

Chapter 60

Presenteeism Among Healthcare Sector Specialists

Agata Węzyk

Nofer Institute of Occupational Medicine, Poland

Karolina Czarnecka

Medical University of Łódź, Poland

ABSTRACT

This chapter focuses on the phenomenon of presenteeism (i.e. being at work despite having health problems) among healthcare professionals, such as doctors, nurses and caregivers. We present a review of studies regarding prevalence of presenteeism as well as determinants of attending work while ill in healthcare sector. We also describe some preliminary result of a research project on presenteeism in Polish employees. Finally we discuss ethical concerns that are inevitable in case of healthcare workers, who come to work despite being ill.

INTRODUCTION

Presenteeism in Health Sector: What Is Presenteeism?

Everyone will experience more or less serious illness at some point of their life. In such a case a worker will have to make a decision about going to work or taking day-off (a sick-leave or vacation leave). Thus, in this particular situation we can distinguish two different phenomena: absenteeism (i.e. being absent because of illness) and presenteeism (i.e. being at work in spite of illness). First of them is well known and described in the literature. Presenteeism, on the other hand, is quite a new term in occupational health and medicine. It is said that actually presenteeism was common before, as people were not entitled to sickness absence before the suitable rules and regulations were brought into effect (Hansen & Andersen, 2008). However, the scientific research on presenteeism dates back to mid-‘90s and is gaining more and more interest. Originally this term was coined as an antonym of being absent or to describe full (100%) attendance (Johns, 2010). Now, there are many different (not always consistent) definitions of presenteeism (see Johns, 2010 for review) and two main approaches can be distinguished. One of them equates

DOI: 10.4018/978-1-5225-6915-2.ch060

presenteeism to productivity reduction due to an illness (Schultz & Edington, 2007; Turpin et al., 2004). Another one defines presenteeism as simply attending work while ill (Aronsson, Gustafsson, & Dallner, 2000; Johns, 2010). In this paper we advocate the second approach, because it does not confound the cause (being ill) with one of its consequence (limited productivity). Sometimes in both approaches the definitions include circumstances other than illness (such as child care problems, office politics, etc.), but we believe in accordance with Johns, 2010 that this results in too broad and general definition.

At least three different models of presenteeism were developed, but the most comprehensive one (Johns, 2010) includes both absenteeism and presenteeism that are considered to be alternative behaviour to an incident of illness (acute, episodic or chronic). The decision about going to work or not depends on many individual and organisational factors (see chapter 1.3). Both attending work and being absent has some consequences, such as changes in productivity, worker's health, others' perception of the present/absent worker, etc. Sickness absence is not very welcomed in organisation as it leads to obvious costs. It is also seen as a way of withdrawal from an organisation (i.e. people who are often absent are not committed to their job). On the other hand the idea of sick leave is to recover from an illness and as such, should not be perceived negatively. Presenteeism also brings about high costs – some claim that they are much higher than those of absenteeism (Hemp, 2004). However, it is very difficult to measure productivity in white-collar professions, so those estimations might not be reliable. In addition to that, we share others' opinion that even lower productivity (as long as it does not imply errors or risk for ill person and other people) is better than nothing (Johns, 2010). 100% productivity is probably unachievable in a long term, even if the worker is completely healthy. There are also some proofs that working while feeling unwell might be positive (de Vries, Reneman, Groothoff, Geertzen, & Brouwer, 2012; Howard, Mayer, & Gatchel, 2009). Work itself plays a vital role in people's life and contributes to their well-being, provided that the psychosocial work environment is optimal (Biron & Saksvik, 2009). Of course, there is no questioning the fact that if the illness is serious or contagious, a worker should take sick-leave. It serves the worker's recovery and prevents infection from spreading. However, as far as minor illness (or „incomplete” recovery) is considered, presenteeism might be an adaptive, positive behaviour (Biron & Saksvik, 2009; Howard et al., 2009; Johns, 2010). Such an illness does not overburden the worker and – probably – does not preclude performing (at least some) duties. Thus, sick-leave is not necessary, whereas attending work may e.g. prevent work piling-up as well as contribute to self-esteem and self-efficacy. Work may also play a role in rehabilitation process.

Prevalence of Presenteeism in Health Care Sector

Recent studies show that many people attend work despite feeling unwell (Aronsson et al., 2000; Hansen & Andersen, 2008) and healthcare sector workers seem to be particularly reluctant to stay at home while ill (Aronsson et al., 2000; Rantanen & Tuominen, 2011). Presenteeism in healthcare sector happens in case of acute diseases (e.g. (Gudgeon, Wells, Baerlocher, & Detsky, 2009; Perkin, Higton, & Witcomb, 2003)) as well as chronic ones (e.g. (Kivimäki et al., 2001)) and injuries.

There is no doubt that many doctors (of different specialisation) work while ill. It is also very common among other healthcare staff. There are many anecdotal stories about it, but the scientific research also indicate clearly that the majority of practitioners, nurses and therapists do not take sick leave when having potentially infectious illness episodes (diarrhoea/vomiting, respiratory tract infections, skin infections, etc.) (Bracewell et al., 2010; Gudgeon et al., 2009; LaVela, Goldstein, Smith, & Weaver, 2007; Perkin et al., 2003). They do it even if their duties include caring for people who are at high risk of respiratory

20 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/presenteeism-among-healthcare-sector-specialists/209182

Related Content

The Road to Lesson Observation as a Tool to School Improvement: Accountability vs. Perfunctory

Rasha Khalil Abdallah, Sana Butti Al Maktoumand Maha Khalifa Al Mansoori (2023). *Restructuring Leadership for School Improvement and Reform* (pp. 222-252).

www.irma-international.org/chapter/the-road-to-lesson-observation-as-a-tool-to-school-improvement/321998

Assessing Global Interest in Financial Inclusion Information

Peterson K. Ozili (2025). *Examining Global Regulations During the Rise of Fintech* (pp. 51-70).

www.irma-international.org/chapter/assessing-global-interest-in-financial-inclusion-information/357479

The Effects of Innovation Policy on Science-to-Business Collaboration: The Case of Serbia

Isidora Avram Berahaand Sonja Obrad uriin (2024). *Research Anthology on Business Law, Policy, and Social Responsibility* (pp. 1608-1628).

www.irma-international.org/chapter/the-effects-of-innovation-policy-on-science-to-business-collaboration/335785

It's Like Felting: Reflections on Feminist Social and Community Practices

Elizabeth Orr (2021). *Practical and Political Approaches to Recontextualizing Social Work* (pp. 89-110).

www.irma-international.org/chapter/its-like-felting/277347

RETRACTED: Metaverse Banking 2.0: Upcoming Patterns and Difficulties for Metaverse Banking Approaches

Ahmad Y. A. Bani Ahmad, Bhupendra Kumar, Jaideep Sharma, Kahkashan Khan, Sabyasachi Pramanikand Ankur Gupta (2025). *Examining Global Regulations During the Rise of Fintech* (pp. 269-298).

www.irma-international.org/chapter/retracted-metaverse-banking-20/357487