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Supporting occupational health
and wellbeing professionals

Understanding
Sickness Presenteeism:
Causes, Risks and Solutions

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Introduction

Awareness is growing of the scale of sickness presenteeism and its implications for employees and organisations. Recent research shows that presenteeism – defined as working while unwell – is prevalent across many sectors, driven by factors such as workplace culture, health conditions, job demands and financial pressures. This guide examines the occupational, organisational and individual factors that contribute to sickness presenteeism and considers its impact on employee wellbeing and productivity, both positive and negative. It outlines a range of evidence-based strategies to help organisations mitigate the harmful effects of presenteeism and promote a 'healthier' approach to sickness absence. The guide emphasises the critical role of occupational health practitioners in managing and addressing presenteeism within the workplace.

The prevalence and cost of sickness presenteeism

Awareness of the prevalence and impact of sickness presenteeism is increasing within organisations. While reducing sickness absence is a priority for many organisations, evidence shows that presenteeism is not only more prevalent but also more costly, although it is more difficult to quantify.[1] The latest wave of an annual survey conducted by the Chartered Institute of Personnel and Development, involving over 1,000 HR professionals,[2] found that 76% of respondents had witnessed presenteeism among office-based workers in their organisation, while 78% reported observing it among remote workers. It is also estimated that the average UK employee spends more than two weeks a year working while unwell, leading to a productivity loss of more than £4,000 per person.[3] Given these substantial costs and the increase in home-based working, it is crucial for organisations to understand the risks and underlying causes of sickness presenteeism and take proactive steps to address it.

The impact of presenteeism

Presenteeism is not always harmful and can be beneficial, providing the illness is neither infectious nor overly debilitating.[3] Work can offer people structure, purpose and opportunities to build confidence and self-esteem, as well as provide social interaction and support. Additionally, working while recovering from an illness or injury can be therapeutic; it can help distract employees from minor ailments, and a well-managed approach can allow them to ease back into their responsibilities after a period of sickness absence.[4]

While working when not fully fit can have benefits, research shows that presenteeism can have significant negative consequences for individuals and organisations. There is increasing recognition that it poses a health and safety risk, which needs careful management.[5] Presenteeism can hinder rather than aid recovery, increase the risk of future health issues and absenteeism, and result in decreased productivity.[6,7,8] As observed during the COVID-19 pandemic, it can also facilitate the spread of contagious disease, endangering others and potentially increasing overall absenteeism.[9,10] Presenteeism can also lead to errors, accidents and injuries that not only affect the unwell employee but also potentially harm their co-workers and the public. The consequences can be particularly severe in roles where people are responsible for the wellbeing and safety of others. Moreover, observing colleagues working while sick normalises this behaviour, fostering an 'attendance' culture where employees feel pressured to work despite their health challenges.[11]

Research findings indicate that presenteeism is increasing sharply, particularly for mental health issues.[12]

A survey[12] that examined presenteeism during lockdown found that:

- Nearly half of the sample (46%) felt more pressure to be 'present', with 24% feeling the need to prove they are working every day.

- More than a third (35%) continued to work while feeling unwell, often due to fears about redundancy.

- Managers felt more pressure to be present and available to employees.

The vicious cycle of presenteeism

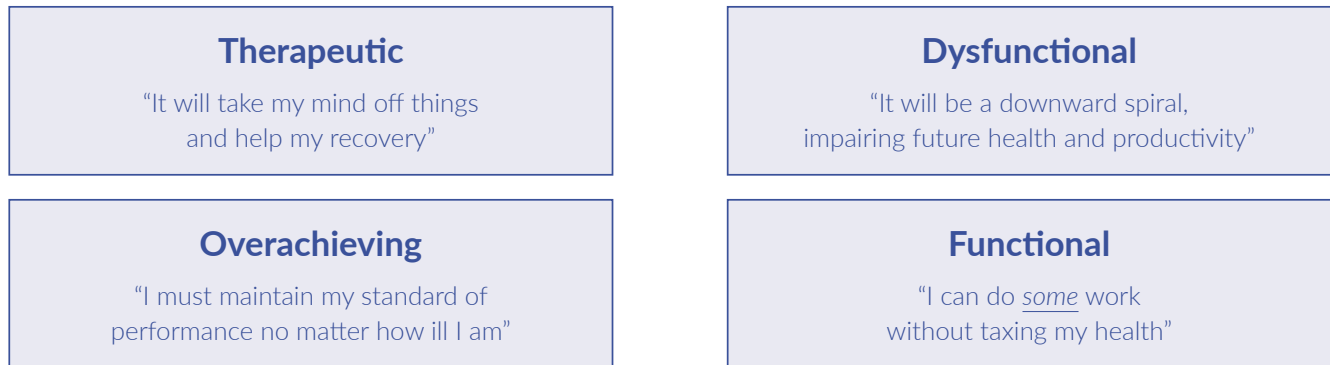Research findings suggest that people often alternate between presenteeism and absenteeism.[14,15] Employees experiencing long-term health conditions may take sick leave, but for various reasons – work demands, job insecurity or insufficient sick pay – return to work prematurely or continue working during subsequent episodes of illness. This can not only exacerbate their health problems but can also lead to future challenges such as exhaustion and burnout.

Burnout / Exhaustion / Ill health	→	Sickness absence
	Presenteeism	
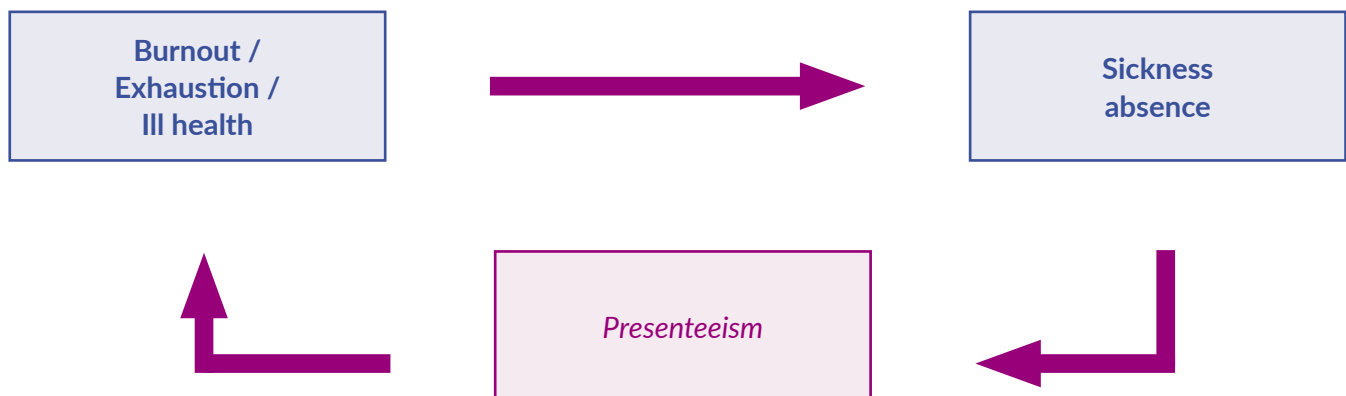
Why do people work while sick?

A framework developed by Karanika-Murray and Biron (2019)[16] has identified four main reasons why people work when they are unwell:

Therapeutic "It will take my mind off things and help my recovery"	**Dysfunctional** "It will be a downward spiral, impairing future health and productivity"
Overachieving "I must maintain my standard of performance no matter how ill I am"	**Functional** "I can do *some* work without taxing my health"

A questionnaire has been developed to evaluate employees' reasons for working while unwell and will be available in due course.

The next section discusses the factors influencing people's sickness absence behaviour under three main categories:

1. Personal (such as age, gender, medical history and attitude towards work)

2. Organisational (working conditions such as job demands, sick leave policies and job security)

3. Occupational (such as job type and mode of employment)

These factors do not operate independently but interact to shape people's decisions about continuing to work or taking time off sick. The identified risk factors are based on published reviews of evidence and other research studies.[6,8,11,17]

Reasons for presenteeism

1.   Personal reasons

Individual factors that increase the risk of presenteeism include demographic characteristics, personal sickness record, financial concerns, the individual's role within the organisation and attitudes towards the job.

- *Demographic factors* typically have indirect rather than direct effects on presenteeism. Older workers are more prone to presenteeism, but they face a higher risk of illness and are often in senior roles, which is another contributing factor. Some evidence suggests that women work while sick more frequently than men, but this can be attributed to other factors. For example, women are more likely to do jobs with a higher prevalence of presenteeism (such as in healthcare), or their responsibilities as primary caregivers may lead them to 'save up' their sick leave for emergencies. While few differences have been found based on ethnicity, minority groups are more likely to encounter working conditions – such as high demands, long hours and limited entitlement to sick pay – that make them more susceptible to presenteeism.

- A *poor sickness absence record* can lead people to work while unwell due to fears of negative evaluations, potential disciplinary action or the risk of job loss.

- *Financial concerns* play a key role in sickness presenteeism, especially in jobs with limited sick pay entitlement, insecure employment, or where there is high competition for jobs.

- *Job insecurity* can encourage employees to work during illness to demonstrate their value, loyalty and commitment to their organisation. In environments where layoffs or downsizing are a concern, people may feel pressured to prove their worth by maintaining a constant presence at work, even when they are in poor health.

- *Feelings of guilt* about 'letting down' managers and burdening colleagues have been shown to encourage presenteeism, particularly in situations where staffing levels are low or organisations are facing financial difficulties. Employees in frontline roles may also feel guilty about letting down service users.

- *Feeling indispensable* can contribute to presenteeism, especially when colleagues are inadequately qualified or experienced, or otherwise ill-suited to handle certain tasks. This is more pronounced in organisations which are short-staffed, struggling to manage workloads or facing financial challenges.

- A *strong work ethic* is a significant factor that drives people to work while sick, as they strive to uphold their personal standards of behaviour. The risk of presenteeism is heightened among people with 'workaholic' tendencies, whose identity and self-esteem are often tied to their job roles and maintaining high standards of performance. Workaholics may struggle to trust others, delegate tasks and collaborate effectively with a team, particularly if they perceive their colleagues as less visible or less skilled.

- *Concern about being judged* by others is another key factor influencing presenteeism, where people may feel their managers and colleagues doubt the severity of their illness. Such concerns can also create pressure to return to work before they are fully recovered.

- *Escaping from personal problems*, such as financial issues, relationship difficulties, or anxiety related to personal or family health, can lead people to use work as a distraction from their worries.

- *Positive attitudes towards work*, such as engagement, satisfaction and involvement, can make people excessively committed to work and reluctant to disengage. This often results in working long hours and limited recuperation time.

The stigma surrounding mental health and sickness absence

Mental health conditions, such as stress, anxiety and depression, are among the leading causes of sickness absence.[18] Poor mental health is also one of the most common reasons for presenteeism, often due to the stigma surrounding mental health issues.[19] Recent research shows that one in five British workers (19%) have taken time off work because of their mental health,[20] but more than one in six (63%) reported not being fully honest about their reason. Taking sick leave for physical health problems is generally seen as 'more acceptable', and evidence suggests this is becoming more common. The findings of two recent studies, with a combined sample of nearly 5,000 employees,[13, 20] give cause for concern, reporting that:

- 29% thought it was easier to take time off for physical illness.

- 21% were more likely to continue working when feeling unwell from mental health problems due to feelings of shame or embarrassment.

- 24% believed their employer would make them come into work if they were not physically unwell.

- 52% were concerned they would be perceived as less capable if they took time off for mental health issues.

- 42% felt worried or embarrassed about discussing their mental health issues with their employer and preferred to keep this information private.

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2.   Organisational reasons

Organisational factors that contribute to presenteeism include sickness policies, heavy workloads, feelings of pressure and stress, lack of cover for absence, and poor working relationships.

- *'Hard-line' sickness absence procedures* and financial penalties for absenteeism can discourage people from taking time off. Sick pay varies significantly across sectors and organisations; some employees have a limited entitlement, and, until recently, workers on zero-hour contracts received none. Recent reforms to sick pay rules, which now grant workers on temporary or zero-hour contracts access to sick pay from the first day of illness, are expected to reduce the pressure to work while unwell within this group.

- *Workplace cultures* which stigmatise sick leave tend to normalise or even reward presenteeism, increasing the pressure to attend work. These cultures often emphasise high performance and view presenteeism as a sign of dedication, which inadvertently discourages employees from prioritising their health and recovery. This can result in long-term health problems, reduced productivity, and an overall unhealthy work environment.

- *Workload pressure and short-staffing* contribute significantly to presenteeism. A recent survey revealed that over half of the business leaders had observed an increased risk of presenteeism among their staff during times of workplace stress or change.[3] Many organisations are experiencing higher workloads due to market challenges and cost-cutting measures. This can lead to greater expectations for employee flexibility, often extending their availability. A recent survey found that more than half of UK workers regularly work beyond their contracted hours, with 17% putting in at least two hours of overtime each day.[21] Moreover, short-staffing and insufficient cover for sick leave can encourage people to work while ill to prevent a backlog of work.

People are often reluctant to take time off sick because they are concerned about the negative reactions of others. A recent study of presenteeism[13] asked employees the following question: *'How would you be perceived by others if you were to take time off for a short-term illness?'* The percentage agreeing was:

Perception	% agree	Perception	% agree
Weak	*19*	*Inconsiderate*	*15*
Sensible	*17*	*Practical*	*14*
Genuine	*17*	*Undedicated*	*14*
Lazy	*17*	*Considerate*	*13*
Honest	*15*	*Dishonest*	*7*

- *Having too many roles at work* – known as role overload – can lead to role conflict, where the demands and responsibilities attached to each role clash, resulting in increased workload and attendance pressure. The potential for role stress increased for many employees during the pandemic and has continued due to new responsibilities and expectations. The need to rapidly learn new skills, along with structural changes and reduced resources, is a significant contributor to this workload pressure.

- *A lack of compassionate leadership* that prioritises operational demands over employee wellbeing significantly increases the risk of presenteeism. When leaders concentrate solely on productivity, they create an environment where employees can feel compelled to work despite illness. This approach fosters a culture of silence regarding health issues, as employees may be reluctant to take necessary sick leave due to fear of judgement or negative repercussions, ultimately jeopardising both their health and their performance.

- *The quality of working relationships* can have a strong impact on sickness absence behaviours. Poor working relationships and experiences of bullying and harassment can understandably make people fearful about being targeted for taking sick leave. Positive working relationships with colleagues and managers can reassure people that it is appropriate to take time off to recover from illness. Nonetheless, feelings of loyalty may make people reluctant to 'burden' their colleagues with additional work if they go off sick, particularly if staffing levels are low, pressure is high or they are struggling with their own workload.

Presenteeism and homeworking

While remote working can enhance employee wellbeing, work-life balance and productivity, it may result in longer and more irregular hours than office-based work. Many home-based workers feel pressured to respond quickly and stay online longer[22,23] due to easy access to work via digital platforms and concerns about being perceived as unproductive or replaceable. This environment can intensify the pressure to work while unwell. Additionally, when a person's living space is also their office, disconnecting from work can become more challenging. Presenteeism may be less visible in a remote setting, making it difficult for managers to identify health problems among their staff and initiate referrals for occupational health assessments.

Resources to help managers support homeworkers are available here, here and here. Guidelines for employers and employees on how to work at home in a healthy and sustainable way can be found here.

3.   Occupational reasons

The occupational causes for presenteeism include job type and mode of employment.

- *Occupation or job type* is a significant risk factor for presenteeism, particularly in 'helping' professions such as health and social care and the emergency services. These roles have many of the organisational risk factors for presenteeism discussed above, including demanding work, long and antisocial hours, low staffing levels and specialised responsibilities. Employees in such jobs typically have a strong sense of duty and responsibility for the welfare of others and often find it difficult to decline additional work. This can increase the risk of presenteeism, especially when sickness absence rates are high among the workforce. The likelihood of work-related stress and burnout is also elevated in these jobs, and employees often continue to work (and may be expected to work) despite experiencing such conditions. During the pandemic, healthcare workers were widely regarded as 'heroes', a label that conveys gratitude for their actions, but can foster a culture of self-sacrifice and increase the expectations of staff.[24,25] Recent research conducted by the Medical Protection Society[33] offers insight into the scale and potential impact of sickness presenteeism among UK doctors. (See box on page 9).

- *Management responsibilities* often come with the expectation to set an example to their staff. During challenging times for organisations, leaders and managers may feel pressured to model 'desired' behaviours, which can lead them to believe they must always be available to support their staff.

- *Short-term contracts* can lead employees to feel the need to make a 'good impression' to increase their chances of being rehired or offered a permanent role. This is a particular risk in environments where others are competing for the same opportunity.

- *Self-employment* presents many of the risk factors mentioned previously, including long and irregular working hours, high pressure and stress, and limited access to sick pay. Many self-employed people work in the gig economy, where work may be scarce, competitive and low-paid. These workers experience unique pressures to work while unwell due to job insecurity and limited sick leave, which often leads them to postpone medical treatment.[17,26,27]

Presenteeism among doctors

A recent survey of more than 1000 UK doctors examined the scale of sickness presenteeism in the profession and the factors driving it. Nearly three-quarters of respondents (73%) indicated they had continued to work despite not feeling mentally well enough to. Nearly nine respondents out of ten (89%) said working while not feeling mentally well enough to do so has made them feel more burned out and exhausted.

The reasons doctors provided for working while sick included the following:

- **60%** because they felt guilty adding to colleagues' workloads

- **50%** because of staff/rota shortages

- **47%** because it is what is expected of the medical profession

- **42%** because their patients rely on them

- **27%** because of pressure to clear waiting lists

The findings highlighted the potentially serious implications of working while sick for patient care as well as for doctors' personal wellbeing.

- **63%** said it had contributed to a lack of empathy with patients

- **63%** said it had contributed to a loss of concentration

- **59%** said it had contributed to them being more fearful of making mistakes

- **48%** said it had contributed to them practicing defensive medicine

- **46%** said it may have contributed to a lower standard of patient care

- **32%** said it had contributed to a breakdown in relationships or conflict with colleagues

- **28%** said it had contributed to a negative impact on team functionality

- **12%** said it may have contributed to a missed or incorrect diagnosis

What can be done to tackle presenteeism?

The extensive costs associated with sickness presenteeism outlined in this guide mean that preventative action is needed. Employers should take a long-term approach that balances concerns about the immediate financial effects of sickness absence with awareness of how presenteeism can negatively affect employee health and performance.

To reduce presenteeism, organisations should:

- Identify the RISKS and CAUSES.

- REVIEW absence management policies and practices.

- ENSURE the organisational culture values and promotes employee health.

- CONSULT staff about their experiences of presenteeism and INVOLVE them in decisions about how to manage it.

- MONITOR their workload and working hours to ensure they are not overloaded.

- ASSESS risks among home-based workers, as well as those who are office-based.

- IDENTIFY the support required.

- ENCOURAGE and ENABLE employees to take sick leave when required.

- IMPLEMENT an employee wellness programme to emphasise the importance of self-care.

- ENSURE policies and practices are inclusive and consider the diverse needs of the workforce.

More specific guidance for organisations

- *Assess the risks and identify the problem.* Employers have a duty of care to protect the wellbeing of their employees. Organisations should carefully evaluate the risks associated with presenteeism and identify the factors that contribute to it, such as workload, working hours, organisational culture and job insecurity. This assessment will enable targeted interventions to reduce the risk of dysfunctional presenteeism. Regular evaluations should be conducted among both office and home-based workers to identify whether changes in organisational practices and employees' personal circumstances have impacted on their health and sickness absence behaviours.

- *Recognise the true costs of sickness presenteeism.* Decreased productivity, lower quality of work and an increased risk of errors or accidents are common consequences. Unwell workers who continue working may take longer to recover – leading to extended absenteeism in future – while presenteeism can also impact on team morale and strain relationships. Over time, these factors can contribute to higher healthcare costs, increased turnover rates, and lost opportunities for innovation. Additionally, a culture that encourages presenteeism can damage an organisation's reputation, making it harder to attract and retain top talent.

- *Re-evaluate sickness and absence policies.* Conduct a critical review of sickness management policies to ensure, wherever possible, employees are not penalised for taking reasonable sick leave. Consider extending the policy to explicitly address the risks of presenteeism. Processes such as back to work interviews can help assess whether employees are fit to return and identify any support, but be mindful that employees may find these interviews stressful, which may discourage them from taking sick leave. Employers should also avoid implementing incentives or bonuses for good attendance, as this can discriminate against sick employees and encourage presenteeism. Guidance on absence management can be found here.

- *Staff wellbeing surveys* provide organisations with valuable insights into patterns related to health complaints and attendance behaviours, including both absenteeism and presenteeism. These surveys can incorporate risk assessment methods, such as the UK Management Standards approach, to evaluate the organisational factors contributing to work-related stress and presenteeism – high demands, long working hours, low control and low support. Additionally, the HSE's Talking Toolkit can assist employers in engaging in discussions with individual employees about strategies for preventing work-related stress and discuss any feelings of pressure to continue working while unwell.

- *Establish a 'healthy' sickness absence culture* which encourages people to take adequate time off to recover from illness. The COVID-19 pandemic may have contributed to the development of such cultures, where taking sick leave, particularly for contagious illness, is viewed as the most responsible and considerate choice. It is also crucial to be aware of any stigmatisation of sickness absence, particularly for mental health issues as noted above.

- *Demonstrate compassionate leadership* by modelling behaviours that encourage employees to maintain a balanced perspective on work and prioritise self-care. If employees appear visibly unwell in the workplace, send them home to rest, avoiding any subtle unintended encouragement of presenteeism within workplace culture. Additionally, be mindful of whether home-based workers are working while unwell and address any concerns regarding their wellbeing.

- *Provide training for supervisors and managers* so they can recognise and address early signs of stress. The Health and Safety Executive offers a framework to assist managers in identifying and developing the skills for supporting employee wellbeing. Training in coaching techniques can help managers engage in critical wellbeing conversations with their team members. Guidance for line managers on implementing individual Wellness Action Plans to support their employees' mental health can be found here. Guidance for employees is available here. It is also important to consider the needs of remote workers, particularly those who are disabled or neurodiverse, by conducting regular check-ins to discuss workloads and communicate wellbeing initiatives. Wellness Action Plans tailored for home-based employees are available here.

- *Provide guidance on managing technology* in a healthy and sustainable way, emphasising the importance of setting boundaries to disconnect from work communications during sick leave. Raise awareness that working from home while unwell can lead to heightened expectations and create a culture where being constantly available is considered the norm. Guidance on effectively managing teleworking can be found here.

- *Implement flexible working arrangements.* While organisations are legally required to consider requests to work flexibly when feasible and in line with business needs, the advantages are greater when employees have choice and control over their working patterns. People who choose their working hours and locations often report lower levels of presenteeism, but their working time needs to be monitored to prevent overcommitment. Offering flexible working can be particularly beneficial for accommodating the needs of people with long-term conditions. Guidance on introducing flexible working is available here and here. The CIPD provides guidance on the benefits of flexible working and tips on implementation here.

- *Establish an employee wellbeing programme.* Well-crafted health promotion and wellbeing initiatives can reduce presenteeism by supporting the mental and physical health of the workforce and enhancing resilience. Engage employees in co-developing strategies to mitigate presenteeism and foster a healthier culture around sickness absence. Consider creating wellbeing ambassadors and mental health wellbeing support groups to facilitate discussions and address issues relating to presenteeism. Guidance on implementing an organisational approach to employee wellbeing is available here.

A critical role for occupational health

To effectively address dysfunctional sickness presenteeism, it is essential to identify and eliminate barriers to accessing occupational health (OH) services. Currently, the proportion of the UK workforce that can access OH services is unknown[28]. Some employers may view occupational health (OH) services as prohibitively expensive, and this perception—coupled with a declining number of qualified OH professionals—may have serious implications for employee health and wellbeing. Nevertheless, there is evidence that OH services are highly cost-effective, provided there is an appropriate mix of skills[28].

OH is critical for ensuring all employees receive the support for transitioning back to work after illness and injury. As demand for their services continues to rise,[29] it is increasingly important for OH provision to be adequately resourced.

Occupational health practitioners (OHPs) play a vital role in managing sickness presenteeism in several ways.

- *Raising awareness.* OHPs enhance understanding of the signs and consequences of presenteeism, which helps foster a supportive workplace culture that prioritises employee wellbeing. OHPs can also monitor the effectiveness of presenteeism management strategies and use data to refine policies, to ensure they remain effective and relevant.

- *Education and training.* OHPs are uniquely positioned to offer advice on effective absence management policies and practices. They also provide education and training to both employees and management on the importance of health and wellbeing, with the aim of reducing stigma around sickness and encouraging a supportive workplace culture.

- *Reducing complexity.* While distinguishing between therapeutic and harmful presenteeism can be challenging, OHPs help navigate this complexity. They assess individual circumstances and offer tailored, person-centred guidance that balances encouraging workplace participation with support for health recovery. This approach ensures employees can continue to engage in work while prioritising their wellbeing.

- *Supporting return to work.* Implementing phased return to work approaches is essential for helping people who are facing wellbeing challenges avoid sickness absenteeism or presenteeism. However, managers may be reluctant to implement reasonable adjustments suggested by OHPs, which can impede efforts to address presenteeism. This reluctance often arises from concerns about operational costs, potential disruption to workflow, or a lack of understanding about the benefits of these adjustments for employee health and productivity. To overcome this, it is vital to promote awareness and provide training for managers on the significance of reasonable adjustments and their positive impact on the workplace and the key role of OHPs in this process.

Sickness presenteeism, disability and/or neurodivergence

Sickness presenteeism among disabled and/or neurodivergent employees can stem from fear of job loss, social stigma and a workplace culture that prioritises attendance over health. These employees may feel compelled to work despite their health issues to avoid falling behind or being perceived as less dedicated, which can exacerbate their health conditions and ultimately reduce productivity. Neurodiverse employees face specific challenges – including sensory sensitivities, communication barriers and increased anxiety – which can drive them to work when unwell. This often arises from a desire to meet workplace expectations or avoid negative judgement. It is essential for employers to distinguish between voluntary presenteeism, where employees choose to work despite health or other challenges, and involuntary presenteeism, where they feel pressured to work when unwell.[30]

Although reasonable adjustments, such as remote working options, can help disabled and neurodivergent employees manage their conditions, they may become less visible to their peers and managers. This can make it harder to identify signs of overwork or sickness presenteeism and assess when additional support is needed.[31] Employers should strive to create supportive and inclusive environments by implementing flexible homeworking policies and remaining vigilant for signs of presenteeism. Line managers play a key role in supporting disabled and/or neurodivergent homeworkers, ensuring they benefit from accommodations while mitigating disadvantages such as presenteeism.[32] Support from OHPs is essential for assessing the needs of disabled and/or neurodivergent homeworkers, offering guidance on creating a healthier and more inclusive work environment, and ensuring they receive the accommodations necessary to thrive without compromising their wellbeing.

Conclusion

Growing awareness of the prevalence and costs of dysfunctional presenteeism is prompting more organisations to implement interventions to reduce this behaviour. According to the CIPD,[1] 41% of employers have introduced measures to support workers struggling with presenteeism, while 25% are actively encouraging employees to refrain from working when unwell. Addressing presenteeism and ensuring people are fit for work can yield numerous benefits for both employers and employees.

Nonetheless, a careful balance is needed to mitigate the negative effects of presenteeism while maintaining rigorous absence management processes. Effectively addressing presenteeism is an investment in the long-term wellbeing of employees, to help them feel supported and perform at their best. A systemic and proactive approach, designed with the input of OHPs, wellbeing practitioners and employees as well as organisations, can result in significant benefits for employers, including enhanced employee wellbeing, increased morale and productivity, and improved retention.

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