

The Relationship between Personality Traits and Sickness Presenteeism among Managers in Selected Public Banks in Sri Lanka

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Abstract

Sickness presenteeism is grown as a legitimate concern for scholars, especially in occupational medicine who referred to it as ‘employees attending work while being ill’. The complexity of decision-making process of sickness presenteeism turned attention to possible association of personality traits as its key personal driver which permits a prediction of what a person will do in a given situation. The purpose of the study is to determine the relationship between personality traits and sickness presenteeism among managers in three public banks in Sri Lanka considering the Big Five personality traits; Extroversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience. Using a quantitative research design, a survey was conducted among managers who represent all managerial levels in selected public banks in Sri Lanka. Analysis of the data was aligned with the objective of the study to yield results of the correlation between each personality trait and sickness presenteeism. Findings revealed that all Big Five personality traits correlated to sickness presenteeism among managers in three public banks in Sri Lanka.

Key Words: Agreeableness, Conscientiousness, Extroversion, Neuroticism, Openness to Experience, Sickness Presenteeism

Introduction

Working hard for long hours is a widely accepted indicator for centuries for high organizational productivity. Recently, organizations have moved to prevent employees while sick by providing sick leave and sick pay (Bergstrom, Bodin, Hagberg, Aronsson, and Josephson, 2009; Johns, 2010). This is due to the comprehensive understanding of 'Presenteeism' which influences employees' health, productivity and other job-related outcomes. As a key indicator for assessing productivity loss, presenteeism has been used to refer to the act of attending work while unable to perform effectively, because of sick or health problems. "There is a tendency of some employees who have a practice of reporting to work when they are ill and are not capable of operating to their usual level of productivity" (Opatha, 2014, p.2). Johns (2010) defined presenteeism as keep working while sick or an act of keep working while feeling sick. The concept is named in literature as "Sickness Presenteeism", which provides the foundation for much of studies on presenteeism (Aronsson and Gustafsson, 2005; Aronsson, Gustafsson, and Dallner, 2000; Caverley, Cunningham, and MacGregor, 2007; Garrow, 2016; Hansen and Anderson, 2008; Hemp, 2004; Johns, 2010; Nuhit, Harbi, Jarboa, Bustami, Alharbi, Albekairy, and Almodaimegh, 2017).

Adverse consequence of sickness presenteeism can be divided according to employee and employer perspective. Employees experience stress, depression, headaches, injury, back problems, arthritis, anxiety, sickness absence, long-term inability in work engagement, drug addiction, early retirement and work family imbalances due to sickness presenteeism while employer experiences ineffective work environment, heavy losses, loss of productivity and lower performances (Garrow, 2016; Hemp, 2004; Johns, 2010). There are several antecedents of sickness presenteeism presented by previous researchers. Factors contributing to sickness presenteeism mainly include organizational or contextual or job-related factors and individual or personal factors (Garrow, 2016; Johns, 2010; Rantanen and Tuominen, 2010; Yıldız, Yıldız, Zehir, and Aykaç, 2015). Baker-McCleary, Greasley, Dale, and Griffith (2010) interpret presenteeism as a 'complex problem' that is continually being shaped by individual and organizational factors. Contextual factors are job demand, job security, reward system, absence policy, absence culture, teamwork, replacement, adjustment attitude, work hour, responsibilities, work control, supervisor support, and peer support. While personal factors are work attitude, personality, perceived justice, perceived absence, stress, job satisfaction and commitment (Aronsson and Gustafsson, 2005; Garrow, 2016; Hansen and Anderson, 2008; Johns, 2010; Rantanen and Tuominen, 2010; Yıldız, Yıldız, Zehir, and Aykaç, 2015).

This study intends to investigate what relate to sickness presenteeism among managers in three selected public banks in Sri Lanka. Garrow (2016) identified vulnerable groups of presenteeism such as managers, people with financial problems, workaholics, insomniacs, high-skilled, white-collar, childless employees, older workers and industries such as communication, wholesales, cultural and recreation services, finance and insurance, electricity, gas, and water, agricultural and manufacturing. Accordingly, in the above conceptual background, while operating in finance and insurance industry and showing characteristics of vulnerable groups, managers in the banking sector in Sri Lanka have the possibility to experience sickness presenteeism. The banking industry is one of the

growing sectors in Sri Lanka operating in finance and insurance industry with the competitive condition. Thus, bankers in Sri Lanka need to manage sickness presenteeism effectively, to play a vital role in satisfying customers and enhance organizations' performance with the heavy workload.

Problem Statement and Research Objectives

Sickness presenteeism is an important issue to address among managers in the finance and insurance industry. Garrow (2016) identified managers as one of the vulnerable groups for sickness presenteeism. Ramsey (2006) emphasized that managers felt that they had to be brave, set a good example and that their job could not be done by anyone else. This view provides evidence for the vulnerability of sickness presenteeism among managers in the finance and insurance industry. Consequently, the managerial job can be categorized as the high skilled white-collar job. A white-collar worker is a person who performs professional, managerial or administrative work. Managers need the variety of skills to perform their managerial profession. Studies reviewed that prevalence of presenteeism was higher among high-skilled white-collar, around 50 percent compared to the other occupational classes (Eurofound, 2012; Garrow, 2016). Moreover, the banking industry is one of the growing sectors in Sri Lanka operating in finance and insurance industry with the competitive condition. Thus, bankers in Sri Lanka should play a vital role to satisfy customers and enhance organizations' performance with the heavy workload. Garrow (2016) stated that finance and insurance industry show vulnerability to sickness presenteeism. Medibank (2008) revealed the impact on various industries' production that is attributable to labor productivity losses from presenteeism and the finance and insurance industry shows the 3.2 percent decrease in production per year. Accordingly, identify the complexity of decision-making process of sickness presenteeism is vital. It is important to understand more about the initial reasons behind employees' decisions to work while ill. In other words, what drives presenteeism? Garrow (2016) explained that this range from job-related factors to individual factors such as personality, contractual and financial circumstances. "After accounting for the nature of the illness, it is proposed that work context factors and personal factors (attitudes, personality, gender) further influence the choice between absenteeism and presenteeism" (Johns, 2010, p.532). Thus, many studies revealed that personality is one of the leading factors which drive decision-making process of sickness presenteeism (Garrow, 2016; Johns, 2010; Kono, Uji, and Matsushima, 2015; Lu, Lin, and Cooper, 2013; Yang, Zhu, and Xie, 2016).

Mason, Conrey, and Smith (2007) defined personality as the integration of all an individual's characteristics into a unique organization that determines and modifies his/her attempts as an adaptation to continuously changing the environment. According to Widiger et al, 1999 (as cited in Mason, Conrey, and Smith, 2007) personality is the characteristic, in which one thinks, feels, behaves and relates to others. Thus, personality contributes to the understanding of individual differences in behavior and experience. There are very few research regarding personality traits and presenteeism (Kono, Uji, and Matsushima, 2015; Lu, Lin, and Cooper, 2013; Yang, Zhu, and Xie, 2016). Among them, Yang, Zhu, and Xie (2016) studied the presenteeism determinants among the aging workforce with the comprehensive investigation of individual factors and stress-related factors at work and health. It considered Big Five personality traits (Extroversion, Conscientiousness,

Agreeableness, Neuroticism and Openness to Experience) as individual factors that strongly related to presenteeism. Nandi and Nandi (2014) explored application of Big Five model of personality for employee presenteeism in the workplace and found that only extraversion and conscientiousness related to employee presenteeism. Moreover, studies on the concept of sickness presenteeism in public sector organization are few (Caverley, Cunningham, and MacGregor, 2007; Martinez and Ferreira, 2011). Consequently, the public banking sector in Sri Lanka provides better context to discover the concept of sickness presenteeism and relationship between personality traits and sickness presenteeism while operating in the finance and insurance industry. Therefore, the researchers raise the problem statement as “what is the relationship between personality traits and sickness presenteeism among managers in public banks in Sri Lanka?”

This study focuses on an important and emerging issue in the business world. It ascertains sickness presenteeism behavior among managers in there selected public banks in Sri Lanka by investigating the relationship of personality traits with sickness presenteeism of managers. The objective of the study is to investigate the relationship between personality traits and sickness presenteeism among managers in selected public banks in Sri Lanka.

Sickness Presenteeism

The study of presenteeism is a comparatively recent field which emerged in the last few decades. Increasing interest in the concept of presenteeism with the systematic studies provides the theoretical background for this occupational behavior. Johns (2010) reviewed two independent research traditions of the presenteeism which based on geographically distinct sources as European and American. European researchers (e.g., Aronsson, Gustafsson, and Dallner, 2000; Simpson, 1998) are focusing on the understanding of the presenteeism by exploring the factors driving to personal decisions. American researchers (e.g., Koopman, Pelletier, Murray, Sharda, Berger, Turpin, Hackleman, Gibson, Holmes, and Bendel, 2002) are focusing on the consequences of these behaviors with the quantification of productivity losses related to various illnesses that are due to presenteeism. According to Johns (2010), European scholars mainly interested in the occurrence of the presenteeism as a reflection of occupational characteristics and the American scholars mainly interested in the productivity consequences of the act of presenteeism and they consider it as a function of various illnesses while ignoring the causes of illness.

Jayaweera and Dayarathna (2019) stated that the conceptualization of presenteeism has become debatable on the definition of the concept. Most scholars are defined the concept of presenteeism as the employees attending to work while being ill (Aronsson and Gustafsson, 2005; Aronsson, Gustafsson, and Dallner, 2000; Caverley, Cunningham, and MacGregor, 2007; Hansen and Anderson, 2008; Hemp, 2004; Nuhit et al, 2017; Opatha, 2014). The definition has been more recently extended to include other conditions and events that limit productivity. Accordingly, presenteeism is known as job stress-related presenteeism and non-work-related presenteeism (Gilbreath and Karimi, 2012; Wan, Downey, and Stough; 2014). Now focus is moving from single dimension to multiple dimensions of presenteeism. “Presenteeism is being at work despite being sick, working more than time assigned on a particular job, not fully engaged in work, recorded as present

but not in work assigned and overactive and hyperactive in the assignment” (Werapitiya, Opatha, and Fernando, 2016, p.1502).

The concept of presenteeism evolved as single dimension to multiple dimensions and therefore no single definition exists to define it (Jayaweera and Dayarathna, 2019). However, the majority of presenteeism studies are based on sickness presenteeism. These studies named the concept as “sickness presenteeism” or “impaired presenteeism” or only as “presenteeism” (Aronsson and Gustafsson, 2005; Aronsson, Gustafsson, and Dallner, 2000; Caverley, Cunningham, and MacGregor, 2007; Garrow, 2016; Hansen and Anderson, 2008; Hemp, 2004; Johns, 2010). Aronsson and Gustafsson (2005) propose that sickness presenteeism as the phenomenon of people which despite complaints, ill health that require rest, absence from work and still turning up at their jobs. This implies that presenteeism is always disregards the beneficial impact of being at work, causes for negative consequences, sociability and sufficient support from the organization. Some definitions now include the loss of productivity to describe presenteeism as a behavior of people who are present but not working to full capacity because of their impairment. According to Johns (2010), sickness presenteeism refers to attending work while ill. Hemp (2004) defined presenteeism as people hanging in work while they get sick and trying to figure out ways to carry on spite of their symptoms. Aronsson and Gustafsson (2005) defined the act of sickness presenteeism as loss of productivity from employees who go to work while suffering from unhealthy condition. Accordingly, the recent scholarly conception of sickness presenteeism involves showing up for work when one is ill.

Distinguishing the absenteeism and presenteeism does not mean that these are necessarily popularized by different people. Monneuse in 2013 (as cited in Garrow, 2016) argues that rather than being opposites, absentees and presentees are often the same people who suffer from poor health. Absenteeism and presenteeism are simply the decision that people choose to make day by day in managing their condition. “Sickness absenteeism and sickness presenteeism are part of the same ‘decision-making process’ in which the employee decides whether to go ill to work or to call in sick” (Hansen and Andersen, 2008, p.957). Hansen and Andersen’s (2008) study among 12,935 Danish workers suggests that the strong association between sickness absence and sickness presence which indicates presenteeism as outcome of the same decision process.

Some studies revealed that there is strong relationship between sickness presenteeism and sickness absenteeism (Aronsson, Gustafsson, and Dallner, 2000; Gosselin, Lemyre, and Corneil, 2013; Hansen and Anderson, 2008). This relationship between presenteeism and absenteeism indicates that organizations should develop health strategies that take a complete view of employee health rather than focus on reducing absenteeism. Chatterji and Tilley (2002) found that policies implemented to reduce absence, such as a reduction in sick pay, were more likely to increase presenteeism and lead to more illness and lower productivity. According to Taylor et al, 2003 (as cited in Garrow, 2016), policies encouraging attendance at the cost of the employee, adversely impact on employee morale and increase absence. Sickness presence is significantly related to performance. Accordingly, reduce both absenteeism and presenteeism are vital. Garrow (2016) implies that to achieve optimum outcomes, the absence policies should recognize and distinguish between positive and negative absenteeism and presenteeism.

With the direct and indirect cost, sickness presenteeism provides adverse consequence to both employee and employer. “Many of the medical conditions that are common in the workforce have an impact on productivity and especially on presenteeism” (Burton, Pransky, Conti, Chen, and Edington, 2004, p.39). Scholars explained the pain, depression, allergy, arthritis, asthma, back pain, cancer, diabetes, heart disease, stress, fatigue, migraine and other ten chronic health conditions as adverse consequences of presenteeism (Burton et al, 2004; Hemp, 2004; Johns, 2010).

The main adverse consequence in employer perspective is productivity loss. Opatha (2014) stated that coming to work when sick may cause infecting others, namely co-employees and possibly customers or clients and some employees have a tendency to work late or come into the office during their vacation. Several studies have been conducted to estimate the extent and cost of productivity loss associated with various medical conditions. Johns (2010) stated that some of this research has relied on representative populations and examined the impact of a medical condition and organizational health audits planned to examine how various illnesses affect productivity of individuals.

Decision Making Process of Sickness Presenteeism

Sickness presenteeism is a vital decision-making process to decide whether to ‘present’ or ‘absent’. This decision based on the nature of the illness and both organizational and personal factors. However, Garrow (2016) emphasized that the decision on whether to present or absent rarely based health or task information and both organizational and personal factors come into play. This range from large number of factors across the whole organization. According to Garrow (2016), among drivers of presenteeism, work factors tend to be more important.

Literature mainly emphasized models relating to decision making process of sickness presenteeism. Based on empirical results, Aronsson and Gustafsson (2005) outline a model of sickness presenteeism which explains that illness and capacity loss as strongest direct determinants of both sickness absenteeism and sickness presenteeism. According to Aronsson and Gustafsson (2005), when people are sick or loss work capacity, they have mutual alternatives; sickness presenteeism or sickness absenteeism and other factors increase or decrease the risk of sickness or sickness presence. The model conceptualizes these factors as personally related demands for presence and work-related demands for presence.

Johns (2010) formulated a dynamic model of presenteeism and absenteeism which explains what drives to presenteeism or to absenteeism in this decision-making process. Johns (2010) proposed that work factors and personal factors which further influence the choice between absenteeism and presenteeism after considering health event. This model illustrates the multiple factors that drive the decision which range from personal circumstances to organizational context. Job Demands-Resources Model (JD-R) is another structure that explains what drives decision making process of sickness presenteeism. The JD-R model was published by Demerouti, Bakker, Nachreiner, and Schaufeli (2001) to understand the antecedents of burnout. It proposed two processes for the development of burnout; first, how job demands lead to burnout and second, how lack of resources lead

to this withdrawal behavior. However, Demerouti et al (2001) examine the long-term relationships between job demands, burnout and presenteeism. They suggest that job demands would lead to presenteeism, and that presenteeism would lead to both exhaustion and depersonalization over time. The JD-R model became highly popular among scholars in presenteeism. Yang, Zhu, and Xie (2016) use the model of JD-R to interpret the relationship among job stressors, health, individual factors and presenteeism and state employees invest more effort to meet higher job demand which result in work while sick. The JD-R model conceptualizes that when job demands are high and there are few job resources, job demands turn into high job stress, resulting in health problems and higher probability of work while sick. As per Aronsson and Gustafsson, 2005 (p.958), “sickness absenteeism decreases at the cost of higher sickness presenteeism”. Several days of presenteeism might lead to absenteeism. Thus, employees consider absence as a factor to make this rational decision. Baker-McCleary et al (2010) describe presenteeism as a complex problem that is continually shaped by individual and organizational factors. Thus, the decision-making process of sickness presenteeism assesses the impact of a broad range of possible factors and decision to go to work despite of ill based on the ability of decision making of employee to manage the symptoms and make the appropriate decision about fitness to work.

Big Five Personality Traits and Sickness Presenteeism

There are many different studies that identify factors which drive presenteeism (Aronsson and Gustafsson, 2005; Arslaner and Boylu, 2015; Garrow, 2016; Hansen and Anderson, 2008; Hemp, 2004; Johns, 2010; Rantanen and Tuominen, 2010; Yıldız et al, 2015). Hansen and Andersen (2008) stated factors influencing the decision to work while ill into three main areas: (1) work-related factors, (2) personal circumstances and (3) attitudes. With the foundation of Hansen and Andersen (2008) of factors affecting sickness presenteeism, Garrow (2016) presented a comprehensive categorization of drivers of presenteeism range from personal factors to organizational factors. According to Garrow (2016), organizational factors divided into cultural factors (at professional level; the need of others, at the team level; concerns for colleagues and manager and supervisor behavior and at the organizational level; the influence of work culture, work ethic and organizational commitment), organizational policies and economic climate (fixed term contracts, absence policies, sickness benefit, bonuses or incentives and working-time arrangements) and job demands and workplace stress (job demands, peak periods, pressure from colleagues and managers and other unfavorable working conditions).

Understanding the complexity of decision-making process of presenteeism in an organizational context by identifying personal and organizational factors is vital. According to Garrow (2016), these factors range from organizational or team cultures to job-related factors and pressures or individual factors such as personality, contractual and financial circumstances. “After accounting for the nature of the illness, it is proposed that work context factors and personal factors (attitudes, personality, gender) further influence the choice between absenteeism and presenteeism” (Johns, 2010, p.532). Consequently, many studies revealed that personality is one of the leading factors which initiate choice between present or absent (Garrow, 2016; Johns, 2010; Kono, Uji, and Matsushima, 2015; Lu, Lin, and Cooper, 2013; Yang, Zhu, and Xie, 2016).

John, Hampson, and Goldberg (1991) state that personality has been theorized from a variety of perspectives. However, according to John and Srivastava (1999), researchers and practitioners in the field of personality were faced with a complex array of personality scales from which to choose, with little guidance and no overall rationale at hand. John, Hampson, and Goldberg (1991) provide explanation to personality; 'what makes you different from other individuals'. Thus, personality contributes to an understanding of individual differences in behavior and experience. Personality psychology is concerned with the analysis of human nature and theories surrounded by the personality must cater the five root ideas that are motivation, unconscious, self, development and maturity (Hogan, 1998 as cited in Iqra, Omar, and Panatik, 2016). John and Srivastava (1999) explained that personality made unique contribution to understanding of individual differences in behavior and experiences.

Consequently, the field of personality becomes more complex with the studies which assess the personality traits. Most personality psychologists agree the composition of these terms which are useful in describing human behavior and experiences. The Five Factor Model is the best model to describe the dimensions of personality. Zuckerman, Kuhlman, Joireman, and Teta (1993) described that, there are, however, a two factor, a three factor, a four factor and even a sixteen-factor model of personality. Most personality psychologists generally agree to use specific dimensions in describing human personality known as factors. From early 2000s the Five-Factor Model (FFM) is the best model to describe the dimensions of personality. According to Soto and Jackson (2013), the FFM was developed to represent the variability in individuals' personalities by using a small set of trait dimensions. Thus, many personality psychologists agree to capture the most important, basic individual differences in personality traits under five domains and this model alternatively conceptualized in terms of the "Big Five".

The Big Five model which consists of five broad dimensions of personality. Soto and Jackson (2013) state that Big Five model is a set of five broad trait dimensions or domains; Extroversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience. Soto and Jackson (2013) reviewed that factor one, extroversion contrasts traits such as talkativeness, assertiveness and activity level with traits such as silence, passive and reserve, factor two, Agreeableness contrasts traits such as kindness, trust and warmth with traits such as hostility, selfishness and distrust, factor three, Conscientiousness contrasts traits such as organization, thoroughness and reliability, factor four Neuroticism contrast traits such as imperturbability and calmness with traits such as nervousness, moodiness, and tempera mentality and finally, factor five Openness to Experience contrasts traits such as imagination, curiosity, and creativity with traits such as shallowness and perceptiveness.

Extroversion is indicated by positive feelings and tendency to seek company of others. According to the study of John and Srivastava (1999), the Extroversion factor includes at least five distinguishable components: Activity level (active, energetic), Dominance (assertive, forceful, bossy), Sociability (outgoing, sociable, talkative), Expressiveness (adventurous, outspoken, noisy, show-off) and Positive emotionality (enthusiastic, spunky). Soto and John (2009) imply the Extroversion domain as outgoing, sociable, social,

assertive, active, energetic and enthusiastic. Therefore, such individuals like people, prefer groups, enjoy excitement and stimulation and experience positive effect such as energy and excitement.

Agreeableness is the tendency to be trusting, compliant, caring, considerate, generous and gentle. John and Srivastava (1999) explained the second dimension, Agreeableness which labeled as friendly compliance, social adaptability, likability, agreeableness and love. Soto and John (2009) stated that Agreeableness domain consists of Altruism and Compliance. Such individuals have an optimistic view of human nature. They are desire to help others, in return they expect others to be helpful, unimagatively and have common orientation toward others.

Conscientiousness individuals are purposeful and determined. They have the tendency to act dutifully, show self-discipline, and aim for achievement against a measure or outside expectation. Soto and John (2009) stated that Conscientiousness domain consists of Order and Self-Discipline. According to John and Srivastava (1999), the Conscientiousness factor has appeared under dependability, will to achieve, task interest, impulse control and work. Thus, Conscientiousness describes socially prescribed impulse control that facilitates task and goal directed behavior, such as thinking before acting, following rules, planning, organizing and prioritizing.

Eysenck stated in 1967 (as cited in Soto and John 2009) personality researchers describe an individual's tendency to experience negative emotions by using the term Neuroticism. According to Soto and John (2009), main negative emotions are anxiety and depression. "Individuals highly positioned on neuroticism exemplify as unreliable, inadequate, worrying, nervous, irritable, easy jumping, insecure and frequently hypochondriacally" (Vorkapic, 2012, p.29). John and Srivastava (1999) viewed that Neuroticism contrasts emotional stability and temperedness with negative emotionality, such anxious, nervous, tense and sad. Thus, it measures the range between emotional adjustment and emotional maladjustment.

According to Vorkapic (2012), Openness to Experience are described as intelligent, creative, operational, imaginative, adventurous, curious, of broad interests, and non-conventional. Soto and John (2009) stated that aesthetics and ideas in the Openness domain. "Openness has also been labeled inquiring intellect, culture, intelligence, intellect, intellectual interests and intelectins" (John and Srivastava, 1999, p.17). Therefore, such individuals are willing to entertain new ideas and values.

Thus, studies revealed that personality is one of the leading factors which drive sickness presenteeism (Garrow, 2016; Johns, 2010; Kono, Uji, and Matsushima, 2015; Lu, Lin, and Cooper, 2013; Yang, Zhu, and Xie, 2016). There are few studies that contribute to the field of presenteeism with personality. (Demerouti, Le Blanc, Bakker, Schaufeli, and Hox, 2009; Kono, Uji, and Matsushima, 2015; Lu, Lin, and Cooper, 2013; Yang, Zhu, and Xie, 2016). Among them little attention has been made on presenteeism and big five domain of personality. Yang, Zhu, and Xie (2016) conducted a comprehensive investigation of stress-related factors at work, health and individual factors among the aging workforce by considering Big Five personality traits as individual factors. Yang, Zhu, and Xie (2016) found

that extroversion, openness, agreeableness and conscientiousness less consequential but significantly contribute to presenteeism and extroversion has great impact on sickness presenteeism. Vedhara, Gill, and Eldesouky in 2015 (as cited in Yang, Zhu, and Xie, 2016) Extroversion found to be significantly associated with increased expression of pro inflammatory genes which can deal effectively with immune systems and impact the health and productivity of employees.

Johns (2010) reviewed incorporation between personality and presenteeism. Johns in 2008 (as cited in Johns, 2010) the conscientious, those high in positive affect, and those high on internal control are somewhat more prone to attend work. According to Johns (2010), in the case of the conscientious, those with a strong work ethic, workaholics, those who exhibit the trait of psychological hardiness, those with internal health locus of control and those with low self-esteem might be prone to presenteeism. Aronsson and Gustafsson (2005) determined that those who found it difficult to say no to others were prone to attend work while ill. Conscientious people might be inclined to attend while ill but admit that their productivity suffers. Schaufeli, Bakker, Van Der Heijden, and Prins (2009) conducted a study to examine workaholism among medical residents with the expectation of positive relationship between workaholism and presenteeism and as predicted they found that workaholic residents experience the highest levels presenteeism. Bakker, Boyd, Dollard, Gillespie, Winefield, and Stough (2010) studied the role of personality in the job demands-resources (JD-R) model which explained what drives decision making process of sickness presenteeism with the aim to incorporate two core personality factors; neuroticism and extroversion in the JD-R model. Accordingly, Bakker et al (2010) examined direct and positive relationship between these personality factors with health impairment and commitment and found that Neuroticism directly predicted health impairment, while extroversion directly predicted commitment.

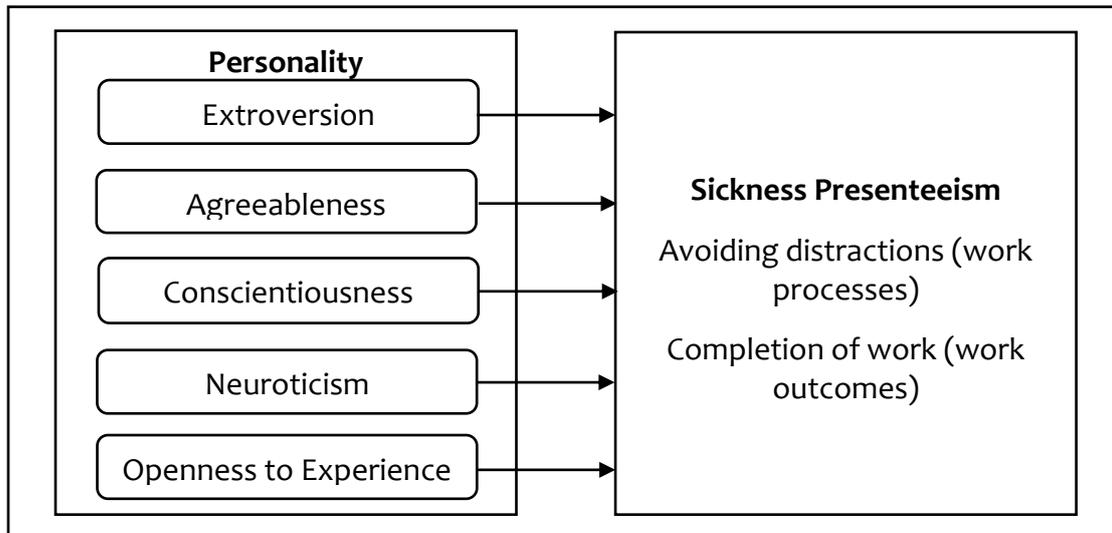
Theoretical Framework and Hypotheses

In exploring the relationship between each personality traits and sickness presenteeism, the theoretical framework of the study guided to yield the results of correlation between big five personality traits and sickness presenteeism. Figure 1 illustrates graphical representation of concepts in the study.

Accordingly, the researchers have developed following five hypotheses to achieve the objective of the study.

- H_{1A}:** Extroversion is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.
- H_{1B}:** Agreeableness is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.
- H_{1C}:** Conscientiousness is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.
- H_{1D}:** Neuroticism is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.
- H_{1E}:** Openness to experience is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.

Figure 1. Proposed Relationships Linking Big Five Personality Traits with Sickness Presenteeism



Source: *Koopman et al (2002); John, Donahue, and Kentle (1991)*

Research Method

Positivist research paradigm explains relationship between sickness presenteeism and personality traits in this study which believes objective reality. With quantitative research design, survey strategy is used to empirically measure the relationship proposed.

Population of the study contains all levels of managers in three selected public banks in Sri Lanka. There were 2059 managers who were included in categories of corporate management, executive management, middle management and junior management. Convenience sampling was selected as sampling method for this research. The collection of information from the elements of the population, who were conveniently available to provide it, was aid for convenience sampling technique. According to theory of Krejcie and Morgan, sample size of the current study is 322 (n=322) which appropriates to the size of population to determine whether each personality trait is related to the sickness presenteeism in this research context.

Data collection method for the study is questionnaire. This is the data collection method in survey strategy. “The questionnaire is a data collection technique that belongs to the survey strategy” (Suanders, Lewis, and Thornhill, 2004, p.220). Sekaran and Bougie (2010) also stated questionnaire is one of the data collection methods in survey research. Thus, the questionnaire is developed by consisting demographic variables such as age category, gender, managerial level and years of experience, questions on sickness presenteeism according to the Stanford Presenteeism Scale (SPS-6) developed by the Merck & Co., Inc. and Stanford University School of Medicine (2001) and Big Five personality traits were assessed by using Big Five Inventory (BFI) developed by John, Donahue, and Kentle (1991).

The Stanford SPS-6 Presenteeism Scale includes six items across two dimensions, work process (avoiding distraction) and work outcome (completing work). It is a measure with five points Likert scale, ranging from ‘strongly disagree’ to ‘strongly agree’. Three items (2nd, 5th and 6th) are reverse-scored in accordance with the negative wording. Koopman et al (2002) explained that SPS-6 measures a worker's ability to concentrate (work

process) and accomplish work (work outcomes) despite health problems. Thus, higher scores indicating that existence of sickness presenteeism. Koopman et al (2002) reported there is good internal consistency for SPS 6 ($\alpha = .80$).

To address the need for an instrument measuring the components of the Big Five personality traits, that are common across investigators, John, Donahue, and Kentle (1991) constructed the Big Five Inventory (BFI) with 44-items. According to John and Srivastava (1999), the goal was to create a brief inventory that would allow efficient and flexible assessment of the five dimensions. The BFI consist in five-point scale to describe personality traits on five clusters; Extroversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience. John and Srivastava (1999) stated Chronbach's alpha internal consistency coefficients for the BFI scales typically range from .75 to .90. While showing substantial validity evidence of the instruments, data analyzing helps to describe variables numerically. To find the relationship between each personality trait and sickness presenteeism, correlation analysis method is used.

Findings and Discussion

The respondents' characteristics have been included, in order to describe sickness presenteeism with a clear picture of the type and demographics of the respondents. Accordingly, respondents' characteristics among categories of age, gender, marital status, working experience in the selected banks and managerial levels are presented with the table 1. It displays frequencies and percentages of each sub category under demographic variables to show the clear picture of composition of the sample.

Table 1. Demographic Characteristics of Respondents

Demographic Variable		Frequency	Percentage
Gender	Male	123	47%
	Female	141	53%
Age	25 - 34 Years	158	60%
	35 - 44 Years	58	22%
	45 - 54 Years	27	10%
	55 and above	21	8%
Marital Status	Married	188	71%
	Unmarried	76	29%
Working Experience in Present Organization	Less than 5 Years	165	62%
	5 - 10 Years	63	24%
	More than 10 Years	36	14%
Managerial Level	Lower Level	139	53%
	Middle Level	82	31%
	Top Level	43	16%

Source: Survey Data, 2018

Table 1 above presents the number of participants with frequencies and percentages based on gender, age categories, marital status, work experience and managerial level. With females (53%, $f=141$) were the majority and the age group that ranged between 25-34

years (60%, $f=158$), most respondents were married in the selected sample in the research context. The lower level managers (53%, $f=139$) were in the majority and most of the respondents have less than 5 years' experience (62%, $f=165$) in the banks.

Koopman et al (2002) revealed that the SPS-6 total score can range from 6 to 30 with the sum of all items in the scale which used to measure sickness presenteeism. Low scores indicate low presenteeism while a high SPS-6 score indicates high level of presenteeism. A summary of mean scores and mean sickness presenteeism by demographic characteristics are shown in Table 2.

Table 2. Mean SPS-6 and Total Presenteeism Scores by Demographic Characteristics

Demographic Variable		Mean Sickness Presenteeism Score	Mean Sickness Presenteeism
Gender	Male	22.54	3.76
	Female	21.16	3.53
Age	25 - 34 Years	21.63	3.61
	35 - 44 Years	21.43	3.57
	45 - 54 Years	22.19	3.70
	55 and above	23.62	3.94
Marital Status	Married	22.32	3.72
	Unmarried	20.51	3.42
Working Experience in Present Organization	Less than 5 Years	21.01	3.50
	5 - 10 Years	22.11	3.69
	More than 10 Years	24.89	4.15
Managerial Level	Lower Level	20.66	3.44
	Middle Level	22.32	3.72
	Top Level	24.51	4.09

Source: Survey Data, 2018

From Table 2, male managers have higher presenteeism levels (Mean Sickness Presenteeism Score = 22.54, Mean Sickness Presenteeism = 3.76) than women managers, and top managers have higher presenteeism scores (Mean Sickness Presenteeism Score = 24.51) than other levels of managers. High presenteeism level among older managers represents age category of 55 and above age group, representing sickness presenteeism score of 23.62 with mean value of 3.94. Further, managers who are married and have more than 10 years' experience show their behavior of working despite unhealthy condition while representing mean sickness presenteeism score 22.32 (Mean Sickness Presenteeism = 3.72) and 24.89 (Mean Sickness Presenteeism = 4.15) respectively.

Reliability and Validity

Quality of evidence in a quantitative study is ensured through the maintenance of reliability, and reliability refers to the precision and stability of data collection instruments in their ability to measure the variables or concepts of the study (Polit and Beck in 2004 as cited in Sekaran and Bougie, 2010). Accordingly, some items were deleted in variables to ensure reliability of the study. All items were considered in sickness presenteeism,

Agreeableness and Openness to Experience while item 1 in Extroversion, item 1 and 9 in Conscientiousness and item 2 in Neuroticism were deleted to achieve acceptable minimum requirement of internal consistency.

In the study, the Likert-scale questionnaire was assessed for internal consistency using the Statistical Package of Social Sciences 25.0 version, to determine the Cronbach's Coefficient Alpha. A Cronbach's Alpha value of 0.7 or higher indicates an acceptable reliability and thus, the scale is reliable.

Validity of a data collection instrument refers to the degree to which it measures what it is supposed to measure. Accordingly, Kaiser-Meyer-Olkin Measure (KMO) of Sampling Adequacy and Bartlett's Test of Sphericity were considered. More specifically, values between 0.5 and 0.7 are considered average, values between 0.7 and 0.8 are considered good, values between 0.8 and 0.9 are deemed great and values above 0.9 are superb (Hutcheson and Sofroniou in 1999 as cited in Sekaran and Bougie, 2010). A value more than 0.7 is the common threshold for confirmatory analysis (Hair et al, 2010 as cited in Sekaran and Bougie, 2010). KMO values of variables in the current study shows more than 0.6 which provide greater value than suggested minimum. Bartlett's Test of Sphericity test whether the original data has correlations among its variables. Accordingly, two hypotheses can be developed (Ho: The Correlation Matrix = 1 (Identity Matrix) and H1: The Correlation Matrix \neq 1 (Identity Matrix)). Accordingly, all variables show P value less than 0.05 to reject the null hypotheses, thus there are some relationships between the variables considered in the analysis. Table 3 shows Cronbach's Alpha Value, KMO values and significant values of Bartlett's Test of Sphericity of all variables of the study.

Table 3. Reliability and Validity of Variables

Variable	Cronbach's Alpha Value	Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) Value	Bartlett's Test of Sphericity Significant value
Sickness Presenteeism	.787	.744	.000
Extroversion	.706	.761	.000
Agreeableness	.758	.814	.000
Conscientiousness	.701	.786	.000
Neuroticism	.711	.772	.000
Openness to Experience	.789	.841	.000

Source: Survey Data, 2018

Correlation Analysis

Correlation analyzes is the relationship between the two or more variables, which includes in the Pearson correlation coefficient. The correlation coefficient is a test of simple combination between two variables. "A correlation coefficient enables you to quantify the strength of the simple relationship between two ranked or numerical variables" (Suanders, Lewis, and Thornhill 2004, p.459).

The correlation coefficient values are always varying between -1 and +1. +1 of correlation coefficient indicates that selected variables are perfectly related in a positively, -1 of correlation coefficient indicates that selected variables are perfectly associated negatively and a correlation coefficient of 0 contrast that there is no linear relationship or association between selected variables. Suanders, Lewis, and Thornhill (2004) explained that correlation coefficient can be any value between +1 to -1 and +1 represents perfectly positive correlation which means that the two variables are precisely related and values of one variable increase, values of the other variable will increase while a value of -1 represents perfectly negative correlation which means that the two variables are precisely related and the values of one variable increase those of the other also decrease. Suanders, Lewis, and Thornhill (2004) further states that it is extremely unusual to obtain perfect correlations in business research that need to know the probability of correlation having occurred by chance alone. Thus, it is explained as, if this probability is greater than 0.05 then relationship is not statistically significant, and the probability is less than 0.05 it is considered statistically significant relationship.

Table 4 tabulates the relationship between dependent variable and independent variables at the 95 percent confidence level. Accordingly, with the weak perspectives, both positive and negative relationships are showed by the variables of the study.

Table 4. Correlation between Sickness Presenteeism and Personality Traits

Variable	Extroversion	Agreeableness	Conscientiousness	Neuroticism	Openness to Experience
Sickness Presenteeism	-.371**	-.339**	.408**	.348**	-.406**
Sig.	.000	.000	.000	.000	.000
N	264	264	264	264	264

** Correlation is significant at the 0.05 level

Source: Survey Data, 2018

All personality traits of Big Five personality model; Extroversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience show correlation with sickness presenteeism at statistically significant level.

Testing the Hypotheses

H_{1A}: Extroversion is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.

Extroversion and sickness presenteeism are correlated with a coefficient of -.371 which indicates weak negative correlation. The correlation between Extroversion and sickness presenteeism is highly significant at the level of .05 (.000<.05). Thus, the researchers can claim that there is a significant correlation between Extroversion and sickness presenteeism.

H_{1B}: Agreeableness is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.

Agreeableness and sickness presenteeism are correlated with a coefficient of $-.339$ which indicates weak negative correlation. The correlation between Agreeableness and sickness presenteeism is highly significant at the level of $.05$ ($.000 < .05$). Thus, the researchers can claim that there is a significant correlation between Agreeableness and sickness presenteeism.

H_{1c}: Conscientiousness is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.

Conscientiousness and sickness presenteeism are correlated with a coefficient of $.408$ which indicates weak positive correlation. The correlation between Conscientiousness and sickness presenteeism is highly significant at the level of $.05$ ($.000 < .05$). Thus, the relationship between the two constructs, Conscientiousness and sickness presenteeism, is highly significant.

H_{1d}: Neuroticism is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.

Neuroticism and sickness presenteeism are correlated with a coefficient of $.348$ which indicates weak positive correlation. The correlation between Neuroticism and sickness presenteeism is highly significant at the level of $.05$ ($.000 < .05$). Thus, the relationship between the two constructs, Neuroticism and sickness presenteeism, is highly significant.

H_{1e}: Openness to Experience is significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.

Openness to Experience and sickness presenteeism are correlated with a coefficient of $-.406$ which indicates weak negative correlation. The correlation between Openness to experience and sickness presenteeism is highly significant at the level of $.05$ ($.000 < .05$). Thus, the researchers can claim that there is a significant correlation between Openness to Experience and sickness presenteeism.

Key Findings

The results of this study clearly indicate that all personality traits of Big Five personality model; Extroversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience are correlated with sickness presenteeism at statistically significant level. Further, Extroversion, Agreeableness and Openness to Experience negatively correlated to sickness presenteeism while Conscientiousness and Neuroticism positively correlated to presenteeism in selected public sector banks in Sri Lanka.

The researchers found out there is a significant relationship between Extroversion and sickness presenteeism among managers in selected public banks in Sri Lanka. There is a negative relationship between two variables; the higher the Extroversion, the lower the sickness presenteeism. The vice versa; the lower Extroversion, the higher the sickness presenteeism too. Yang, Zhu, and Xie (2016) found that extroversion related to sickness

presenteeism. Nandi and Nandi (2014) also found that there is a relationship between Extroversion and sickness presenteeism. Extroversion is indicated by positive feelings and tendency to seek company of others. It represents the tendency to be sociable, assertive, active, upbeat, cheerful, optimistic and talkative. According to the explanation of John and Srivastava (1999), the Extroversion factor includes at least five distinguishable components: Activity level (active, energetic), Sociability (outgoing, sociable, talkative), Dominance (assertive, forceful, bossy), Positive emotionality (enthusiastic, spunky) and Expressiveness (adventurous, outspoken, noisy). Therefore, such individuals like people who prefer groups, enjoy excitement and experience positive effects such as energy, zeal and excitement. Watson and Clark in 1997 (as cited in Soto and John, 2016) stated that Extroversion has been consistently linked with positive affect, especially positively aroused states such as enthusiasm and excitement. McCrae and Costa in 2008 (as cited in Soto and John, 2016) explained that the tendency toward depression and sadness is often accompanied by low levels of energy and arousal, thus low Extroversion, whereas volatile mood swings often disrupt social interactions. It emphasized that low level of Extroversion provides adverse with its negative side. Hemp (2004) stated that depression as adverse consequence of sickness presenteeism. Accordingly, existence of sickness presenteeism leads to the adverse effect of depression which arises through low Extroversion. Additionally, Vedhara, Gill, and Eldesouky in 2015 (as cited in Yang, Zhu, and Xie 2016) found that Extroversion is significantly associated with increased expression of pro inflammatory genes which can deal effectively with immune systems and impact the health and productivity of employees. This revealed that lower the Extroversion in the research context arise the tendency to work while sick. Accordingly, there is a negative relationship between Extroversion and sickness presenteeism behavior of the managers in the selected public sector banks in Sri Lanka.

Meanwhile, findings of the study implied the significant relationship Agreeableness and sickness presenteeism in the research context. This is a negative relationship between Agreeableness and sickness presenteeism. Agreeableness is the tendency to be trusting, compliant, caring, considerate, generous and gentle. John and Srivastava (1999) explained the second dimension, Agreeableness which labeled as friendly compliance, social adaptability, agreeableness, likability and love. Soto and John (2016) explained Agreeableness as predictor of various behavior, such as; benevolent behavior was most strongly predicted by Agreeableness (especially Compassion and Trust), power-seeking behavior was predicted by low Agreeableness (especially low Compassion and Respectfulness) and personal growth well-being was predicted by an Agreeableness (especially Compassion). Yang, Zhu, and Xie (2016) found that Agreeableness less consequential but significantly related to sickness presenteeism. McCrae and Costa in 2008 (as cited in Soto and John, 2016) explained that the tendency toward depression and sadness is often accompanied by low levels of energy and arousal, and thus low Extroversion, whereas volatile mood swings often disrupt social interactions, and thus relate with low Agreeableness. This revealed that lower the Agreeableness arise the tendency to work despite of unhealthy condition. Accordingly, there is a negative relationship between agreeableness and sickness presenteeism behavior of the managers in selected public banks in Sri Lanka.

Moreover, findings of the study revealed relationship between Conscientiousness and sickness presenteeism in the research context. There is a positive relationship between two variables; the higher the Conscientiousness, the higher the sickness presenteeism. Studies found that Conscientiousness related to sickness presenteeism (Nandi and Nandi, 2014; Yang, Zhu, and Xie, 2016) When consider the indicators of Conscientiousness, bank managers display positive side of this personality trait. They are not careless, reliable, not tends to be disorganized and lazy, perseveres until the task is finished, do things efficiently and makes plans and follows through with them. Johns in 2008 (as cited in Johns, 2010) the conscientious, those high in positive affect, and those high on internal control are somewhat more prone to attend work. According to Johns (2010), in the case of the conscientious, those with a strong work ethic, workaholics, those who exhibit the trait of psychological hardiness, those with internal health locus of control and those with low self-esteem might be prone to presenteeism. Johns (2010) further proposed that, on the margin, job insecurity, teamwork, strict attendance policies, dependent clients, adjustment latitude in the job and positive attendance culture tend to favor the occurrence of presenteeism. It seems reasonable to expect that those with positive work attitudes and favorable work perceptions exhibit presenteeism behavior.

Johns (2010) stated that in the case of the conscientious, those with a strong work ethic, those with internal health locus of control, workaholics, and those who exhibit the trait of psychological hardiness and those with low self-esteem might be prone to presenteeism. Accordingly, conscientious people might attend to work while ill, but it makes their productivity suffers and workaholics might also be prone to sickness presenteeism but decline productivity loss. Schaufeli et al (2009) conducted a study to examine workaholism among medical residents with the expectation of positive relationship between workaholism and presenteeism and as predicted they found that workaholic residents experience the highest levels presenteeism.

Aronsson and Gustafsson (2005) introduced one personality related variable-individual boundarylessness-meaning finding it hard to set limits with regard to excessive demands (p.962). It implies that those who found it difficult to say no to others were prone to attend work while ill which also known as individual boundarylessness. Aronsson and Gustafsson (2005) further explained that individual boundarylessness as a risk factor for sickness presenteeism and especially critical when an individual faces conflicting job demands or a heavy workload. As a factor that describe Conscientiousness; inability to say no or individual boundarylessness, increases sickness presenteeism among people who find it difficult to resist the expectations of others. Consequently, managers who exhibit Conscientious might be inclined to attend while ill in the selected public banks in Sri Lanka. Among emerged findings of the study the researchers identified relationship between Neuroticism and sickness presenteeism among managers in the selected public banks in Sri Lanka. Neuroticism measures the continuum between emotional adjustment or stability and emotional maladjustment or Neuroticism (Costa and McCrae in 1992 as cited Soto and John, 2009). People who have the tendency to experience fear, nervousness, sadness, tension, anger and guilt are at high end of Neuroticism. Since the mid-20th century, personality researchers have used the term Neuroticism to describe an individual's general tendency to experience negative emotions such as anxiety and sadness (John et al, 2008 as cited in Johns, 2010). However, in everyday language the

“neurotic” retains its clinical connotation and therefore adopts the label Negative Emotionality (Clark and Watson in 2008 as cited in Soto and John, 2016) to highlight this domain’s focus on negative emotional experiences while more clearly distinguishing it from psychiatric illness. Costa and McCrae in 1992 (as cited in Bakker et al, 2010) explained that high Neuroticism is related to negative affect, emotional instability and inability to cope with stress and pressure, whereas high extroversion is related to positive affect, sociability, optimism and personal energy. Bakker et al (2010) hypothesized that Neuroticism would be most strongly related to the health impairment process. According to Bakker et al (2010), Neuroticism predicted health impairment linking to negative aspects of occupational wellbeing and Neuroticism directly predicted health impairment, while across all samples they tested, the direct effects of Neuroticism on health impairment were greater. According to Hart et al, 1995 (as cited in Bakker et al, 2010), these results are consistent with showing the direct effect of Neuroticism on psychological distress was stronger than the direct effect of extroversion on wellbeing. This provides further evidence of the links between Neuroticism and psychological distress and suggests the need to modify interventions at the individual level and workplace level. It might also be appropriate to help vulnerable employees develop coping skills. Accordingly, high Neuroticism represents that tendency to increase sickness presenters in this context. In addition, most of managers have poor understanding managing fear, nervousness, sadness, tension, anger and guilt and other emotions in their work setting. Thus, survey findings prove that positive relationship between Neuroticism and sickness presenteeism. Some studies found that Neuroticism is not significantly related to sickness presenteeism (Nandi and Nandi, 2014; Yang, Zhu and Xie, 2016). However, these findings can be most useful as guidance for future research.

Finally, results of the study indicate the relationship between Openness to Experience and sickness presenteeism in the selected public banks in Sri Lanka. According to Vorkapic (2012), Openness to Experience are described as intelligent, creative, operational, and curious, of broad interests, imaginative, adventurous and non-conventional. Soto and John (2009) stated that aesthetics and ideas in the Openness domain. “Openness has also been labeled inquiring intellect, culture, intelligence, intellect, intellectual interests and intellectins” (John and Srivastava, 1999, p.17). Outside of illness, the role of openness to experience has been little researched. However, Yang, Zhu, and Xie (2016) observed that openness showed less consequential but significant contributions to presenteeism. Therefore, individuals who are lack of new ideas, curious, broad interests, imaginative and values experience sickness presenteeism. Accordingly, Lack of Openness related to make decision of sickness presenteeism than absenteeism.

As a final point, findings of the study clearly displayed that Extroversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience significantly related to sickness presenteeism among managers in the selected public banks in Sri Lanka.

Implications of the Study

The implications of this investigation are particularly important to human resource professionals, especially to those who manage employees in the government sector. Organizations should make use of appropriate policies to combat presenteeism. For

instance, policies that address presenteeism should include clear parameters for granting assistance to employees as well as protecting the organization from abuse of benefits.

Accordingly, supportive culture is needed to manage and maintain organizational wellbeing by reducing negative effects of sickness presenteeism. It is vital to improve employee health and reduce presenteeism through an effective health management strategy that engages all employees and supports them in improving their health. The explanation of presenteeism is further complicated by the existence of sick pay. Private and public-sector employers in Sri Lanka offer sick leaves and sick pay with the statutory minimum. According to the Establishment Code in Sri Lanka, a person who has completed a year of continuous service in the public sector is entitled to avail sick leave of not more than seven days with full remuneration. But, it is still not applicable in Sri Lankan context to control presenteeism behavior. Thus, policies on human resource management including sick leave, healthcare services and workplace wellness programs should be developed or reviewed. Moreover, human resource development practitioners can apply the findings of this study in exploring the possibilities of designing and implementing personality development programs to reduce the behavior of sickness presenteeism.

Limitation and Suggestions for Future Studies

This study conducted in a specific context which result for findings may not be applicable to a job environment with different characteristics. Also, the results of this study may not be generalized to the non-managerial employees (in the selected banks) and to the other industries that have a different culture, especially in private sector. The survey questions asked about events occurring in the preceding 12 months, which may have introduced a recall bias. Further, sickness presenteeism is based on self-reports. To what extent the observed association has arisen because of a subjective tendency among respondents to overstate their frequency of sickness absence and sickness present cannot be judged. With the empirical findings, this study supports further investigation on the phenomenon of sickness presenteeism and personality. This is relatively new field, which reflects a growing interest in occupational wellbeing that emphasis the importance of fitness to work. Survey findings provide avenue to further investigation on relationship between personality and sickness presenteeism among managerial level employees in selected public sector banks. Future research could use to study the non-managerial employees and other industries that have a different culture, especially in private sector. Finally, further research needs to investigate the effectiveness of interventions designed to improve occupational wellbeing at both organizational and individual levels.

Conclusion

Attention was turned to possible effects of personality traits in the sickness presenteeism process in last decade, when acknowledged a possible effect of personality traits in the relationship with presenteeism and its outcomes. However, this research was conducted to determine whether personality traits related to sickness presenteeism among managers in three selected public banks in Sri Lanka.

In this study, each personality traits were proposed to have relationship with sickness presenteeism of managers. Therefore, based on dimensions of Big Five personality traits,

five hypotheses were established in the context of selected public banks in Sri Lanka. First hypothesis is addressed the relationship between Extroversion and sickness presenteeism of selected public banks' managers. Second, the relationship between Agreeableness and sickness presenteeism of selected public banks' managers. Third hypothesis address the relationship between Conscientiousness and sickness presenteeism among selected public banks' managers. Forth hypothesis is the relationship between Neuroticism and sickness presenteeism among managers in selected public sector banks in Sri Lanka and final hypothesis is the relationship between Openness to Experience and sickness presenteeism of selected public banks' managers. Accordingly, each personality traits in Big Five model of personality; Extroversion, Agreeableness Conscientiousness, Neuroticism and Openness to Experience related to sickness presenteeism in this research context.

Findings reflected that the research setting is lack of ability of positive feelings, no tendency to work with others, lack of socially adoptability, lack of ability to manage and adjust negative emotions and lack of creative and imaginative attitudes, but it shows characteristics of strong work ethics, those with internal health locus of control, workaholics and those who exhibit the trait of psychological hardiness. Therefore, analysis conducted was significantly beneficial in further understanding of how personality traits fit within the sickness presenteeism. The implications of this investigation are particularly important to human resource professionals, especially to those who manage employees in the service industries. Moreover, this study is useful to the promotion of further research in the areas of sickness presenteeism and personality traits.

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