I've learned to reshape you and mold you into motivation
A motivation and learning experience you have been.
I wonder what other students will learn and discover with you...

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As I type the last section of my thesis, Acknowledgments, I sigh with relief, though this relief is greatly attributed to those who helped me along the way.

Writing my thesis has been much like a journey, such as one of the Hobbit movies by being long, adventuresome, with moments of suspense; though of course, minus the dwarfs, elves, and fire-breathing dragon. No, my journey consisted of tremendous support from instructors, family and my boyfriend. And in no particular ranking, I would like to thank the following:

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would cheer me on by saying “mija este es tu futuro.” My sister would send funny links, which would provide a break from overthinking thesis and possibly overheating my brain. My brother would send a text once in a while or yell “hello,” as my mom spoke with me on the phone, which would let me know he was there thinking of me as well.

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TABLE OF CONTENTS

	PAGE
Dedication	iv
Acknowledgements	vi
Agradecimientos	ix
Abstract	xiv
CHAPTER	
I. Introduction	1
Statement of the Problem	1
Statement of the Purpose	4
Significance of the Study	5
II. Literature Review	7
Introduction	7
Framework for Understanding SP	7
Cognitive Factors	8
Contextual Factors	10
Limitations of the Studies	13
Demographic Impact	15
Specific Policies Connected to SP	16
III. Methodology	19
Overview	19
Research Design	20
Sample	21
Instrumentation	22
Data Collection	23
Plan for Data Analysis	24
Protection of Participants	25
IV. Results	26
Demographics of Sample	26
Guiding Research Questions	28

	Paid Sick Days	28
	Worker Report of SP	29
	Emergency Room use for Worker, Child or Dependent.....	30
V.	Discussion	35
	Overview	35
	Findings	36
	Limitations	38
	Implications of Findings	39
	Future Research	41
	References.....	44
	Appendices	
	A. Four Questions taken from Original Study.....	52
	B. Worker Demographics Obtained from Original Study.....	53

ABSTRACT

The purpose of this study was to describe whether people who have lower income, or are closer to the poverty line, have similar responses as to why they attend work while sick compared with those who have higher income. This study is a secondary data analysis on a study set forth by the Public Welfare Foundation in 2010, consisting of 1,461 participants nationwide. Three guiding questions were looked at in conjunction with workers' reported income. First, findings revealed no significant difference between worker income and concern about not having paid sick days. Second, no significant difference was found between reported income and work attendance when sick. This means workers overall attended work when sick regardless of income. Third, there was significant difference between worker reported income and response on attending the emergency room either for themselves, child or dependent. Lower income workers had higher rates of attending the emergency room. Social Workers and fields inclined to practice in social justice should advocate for workers from all socioeconomic backgrounds to have the right to seek medical help during work hours without fear of losing their job or being short on income due to not having paid sick days. Currently, there is minimal research done on income or demographics in conjunction with worker behaviors surrounding sick presenteeism (SP). In order to understand SP and its complexity, more research needs to be conducted.

CHAPTER I

INTRODUCTION

Statement of the Problem

According to the United States Census there were 45.3 million people living in poverty during the year of 2013. The issue of poverty is not new. Social workers have been working towards mitigating the effects of poverty since the beginning of the 20th century by addressing the needs of society and shining a light on the social problems which require public attention in order to change the situation (National Association of Social Workers, 2008). Poverty is a social justice issue, as there are social inequalities and injustices that still exist in the 21st century. DeForger et al., (2008) states, “environmental demands that have a dramatic impact on a person’s well-being include lack of income, unemployment, poor or no housing/shelter, limited food, and/or physical or mental health crisis” (p. 223). Poverty is like a malignant ailment that affects people in different dimensions.

Poverty is a social concern because it vastly affects people. It has been seen to affect all ethnic groups each year in the United States. Shaefer and Edin (2013) describe people living in extreme poverty in 2011 were as follows: 47.5% white, 46% were combined African American and Hispanic. This percentage break down demonstrates that poverty seeps into all ethnicities. Seeing poverty run across all ethnicities is an indicator of improvements needed in society. Poverty not only affects income, but society as a whole. Cooper et al., (2013) report that poverty affects

society by “weakening the feeling of social cohesion,” which leads society to create a barrier between class based on income, and this ultimately leads to social segregation (Cooper et. al., 2013, 951).

People living in poverty have stressors, which affect their wellbeing. Elder et al., (1995) points out people who have low income encounter “the risk of emotional depression” due to the financial strain and economic pressures that people undergo when they do not have the finance to cover their costs (Elder, 1995, p. 776).

Financial insecurity has a negative impact on people’s wellbeing. Moskowitz et al., (2013) found stress caused by poverty, such as exposure to crime, drugs, and unemployment increased the odds of having poor health by 71%. Stressors caused by poverty are detrimental to wellbeing and health. Goldberg (2012) discusses the need for social workers to “contribute to the reduction of inequality by participating in organizations that advocate direct job creation by government” (Goldberg, 2012, 221). Poverty should not only be on the radar of social workers, but other fields who wish to increase social justice, in order to work towards having job opportunities that are available for people and offer them a livable wage.

Clearly, poverty tends to affect major life aspects of an individual including health. When social work researchers explore issues involving poverty and health, there is a tendency to examine issues from a macro level. That is, as described earlier, there are a number of studies linking poverty to poor health outcomes. While these studies are important, social workers also need to be concerned about these issues on

a more micro level. For example, few social work studies have examined how poverty produces or is connected to individual behaviors that may lead to poor health.

The NSF International survey conducted in January 2014 found that, "...26 percent of American workers admit to going to work when they are sick." When people are sick they may have symptoms, which can disturb their focus at work, and may prolong being sick. Sick symptoms reported by workers who attend work have been described as, "...tension headaches, migraines, allergies, depression, gastrointestinal problems, and asthma/breathing difficulties" (Caverley, 2007, p. 305). Attending work while sick may have drawbacks from being productive on the job. Goetzel et al. (2004) describe job production as: "...ability to concentrate, the quality of interpersonal communication, the need to repeat a job, working more slowly, or a comparison of work output to certain predefined performance measures," (Goetzel et al., 2004, p.408).

Despite workers feeling sick and not being able to work to their full potential, they often still attend work. Perhaps money is a driving factor for people to attend work while being sick. A study conducted in a Northern New York rural area with 1,039 participants, found ethnic minorities limited their visits to see a doctor due to cost and were less likely to use health services provided in the county (Bonnar & McCarthy, 2011). It is plausible that people who attend work while sick are attending work due to needing income and not being able to spare some hours or a day off of work.

Studies that have looked at people's motives for attending work while sick are focused on higher paying jobs with selective types of employment such as doctors, health care providers, and mechanics. Including socioeconomic status of workers in studies seeking to understand why workers attend work while they are sick would allow for comparisons and a better understanding of this phenomenon. It is possible that workers earning lower salaries might have different motives for attending work while sick. For example, taking time off work while sick would result in a reduction in their paycheck, if their employer does not cover paid sick leave. Another possible motive low-income workers engage in SP may be due to fear of losing their job. Furthermore, workers who have children would also need to consider taking time off work to attend to their child's health. Taking time off work would allow parents to take care of their families, but once again pay would be reduced. According to the National Association of Social Work code of ethics, it is within social work practice to "advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice" (National Association of Social Workers, 2008). Having workers attend work out of necessity due to low pay rate and not being able to be financially stable is a concern that social workers should be following and working towards creating change.

Statement of the Purpose

The purpose of this study is to describe whether people who have lower income, or are closer to the poverty line, have similar responses as to why they attend

work while sick compared with those who have higher income. This research is a secondary data analysis, previously conducted by the Public Welfare Foundation. The guiding questions for this study are:

- (a) Are there differences based on socioeconomic backgrounds and workers' reports about being concerned about not having paid sick days?
- (b) Are there differences based on socioeconomic backgrounds and workers' reports on attending work while sick?
- (c) Are there differences based on socioeconomic backgrounds and workers' reports on emergency room visits either for themselves or another family member?

Given the previous research and understanding of effects of poverty, it is possible to find workers that are closer to the poverty line and below the poverty line may report being more concerned about not having paid sick days due to not having income if they decide to take time off work during sick days. Perhaps workers of all socioeconomic backgrounds will respond that they have worked while contagious. It is possible workers who are closer to the poverty line and below the poverty line may report going to the emergency room at a higher rate than those who earn more than the poverty line.

Significance of the Study

Getting sick is inevitable. Workers from all socioeconomic backgrounds get sick at one point or another. However, socioeconomic status may impact differences in workers' behaviors in regards to choosing to stay home when sick. This study

aimed to explore whether lower salary earners are just as likely to attend work while sick as those who earn higher salaries. From a social work and social justice perspective, workers of all salaries should be able to miss work due to being sick, and lower income workers should not have to feel at risk of losing their job or being impacted economically by taking time off work. It is possible that lower wage earners are compelled to attend work due to financial struggles despite their health status. This study also sought to explore whether workers go into the emergency room as a way to address their or their children's health needs rather than taking time off work during traditional "office hours" due to workers need of income. This study looked upon policies that are relevant to worker and sick leave. In addition, the results from this study drew attention to poverty and social justice strides needed to be taken.

CHAPTER II
LITERATURE REVIEW

Introduction

Workers attend work due to several motivating factors. It has been shown from various studies that workers attend their job even when they are sick. The behavior of sick presenteeism (SP) is defined as, “the phenomenon of people who, despite complaints and ill health that should prompt rest and absence from work, are still turning up at their jobs” (Aronnson & Gustafsson, 2005, p. 503). Examples of the term sick can be defined as, “stomach problems, back or neck pain, sleep problems and depression,” to name a few (Caverley et al., 2007, p. 305). This chapter serves as a mechanism to guide the reader through four themes. First, a framework for understanding SP is presented. Second, limitations of those studies are discussed and analyzed. Third, literature on low-income workers and their relation to healthcare, sick leave and family pressures are presented. Lastly, two current policies and their effects on worker behavior are discussed.

Framework for Understanding SP

There are a vast number of reasons why workers attend work while sick. If you happen to be a worker who attends work while sick, then you have your own reasons for engaging in SP, which may be different than the person in the same room as you. Kumar, Grefenstette, Galloway, Albert, and Burke (2013) state there are two categories, which underpin the reasons why SP occurs. One category states workers

have their own thoughts and beliefs, which are cognitive factors, for attending work while sick (Kumar et al., 2013). This means that workers have thought out why they should attend work while sick. The second category states workers take in the contextual factors of their work placement to determine if they will go to work or not (Kumar et al., 2013). Both of these categories are prevalent among the literature on SP and are presented in this section.

Cognitive Factors

Humans behave in certain ways due to their thought processes. Their decisions are thought out and carried out based on what they perceive to be the right thing to do for themselves or for others. An example of worker's thought process is seen in the study of Morken, Haukenes, and Magnussen (2012) where car mechanics report analyzing their health symptoms before deciding to attend work or not. If the symptoms were to be contagious, such as a fever, then they opted to not attend work (Morken et al., 2012). Similarly, in a study by Taylor et al. (2010), workers reported their decision of whether to attend work or not were based on their evaluations of their own symptoms. Aside from workers using their own judgment to determine if they were going to engage in SP, they also made their decisions based on motives to help others.

Worker's feelings towards work and colleagues were common themes gathered of why workers engaged in SP. Workers reported altruistic-like responses for attending work while sick through various studies. In the study of Dellve et al. (2007) they found workers reported positive feelings towards work was a motivator to

attend work while sick. Loyalty to the company was found in the Morken et al. (2012) study. A sense of high responsibility to co-workers and clients' needs were also reported as reason for attending work while sick (Dellve et al., 2011; Baker et al., 2010). Statements such as "not letting the team down" were reported in Ashby and Mahdon's study (Ashby & Mahdon, 2010, p. 23). Furthermore, in Grinyer and Singleton (2000) workers reported not wanting to make more work for their colleagues. Workers were thoughtful about their client and coworker needs to determine if they were going to engage in SP or not.

Stress was another reason provided by workers who engaged in SP. Time pressure, job demands and workload can be a source of stress. Johns (2010) and Ashby and Mahdon (2010) found stress to be a contributing factor for SP. Leineweber (2011) found a weak but significant association between SP and high stress. Another source of stress as presented in Cales (2011), Hansen and Andersen (2008) and Munir et al. (2008) is time pressure to finish tasks at work. Similarly, 23.2% of workers reported engaging in SP due to heavy work load. In addition, managers reported feeling under pressure when workers were absent and acknowledged if they were to be sick, then workload and hours would be increased for their workers (Buck et al., 2011).

Not having coworkers to help carry out additional duties was another reason provided for attending work while sick (Caverley et al., 2007). Irvine (2011) stated workers considered going to work based on financial stability and perception of their own and others' work load. Kivimaki et al. (2005) found workers who had more job

demands were the ones who reported to work on a regular basis and even demonstrated SP behaviors more often than those who had fewer job demands. An interesting study reported workers attended work while sick because being home did not allow them to rest, so they opted to go to work instead (Ashby & Mahdon, 2010). The statements reported in Ashby and Mahdon stated being home was stressful because there were still responsibilities that needed to get done. Workers reported different reasons for attending work while sick in order to prevent feeling of stress.

Contextual Factors

Kumar et al., (2013) defines contextual factors as the outside constraints occurring in the work environment that lead workers to SP, such as managerial and co-worker attitudes on utilizing paid sick days. Black flags are another term provided to define contextual factors such as socio-economic climate and government policies (Buck et al., (2011). Jobs that were physically demanding influenced workers to not attend work while sick (Buck et al., 2011). Workers were also concerned about taking sick leave and how it would affect their ability to get a promotion (Buck et al., 2011). Furthermore, in the study by Baker et al. (2010) a distinction was made on private sector and public sector companies. Private sector employees were concerned about receiving bonuses and incentives; therefore they did not take time off work (Baker et al., 2010). Whereas in the public sector, workers were concerned about being able to receive a promotion or a raise in pay due to their performance (Baker et al., 2010). The study of Baker et al. (2010) also pointed out work culture, where senior

employees and managers advised younger employees and managers on how to address issues about sick absenteeism.

Wynne-Jones et al. (2011) conducted a study among managerial and employee views on sick day presenteeism and absenteeism. Managers viewed SP as their only option in regards to going to work while sick due to needing to complete tasks and reach deadlines. Aronson and Gustafsson (2005) notes understaffing and job demands are constant dimensions of work, which are contributors of workers partaking in SP. Employers on the other hand reported feeling guilty when absent from work due to the impact it would have on colleagues by adding work. A contextual factor influencing employees towards SP or absenteeism at work was managerial relationship. Wynne-Jones et al. (2011), Buck et al. (2011) and Baker et al. (2010) reported managers with good communication and those who followed policies, such as referring employee to companies' occupational health advisor, made employees feel like they could attend to their health needs. Some workers viewed policies as helpful and unhelpful at times. For example, having on site services such as physiotherapy and counseling was viewed in high regard; however, policies regarding taking time off work to care for a dependent were not clear and therefore made it difficult to access (Buck et al., 2011). Workers, who reported employers as not being good communicators, felt like they could not take time off to care for themselves (Wynne-Jones, 2011). Furthermore, some workers did not know about policies in their organization regarding sick leave for which they were not able to use them properly (Wynne-Jones, 2011).

Munir et al., (2008) looked at managers' attitudes on absenteeism. In some instances employers were unknowledgeable about the way sickness of workers affected and limited worker performance (Munir et al., 2008). Managers felt they had good policies supporting workers who needed time off, but felt those policies were not being implemented correctly. For example, they felt the policies kept workers with minor ailments at work, but sanctioned those who had more than 3 spells of absence (Munir et al., 2008). Workers stated attending work on a regular basis to avoid disciplinary action (Munir et al., 2008; Baker et al., 2010; & Taylor et al., 2010). Furthermore, in some cases managers discouraged their workers from taking time off work because of the pressure they felt to meet attendance targets (Munir et al., 2008).

From a worker's point of view, there were other contextual factors to consider when wanting to engage in SP or absenteeism at work. Workers stated feeling comfortable when they had secure employment and therefore they did not attend work while sick (Irvine, 2011). Secure employment was defined as their employer being able to provide 6 months of full salary in case a worker were to need sick days off (Irvine, 2011). Whereas workers who did not have paid sick days were more likely to attend work (Baker et al., 2010 and Irvine, 2011). Baker et al. (2010) points out financial instability stemming from policies, "create stress, tension, low morale and at worst, employee antipathy towards the organization itself" (Baker et al., 2010, p. 324). Line managers reported being more direct at controlling absence of workers by reminding their workers of their duties and were willing to implement discipline

procedures on temporary employees (Taylor et al., 2010). A study conducted by Hansen and Andersen (2008) reports SP was most prevalent when workers were fearful of losing their job. Fear of losing a job can be a source of stress if it causes workers to behave in ways that they would not behave otherwise. Similarly, the study of Johns (2010) reflects high SP among temporary workers. Johns (2010) explains part-time workers are the ones to get discharged initially when a company is reducing its workers; therefore, it is reasonable to suspect part-time workers would rather attend work while sick out of fear of being dismissed. Full time workers also reported being fearful of management providing verbal warnings about the days they were not in at work (Grinyer & Singleton, 2000). As shown, SP behaviors are influenced by fear stemming from management and job insecurity.

Limitations of the Studies

Recurring themes were found in multiple studies, which included topics of altruism, job insecurity, and implementation of SP policies; however, there are factors left out of the research which compromises those articles from being fully able to fit the current study. Two dimensions of the current study seek to explore workers' socioeconomic status and responses provided on SP. Available studies tend to use work position, which are paid high salaries and education. For example, Morken (2012) conducted interviews among car mechanics. Car mechanics can be considered a high skilled and stable job. Dellve et al. (2011) conducted a study among professionals such as "physicians, registered nurses, physiotherapist, engineers or biomedical assistants" (Dellve et al., 2011, p.1923). Ashby and Mahdon (2010)

conducted a study in a medical setting with various worker occupations ranging in customer service, managers or professionals, and administrations occupations.

Aronsson and Gustafsson (2005) used health care professionals as well as educators (Aronsson & Gustafsson, 2005, p. 959). Kivimaki et al. (2005) used civil service workers. Baker et al. (2010), Buck et al., (2011), and Munir et al. (2008) had participants of professional fields; therefore, it is difficult to determine if workers who are not in a professional field (without extensive education and high salary) would have provided the same motives for SP.

Another limitation from the studies is the country where the study was conducted. For example both studies by Taylor et al. (2010) and Leineweber (2011) were conducted in Sweden, which has other policies surrounding work leave. This may provide a difference in worker responses on motives for engaging in SP. The studies of Munir et al. (2008), Buck et al., (2011), and Wynne-Jones et al. (2011) were conducted in the United Kingdom, which has different policies surrounding sick leave than the United States. This poses an inconvenience in the ability to generalize participant responses surrounding SP because responses may be different if Americans were to be participants in the study due to the difference in policies surrounding SP. The study of Claes (2011) takes place in Canada. Even though these studies were conducted outside the United States, SP is a behavior that is not only seen in other countries, but also here in the United States.

Demographic Impact

There is minimal attention being paid to gender or income in relation to SP. The findings are varied and the previous research presented hardly discusses participant demographics. In the United Kingdom women reported higher SP than men (Claes, 2011). Leineweber (2011) found women and those who were not in supervisory positions report SP 10 times more than those in supervisory positions (Leineweber, 2011). Aronsson and Gustafsson (2005) found no difference in SP and participant's gender. Participants who faced personal financial demands showed increased risk of SP (Aronsson & Gustafsson, 2005). However, in Dellve et al. (2007) high paid males were more likely to demonstrate high work attendance than women and low paid males. Dellve et al. (2007) and Aronsson and Gustafsson (2005) are a contrast to the other findings and notes income as the factor contributing to SP.

Some articles make comments about worker motives to engage in SP due to financial situations. Hansen and Andersen (2008) alludes to the idea of workers engaging in SP due to financial need; however, he does not explore this topic further. In Bonnar and McCarthy's (2012) study, financial earnings are compared between ethnic minorities and Caucasians. Bonnar and McCarthy (2012) found ethnic minorities not only earned less income, but also relied more on public health insurance. Furthermore, those who had public health insurance did not use it often, and it is speculated it could be because of the "out-of-pocket expenses (co-pays, deductibles, services not covered), which represent barriers to accessing health service (Bonnar & McCarthy, 2012, p. 101). Income impacts health insurance as well

as workers' decisions to see a health provider or not. This in turn affects general health of workers and their families. "Almost 30% of the higher prevalence of dental problems among Hispanic children was explained by lower socioeconomic status (lower education and higher poverty level)" (Guarnizo- Herreño & Wehby, 2012, p. 863). Lower income workers have higher pressures when it comes to health care attendance due to financial costs tied to receiving services. One can suspect workers who do not have high income would engage in SP due to the lack of income they have in order to cover their expenses. In a study, "American Indian, Latinos, and African American adolescents had significantly greater odds than white adolescents of being uninsured and sporadically insured" (Lau & Flores, year, p. 2047). Workers' wage along with paid sick days affect individuals and their families. This means SP makes sense as to why workers may engage in SP when they have lower income. As Heymann, Earle, and Egleston (1996) explain, workers without paid sick leave were at financial risk when they take time off work to care for their own health or that of a family member.

Specific Policies Connected to SP

SP and policies surrounding that topic is one where Social Workers can become involved and advocate for equity and equality of worker rights. All people should have the flexibility to take time off work to attend to their health or their children's health, but this is not the case the way federal policy is currently written. According to the United States Department of labor, the Family and Medical Leave Act (FMLA) of 1993 allows up to 12 weeks of unpaid leave each year (Klerman,

Daley & Pozniak, 2013). This policy clearly states some people do not get paid if they decide to take time off work. There are clear gaps in the policy, which affect the wellbeing of children. “FMLA covers only half of working parents, provides only unpaid leave, and does not cover children’s routine illness” (Heymann et al., 1999, p. 870). In the study of Heymann et al. (1999), 29% of parents used paid vacation or personal day to care of a child who was sick. In addition to caring of a child, there would be other benefits to workers. A study found a projected reduction of infections at a 7.24% if all workers had paid sick days (Kumar et al., 2013). The policy is stringent on what falls under sick leave, and fails to consider workers as humans and family members.

Though there are signs that policy is slowly changing, according to the California Legislative Information, the bill, AB-1522, known as Healthy Workplaces, Healthy Families Act of 2014 passed on September 10, 2014 and is to become effective July 1, 2015. This new policy forces employers to provide “three paid three sick days per year” in the state of California (Zaletel and Launey, 2015, 14). This includes “part-time, temporary, and seasonal employees, who often are not covered by existing sick leave and PTO policies” (Zaletel & Launey, 2015, p. 14). These new changes will require employers who employ at least one employee to follow this new policy (Zaletel & Launey, 2015). In addition, family members are also covered under this new policy. Considered family members are spouse or domestic partners, children, grandparents, grandchildren, and siblings (Zaletel & Launey, 2015). Where before FLMA did not consider family, now Healthy Workplaces, Healthy Families

Act of 2014 seeks to cover and support families. Workers from all socioeconomic backgrounds should have the opportunity to attend to their health and their children's health.

As seen from the literature presented, workers have engaged in SP due to two major theories, which encompass individual cognitive factors and contextual factors. However, most of those studies included professional, educated, and high salary earners, leaving those who do not fall under those criteria to be unacknowledged. Low salary earners may provide different responses of whether or not they attend work while sick. The purpose of this research is to see if workers' reported income has an influence on their reported concern about not having paid sick leave, reported rates of SP, and whether they have attended the emergency room to care for themselves or their child.

CHAPTER III
METHODOLOGY

Overview

This study involved an analysis of secondary data gathered in 2010 by National Opinion Research Center (NORC). The original study was conducted by Tom Smith to gain information on public opinion regarding worker paid sick days. People report attending work while sick and there have been different arguments on why workers decide to attend. However, there has been little research done to analyze how socioeconomics influence work attendance while sick. The purpose of this study was to describe whether there were differences in worker reported responses surrounding SP and their socioeconomic status.

This was a descriptive research study. Descriptive research allows the use of numeric data in order to draw statistical relationships between variables. The questions that guide this study are:

- (a) Are there differences based on socioeconomic backgrounds and workers' reports about being concerned about not having paid sick days?
- (b) Are there differences based on socioeconomic backgrounds and workers' reports on attending work while sick?
- (c) Are there differences based on socioeconomic backgrounds and workers' reports on emergency room visits either for themselves or another family member?

Research Design

The original study conducted in 2010 obtained their data through a telephone survey given across the nation. Responses for the survey were collected via telephone and Likert scaling was used. Likert scaling allows all participants to have the same set of potential responses and often include responses such as: (1) strongly favor; (2) not so strongly favor; (3) not so strongly oppose; (4) strongly oppose; (77) Don't know; (99) Refused (Smith, 2010). In the present study, the researcher identified a subset of four questions regarding worker opinion and behavior on paid sick leave and income earnings. The questions identified for inclusion in this study are:

1. How concerned are you about not having paid sick days?
2. Have you ever had to go to work when you were sick with a contagious illness like the flu or a viral infection?
3. Have you ever gone to a hospital emergency room yourself because you were unable to take off from work to get medical care during your normal job hours?
4. Have you ever taken your child or another family member to a hospital emergency room because you were unable to take off from work to get medical care during your normal job hours?

There are strengths and weaknesses associated with this study design. On one hand, it is important to note the original study had a different purpose than the present study. Therefore, it is important to note the original study does not include all possible questions that should be asked to gain a fuller perspective on worker

behaviors regarding unpaid sick leave and behaviors around sick presenteeism at work. On the other hand, one of the strengths of this design is that it includes 1,461 participants. Having a large number of participants strengthens the study by allowing the researcher to find patterns within responses provided. Furthermore, a large sample size helps with generalizability.

Sample

The original study, collected in 2010, was a random sample comprised of 1,461 participants throughout the United States. The original study set up two ways of contacting participants. First, “a national landline RDD sample [was] purchased from Marketing Systems Group,” (Smith, 2010, p. 1). Random Digital Dialing (RDD) allows for “at least some digits of each sample telephone number [to be] generated randomly” (Glasser and Metzger, 1972, p. 59). In this section there were 25,000 records and the use of TARGUS was used to match the phone numbers to addresses. This allowed there to be one participant for each home and no repeated surveys given at a home.

Second, people were contacted through the use of cell phones at the national level. The cell phone numbers were obtained by RDD sample and purchased from Marketing Systems Group. This second approach was needed in order to have a certain amount of completed cases within the time frame given for data collection. Methods were used to make sure there were no duplicate addresses provided by landline and cellphone numbers. “Region, sex, race/ethnicity, age group...” were considered with the use of Current Population Survey (CPS) of 2009 and the National

Health Interview Survey conducted in 2009 (Smith, 2010, p. 2). This allowed participants of the study to be diverse. For the current study, this researcher used responses provided by all participants from the larger study.

Instrumentation

The Public Welfare Foundation funded the original study while NORC put together and implemented the survey. The original study contained 120 questions related to worker's rights protection, employment, worker satisfaction, penalization for taking time off work, concerns about not having paid sick time, ethnicity, political party, and income, to name just a few (Roper Center of Public Opinion Archives). NORC displayed on their website as having "subject matter experts and survey professionals develop and employ innovative study designs, research methods, and technical applications to derive meaningful and accurate results" (NORC website). It is reasonable to suspect their question formulations are reliable and valid for the study at hand.

For the current study, this researcher selected four questions from the larger study. In Appendix A the reader will find the four questions selected for this study. Demographic variables gathered from the data set were used to determine if there were other relationships between variables such as gender, education level, age, ethnicity, marital status, having children, and income. The original questions asked to gather participant demographics can be found in Appendix B.

Data Collection

This study used data collected by a larger study funded in 2010 by the Public Welfare Foundation. The period of data collection was from March 18, 2010 to May 6, 2010 (Smith, 2010). Surveys were conducted over the phone. Interview trainings occurred on two days, 3/17/2010 and 3/18/2010. Letters were sent two days in advance to the addresses corresponding to landline phone numbers. Landline phone dialing began with 2,088 cases on March 18, followed by 2,144 cases on March 19, and 2,134 cases on March 23. Cellphone dialing began on April 27. There was a toll-free number provided where callers could provide their response to the survey.

The major strength of the original data collection process is sample size. Having a large number of participants allows for the findings to be generalized. Participants were intentionally selected to have variability in sex, ethnicity, and age group and representative of the larger population by the use of Current Population Survey (CPS) and National Health Interview Survey (Smith, 2010).

Some weaknesses of the original study that may affect the outcomes of this secondary data analysis are one-day trainings for interviewers. This may have allowed for variability in interviewer tone and speed during delivery of questions. This may have resulted in participants responding differently to the questions. Additionally, the survey was conducted over the phone, which may have allowed the participants to respond differently based on their physical environment. The original study was based on participant responses on likert scales, which means that the respondents did not have the opportunity to describe the reason behind their answers.

It should be noted that quantitative data are helpful when having a large sample size in order to put responses into defined categories. Though in order to have a full understanding of responses provided, it would be in the interest of research to also implement qualitative data where the respondent are able to explain why they chose a certain response over the other. Therefore, quantitative and qualitative data are important to gain a more full understanding on the responses provided by participants on their views on unpaid sick day leave and attending work while sick.

Plan for Data Analysis

This research utilized a quantitative data set that was previously gathered for a larger study conducted by NORC. There are four questions this researcher selected from the larger study which address worker behaviors around attending work while sick. These four questions were analyzed in conjunction with each respondent's self-reported income earned per year. Different variables such as gender, education, age, ethnicity, marital status, whether participants have children, and income, will be looked at in relation to participants responses on the four main questions being asked. This researcher used a bivariate statistical approach through the use of SPSS to look at two variables in relation to one another.

In order to assess the results derived from the bivariate statistical approach, this researcher used Pearson Chi-Square. Pearson Chi-Square allowed to determine if there were any possible relationships between nominal variables. Each of the four questions used for this study have nominal variables, which include attendance to the ER, sick presenteeism, and level of concern on paid sick leave. By using a bivariate

statistical approach with Pearson Chi-Square this researcher was able to interpret and answer the research questions presented in this study and determine if there were differences in responses provided by workers and their socioeconomic groups.

Protection of Participants

The sample used for the present study was obtained from prior research conducted by the Public Welfare Foundation in 2010. No identifying information such as names or address of participants was found in the dataset. The data set is available to the general public and has been previously coded leaving its participants anonymous. Therefore, there is no harm to the participants used for this present study.

CHAPTER IV

RESULTS

This chapter presents the reader with an overview of the participant demographics and data analysis on participant responses on certain issues surrounding the topic of sick presenteeism (SP). This chapter contains two sections that define and explain participant responses provided in the original study. In the first section, demographics of the participants are presented, such as gender, education, age, ethnicity, marital status, children status and income. In the second section, an analysis on participant income and responses regarding three questions are presented. The three guiding questions probed whether workers are concerned about not having paid sick days, whether they have attended work while sick, and whether they have attended the emergency room either to care for their health, a child or dependent due to not being able to take time off work. This data analysis shines light on worker behavior surrounding SP.

Demographics of Sample

The original study was conducted nationwide. There were 1461 workers who responded to the survey. More than half of the participants were women (60.4%) as opposed to men (39.5%). Education levels provided by participants were varied. A large portion of workers had one to three years of college education (28%). The second most common education level provided was graduate or professional degree (18.2%). The least common response provided by worker education was eleventh

grade or less (6.2%). As seen, there were far more college educated workers who responded to the survey than workers who had not completed high school or workers with graduate or professional degrees. Having a disproportion between workers' education levels may impact the responses provided towards SP. Typically the more education a worker has obtained, the higher salary he or she will receive (Abel & Deitz, 2014). Therefore, this may have impacted worker responses surrounding the issue of SP.

In regards to workers' reported age, workers who were older responded more frequently than younger workers. Workers between the ages of eighteen to thirty responded at a low rate (9.25%) compared to older workers. Workers between the age of forty-six to sixty (32.7%) responded to the survey similarly to workers who were sixty-one and older (35.95%). Interestingly, regarding race, a vast majority of respondents reported to be White (77.3%). The next highest report of race provided by workers was African American (11%), followed by Hispanic, Latino or Spanish origin (6.4%), Asian or Pacific Islander (1.9%) and American Indian or Native Indian (1.4%).

Other pieces of worker demographics analyzed were marital status, children, and income. Marital status and children involvement were looked at because they may impact worker income directly. For example, if a person is married, then there may be a possibility that his or her partner is also working and contributing to the relationship in a financial way; therefore, workers may be more at ease in regards to SP knowing they have a partner who is bringing in income when they are out sick

despite of paid sick leave availability. More than half of workers reported being married (57.5%), while the next prominent response was being divorced (14.1%), and being widowed (10.6%) was the least prominent response provided. In addition, it was important to see how many workers reported having children because it is reasonable to suspect workers will behave differently when they have children due to the added responsibility to pay bills or simply care for a dependent; therefore, causing a change in worker views on SP. From the data collected, few workers reported having children. For example, 15.1% of workers stated having one to five children under the age of five, while 24.9% reported having one to fourteen children between the ages of six and seventeen. Worker income was a direct factor to considered when viewing worker responses surrounding issues on SP. Looking at worker reported earned income of less than \$50,000 (39.6%), and reported earning income of more than \$50,000 (44.8%) were slightly different. Of the workers who reported earning less than \$50,000 a year, roughly a quarter (28.7%) of them reported earning less than \$30,000, while 37.7% of workers stated they earned more than \$30,000. This means that the majority of the participants (87.7%) were not in poverty and therefore the responses may have been different if more people who were in poverty would have responded to the survey.

Guiding Research Questions

Paid Sick Days

Not all employments provide workers with paid sick days. This means that if a worker is feeling ill and he or she decides to take the day off then he or she will not

receive any monetary support. For some workers this translates into a financial burden by not being able to pay their routine expenses such as rent, utilities, and other necessary bills. This is why worker response on how concerned they were on not having paid sick days was analyzed separately and then together with worker income. Of the original respondents (1461) only about a fifth of the workers (273) responded to this question. Of those, more than half (55.3%) of the respondents stated they were either fairly concerned or very concerned, while slightly less than half (44.3%) of workers stated they were either a little concerned or not concerned at all about not having paid sick days. A Chi-square analysis was performed in order to examine whether worker income had an influence on their concern for not having paid sick days. With a Chi-square value of 15.249 and an associated p-value of .228, there were no significant differences between worker income and their response on the amount of concern for not having paid sick day. Again, this result should be reviewed cautiously, as only a small portion of the sample answered the question about their concern surrounding sick days.

Worker Report of SP

Workers tend to get sick once in a while. However, the way in which they decide to take care of their needs is different from person to person. An aspect of this research was to see how many workers reported attending work while sick. As it turns out, there was a slight difference in the amount of workers who stated going to work ill and those who stated not going to work when ill. Workers reported going to work when ill at a slightly lower rate (44.2%) than those who reported not going to work

while sick (55.7%) with a contagious illness like the flu or viral infection. A second component to this research question was to analyze whether report of income had an effect on their responses on attending work when ill. It can be speculated that workers who have lower income will need to attend work due to the scarcity of money and not being able to afford taking time off when feeling ill. For this reason, a Chi-square analysis was conducted on worker income and response on going to work or not when ill. With a Chi-square value of 5.997 and an associated p-value of .540, there were no significant differences between income and having gone to work when sick.

Emergency Room use for Worker, Child or Dependent

There may be barriers at work that do not allow workers to take time off work and see a doctor. An alternative to receiving medical treatment at a doctor's clinic is in an emergency room. It was the interest of this researcher to see how prevalent workers reported going to an emergency room due to not being able to take time off work. An overwhelmingly large portion of workers stated they had not attended the emergency room (81.5%) while a much smaller portion of workers stated they had gone to the emergency room (18.5%) because they were not able to take time off work. Furthermore, this researcher was interested to analyze worker income and their responses attendance to the emergency room. A chi-square analysis was conducted with workers who earned less than \$50,000 and those who earned more than \$50,000. With a chi-square value of 33.446 and a p-value of 0.000, there is a significant difference between worker income and their responses on attending the emergency room or not attending the emergency room. The difference is that lower than \$50,000

income earners are more likely to use the emergency room than workers who earn more than \$50,000 a year.

Worker response on attending the emergency room to care for a child or dependent medical needs due to not being able to take time off work was also analyzed. Of the respondents, a large portion of workers stated they had not taken their child or dependent to the emergency room (84.2%) due to not being able to take time off work. This researcher was interested in analyzing worker income and their response towards emergency room use for their child or dependent. First, a chi-square analysis between workers reported income, less than \$50,000 a year and more than \$50,000 a year, and report of using the emergency room was conducted. With a Chi-square value of 32.783 and an associated p-value of 0.000, there is significant difference between worker income and their response on attending the emergency room for a child or dependent's health. This is to say, workers who earn less than \$50,000 per year reported taking their child or dependent to the emergency room at a significantly higher rate than workers who earn more than \$50,000 per year.

In order to gain a clearer image on worker reported income and their response towards emergency room use for self, child or dependent, this researcher conducted another series of Chi-square analyses. This section of chi-square analysis consisted of sub categorical income breakdown of workers who earned less than \$50,000 and those who earned more than \$50,000. The income break down for less than \$50,000 is as follows: less than \$5,000, \$5,000-\$9,999, \$10,000-\$14,999, \$15,000-\$19,999, \$20,000-\$29,000, \$30,000-\$39,000, and \$40,000-\$49,999. The income break down

for more than \$50,000 is as follows: \$50,000-59,999, \$60,000-\$69,999, \$70,000-\$79,999, \$80,000-\$89,999, \$90,000-\$98,999, \$100,000-\$124,999, \$125,000-\$149,999, and more than \$150,000.

Worker response on attending the emergency room due to not being able to take time off work was analyzed in conjunction with the sub categories of income. First, worker income reported at less \$50,000 was studied. With a Chi-square of 21.765 and an associated p-value of .084 this researcher can state that there was no significant differences between worker income earning less than \$50,000 and their response towards attending the emergency room. If we recall from the above section, there were significant differences between the bigger income categories of less than \$50,000 and more than \$50,000. This means that even though no significant differences were found for the sub categories of less than \$50,000 then worker are reporting attending the emergency room relatively at the same rate. Secondly, worker income reported at more than \$50,000 was studied. With a Chi-square value of 28.706 and an associated p-value of 0.000, this researcher can state that there were significant differences between worker income earning more than \$50,000 and their response to not going to the emergency room. In other words, it appears that workers with higher income were less likely to use the emergency room due to not being able to take time off work.

Next, worker response on whether they had attended the emergency room for the care of a child or dependent due to not being able to take time off work was analyzed by looking at the income sub categories. First, the subcategories of less than

\$50,000 income earners was analyzed. A Chi-square value of 26.094 with an associated p-value of .025 was found. This means there were significant differences between workers response on not being able to take time off work and their income. This is to say, the lower the income then the higher report using an emergency room for a child or dependent due to not being able to take time off work. Next, worker sub categories of more than \$50,000 were analyzed. A chi-square value of 20.680 with an associated p-value of .191 was found. This means income was not a factor, which impacted workers on taking a child or dependent to the emergency room due to not being able to take time off work.

Overall workers who responded to the questions were white, women, educated (defined as having one to three years of college education), and earning more than \$30,000 a year. The premise of this chapter was to analyze worker income and their responses regarding concern for not having sick pay days, attendance to work while sick, and the use of emergency room for their health or a child or dependent health due to not being able to take time off work. As observed, there was no significant connection between worker income and their concern for not having paid sick days. There were no significant differences between worker income and their attendance of work when sick. However, there was significant difference between workers who earned more than \$50,000 a year and their response about not attending the emergency room due to not being able to take time off work. Furthermore, significant differences were found between workers who earned less than \$50,000 a year and

their report on attending the emergency room due to not being able to take time off work. As observed, these analyses provide insight to worker behavior.

CHAPTER V

DISCUSSION

Overview

Sick presenteeism (SP) is a behavior workers engage on occasion in the workplace. A cough here, a sneeze there, may be spotted, and the sick workers decide whether to remain at work or take the day off. As seen from research and literature, people provide a series of reasons for attending work while sick. Despite there being literature on workers attending work while sick, there is minimal research on worker income and SP. The premise of this study was to branch into workers' concern and behavior surrounding SP. This research was geared towards finding whether income made a significant difference in people's responses on behaviors surrounding SP. There were three guiding questions that led this study. The first guiding question was to analyze reported worker income and whether workers were concerned about not having paid sick days. The second question was on whether reported worker income had an impact on engaging in SP. The third question was on whether workers' reported income impacted their decision to attend the emergency room either for their health, a child's health or a dependent's health due to not being able to take time off work. This study was a secondary data analysis; the original data were gathered for the study of John Smith (2010). The original data set was obtained from the data source of Roper (Public Welfare Foundation). This chapter's aim is to highlight the findings from the leading questions along with contradictions or similarities found

through literature, discuss limitations of this study, and implications for future studies.

Findings

The first guiding question was geared towards analyzing whether there were differences based on socioeconomic backgrounds and workers' reports on being concerned about not having paid sick days. The current study found no significant difference between worker reported income and their concern for not having paid sick days. However, more than half of workers reported being concerned about not having paid sick days. This suggests everyone across socioeconomic groups are concerned. There is minimal literature on demographics, such as income, and their impact on work. The literature that exists finds both managers and workers attend work while sick. Perhaps policy surrounding paid sick days is a contributing factor. As policies stand in California, employers have the discretion to offer paid sick days or not (Heymann et al., 1999, p. 870). However, Healthy Workplaces, Healthy Families Act of 2014 is to become effective July 1, 2015. This new act would enforce employers to provide "three paid sick days per year" (Zaletel & Launey, 2015). As seen from the current study, the majority of workers reported being concerned about not having paid sick days. Healthy Workplaces, Healthy Families Act of 2014 perhaps will be a response to workers who are concerned about not having paid sick days.

The second guiding question analyzed differences based on socioeconomic backgrounds and workers' report on attending work while sick. As gathered from this study, there was no significant difference among worker income and their report of

attending work while sick. This reflects the literature surrounding SP where both managers and workers report engaging in SP. Topics such as loyalty, teamwork, duties and deadlines were all found to be motivators for attending work while sick. Also, when work was specialized, and there was no one else that could do their work, then workers felt the need to attend work to provide their services. From the current literature it is gathered there are multiple reasons for workers to attend work while sick.

Although the present study found no significant differences between worker income and their report of attending work while sick, there are avenues that need to be explored. For example, the vast majority of participants in this study were of higher income. This leaves room for questioning whether workers who are in poverty would report different or same reasons for going to work while sick. On the one hand, literature suggests higher paid work demonstrate higher SP as can be seen in Dellve et al. (2007). On the other hand, literature reveals that workers who have financial struggles tend to have higher SP, as can be seen in Aronsson and Gustafsson (2005), and Hansen and Andersen (2008). Literature is limited in exploring SP and demographic impacts, and within that small pool of literature the results are varied, which leaves much room for future research and the need to understand the complexity of lower socioeconomic families and their response and motivation for SP.

The third guiding question analyzed differences based on socioeconomic backgrounds and workers' report on attending the emergency room due to not being

able to take time off work. The results of this analysis found significant differences between workers response and income. Similarly, Wynne-Jones (2011) found workers were less likely to take time off work to care for their health due to their manager not being clear about their worker rights. It is a possibility, that workers may not have clear explanation of their companies' policy in regards to taking time off work. Another reason found through literature, is employers themselves, were reminding their workers to not take their allotted time off work. In other studies, workers felt they were fearful of taking time off work because of the potential repercussions, such as losing their job.

The other component of this study was to analyze whether socioeconomic backgrounds and workers' report on taking a child or dependent to the emergency room due to not being able to take time off work. As a result, there was a significant difference between worker income and response. There is some literature to suggest there may be misinformation on policies regarding taking time off work to care for a child or dependent, as the study of Buck et al. (2011) revealed. Workers may provide different reasons for taking time off work, but the existing literature provides limited information concerning demographics and worker behavior surrounding SP.

Limitations

There are some limitations to the current study, which need to be identified. The present study selected questions from the original study, which were based on a likert scale or categories. This limited the respondents from providing insight on why they chose those particular responses. It would be of an interest to this researcher to

know why people are concerned about not having paid sick days. Also, more than half of the respondents did not reply to the question about not having paid sick days. It would have been extremely helpful to have all respondents answer all questions. This would have allowed less variability in representation from one question to the next. Seeing that the present study also looked at income, having all workers respond would have provided a better representation on worker demographics and income.

Implications of Findings

From the results gathered from the guiding question there are avenues that have yet to be explored; however, with the information that was obtained from the present study there is room for social work involvement. As seen from the second guiding question, SP was found across different income earners. This means workers engage in SP despite their earnings. This reveals there is a bigger social issue, which is affecting workers at a systemic level where employers are not presenting or respecting worker rights to take time off work when sick. The involvement of social workers is needed to advocate for the rights of individual workers, but most importantly workers at large and their right to have sick leave. Social workers can become involved directly in the workplace by collaborating with the community to support worker rights to have sick leave without repercussions from the workplace.

Advocating for worker rights to sick leave is just as important as advocating for workers to take time off work to care for their child or dependent. Workers may put on a suite, a hard hat, gloves, or hard toe boots to work, but workers, no matter their occupation are family members with responsibilities to care, often times, for

their child or dependent. Advocating for workers in the workplace can take different forms and positively affect the lives of workers and their families. Furthermore, society is based on a stratification of income where more income equates to better access to food and health. If policies surrounding health are not being implemented, as they should be in the workplace, this hinders workers' medical access. This would be another avenue of social work involvement by becoming involved with policy makers surrounding healthcare and poverty.

Another approach social workers can take from the results seen in this study is by promoting social justice in the macro level by influencing policy change. Social workers can write letters to legislators and assembly members to make a change for worker rights surrounding sick leave. However, the voice of one social worker is sometimes unfruitful when seeking change. This means community organizing and involvement is needed in order to create change in policy. Finding stakeholders who are supportive of worker rights for sick leave, and persuading others who may not be on board at first with the cause, is a task for social workers. Social workers can be the mediator between workers and policy makers to communicate in a language that is understandable by both parties. Just because SP is seen across all income levels, does not make it right. Furthermore, if SP were to only be seen in some income levels, it would not be an indicator of the issue being less important because social justice is the social worker call. As social workers there is a need to understand the complexities of communities and empower communities to create social change that will better the quality of life of individuals and families.

Future Research

It is the hope of this researcher that there will be more interest in studying SP and worker demographics. Existing literature presents different motives of why workers attend work when sick; however, there may be a deeper reason of why SP is occurring. As seen from this study there was a significant difference between workers' income and their reports about attending the emergency room due to not being able to take time off work either from themselves, a child or a dependent. Workers health should be a focus of attention because health does matter in workers' ability to perform their job. As seen from the current study, workers who had lower income reported attending the emergency room. There should be policies that benefit everyone, such as being able to take time off work to care for their personal, child, or dependents needs. From the review of the literature, there is an understanding that people attend work while sick, but few have seen it in conjunction with demographics.

As social workers there is a calling to help all workers obtain equal opportunity to access health care and not be in fear of losing their job or be short on income. As seen from this study, workers who had lower income were the ones who reported going to the emergency room due to not being able to take time off work. Policies need to be implemented equally, regardless of worker income. Social workers need to pay attention to policy implementation and advocate and educate those who may not know where or how to ask about their work policies. According to Healthy Workplaces, the Healthy Families Act of 2014 should become effective July

1, 2015, which would allow workers to receive paid sick days. However, as seen from this current study, workers across all income levels reported attending work while sick. This signifies that there is a bigger social issues underpinning the reasons workers provide for going to work while sick.

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APPENDICES

APPENDIX A

FOUR QUESTIONS TAKEN FROM ORIGINAL STUDY

How concerned are you about not having paid sick days? Are you very concerned, fairly concerned, a little concerned, or not at all concerned?

- | | |
|-----------------------|-------------------------|
| 1) Very Concerned | 4) Not at all concerned |
| 2) Fairly Concerned | 5) Don't know |
| 3) A little Concerned | 6) Refused |

Have you ever had to go to work when you were sick with a contagious illness like the flu or a viral infection?

- | | |
|--------|---------------|
| 1) Yes | 3) Don't Know |
| 2) No | 4) Refused |

Have you ever gone to a hospital emergency room yourself because you were unable to take off from work to get medical care during your normal job hours?

- | | |
|--------|---------------|
| 1) Yes | 3) Don't Know |
| 2) No | 4) Refused |

Have you ever taken your child or another family member to a hospital emergency room because you were unable to take off from work to get medical care during your normal job hours?

- | | |
|--------|---------------|
| 1) Yes | 3) Don't Know |
| 2) No | 4) Refused |

APPENDIX B

WORKER DEMOGRAPHICS OBTAINED FROM ORIGINAL STUDY

(D6) And you are. . . (*INFER GENDER FROM TELEPHONE VOICE, READ LIKE A STATEMENT RATHER THAN A QUESTION*)

- 1 Male
- 2 Female
- 99 REFUSED

(D11) What is the highest grade in elementary or high school you finished and got credit for?

- 1 4th grade or less
- 2 5th-8th grade
- 3 9th-11th grade
- 4 12th grade, GED
- 99 REFUSED

IF D11=4 THEN ASK D11A, ELSE SKIP D11A

(D11A) How much education did you complete beyond high school?

- 1 None beyond high school
- 2 Trade or vocational school
- 3 College or university (1-3 years)
- 4 College or university graduate
- 5 Some graduate study, no degree
- 6 Graduate or professional degree

(D5) What is your age? (*ENTER 99 IF REFUSED*)

VALID RANGE 0 TO 99

(D7) Do you consider yourself of Hispanic, Latino or of Spanish origin?

- 1 Yes
- 2 No
- 77 DON'T KNOW
- 99 REFUSED

(D8) Please tell me which category best describes your racial or ethnic background -- White, African American or Black, Asian/Pacific Islander, American Indian or another race?

- 1 White
- 2 African American/Black,
- 3 Asian/Pacific Islander,
- 4 American (Native) Indian
- 5 OTHER (SPECIFY)
- 99 REFUSED

IF D8=5, THEN OTHER SPECIFY RESPONSE IS CAPTURED AS D8_OS

(D3) What is your marital status? Are you...

- 1 Married
- 2 Divorced
- 3 Separated
- 4 Widowed
- 5 Or have you never been married?
- 99 REFUSED

(D4_A) We are interested in how many people live in your household, including yourself. Please tell me how many people live in your house in each of the following categories:

How many children under 6 years old
 ENTER 99 IF REFUSED
 VALID RANGE 0 TO 99

(D4_B) We are interested in how many people live in your household, including yourself. Please tell me how many people live in your house in each of the following categories

How many children between 6-17 years old
 ENTER 99 IF REFUSED
 VALID RANGE 0 TO 99

(D13) Please tell me what you estimate your total family income for 2007 was from all sources before taxes. Was it less than \$50,000 or was it \$50,000 or more?

- 1 Less than \$50,000
- 2 \$50,000 or more
- 77 DON'T KNOW
- 99 REFUSED

(D14) Just stop me when I get to the right category. Was it ... (Read List)

- 1 Less than \$5,000?
- 2 between \$5,000 and \$9,999?
- 3 between \$10,000 and \$14,999?
- 4 between \$15,000 and \$19,999?
- 5 between \$20,000 and \$29,999?
- 6 between \$30,000 and \$39,999?
- 7 between \$40,000 and \$49,999
- 99 REFUSED

(D15) Just stop me when I get to the right category. Was it ... (*READ LIST*)

- 8 between \$50,000 and \$59,999?
- 9 between \$60,000 and \$69,999?
- 10 between \$70,000 and \$79,999?
- 11 between \$80,000 and \$89,999?
- 12 between \$90,000 and \$99,999?
- 13 between \$100,000 and \$124,999?
- 14 between \$125,000 and \$149,999?
- 15 More than \$150,000
- 99 REFUSED