The problem with presenteeism

Many nurses push themselves to work when ill but at what cost? asks Nicola Davies

When nurses get sick, the chances are they will try to shake it off and go back to work. Whether it’s due to management’s demand to ‘do more with less’ or the belief that their work is indispensable, many nurses clock in despite being ill or unfit to work – a state referred to as presenteeism.

Nurses get sick, not only from exposure to infections, but also due to the physical and psychological demands of the job. Research discussed at the Division of Occupational Health Psychology Conference in January 2016 indicates presenteeism is particularly prevalent in primary care nursing and leadership roles. It is a huge healthcare concern highlighted by research conducted by the Sainsbury’s Centre for Mental Health that found that presenteeism is costlier than absenteeism.

Pressure put on nurses to work when they are unwell is, in fact, counterproductive for employers not only due to later absence resulting from burnout, but also due to the financial costs of presenteeism-associated errors. This article explores the problem of presenteeism and helps nurses identify when they should and shouldn’t be attending work - and how to avoid the guilt of unavoidable absence.

How widespread is the presenteeism problem?

A 2013 survey of US nurses’ presenteeism habits, published by the Robert Wood Johnson Foundation Nursing Research Network, found that 75% of nurses continued to go to work, even when experiencing pain; 18.4% rated their discomfort above 5 on a scale of 1-10. However, the study only dealt with pain, discomfort and depression. Presenteeism when ill may be an even more pervasive phenomenon.

The Royal College of Nursing (RCN) says NHS nurses are experiencing ‘unprecedented’ stress levels and resulting ill health owing to overwork and staff cuts. A total of 82% of the nurses responding to an RCN questionnaire said they attended work while ill – and more than half of the respondents cited work-related stress as being among the causes of their illnesses.

In Ireland, the percentage of nurses who work when unwell matches UK rates; 82% will go to work regardless of how sick they may be. It appears that high levels of presenteeism are common in the nursing profession locally and globally.

Why do nurses go to work when sick?

In many cases, nurses attend work when they know they should be resting because they fear their patients will be at risk. This concern is expressed by Susan Tavener, a community nurse, who says: ‘My health has to take a backseat; I can’t just leave my patients because I feel under the weather.’ Is this a symptom of an overdeveloped sense of responsibility? Perhaps not. An NHS paediatric nurse expresses a similar sentiment, saying she feels ‘compelled’ to report for duty when ill because patient care would be compromised if she was not at work as a result of understaffing in her unit.

Management pressure also plays a role. Nurses dread being called into attendance management meetings in which they may feel they are being ‘disciplined’ for having been off sick. The NHS claims these meetings are conducted because employers have a duty not to make decisions that may affect staff ‘without being in full possession of the facts of their situation’. A statement that will not reassure nurses with repeated or protracted illnesses. One NHS staff nurse who suffers from a heart problem reports being told she would have to attend a capability hearing if she didn’t have 100% attendance, saying she ignored ominous chest pains to attend work.

Although the level of dedication to duty exhibited by nurses is admirable, are they really doing their colleagues, their hospitals, clinics, and their long-term patients a favour if they force themselves to work when ill?
Professional Wellbeing

The consequences of presenteeism have devastating effects, not only on nurses’ productivity, but on the wellbeing of their patients. Needless to say, the nurses themselves suffer adverse physical and mental health consequences that may ultimately affect their ability to continue working in their chosen profession.

Presenteeism and patients

Vulnerable patients with weakened immune systems can easily contract an illness from a nurse, and the common respiratory problems and gastrointestinal illnesses that most nurses ignore in order to carry on working, could make these patients sicker or even kill them. In the US, the Centre for Disease Control and Prevention (CDC) estimated that annually there are nearly three quarters of a million healthcare-related infections.

A University College Los Angeles study went so far as to call presenteeism in nursing a ‘public health hazard,’ citing a case study in which one presentee staff member with a gastrointestinal infection was believed to have infected 18 staff and 23 residents of a geriatric care facility in just 10 days. Presenteeism is not only bad for productivity, it can prove to be fatal for vulnerable patients.

Muddied thinking and physical weakness also play a part in the risk presenteeism poses to patients. The Robert Wood Johnson Foundation survey¹ reported that nurses with high levels of presenteeism were more likely to report patient falls or medication errors, and that these nurses generally felt that the quality of patient care in their units was not as good as that reported by nurses with lower presenteeism.

A 2015 study published in JAMA Pediatrics found that 83% of medical professionals admitted coming to work when they were sick, even though 95% of the group reporting presenteeism said they were aware this habit could put patients at risk.²

The nurse and their career

According to Dublin City University,³ presenteeism is ‘associated with higher levels of experienced burnout (emotional exhaustion and cynicism) and stress.’ Fortune Magazine reports that 67% of employees experiencing burnout will consider a changeover to a new career.⁴ If 67%, or even half that percentage, of experienced nurses were to leave nursing, the impact on healthcare would be devastating.

Simple logic tells us that working when ill, instead of resting and recovering, increases the recovery period. It is also possible the illness could become worse with the potential of long-term or permanent damage to health. Once again, we are faced with a situation that not only impacts on individual well-being, but the profession as a whole.

Does presenteeism spare your colleagues?

Nurses experience the fear of letting their co-workers down or being ostracised by their equally overworked, overstressed colleagues. As many as 98% of nurses in the JAMA study said they didn’t want to let their colleagues down by taking a sick day.

Nobody is at their most productive, or is thinking as clearly as they ordinarily would, when suffering from an illness. However, when nurses turn up for work sick, their colleagues may simply assume they are up to performing their work as efficiently as ever.

When the presentee nurse isn’t able to perform duties as normal, the burden falls on colleagues who may be surprised and angered by the nurses ‘incapacity’. There is also a chance of the presentee nurse’s colleagues catching their illness, creating a snowball effect in which a number of colleagues either miss work or attend the clinical workplace and values input from care providers. The RCN also represents nurses and advocates for health policies and excellence in practice. The Advisory, Conciliation and Arbitration Service (Acas) also aims to improve working life and offers employee advice and support.

If you find yourself being grilled when you call in sick or face repercussions when you return to work, remain calm. You did the right thing. If you have to have an absenteeism management meeting, be frank and don’t allow anyone to upset you. Get your perspective and the dangers of presenteeism across. You have nothing to feel guilty about and nothing to fear.

Nicolaa Daviess is a freelance medical writer

Please comment online at www.independentnurse.co.uk, or email

References