The price of presenteeism

Pressure to be present despite sickness means more people are at work when they’re unfit to be there. But experts warn ‘presenteeism’ has more drawbacks than benefits, Steven Nagle MIIRSM offers tips for using a modern ethos to combat the unwanted issue of workers showing their face when they’re ill.

There is a balance to be struck between sickness and absence, and hard and fast rules can’t necessarily be applied to all circumstances. We are now in a modern era of technology and agile working, most organisations have adopted the attitude that flexibility is the best solution to a variety of health-related issues among staff.

Presenteeism – the act of a member of staff coming to work when they are ill – has its obvious positives in terms of not using up sick leave or annual leave, and it can be good for a company; productivity continues in some cases, as well as the availability of personnel. Some sources even argue that there is a potential profit-boost by having staff come into work whilst ‘under the weather’, although this is argued by most.

The flipside, presenteeism also raises concerns in respect to workers’ rights, occupational ill-health (statistics, and practical ill-health of staff), productivity and ethics. Whilst it might be said that benign presenteeism will stir a mixture of attitudes among staff, and it can be a balancing act, one weighing more on SMEs than larger organisations who have greater levels of resource to deal with sickness, absence and lost productivity. Benign presenteeism may also be the trigger for further health issues developing, leading to excessive stress or mental health issues, burnout and extending recuperation periods, particularly when other factors outside the workplace are considered.

It is a key issue in the debate that people don’t want to be at work and others who might make them sick. On the other hand, their presence may be needed to ensure work is completed on time, on budget, to keep the company afloat.

As such, we need to make a balanced judgement call when we look at sickness absence, particularly when taking a proportionate and even, long-term view of how to best resolve health issues and absences for both the individual(s) concerned, and the whole business.

A balanced view

Deciding whether absence is acceptable in the circumstances, or whether there is a level of presenteeism that can be accepted without causing mass illness within the office with potentially damaging effects, can be influenced by several factors:

- What is the condition the ill person is suffering from?
- What is the ‘real’ risk of communicable infection over and above ‘the sniffer’ (for example risk over and above casual exposure)?
- Is the absence triggered by pregnancy, epipheny or other ‘mitigating factors’ that cannot be ignored?
- What is the ‘real’ risk of harm coming to the ill individual if the organisation insists on their presence in the office?
- Does the individual previously have habitually absences on significant dates? (for example, Monday morning hangovers, World Cup football clashes, etc)
- If they attend the office, will their rate of productivity be sufficient to have made the trip to work worthwhile, over the possibility of working at home, or spending time recovering at home?
- Can reasonable adjustments be made to segregate those who are ill to prevent the spread of an illness?
- If prescription of medication is required, is this permissible within the company sickness and absence policy?
- Are the side effects considered harmful or dangerous during the staff member’s activities at work, or on their journey home? Could the introduction of new medications bring about new or increased risks?
- What is the likelihood that a little time off will damagingly stall, delay or halt a project? Can the individual realistically catch-up with the workload?
- Is work at home an effective measure to minimise sickness and absence through supplying work to be completed at home? (can software sharing be accommodated so that use of home computers is sufficient to allow unwell workers to continue work at home?)
- Is there any expenditure that the company may need to absorb because of the absence?
- Have the organisation’s expectations exceeded the individual’s ability to cope? Are they suffering with stress or fatigue as a result? If the ill person has been doing a lot of hours on behalf of the company, the illness may have been triggered by organisational factors including poor operational/people management, unrealistic deadlines/expectations, and no support structure.
- Is there anything in the work environment that could be changed or improved?
- Is there anything in the office environment that could be changed or improved?
- Should the company’s policies be changed or improved?
- What is the likelihood that the ill person will return to work?
- Can we accommodate flexible and home-working strategies, and the mitigation of sickness-related absence by developing, leading to excessive stress or mental health issues, burnout and extending recuperation periods, particularly when other factors outside the workplace are considered.

21st Century workplaces

With many evolving workplaces looking at the future and the mitigation of sickness-related absence by accommodating flexible and home-working strategies, there are options to make the workplace less stressful, and more flexible, accommodating more of the individuals’ needs, often resulting in less time off, and higher overall productivity and job satisfaction. We see the introduction of sleeping pods, bean bags, discretionary annual leave policies and the relaxation of office clothing expectations being tested throughout industry, particularly in offices. The results have shown that this has a positive impact on studies, however, longer-term data is still to be meaningfully scrutinised.

Looking purely at the lower-risk end of the illness spectrum (such as the sniffles), it would be reasonable to consider the above factors, and, on balance, if the illness is not ‘damaging’ (although potentially communicably infectious), is probably something that should not merit time off. On the flip side, if there is a likelihood of harm (which may even include harm reportable under RIDDOR, and the longer-term prognosis), on balance, probably does merit absence, may including a work-from-home schedule or light work.

When contemplating the factors to consider, it should be gauged as to what level of impact each consideration may have on both the organisation, and the individual. This is, in effect, your risk assessment.

In any event, should it be determined that health surveillance, counselling and medical assistance for stress and mental health issues be mandatory, for instance of chronic fatigue be identified, it not only becomes far more obvious that time away should be recommended, but that the process for control and eventual return to work should be instigated and monitored by the organisation. Monitoring therefore should not be made to be ‘intimidating’, as so often is the case with return to work interviews, but they should empower and encourage, for the long-term benefit of both parties.

Evidence suggests then, that all decisions, wherever possible, should be taken in conjunction with the individual and a plan for the return to work discussed ahead of time, mitigating the intimidating vibe, which frequently does more harm than good. With occupational ill-health accounting for 80% of time off nationally, the best approach to sickness and absence will be based on a balance of relevant factors, in line with suitable controls that can be implemented under Section 2 of the Health and Safety at Work Act, the Work and Health, Safety and Welfare Regulations, and Schedule 1 of the Management of Health and Safety at Work Regulations.
General principles of prevention

1. Avoid risks
Avoiding all risk in respect of occupational ill health is impossible – monitoring movements outside of work and undertaking health scans which can pick up illnesses in their incubation periods is never going to happen. Therefore, it’s impossible to avoid any risk of worker contamination. Sending people home for having the sniffles or the lurgy is not only counter-productive for the business but is generally disproportionate to the risk posed to health. That said, those who would suffer chronic ill health from contracting somebody’s cold (for example cancer patients whose immune system is being rendered ineffective by chemotherapy) may need to be segregated from the unwelcoming member(s) of staff.

2. Evaluating the risks which cannot be avoided
It is also the case that each sickness absence should be weighed up against what it is and what the illness can do to the individual and others. Consideration of the factors mentioned previously would give us a good idea of whether absence is required, or whether allowing a ‘minimal’ level of risk is acceptable in the circumstances.

3. Combating the risks at source
Consider if the illness has been caused by organisational factors – examples might include stress, legionella or a lack of handwashing facilities in toilets. These should be dealt with. If it is deemed that non-organisational factors are to blame, then the individual should consider how they can avoid such issues in the future.

4. Adapting the work to the individual
This is especially important when it comes to the design of workplaces. Careful selection of work equipment and working and production methods should be made with a view to alleviating monotonous work and work at a predetermined work-rate to reduce their effect on health. It is known that routine and dull work can have a serious negative effect on concentration spans, reduce the amount of the time before people ‘zone out’ and so on. Luckily, in an office situation, there are few machines or processes that are likely to endanger health or life, it is up to people reverting to ‘autopilot’. However, there is risk to motivation, morale and esteem, and this can affect productivity in such a way as to may slow to the point where not much is being done than if the staff member had not attended work. As such, it is recommended that staff take short breaks to keep themselves awake and sharp, take a short walk before returning to their desks, or do other jobs around the workplace that give them a rest from a computer screen. This will assist with compliance with the DSE Regulations by having the day broken up by performing a mixture of tasks, which may well help those who are ill at work to focus for a greater proportion of the day. It may even be acceptable, or beneficial, to combine this with working from home or other flexible working strategies.

5. Adapting to technical progress
It is always good to improve the technology and resources available to an organisation, and remote working among other things is a useful strategy to consider. Environmentally, it will also enable the business to reduce its carbon output and allow the organisation to review its ability to reduce absenteeism on a number of fronts that may well be mutually beneficial to staff. The downside to this is that it can become favourable, and the norm, to want to work from home routinely, rather than just as a way of reducing absenteeism by proxy.

6. Replacing the dangerous by the non-dangerous or the less dangerous
This is a hard element of the hierarchy of control to apply, but there are dangers associated with attending work while ill. This control is about substitution – we could apply it in doing work (a) when ill, or (b) when under the influence of powerful medication, when it would useful to substitute the danger of travelling in for the less dangerous option of absenteeism and remote/home-based working.

7. Developing a coherent overall prevention policy which covers technology, organisation of work, working conditions, social relationships and the influence of factors relating to the working environment
Organisations should provide a framework to reduce sickness and absence prevention strategy (so far as this can be sensibly, flexibly achieved) integrating technology, work organisation, work conditions, social relationships and influence of factors relating to the working environment. The obvious drawback of a flexible approach from both the business and individual perspective may result in different decisions applied for different reasons despite suffering the same ailment, be it temporary or permanent, meaning there must be a mechanism in place for safety to override productivity concerns.

8. Giving collective protective measures priority over individual protective measures
The obvious collective protective measures are in the giving effect of the previously mentioned overall prevention strategy, or the strategic segregation of workers who are ill and potentially contagious by providing them with a space in an unoccupied office or similar area should they be unable or unwilling to take time off. It is acknowledged that some factors (probably not work related) may make it impossible for individuals to be able to be absent from work, although a useful strategy to arrest these issues would be in allowing staff to make time up later or utilise flexible working strategies to aid in having time off, and allowing for a faster, less stressful recovery.

9. Giving appropriate instructions to employees
Provision of such information may be required when someone has a contagious illness and practical instructions are required to combat the effects or otherwise prevent the rumour-mill from kicking into action. Appropriate time and management availability should be ensured to answer questions and concerns. Again, this probably wouldn’t be applied every time someone has a cold, but certainly for more significant communicable conditions it is necessary where there is ongoing threat of bodily damage or further risk of greater ill health effects in the long term.

Is absence the better outcome?
It could be reasonably argued that if it is within the means for an organisation to allow all absence without problems surrounding productivity, it should. However, there are obvious drawbacks to permissive absenteeism as well, which include:

● not knowing if the reasons for being absent are related to ill-health or preference for working from home
● not being able to accurately record sickness-related absence
● some people may not have the discipline, self control or level of motivation required for home-based working in terms of completing work
● contacting staff could become more difficult
● projects requiring a certain level of interaction between parties may be difficult to manage with this ethos, and problems will take longer to solve

While there is an impact on the general principles of prevention in respect to occupational ill health, and particularly in respect to absenteeism and presenteeism, controls can minimise the risk of contagions causing communicable illness, while not necessarily impacting the business adversely if the staff and business can come to agreement on sensible, proportionate controls.

The will of the people
In the longer term, this approach should improve both rates of absenteeism and presenteeism, retention and reliability, and is a good ethos to use to ensure staff are not feeling burdened by financial and other restraints where the knock-on effects of sickness would otherwise result in negative effects to health and morale. This in turn builds up enthusiasm and trust and should also ensure greater overall productivity.

10. The down side
Highlighting permissive absenteeism as a control for the mitigation of communicable infection can bring about problems for businesses when they have a study, coherent overall prevention policy which concerns organisation of work, working conditions, social relationships and the influence of factors relating to the working environment. It can be abused to utilise all absence-endorsing functions of the system and create excuses to work from home and generate a 100% remote working role. This could stifle the debate – as can a situation where a small business simply pays nothing and adopts a traditional approach of expecting people to come into work in all circumstances unless they really feel they are not healthy enough to do so.

There are those in the workplace who can and will be affected by such decisions to allow a measure of ill-health risk to be present in the workplace. In many cases the risk is negligible, but there will always be considerations when you look at the threats presented to those to whom we owe a duty of care, and by whose labour we reap a profit.