



Presenteeism: why we work when we are sick

John Yaphe, MD MCLSc*

We may admire the doctor who stays on the job even when sick. This behaviour has been labelled presenteeism. Like the more familiar term absenteeism, it may be detrimental to good care, the health of patients, and the well being of professionals. We need to understand this behaviour, recognize it, treat it, and prevent it. All this is necessary to protect our patients and ourselves.

The use of the term presenteeism is attributed to Whitmer in the 1990s.¹ It means showing up at work when you should not be there. This may happen in up to 70% of the workforce in any given year. Sickness presenteeism refers to working when sick leave is indicated, but other forms of presenteeism also exist. Putting in excessive hours of overtime while neglecting family and home life is one form.

Research into reasons for this phenomenon has identified several associated factors. In professions with a high degree of professional satisfaction, financial rewards, heavy responsibility, and elevated status, like health care and education (in some societies), there is a tendency for some workers to work too hard.² Small teams, like family businesses, may also develop a high degree of loyalty and identification among workers with excessive attendance patterns.

In a fragile economy with little job security, some workers may show up at work even when they are ill. Recent immigrants facing an economic crisis in their new home may be prone to this, like the immigrant workers interviewed in Spain in 2014.³ Workers without paid sick leave or workers who feel bullied by management, facing threats of dismissal because of absence from work, may also be victims.⁴ Pregnant women may be at special risk for presenteeism as a defense against the misperception of pregnancy as a state leading to excessive sickness absence.⁵

The costs of presenteeism may be considerable. Some estimates suggest that it is more damaging to organizations than absenteeism. The cost of presenteeism from back pain, joint pain and headache may be in the billions of dollars in the US, due to decreased productivity from people who come to work when they are ill.⁶ One can imagine how a worker struggling with alcoholism, drug-addiction or depression can cause damage in the workplace. The spread of infectious diseases can also be worsened by coming to work when sick, especially during influenza epidemics. Widera documented an outbreak of gastroenteritis in a nursing home, that affected 41 residents and staff, that was exacerbated by staff members who were ill yet who continued to come to work.⁷ Health care workers and teachers, psychologically prone to presenteeism, may present a special risk to their patients and students with regard to infections.

It helps to identify people who are suffering presenteeism and to develop strategies to prevent this from happening in the first place. We need to know our patients as people first. Understanding the life story, the family context, and the background of coworkers and patients can help identify the factors that may lead to presenteeism.

Presenteeism is a documented problem among family doctors. In a sample of doctors in Australia, poor sleep habits, lack of exercise, psychological distress, and a tendency to burnout were found to be associated with coming to work when ill.⁸ By promoting healthy life-styles, a good work life balance, adequate nutrition, good sleep hygiene, regular physical exercise, and timely vacations among our colleagues, we may take important steps that to prevent presenteeism. A progressive, non-punitive sick leave policy is also helpful.

Employers like the National Health Service and mid-level managers (like the ACeS or regional groups of health centres in Portugal) also have a role to play in helping employees find the balance between the demands of work and their own health. We must provide workers

*Associate Professor of Community Health, School of Health Sciences, University of Minho.



with a healthy work environment, offer the help they need when they are ill, and give them time to recover in order to return to productive work. Research on presenteeism in health care in Portugal is needed. The results of these studies would be welcome for publication here.

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CONFLICT OF INTEREST

None reported

ENDEREÇO PARA CORRESPONDÊNCIA

yonahyaphe@hotmail.com