

EDITORIALS

Pressure to work through periods of short term sickness

Can have long term negative effects on health and productivity

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Recent research shows that during a period of four weeks a third of doctors and nurses have worked when they should have taken sick leave, and that, on average, this nearly halves their working capacity.¹ Presenteeism is the phenomenon of workers turning up to work despite medical conditions that should prevent them from attending.² Although it has been associated with negative health effects and with loss of productivity, it is only in recent years that presenteeism has gained some focus in research.³ In July 2003 a word search for absenteeism in Web of Science produced 1262 hits, whereas presenteeism produced only 11 hits.⁴ The same search in May 2011 scored 3388 hits for absenteeism and 287 for presenteeism.

Around 26% of healthcare workers report presenteeism in the past seven days and about 85% of general practitioners and hospital workers report being sick at work some time.⁵ Research has identified many risk factors for presenteeism, and much more work is needed to determine what factors are modifiable and what sort of impact successful modifications would have.

Presenteeism is more strongly noted in certain occupations, particularly those that involve caring and teaching.⁶ For health professionals hospital culture plays a role,⁷ and variations among health professionals reporting presenteeism suggest that it is higher for those who have greater responsibility for patient care.⁷ Similarly, workers who lack back-up and for whom work accumulates while they are absent are more inclined to practise presenteeism.³ Other work related factors that foster presenteeism include working in teams where expectations to be present are high,³ limited sick leave entitlements,⁸ high job demands (which also correlates with burnout),⁹ low levels of job satisfaction,¹ fear of dismissal, and concerns about promotion opportunities.⁹ But stimulating work environments can also promote presenteeism.⁹ Factors external to the workplace include financial problems and high unemployment rates.⁶ Female workers may practise presenteeism more,⁶ particularly as they are more likely to be in caring and teaching occupations, but in some occupations women resist the pressure to work when sick more than men do.³

Certain medical conditions are likely to predispose to presenteeism. Psychological problems, particularly depression,

may do so because they are not seen as legitimate reasons for absence.³ Migraine is also associated with presenteeism,³ and the phenomenon is also more common in workers with poorer health, probably because of concerns about finding other employment in the event of redundancy.⁶

Certain individual traits, such as difficulty in resisting other people's wishes, have also been associated with presenteeism.⁶ Presenteeism may be higher in people whose self esteem is dependent on their individual performance—for example, young adults.¹⁰

Presenteeism increases morbidity,^{8 5} including musculoskeletal pain, fatigue, depression,² and serious coronary events.¹¹ It leads to exhaustion, and in a spiralling fashion exhaustion leads to more presenteeism.⁹

In healthcare settings presenteeism poses a particular concern because of the spread of infections,⁵ so preventive measures have been instituted. Less attention has been paid to presenteeism and its prevention in other occupations, however.

Presenteeism should be taken seriously if we are concerned with occupational health or workplace productivity. Presenteeism is a complex phenomenon that needs to be approached from several different levels including workplace culture, workplace policies, and carefully considered interventions from health practitioners.

Work related factors have a bigger effect on presenteeism than personal circumstances, although these are still important.¹

Health promotion at the workplace could emphasise the control that workers have over their work processes and the capacity of workers to resist hazardous demands from management.¹² Senior staff can model behaviour that does not promote presenteeism⁹—for example, by discouraging over-commitment to work and encouraging workers to allow sufficient recovery time from sickness, which may require provision of back-up, particularly in the caring occupations.¹⁰ Workers with poor health should receive special attention to avoid presenteeism because they are likely to have fewer resources to call on to resist its negative impact.

Occupational physicians should avoid “standardised” responses to return to work. The worker must be placed within the workplace context and the influences on absenteeism and presenteeism in that workplace, and how the person responds to them.³ Manual labourers and clerical workers may have to be discouraged from attending work for different kinds of medical conditions. For example, some musculoskeletal problems may be more problematic for one group than for the other.

Occupational physicians should consider developing indices of workplace presenteeism that would help them when advising both employers and employees. Managers and occupational physicians need to be alert to the findings that even though presenteeism may have some positive effects in the short term—particularly for healthy workers with high job satisfaction—it is likely to be negative in the long term.⁹ Workers with chronic conditions, who by some definitions will always be sick at work, provide an important contrasting consideration. However, evidence suggests that for many the pressure to work when sick is intense, and more effort is needed to prevent this health debilitating behaviour.

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