

characteristics. Transformational leadership was measured as a single transformational factor (Rafferty & Griffin, 2004). Motivation was measured as integrated self-regulation (Gagné, Forest, Gilbert, Aubé, Morin, & Malorni, 2010). Workplace climate characteristics were measured as psychological climate using the workplace design questionnaire (Karanika-Murray & Michaelides, 2015).

The data supported our hypothesis for a mediated relationship by independence and connectedness climate, but not for capability climate. Specifically, direct effects on motivation were observed for transformational leadership ( $b = 0.32$ , 95% CrI 0.23 : 0.42), independence ( $b = 0.13$ , 95% CrI 0.07 : 0.18) and connectedness ( $b = 0.22$ , 95% CrI 0.16 : 0.28). Leadership impacted on independence ( $b = 0.49$ , 95% CrI 0.44 : 0.54), capability ( $b = 1.43$ , 95% CrI 1.39 : 1.47), and connectedness ( $b = 0.61$ , 95% CrI 0.56 : 0.65). The indirect effects on motivating were for leadership via independence ( $b = 0.06$ , 95% CrI 0.03 : 0.09) and connectedness ( $b = 0.13$ , 95% CrI 0.10 : 0.17).

The results of this work can help to understand how the behaviours of the most salient individuals in an employees' work environment can shape the climate of the workplace, and how these two aspects of the work context together determine individual motivation. Because the work experience entails the job as well as the workplace and people within it, it is important to understand how aspects of all three impact on work outcomes. Implications for leadership training and workplace interventions are discussed.

### **O108: Predictors and Consequences of Presenteeism: A Qualitative Study of Nurses in Geriatric Settings**

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Introduction: Presenteeism is most commonly conceptualised as attending work despite illness. This contrasts with sickness absence, which involves staying home when ill. The European presenteeism literature predominantly focuses on the antecedents of this behaviour whereas the American literature is often more concerned with related productivity losses. Professions which involve caring for others appear to experience a greater prevalence of presenteeism. The consequences of presenteeism are not limited to productivity loss; the behaviour has also been linked with negative short and long term health effects and future sickness absence. It is thus costly. Positive consequences such as social interaction have also been noted.

The decision between attending work or staying home when ill is influenced by the individuals' perceptions of their illness and other factors. Whilst much research has studied these predictors, the evidence as to their relative roles is inconclusive. Reasons for this include failing to study both sickness absence and presenteeism, inconsistencies in the definition and measure of presenteeism, studies failing to consider different predictors concurrently, and a lack of exploratory qualitative studies. Thus, a comprehensive theory of presenteeism is yet to be presented.

Research questions: What factors do nurses perceive to foster presenteeism and absenteeism when ill? And, what are the consequences of presenteeism and absenteeism, and do nurses' perceptions of these consequences play a role in predicting their decision to attending work when ill?

Methodology: An exploratory, qualitative method was used to investigate the predictors and consequences of presenteeism, as well as the link between the two, among nurses ( $n=18$ ) working within a geriatric hospital ward setting. Data were collected via recorded semi-structured interviews with nurses in their usual place of work. These lasted between 30–60

minutes. The research employed an organisational and biopsychosocial perspective. Questions focused on the reasons why individuals felt obligated or desired to attend or stay home when ill. The consequences of their choices were also discussed. Interviews were transcribed and thematic analysis by means of the Braun and Clarke approach was employed.

Results: Four major themes were found to predict nurses' choices between presenteeism, absenteeism, and the consequence of these choices. These included: illness perceptions; work attitudes; organisational factors; and personal factors.

Illness perceptions referred to participants' views and experiences of their own health complaints and contained five sub-themes: Illness identity; illness timeline; cure and control; cause of illness; and consequence of illness. Work attitude referred to participants' feelings and behaviours towards different facets of occupational life and contained three sub-themes: attitude towards work and the organisation; attitude towards co-workers; attitude towards patients. Organisational factors referred to workplace factors perceived to influence illness behaviour and contained two sub-themes: the work environment and administrative arrangements. Finally personal factors, which referred to participants' characteristics and personal life included two sub-themes: individual factors; and personal life experiences.

Conclusion: Nurses' decision to attend work when ill depends on their: illness perceptions, work attitudes, personal factors, and organisational factors. Further studies are warranted to determine if the identified themes are applicable to the wider study population.

### **O109: Emotion Work and Sickness Absence: A Prospective Study of Employees Working with Clients**

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Emotion work is defined as emotional regulation required to display organizationally desired emotions by the employees. It is a multidimensional construct with both positive consequences, such as job satisfaction or the feeling of personal accomplishment, and negative consequences, such as emotional exhaustion and psychosomatic complaints. Recent studies conclude that emotion work is an important stressor in occupations where social interaction with clients or customers is a substantial part of the job. While there has been an increased attention to emotion work and its health effects, there are few longitudinal studies that have analysed the structure between emotion work and health outcomes.

Sickness absence can be used as an integrated measure of physical, psychological, and social functioning in studies of working population. A broad range of work factors have been investigated and established as antecedents of sickness absence, but few studies have included emotion work as a potential predictor.

The overarching objective of this study was to determine the relationship between emotion work and sickness absence over one year follow-up period. The following research questions were answered:

1. To which degree is emotion work associated with sickness absence?
2. Is the impact of emotion work different for short-term and long-term sickness absence?
3. Is there a unique contribution of emotion work in the prediction of sickness absence when adjusting for other psychological and social work factors?
4. Is the association between emotion work and sickness absence moderated by gender, age, occupation, and education level?