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Literature review

The Impact of Burnout: costs of lost productivity in Portuguese companies due to absenteeism and presenteeism

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OLGA ALEXANDRA CHINITA PIRROLAS[1]
PEDRO MIGUEL ALVES RIBEIRO CORREIA[2]

ABSTRACT

Purpose: The aim of this review article is to take a closer look at a subject that has generated great concern, the impact of burnout on organisations in Portugal, by presenting a series of studies that show the costs of lost productivity in Portuguese companies due to absenteeism and presenteeism caused by burnout syndrome.

Methodology: In terms of methodology, this review follows a theoretical approach, using documentary analysis to explore, analyse, deepen and broaden the existing literature, as well as to compare the literature with the results obtained in documented studies on the subject.

Results: Promoting a healthy balance between personal and organisational life is one of the organisational strategies for mitigating the effects of burnout and creating a healthier and more productive work environment. Recognising the importance of tackling this problem means prioritising workers' well-being and promoting a more resilient and committed workforce, leading to increased productivity.

Originality: This study made it possible to broaden the theoretical framework by analysing the literature on the subject of burnout and its inherent costs for organisations and workers, which we found to be a subject that has been gaining relevance and pertinence for organisations.

Keywords: *Burnout; psychological health; causes; organisational costs; prevention.*

1. Introduction

The right to work is a fundamental human right, and decent, safe and favourable working conditions are essential for its implementation. Today, decent work implies efficient

[1] Instituto Superior de Economia e Gestão da Universidade de Lisboa. olgaalexandrap@gmail.com
[2] Faculdade de Direito da Universidade de Coimbra, Portugal & ICET/CUA/UFMT, Barra do Garças, Brasil. pcorreia@fd.uc.pt

employment that provides a fair income, job security and social protection. Approval of the concept of decent work and its application in practice also means approval of the concept of respect for workers' rights and the adoption of measures to improve working conditions (Burka & Bodnaruk, 2023).

Over the decades, the evolution of work has been marked by significant transformations resulting from technological advances, as well as changes in social and economic relations (Matos et al., 2023). However, these developments have caused a significant change in the labour market, leading to an accelerated pace of work and an increase in information overload (Pirrolas & Correia, 2024). As a result of changes in organisational structures, there is task ambiguity and an increase in responsibilities, a decrease in autonomy, an increase in the control of tasks by hierarchical superiors, contributing to feelings of depersonalisation and a reduction in personal fulfilment, components that define burnout (Modesto et al., 2020).

These changes have led to impacts on workers' mental health, including burnout syndrome, which is considered to be one of the most notable manifestations of these impacts (Benevides-Pereira, 2012). Burnout syndrome is triggered by occupational stress when it becomes chronic, as a result of trying to cope with the difficulties and symptoms it causes (Maslach & Jackson, 1986).

In this sense, burnout syndrome has been gaining relevance in discussions about mental health in the workplace, and is characterised by emotional exhaustion, depersonalisation and reduced personal fulfilment, affecting both the health and well-being of workers and the efficiency of organisations (Matos et al., 2023). These symptoms stem from changes in the workplace, characterised by tight deadlines, work overload and growing competitiveness, which generate unrealistic performance expectations, the false feeling of producing more and the fear of not meeting these expectations, triggering unsustainable psychological pressure (Silva et al, 2010; Andel et al., 2011; Matos et al., 2023).

This review article is structured as follows: a brief theoretical framework is presented which addresses the following points: assessing, intervening and preventing psychosocial risks; burnout; absenteeism and presenteeism as a consequence of burnout and the costs of psychological health problems at work, and the results of studies on the subject, their conclusions and suggested proposals for future study are presented.

2. Literature Review

2.1. Evaluate, intervene and prevent psychosocial risks

In recent decades, globalisation has given rise to new openings for economic development, but also to the risk of global competition processes in terms of pressure on working conditions and respect for fundamental rights. In this wake, globalisation and technological progress have transformed the world of work by introducing new forms of work organisation, working relationships and employment patterns. It has led to changes in employment patterns through greater flexibility in the labour process and greater recourse to part-time and temporary work and the independent hiring of staff (Forastieri, 2016).

As a result of these changes, there have been greater demands on jobs, generating greater job insecurity, less control over work and a greater likelihood of redundancies, thus contributing to an increase in work-related stress and associated disorders (Andel et al, 2011).

Factors in the workplace that can cause stress are referred to as psychosocial risks. In 1984, the International Labour Organisation (OIT) and the World Health Organisation (OMS) defined psychosocial risks as 'the interactions between the work environment, work content, organisational conditions and workers' abilities, needs, culture and personal extra-work considerations that can, through perceptions and experience, influence health, work performance and job satisfaction' (OIT, 1986, p. 3). This definition emphasises the dynamic interaction between the work environment and human factors.

As a result of the above, it is important to define stress as a natural response of the body to challenging situations, resulting from excessive tasks, short deadlines and conflicts at work (Matos, 2023).

According to Hassard et al. (2021), despite the fact that international conventions aim to protect the physical and psychological health of workers, there is still little adherence to the implementation of policies and strategies to prevent psychosocial risks. Portugal has national legislation on psychosocial risks, but, as in other European countries, few companies inform workers about psychosocial risks (only around 20% of companies in Europe do so), and the number of companies that implement prevention programmes is even less significant (Jain et al., 2022).

Considering the pillars of Burnout Syndrome, emotional exhaustion, depersonalisation and reduced personal fulfilment, it is essential to identify and address this complex phenomenon. Recognising the early signs and implementing prevention and reduction strategies is essential, both to protect the mental health of professionals and to promote healthy working environments. By addressing these pillars, organisations can create cultures that value employee wellbeing, contributing to the reduction of burnout and increasing job satisfaction and productivity (Ministério Público do Piauí, 2020).

In this sense, Kelloway et al (2023) refer to the three pillars of mental health programming in the workplace: prevention, intervention and adaptation, as a measure to mitigate this problem. In light of the above, prevention consists of improving the balance between stress factors at work and resources to protect workers' mental health. Mental health interventions usually aim to empower workers by increasing access to resources (e.g. social support at work, psychological counselling, training and development). Mental health training can reduce stigma and improve social support in the workplace. Adaptations take the form of workplace programmes and policies designed to provide support for workers who are experiencing significant mental health problems.

2.2. Burnout

Although the topic of burnout is currently being addressed and analysed through scientific publications, much research is still needed to establish a solid scientific basis in this field (Chirico, 2016).

Interest in the study of burnout syndrome emerged in the 1970s in the United States and spread worldwide in the years that followed. The article that triggered the greatest impact and spread of this syndrome was by Freudenberger (1974), encouraging researchers to study its symptoms, causes and consequences. However, the most widely accepted definition was that of social psychologists Christina Maslach & Suzan Jackson (1981; 1986), who defined burnout as a multidimensional construct consisting of emotional exhaustion, depersonalisation and reduced personal fulfilment at work (Benevides-Pereira, 2012).

However, there are many models in the literature that explain burnout. Among these models, the most discussed are the Maslach Burnout Model, the Perlman and Hartman Burnout Model, the Meier Burnout Model and the Cherniss Burnout Model.

According to Maslach & Leiter's (1997) model, burnout syndrome manifests itself through three dimensions:

1) Emotional exhaustion: emotional exhaustion is the first pillar of Burnout Syndrome and is characterised by an overwhelming feeling of exhaustion, both physical and emotional, leading to a feeling of tiredness for everyday activities, especially work. The main symptoms are: sleep disorders, difficulty concentrating, lack of memory, insomnia, cardiovascular problems, gastrointestinal disorders, anxiety, depression, among others;
2) Depersonalisation: a term coined by Maslach & Jackson (1981; 1986), later changed to cynicism (Maslach, et al., 1996), through which it reveals the defensive characteristic of burnout through the development of attitudes and behaviours resulting from a lack of interest and emotional involvement, being characterised by dehumanisation in dealing with people and the adoption of cynicism and irony in relationships. It is characterised by a cynical and negative attitude towards work and the people with whom one deals professionally. This leads to a reduction in empathy and the formation of emotional detachment, also known as cynicism. It is characterised by isolating behaviour, avoiding social interaction and showing a decrease in empathy towards colleagues, which not only damages interpersonal relationships, but also contributes to a toxic and less productive working environment;
3) Reduced Personal Achievement: is characterised by feelings of incompetence and lack of personal fulfilment. The individuals may feel that their work has no meaning or impact, resulting in reduced self-esteem. Reduced personal fulfilment can result in reduced self-confidence, professional dissatisfaction and demotivation to carry out tasks.

However, in the long term, it can affect individuals' mental health and quality of life, as well as jeopardising their professional performance (Benevides-Pereira, 2012; Matos et al., 2023).

According to the Perlman and Hartman Model, burnout is a three-component response to chronic emotional stress. In this model, burnout mainly reflects three symptoms of stress (physiological, emotional, cognitive-behavioural) (Perlman & Hartman, 1982). Pearlman & Hartman (1982) point out that individuals react to stress differently given their unique

characteristics, i.e. individual characteristics and the social environment, and it is these different reactions that cause burnout.

As a result of this model, while the high level of stress causes the individual to show symptoms of emotional depression, their attitudes are negatively manifested by a loss of motivation. When this process is left untreated, their negative attitudes towards work cause physical and psychological problems, giving rise to burnout (Ozturk, 2020).

In turn, Meier's Burnout Model (1983) is based on the concept of self-efficacy, arguing that the lack of motivation reflected by workers in the workplace generates a deterioration in their perceptions of self-efficacy, leading to burnout.

Meier (1983) states that according to this model, burnout is defined as a situation arising from the expectation of little reward and great reprimand due to the employee's lack of effort, controllable life or personal competence at work. As with the models mentioned above, this model is also made up of three dimensions:

1) Low rewards or high expectations of reprimand: the worker has low expectations of rewards or high expectations of reprimand, based on their past experiences related to their work, and this situation leads to burnout.
2) The lack of controllable life expectancy: because of this expectancy, the employee experiences despair, especially in situations where they should avoid reprimand. This reward and reprimand will be realised through external forces. In this sense, the employee believes that personal efforts and behaviour are no longer important.
3) Lack of sense in personal competence: the worker's personal inadequacy in displaying the behaviours needed to manage the cause of burnout.

Finally, the Cherniss Model is related to role ambiguity, overwork and face-to-face relationships with people. In this sense, the author considers burnout to be the result of a process that dissipates over time. This process begins with a reaction to work-related sources of stress, involves psychological disconnection and ends with coping behaviour (Cherniss, 1980). Cherniss (1981) defines burnout as the way in which an individual struggles against constant stress. If the situation experienced by workers against continuous stress is broken down as an adaptive behaviour, it is defined as burnout. In this model, it is argued that the individuals most prone to burnout are those with career goals that emerge through interaction with the social environment and work-related factors.

In light of the above, burnout syndrome is considered to be a psychosocial symptom that arises as a reaction, i.e. a response to deal with interpersonal stressors that occur in a work situation (Maslach et al., 2001). According to Carloto (2010), it is a particular self-protection mechanism to cope with the stress generated in the professional-organisation relationship.

2.3. Absenteeism and presenteeism as a consequence of burnout

2.3.1. Absenteeism

Absenteeism has been a constant concern for organisations and one of the oldest research topics in the field of work and organisational psychology (Johns, 2003). Over the last 40 years, hundreds of studies have investigated this phenomenon in order to understand not only the causes, but also the consequences of such behaviour, both inevitable and undesirable (Rhodes & Steers, 1990).

In the literature, there is a consensus on the definition of absenteeism as 'a lack of physical presence when and where someone is expected to be' (Harrison & Price, 2003, p. 204). However, despite the marked interest in the subject in terms of developing intervention strategies, absenteeism still remains an organisational problem in several countries (Bacharach & Biron, 2010; De Paola, 2010). Absenteeism is defined as not turning up for scheduled work (Johns, 1997, 2008). Johns (1997) states that absenteeism is a consequence of a reaction to stress, defined as a perceived inability to cope with the demands of the job. In this case, it is predicated that stress is bad and results in high absenteeism, being used as a coping mechanism. A slightly different perspective is that jobs are themselves sources of stress, which leads to tension, and consequently leads to stress, thus increasing the occurrence of illness, in turn resulting in absenteeism due to illness (Rijk, 2013; Miraglia & Johns, 2016; Darr & Johns, 2008).

Absenteeism can also result from withdrawal from aversive working conditions (Johns, 1997). In this case, absence from work is considered to be a consequence of job satisfaction, which reflects attitudes towards the work environment, and organisational commitment, which reflects the worker's attachment to the organisation (Johns, 1997).

De Vries et al., 2017) carried out a prognostic analysis of absenteeism due to mental illness, which identified potential determining and dissuading factors, such as: history of

mental health disorders; trust with the employer; trust with co-workers; family history of mental health disorders; gender; company size and medical protection.

Unlike absenteeism, presentism is often overlooked and less visible, despite its profound organisational and personal implications. Several studies have explored various factors that contribute to this phenomenon, highlighting the interaction between individual characteristics, work environments and social attitudes (Monroy & Michel, 2025).

2.3.2. Presenteeism

Until recently, it was assumed that attendance at work was equivalent to performance. Today, it seems that health-related loss of productivity can be attributed to both workers who turn up for work and workers who choose not to. Workplace presenteeism, i.e. turning up for work when you're ill, now seems to be more prevalent than absenteeism. These findings are forcing organisations to reconsider their approaches to regular attendance at work (Gosselin et al. 2013), as the impacts of poor health have shown a growing trend in organisations, not simply due to absence from work (Demerouti et al., 2009).

Although the majority of sick workers are absent from work, an increasing number of sick workers continue to go to work. Thus, presentism is characterised by a behaviour according to which a worker, although impaired by physical or psychological health problems, goes to work regardless of their health condition (Gosselin & Lauzier, 2011).

Despite the multiplicity of definitions attributed to the concept of presentism (Bierla et al., 2010), researchers have taken it as their main definition: ‘the phenomenon that people, despite pathologies and ill health that should lead to rest and absence from work, still continue to attend their jobs’ (Aronsson et al., 2000, p. 503). Presentism is therefore ‘going to work despite illness’ (Bergstrom et al; 2009a, p. 1179). Until a few years ago, presentism was considered marginal and was only identified in a minority of workers. Nowadays, studies reveal that it is a more widespread phenomenon, which shows that a significant number of workers go to work sick (Hansen & Anderson, 2008; Rosvold & Bjertness, 2001). In this sense, presentism manifests itself indistinctly between occupational groups (Dew et al., 2005), resulting in substantial productivity losses (Goetzel et al., 2004).

In brief: presentism occurs when workers, despite being in poor health, present themselves at work, leading to a decrease in productivity and poor performance (Brooks et al., 2010). In light of the above, according to Johns (2010) presentism is a concept that is associated with the loss of productivity resulting from work carried out by employees who go to their workplace but show symptoms of physical or mental illness. This situation can be associated with various health problems, as well as factors related to the level of job satisfaction, which influences worker morale, in turn interfering with job design, individual motivation, the environment and workplace culture (Brooks et al., 2010).

According to Razzouk et al. (2017) identifying presentism is a difficult process and its costs can exceed those of absenteeism. In the following sections, we present the results of various studies that demonstrate this.

3. Methodology

With regard to the methodology used, this review article is theoretical in nature, based on two stages: the first stage consisted of reviewing the literature on the subject of burnout, giving rise to the topics covered in the previous points; the second stage was designed to verify its viability by collecting empirical data from studies carried out and documented, which were analysed during the literature review.

This methodology was chosen to enrich the consistency of this work. The pertinence of the literature review rested on the assumption that this is a method based on the certainty of the facts of experience as the foundation of theoretical construction, as doctrine presenting itself as the revelation of science itself. Taking the principle of the French philosopher Comte, theory is not, as a rule, a science that comes to discover and predict, presenting a universal character of reality as the meaning of the mechanics and dynamics of the universe. A theoretical study can appear as an argument, a discussion, a rationale or a conceptual framework that helps to explain phenomena that occur in the world in a real context (Creswell & Creswell, 2018).

The way forward lies in the development of the natural sciences. Through observation and experimentation, it will be possible to discover the permanent relationships that bind facts together, through which their importance is paramount in the economic, political and social reform of society. In view of the above, the second stage is the introduction of

empirical data. The analysis and processing of empirical and documentary material is the moment when the specificity of the data obtained is brought together through interpretation in the contextualisation and reflection process.

Its relevance lies in the fact that in the development of the natural sciences, the inductive approach bases conclusions on empirical data, which is based on real phenomena, allowing the researcher to establish models and theories, taking the origin as its foundation (Patel & Davidson, 1994; Woiceshyn & Daellenbach, 2018).

3.1. Data collection methods

The following databases were used as a method of selecting literature on the subject of burnout, to identify and define the occurrence of absenteeism and presenteeism, and to analyse their influence on loss of productivity: Researchgate; Web of Science; Google Scholar; B-on; ScienceDiret (Elsevier); Wiley Online Library; Scielo; Sage Journals Online.

In order to support and sustain the theoretical framework, empirical studies were used. The empirical studies were based on the results obtained from reports by the Portuguese Psychologists' Association (2023, 2022), the World Health Organisation (2022), the National Institute of Mental Health (2022), the National Alliance on Mental Illness (2019), the NOVA-IMS study (2021) and the OECD Report (2021).

4. Results

This point presents the main results of some studies on the costs of problems associated with psychological health problems at work. At this point, according to the topics covered, graphs demonstrating this problem are presented, with the aim of enabling a more in-depth reflection on the consequences it triggers.

4.1. Costs of psychological health problems at work

When it comes to referring to direct and indirect costs related to health in the workplace, the main focus tends to be on absenteeism, but nowadays another concern is presentism (Demerouti et al., 2009). Given that productivity losses are currently greater due to presenteeism than absenteeism (Schultz & Edington, 2007).

However, analysing the impact of presentism on organisational productivity is more complex and difficult to estimate than absenteeism (Brooks et al., 2010). Since this is an 'omission' of illness on the part of workers, it can have indirect impacts such as contamination risks, result in sick leave and lead to absenteeism.

Direct costs account for only 30 per cent of the total costs associated with poor psychological health among workers, while indirect costs account for 70 per cent (Loeppke et al., 2009). One of the main indirect costs of psychological health problems is the loss of productivity resulting from absenteeism or presenteeism (MHPG, 2012).

According to a common estimate, 1 in 4 people (NIMH, 2022, WHO, 2022) suffer from significant mental problems. The social costs associated with mental health problems are substantial - for example, in the US economy, the costs associated with absenteeism and lost productivity are estimated at more than 300 billion dollars a year (NAMI, 2019).

For organisations, these costs are felt through absenteeism, presenteeism, reduced productivity and increased turnover (Dimoff et al., 2014). And a large part of the organisational cost of mental illness arises from disability leave. Given that leave for mental health problems is typically long (almost 100 days), and around 30-40% of long-term disability claims result from mental illness (Dewa et al., 2002, Sun Life Financial, 2021). These claims account for more than 60-70% of disability costs in most organisations (MHCC, 2017).

4.2. Burnout

According to Vaca et al. (2022) in the context of Latin America and the Caribbean, mental health challenges are exacerbated by deficient public health systems, limited social protection, low income levels and scarce medical resources. To worsen mental health care compared to other regions with similar income levels (Kohn et al., 2018). This underinvestment contributes to the development of serious illnesses such as burnout syndrome, characterised by profound mental exhaustion (Vaca et al., 2022). Burnout not only impairs the individual's ability to carry out their tasks effectively, but also increases presenteeism, increasing productivity losses in the workplace (Baldonedo-Mosteiro et al., 2020). These regional challenges illustrate the wider implications of inadequate mental health care on labour productivity and emphasise the importance of integrating Latin American and Caribbean perspectives into the global debate on mental health in the workplace (Monroy & Michek, 2025).

4.3. Absenteeism and presenteeism

In order to estimate the costs of absenteeism and presenteeism, Schmidt et al (2019) through a study carried out in a German company, revealed 60.8 days of absenteeism and 64.4 days of presenteeism, and these two figures describe the range of sick days over a period of one year. Based on the internal cost data provided by the company where the study was carried out, the cost of an employee being absent from work could be estimated at an average of €350 per employee per day.

With regard to the annual costs of absenteeism, following the 'lowest cost' approach, the minimum number of annual days of absenteeism due to illness for the sample under study was estimated at 5.01 average days per worker. Therefore, the company's estimated minimum annual costs due to absenteeism in the sample were estimated at 1753.16 € per worker. Based on the calculation of the 'highest costs', the annual amount of days of absenteeism due to illness for the sample was estimated at 8.60 days per worker, representing estimated annual costs of €3010.15 per worker.

In turn, the estimate of the company's annual cost due to presenteeism, applying the 'lower costs' approach, the minimum annual amount was estimated at 4.48 days per employee, while the 'higher costs' estimate leads to a maximum amount of approximately 7.56 days per employee. Applying conservative estimates of lost productivity due to being sick in the workplace, based on the study by Goetzel et al (2004) considering a relative loss of productivity of 12 per cent, the 'lowest cost' calculation estimated the company's annual costs due to presenteeism at 188.18 € per day per employee.

The calculation of the 'highest cost' applied the value taken from the study by Baase (2007), considering the relative loss of productivity of 22 per cent, the annual amount of overall presenteeism was estimated at 10,881.6 days and the company's subsequent costs at 581.86 € per worker per day.

Another study, carried out by the Nova Information Management School (NOVA-IMS), according to the Sustainable Health Index, Portuguese people missed an average of 7.4 days from work. During 2021, the equivalent of 15.8 days of work per worker in Portugal were lost for health reasons.

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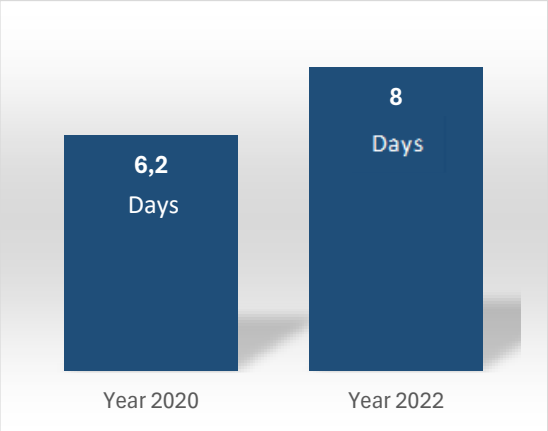
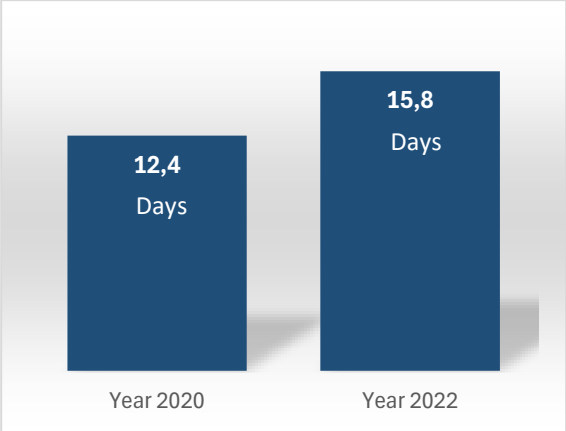
According to data collected by the Deloitte Health Equity Institute (2024) in 2024, the costs of presenteeism totalled around 45.7 billion dollars (almost six times the economic burden of absenteeism).

With regard to days lost as a result of stress and psychological health problems, Graphics 1 and 2 show the comparative results between 2020 and 2022 in relation to absenteeism and presenteeism in Portugal.

Graphic 1: Working time lost due to absenteeism



Graphic 2: Working time lost due to presenteeism



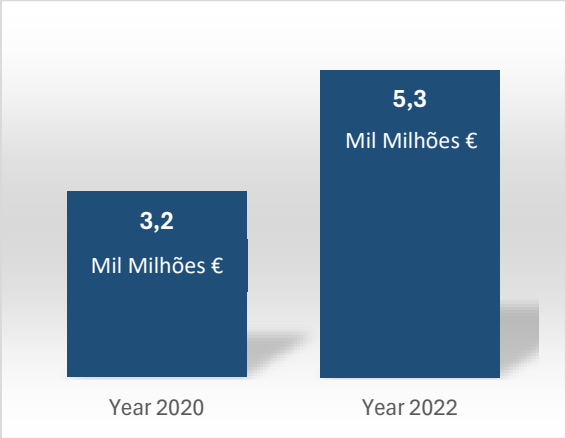
Source: Report by the Portuguese Psychologists' Association (2023).

Considering the report on the costs of stress and psychological health problems from 2020 (OPP, 2020) and the same report from 2022 (OPP, 2022), it was possible to compare the estimated number of working days lost as a result of absenteeism and presenteeism. Therefore, in terms of time lost as a result of absenteeism, there was a loss of 6.2 days in 2020 and a loss of 8 days in 2022. With regard to presenteeism, there was a loss of 12.4 days in 2020 and a loss of 15.8 days in 2022.

These graphs (1 and 2) show an increase of 0.74 percentage points between 2020 and 2022 in working days lost due to absenteeism and an increase of 1.39 percentage points between 2020 and 2022 in working days lost due to presenteeism.

With regard to the costs of lost productivity in Portuguese companies resulting from absenteeism and presenteeism caused by stress and psychological health problems between 2020 and 2022, the results are shown in Graphic 3.

Graphic 3: Cost of lost productivity in Portuguese companies due to absenteeism and presenteeism



Source: Report by the Portuguese Psychologists' Association (2023).

The aforementioned comparative graph (Graph 3) on the costs resulting from lost productivity in Portuguese companies as a result of absenteeism and presenteeism showed a loss of 3.2 billion euros in 2020 and a loss of 3.5 billion euros in 2022, resulting in an increase of 2.1 billion euros between 2020 and 2022.

In relation to the previous graphs, the economic consequences of organisational commitment resulting from depression are substantial. 50% to 60% of the economic burden results from employees not going to work (absenteeism) or as a consequence of their decreased performance at work (presenteeism) (Greenberg et al., 2013; Kessler, 2012). According to Stewart et al (2003), studies carried out in developed countries show that workers with depression lose 20 per cent of their total working time, 81 per cent of which is attributed to presenteeism and 19 per cent to absenteeism.

5. Conclusions

Burnout syndrome is a challenge that affects the mental health of workers and the efficiency of companies (Biazzi, 2013). In this sense, it is essential for organisations to understand its components and impacts, which is one of the first steps in dealing with this problem. Promoting a healthy balance between personal and organisational life, promoting the wellbeing of employees in the workplace, the inclusion of social support, promoting autonomy and through other organisational strategies, it is possible to mitigate

the effects of Burnout and create a healthier and more productive working environment for everyone involved. By recognising the importance of tackling this problem, we can aspire to an organisational culture that prioritises employee wellbeing and promotes a more resilient and committed workforce, leading to increased productivity.

That given the results presented above, one in four people suffer from mental health problems, generating costs related to absenteeism, leading organisations to lose productivity. Being that a large part of the costs resulting from absenteeism are the result of sick leave due to long-term mental illness, as well as disability claims.

Although absenteeism is a constant concern for organisations and is one of the oldest research topics in the field of work and organisational psychology (Johns, 2003), the concept of presentism has begun to gain relevance. Until recently, the concept of presentism was largely ignored in the evaluation of human efficiency in organisations. In recent years, however, this concept has gained credibility in the scientific community and simultaneously raised numerous questions among organisational executives. Making it clear that this concept should not be investigated in isolation and that the significant knowledge gained through research related to absenteeism should be put to good use (Johns, 2010).

In this sense, isolated research efforts are now being replaced by joint exercises to build models related to the phenomena of presentism and absenteeism, for example, Baker-McClearn et al., 2010; Bockerman & Laukkanen, 2010a; Elstad, 2008; Johns, 2011; MacGregor et al., 2008). These definitions should not be seen as two sides of the same coin, because they are closely related by determinants that lead to the decision to stay at home or go to work during illness. Recent evidence suggests that these phenomena may be intrinsically linked by the influence of common determinants (Johns, 2010) or be part of a dualistic logic where the decision to do one may possibly lead to the avoidance of the other.

According to the results presented in this article, the costs to organisations from mental illness, specifically burnout, are higher in presentism than in absenteeism.

To deal with the impact of Burnout Syndrome on companies, it is essential to adopt preventative measures, such as promoting employee wellbeing, managing workloads appropriately and creating a working environment that values mental health and work-life balance. It's also important to identify the signs of burnout early on and to offer

support and resources to employees who are facing this syndrome. By doing so, companies can protect the health of their employees and ensure a healthier and more productive working environment.

In order to minimise the effects of Burnout Syndrome, various alternative strategies have been proposed, such as Promoting Work-Life Balance, Providing Social Support, Training in Stress Management, Enabling Autonomy and Participation in Decision-Making, Analysing and Reviewing Workloads, as well as Promoting and Creating Healthy and Positive Work Environments.

In the light of the above and the results obtained from the literature, the findings confirm that a history of mental health problems is significantly associated with a greater likelihood of absenteeism and presenteeism. Workers with a history of mental health problems are more likely to struggle to maintain regular attendance at work and often suffer from reduced productivity even when they are present at work. This suggests that past mental health problems have a lasting impact on an individual's ability to perform effectively in the workplace (Monroy & Michel, 2025).

Finally, we would like to leave you with a short reflection: "Organisations must not mistakenly identify cases of burnout as a mere lack of intelligence, a weakness of the employee or even a case of poor adherence or commitment to the company's culture. We need to avoid trivialising the condition and viewing it in a simplistic way, because if the causes are not properly identified and treated (...) they will be innocuous." (Carvalho, António. 2020, p. 70).

5.1. Limitations

The limitation of this article is that the methodology used was based on studies that have already been carried out. As a future study, it is suggested that a survey be carried out to expand the sample and enrich the results through quantitative studies, making it possible to analyse the relationship between variables and from the perspective of obtaining innovative results. Another limitation relates to the fact that only one method of collecting empirical data was used. In a future study, it is also suggested that a mixed methodology be applied by means of interviews and questionnaires.

5.2. Proposal for future study

Based on the theoretical review presented above with reference to studies carried out, it is proposed to carry out a quantitative study in order to obtain more up-to-date data on this subject, in order to analyse the main causes of burnout, the main costs resulting from the loss of productivity in Portuguese companies due to absenteeism and presenteeism, as well as to statistically analyse the relationship between the main variables.

To conclude, we suggest applying a questionnaire on burnout in order to survey the possible causes of psychological health problems at work, analyse the main causes of absenteeism and analyse the costs of absenteeism and presenteeism.

References

Andel, R., Crowe, M., Kareholt, I., Wastesson, J. & Parker, M.G. (2011). Indicators of job strain at midlife and cognitive functioning in advanced old age. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 66(3), 287–291. https://doi:10.1093/geronb/gbq105

Aronsson, G., Gustafsson, K., & Dallner, M. (2000). Sick but yet at work: An empirical study of sickness presenteeism. *Journal of Epidemiology and Community Health*, 54, 502–509. https://doi:10.1136/jech.54.7.502

Baase, C. M. (2007). Auswirkungen chronischer Krankheiten auf Arbeitsproduktivität und Absentismus und daraus resultierende Kosten für die Betriebe. *Fehlzeiten-Report 2006: Chronische Krankheiten*, 45-59.

Baker-McClearn, D., Greasley, K., Dale, J., & Griffith, F. (2010). Absence management and presenteeism: The pressures on employees to attend work and the impact of attendance on performance. *Human Resource Management Journal*, 20, 311–328.

Baldonedo-Mosteiro, M., Sánchez-Zaballos, M., Rodríguez-Díaz, F. J., Herrero, J., & Mosteiro-Díaz, M. P. (2020). Adaptación y validación de la Escala de Presentismo Stanford-6 para profesionales sanitarios. International nursing review en español: revista oficial del *Consejo Internacional de Enfermeras*, 67(1), 109-117.

Benevides-Pereira, A. (2012). *Considerações sobre a síndrome de burnout e seu impacto no ensino*. Bol. psicol, 62(137), 155-168.

Bergstrom, G., Bodin, L., Hagberg, J., Aronsson, G., & Josephson, M. (2009). Sickness presenteeism today, sickness absenteeism tomorrow? A prospective study on sickness presenteeism and future sickness absenteeism. *Journal of Occupational and Environmental Medicine*, 51, 629 – 638. https://doi:10.1097/JOM.0b013e3181a8281b

Biazzi, S. Estresse, burnout e estratégias de enfrentamento: Um estudo com professores de uma instituição educacional privada de São Paulo.São Paulo: 2013, 138 f. Dissertação (Mestrado) – Pontifícia Universidade Católica de São Paulo.

Bierla, I., Huver, B., & Richard, S. (2010). New evidences on absenteeism and presenteeism behaviour. Working paper series, IÉSEG School of Management, Catholic University of Lille, Lille, France.

Bockerman, P., & Laukkanen, E. (2010). Predictors of sickness absence and presenteeism: Does the pattern differ by a respondent's health? *Journal of Occupational and Environmental Medicine*, 52, 332–335. https://doi:10.1097/JOM.0b013e3181d2422f

Brooks, A., Hagen, S., Sathyanarayanan, S., Schultz, A., & Edinton, D. W. (2010). Presenteeism: Critical issues. *Journal of Occupational and Environmental Medicine*, 52, 1055–1067.

Burka, A., & Bodnaruk, M. (2023). The issues of absenteeism and presenteeism in terms of the right to decent and safe conditions of labor. *Visegrad Journal on Human Rights*, (4), 29-34.

Cherniss, C. (1980). *Staff burnout: Job stress in the human services*. Sage Publications, Inc. Thousand Oaks, CA.

Cherniss, C. (1981). Preventing burnout: From theory to practice. En J.W. Jones (eds.). *The burnout syndrome: Current research, theory, interventions*. (172-176). Park Ridge, Illinois: London House Press.

Chirico, F. (2016). Job stress models for predicting burnout syndrome: a review. *Annali dell'Istituto superiore di sanita*, *52*(3), 443-456.

Creswell, J. W., & Creswell J. D. (2018). Research Design: Qualitative, Quantitative and Mixed Methods Aproaches. 5ª ed. Thousand Oaks, CA: Sage.

Darr, W. & Johns, G. (2008). Work strain, health, and absenteeism: a meta-analysis. *Journal of Occupational Health Psychology*, 13(4), 293-318.

de Vries, H., Fishta, A., Weikert, B., Rodriguez Sanchez, A., & Wegewitz, U. (2018). Determinants of sickness absence and return to work among employees with common mental disorders: a scoping review. *Journal of occupational rehabilitatio*n, 28, 393-417.

Deloitte Health Equity Institute and School of Global Health at Meharry Medical College, The projected costs and economic impact of mental health inequities in the United States, Deloitte Health Equity Institute, 2024. https://meharryglobal.org/

Demerouti, E., Le Blanc, P. M., Bakker, A. B., Schaufeli, W. B., & Hox, J. (2009). Present but sick: A three-wave study on job demands, presenteeism and burnout. *The Career Development International*, 14, 50 – 68. https://doi:10.1108/13620430910933574

Dew, K., Keefe, V., & Small, K. (2005). Choosing to work when sick: Workplace presenteeism. *Social Science & Medicine*, 60, 2273–2282. https://doi:10.1016/j.socscimed.2004.10.022

Dewa CS, Goering P, Lin E, Paterson M. (2002). Depression-related short-term disability in an employed population. *J. Occup. Environ.Med*. 44(7):628–33.

Dimoff JK, Kelloway EK, MacLellan AM. (2014). Health and performance: Science or advocacy? *J. Organ. Eff. People Perform*. 1(3):316–34.

Elstad, J. I. (2008). Job stress, sickness absence and sickness presenteeism in Nordic elderly care. Scandinavian *Journal of Public Health*, 36, 467–474 https://doi:10.1177/1403494808089557

Forastieri, V. (2016). Prevention of psychosocial risks and work-related stress. *International Journal of Labour Research*, 8, Issue 1–2, 11-33.

Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues*, 30, 159-165.

Goetzel, R. Z., Long, S. R., Ozminkowski, R. J., Hawkins, K., Wang, S., & Lynch, W. (2004). Health, absence, disability, and presenteeism: Cost estimates of certain physical and mental health conditions affecting U.S. employers. *Journal of Occupational and Environmental Medicine*, 46, 398 – 412. https://doi:10.1097/01.jom.0000121151.40413.bd

Gosselin, E., & Lauzier, M. (2011). Le présentéisme: Lorsque la presence n'est pas garante de la performance. Revue Française de gestion, 211, 15–27.

Gosselin, E.; Lemyre, L. & Corneil, W. (2013). Presenteeism and Absenteeism: Differentiated Understanding of Related Phenomena. *Journal of Occupational Health Psychology*, 18(1), 75– 86. https://doi: 10.1037/a0030932

Greenberg, P.; Kessler, R.; Birnbaum, H. et al. (2003). O fardo económico da depressão nos Estados Unidos: como mudou entre 1990 e 2000? *J Clin Psiquiatria*, 64:1465–75.

Hansen, C. D., & Andersen, J. H. (2008). Going ill to work: What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 67, 956 – 964 https://doi:10.1016/j.socscimed.2008.05.022

Hassard, J., Teoh, K., Thomson, L. & Blake, H. (2021). Understanding the cost of mental health at work: An integrative framework. In T. Wall, C. L. Cooper & P. Brough (Eds.) *The SAGE Handbook of Organizational Wellbeing* (9-25).

Jain, A., Torres, L., Teoh, K. & Leka, S. (2022). The impact of national legislation on psychosocial risks on organizational action plans, psychosocial working conditions, and employee work-related stress in Europe. *Social science & Medicine*, 1-9.

Johns, G. (1997). *Contemporary Research on Absence from Work: Correlates, Causes and Consequences*, Wiley.

Johns, G. (2008). Absenteeism and presenteeism: not at work or not working well. Barling, J. and Cooper, C.L. (Eds), *The SAGE Handbook of Organizational Behavior*, SAGE, London, 160-177.

Johns, G. (2010). Presenteeism in the workplace: A review and research agenda. *Journal of Organizational Behavior*, 31, 519 –542. https://doi:10.1002/job.630

Johns, G. (2011). Attendance dynamics at work: The antecedents and correlates of presenteeism, absenteeism, and productivity loss. *Journal of Occupational Health Psychology*, 16, 483–500. https://doi:10.1037/a0025153

Kelloway, E. K., Dimoff, J. K., & Gilbert, S. (2023). Mental health in the workplace. *Annual Review of Organizational Psychology and Organizational Behavior*, 10(1), 363-387.

Kessler, R.C. (2012). Os custos da depressão. Psychiatr Clin North Am, 35:1–14.

Kohn, R., Ali, A. A., Puac-Polanco, V., Figueroa, C., López-Soto, V., Morgan, K., ... & Vicente, B. (2018). Mental health in the Americas: an overview of the treatment gap. *Revista panamericana de salud publica*, 42, e165.

Loeppke R., Taitel, M., Haufle, V., Parry, T., Kessler, R., Jinnett, K. (2009). Health and Productivity as a Business Strategy: A Multi-Employer Study, *Journal of Occupational Environmental Medicine*, 51(4), 411–428.

MacGregor, J. N., Cunningham, J. B., & Caverley, N. (2008). Factors in absenteeism and presenteeism: Life events and health events. *Management Research News*, 31, 607– 615. https:doi:10.1108/01409170810892163

Maslach, C. & Leiter, M. The truth about burnout: How organizations cause personal stress and what to do about it. San Francisco: Josey-Bass, 1997.

Maslach, C. & Jackson, S.E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2, 99-113.

Maslach, C. & Jackson, S.E. (1986). Maslach Burnout Inventory: Manual. Palo Alto: University of California. Consulting Psychologists.

Matos, J; Menezes, T.; Nunes, A. (2023). Uma Abordagem sobre a Síndrome de Burnout e seus Reflexos na Rotina das Empresas. Id online Rev. Psic., 17(69), 338-358. http://idonline.emnuvens.com.br/id

Meier, S. T. (1983). Toward a theory of burnout. *Human relations*, 36(10), 899-910.

Mental Health Policy Group (2012). How Mental Ilness Loses Out in the NHS. Report by The Centre for Economic Performance.

MHCC (Ment. Health Comm. Can.). (2017). Case study research projects finding: the National Standard for Psychological Health and Safety in the Workplace 2014–2017. Rep., MHCC, Ottawa, ON

Miraglia, M. & Johns, G. (2016), Going to work ill: a meta-analysis of the correlates of presenteeism and a dual-path model. *Journal of Occupational Health Psychology*, 21(3), 261-283.

Modesto, J.; Rodrigues, T.; Queiroga, F. (2020). A influência da aversão à perda na decisão de se sobrecarregar no trabalho. Est. Inter. Psicol., Londrina , 11(2), 154-166.

Monroy, V., & Michel, E. (2025). Mental health disorders and productivity: Which are the risk and mitigating factors of absenteeism and presenteeism? evidence from the uS Tech sector. *Revista Investigación & Desarrollo*, 24(3), 83-104.

NAMI (Natl. Alliance Ment. Illn.). (2019). Mental health by the numbers. National Alliance on Mental Illness. https://www.nami.org/learn-more/mental-health-by-the-numbers

NIMH (Natl. Inst. Ment. Health). (2022). Mental illness. National Institute of Mental Health. https://www.nimh.nih.gov/health/statistics/mental-illness

NOVA-IMS (2021). Índice de Saúde Sustentável 2020/21.Lisboa: NOVA-IMS.

OECD (2021). Fitter Minds, Fitter Jobs – From awareness to change in integrated mental health, skills and work policies. OECD.

Ordem dos Psicólogos Portugueses (2023). Prosperidade e Sustentabilidade das Organizações. Relatório do Custo do Stresse e dos Problemas de Saúde Psicológica no Trabalho, em Portugal. Lisboa: Ordem dos Psicólogos Portugueses.

Organização Mundial de Saúde (2022). Mental Health Strenghtening our response. Retirado de: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengtheningour-response"health-strengthening-our-response.

Ozturk, Y. (2020). A theoretical review of burnout syndrome and perspectives on burnout models. Bussecon *Review of Social Sciences*, 2(4), 26-35. https://www.bussecon.com/ojs/index.php/brss

Patel, R., & Davidson, B. (1994). Research Methodology Bases: Planning, Implementing and Reporting a Study. Studentlitteratur, Lund.

Perlman, B. & Hartman, E. A. (1982), Burnout: Summary and Future Research. *Human Relations*, 35(4), 283 –305.

Pirrolas, O. & Correia, P. (2024). Human Resources Burnout. *Encyclopedia*, 4, 488–496. https://doi.org/10.3390/encyclopedia4010032

Razzouk, D.; Ivandric, I. & Pinheiro, M. Mental health economics: the costs and benefits of psychiatric care, Cham: Springer, 2017.

Rijk, A. (2013). Work disability theories: a taxonomy for researchers, in Loisel, P. and Anema, J.R. (Eds), *Handbook of Work Disability: Prevention and Management*, Springer, New York, pp. 475-496.

Rosvold, E. O., & Bjertness, E. (2001). Physicians who do not take sick leave: Hazardous heroes? *Scandinavian Journal of Public Health*, 29, 71–75.

Schmidt, B., Schneider, M., Seeger, P., van Vianen, A., Loerbroks, A., & Herr, R. M. (2019). A comparison of job stress models: associations with employee well-being, absenteeism, presenteeism, and resulting costs. *Journal of occupational and environmental medicine*, 61(7), 535-544.

Schultz, A. B., & Egington, D. W. (2007). Employee health and presenteeism: A systematic review. *Journal of Occupational Rehabilitation*, 17, 547–579. https://doi:10.1007/s10926-007-9096-x

Silva, L.; Lima, F.; Caixeta, R. (2010). Síndrome de Burnout em profissionais do Corpo de Bombeiros. Mudanças, 18(1-2), 91-100.

Silva, L.; Medeiros, G.; Silva, M.; Silva, C.; Marreiro, J. MPPI – Ministério Público do Estado do Piauí. Guia Prático sobre a Síndrome de Burnout. Bem Viver no MPI. Tersinha – PT: Bem Viver no MPI, 2020. 27 p. Disponível em: https://www.mppi.mp.br/internet/wp-content/uploads/2020/09/Ebook_Guia-pra%CC%81tico-sobre-a-Si%CC%81ndrome-de Burnout-2.pdf. Acesso em: 26 de jul. 2022.

Stewart, W.; Ricci, J.; Chee, E. et al. (2003). Custo do tempo de trabalho produtivo perdido entre trabalhadores dos EUA com depressão. JAMA, 289:3135–44.

Sun Life Financial. (2021). Designed for health: a focus on mental health disability claims. Rep., Sun Life Financ., Toronto, ON, Can.

Vaca, K. M. R., Barrientos, O. I. C., Lopez, S. G., Noriega, S., Arias, A. M., Guariente, S. M. M., & Zazula, R. (2022). Mental health of healthcare workers of Latin American countries: a review of studies published during the first year of COVID-19 pandemic. *Psychiatry research*, 311, 114501.

Woiceshyn, J., & Daellenbach, U. (2018). Evaluating inductive vs deductive research in management studies: Implications for authors, editors, and reviewers. *Qualitative Research in Organizations and Management: An International Journal*, 13(2), 183-195. https://doi.org/10.1108/QROM-06-2017-1538