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“Better than watching daytime TV”: sickness presenteeism in UK academics

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“Better than watching daytime TV”: sickness presenteeism in UK academics

Abstract:

Sickness presenteeism refers to the practice of continuing to work during illness. Although not always damaging, there is evidence that working while sick can impair employees' health and job performance. As the causes of presenteeism are multi-faceted and context-specific, insight into the experiences of different occupational groups is required. This study examines the prevalence of sickness presenteeism among academic employees, the occupational, organisational and individual factors that encourage such behaviour and the implications for their wellbeing and performance. Data obtained from 5,209 academics working in UK universities (56% female) were subjected to thematic content analysis. Most respondents (90%) reported working while sick at least sometimes, with more than half (52%) doing so often or always. Seven interlinked themes were identified: workload pressure; non-negotiable deadlines; lack of cover; culture and working conditions; being professional, working strategically and personal choice. Although presenteeism among academics can be therapeutic and functional, it seems to be mainly dysfunctional with serious implications for their continued wellbeing and performance.

Keywords: academics; presenteeism; health; job performance

Introduction

Presenteeism has been defined in various ways, but it most commonly refers to when people work when they are unwell (Johns, 2010). The growing evidence that sickness presenteeism

is more damaging for employees and organisations than sickness absence (Garrow, 2016; CIPD, 2020) means that insight is needed into the causes and implications of such behaviour. In order to raise awareness of the risks and inform interventions, it is important to identify the factors that encourage presenteeism in different occupational groups (Ruhle et al. 2020). Little is known about presenteeism in academic employees, but there is evidence that they experience many of the occupational, organisational and individual risk factors found to encourage such behaviour, such as high demands (e.g. workload pressure, long working hours and role stress), low resources (e.g. control and support) and orientations towards the job (e.g. high involvement and overcommitment) (Garrow, 2016; Miraglia & Johns, 2016; Kinman, 2019a; Wray & Kinman, 2020). This study considers the extent to which UK academics work while sick and explores the reasons why they do so. Thematic content analysis is used to provide rich, contextual accounts of respondents' experiences.

Presenteeism

Although sickness absence has declined in many industrialised countries in recent years, presenteeism is increasing (ABS, 2017; ONS, 2020) suggesting that people are not becoming healthier but more likely to work during sickness. Research conducted by the Chartered Institute of Personnel and Development (CIPD, 2020a) has found presenteeism to be a growing problem in the United Kingdom (UK); 89% of over 1,000 organisations sampled considered it a cause for concern and more than a quarter reported an increase from the previous year. The costs of presenteeism are widely believed to be higher than those of absenteeism, but are much harder to quantify (Ruhle, 2020). Although most organisations take steps to measure and manage sickness absence (CIPD, 2020b), the prevalence and costs of presenteeism are largely overlooked. Presenteeism can also be encouraged by

organisational culture, as somebody who works while sick is often considered an 'ideal' employee who is showing dedication and commitment to their employer (Johns, 2010). Such behaviour may also be reinforced in organisations that reward employees with exemplary attendance, use sickness records as criteria for promotion, or stigmatise or penalise staff whose attendance is deemed unsatisfactory (Kinman, 2018).

It should be recognised that working during illness is not necessarily damaging. A framework developed by Karanika-Murray and Biron (2020) differentiates between four aspects of presenteeism: functional, dysfunctional, overachieving and therapeutic. Functional presenteeism is where people continue to work during periods of sickness without further taxing their health, whereas dysfunctional presenteeism leads to a deterioration in health and job performance. Over-achieving presenteeism is characterised by a compulsion to continue working due to over-commitment to the job role and the need to maintain performance. Finally, sickness presenteeism can be therapeutic provided people can work within their limits and receive appropriate support.

While the positive implications of working while sick are acknowledged, it has been argued that the growing evidence for its negative effects on employee wellbeing and functioning means that presenteeism should be considered a 'risk-taking' organisational behaviour (Demerouti et al. 2009). Research findings indicate that working while sick can not only delay recovery, but also increase the risk of future sickness absence (Skagen & Collins, 2016). Longitudinal studies have also found that can lead to work-related stress, fatigue and burnout, mental health problems such as depression and anxiety, and serious physical health complaints such as coronary heart disease (Kivimaki et al. 2005; Demerouti et al. 2009; Conway et al. 2014; Suzuki et al. 2015; Aboagye et al. 2019). There is also evidence that presenteeism can threaten productivity and performance via impaired cognitive and social

skills and lead to serious errors and accidents (Niven & Ciborowska, 2015; Karanika-Murray et al. 2015; Allen et al. 2018).

Research findings show that people work while sick for many reasons. Unsurprisingly, robust attendance management policies have been found to increase presenteeism, as do limited entitlement to sick pay, job insecurity and a lack of options for alternative employment (Miraglia & Johns, 2015; Reuter et al. 2020). Working conditions, such as heavy workloads, conflicting demands and short staffing, can also encourage presenteeism (Hansen & Anderson, 2008; Munir, Yarker & Haslam, 2008). Job control is also likely to be a contributory factor, whereby employees with high levels of autonomy may be better able to accommodate any symptoms and limitations they may experience (Gerich, 2018).

The quality of the social environment is also an important predictor of presenteeism. Pressure from managers to continue working (or to return to work too quickly) is a particularly common cause of presenteeism (Whysall et al. 2017) and concerns about the negative perceptions of managers and co-workers can also encourage such behaviour to avoid appearing lazy or weak (Kaldjian et al. 2019). Nonetheless, evidence for the role of workplace social support in influencing sickness behaviours is mixed. While a supportive supervisor or colleague may give an employee “permission” to take time off sick, positive working relationships can also encourage presenteeism due to feelings of loyalty and guilt, especially if workloads are already high (Kaldjian et al. 2019; Kinman et al. 2019a; Yang et al. 2019).

Presenteeism is found across all sectors of the economy, but it is particularly common in the so called “helping” professions (Garrow, 2016; Kinman, 2019a) where workers typically have a strong sense of duty and moral obligation for the wellbeing of others.

Similarly, professional norms of altruism and “self-sacrifice”, can also discourage people from taking time off sick (Gerich, 2018; Kinman et al. 2019a). Positive orientations towards work, such as feelings of fulfilment and satisfaction, job involvement and work addiction, have also been strongly linked with sickness presenteeism (Karinika-Murray et al. 2015; Mazetti et al. 2019).

While some of the factors that encourage people to work while sick, such as high workload, low staffing levels and work addiction, are likely to be common across all professions, the need to examine presenteeism in different occupational groups has been highlighted (Ruhle, 2019). The findings of such studies will inform targeted interventions to reduce the risk of dysfunctional sickness presenteeism that, over time, can improve the health and performance of workers. This study examines the prevalence of presenteeism among academic employees working in UK universities and considers the reasons why they work while sick.

Presenteeism in academic employees

The research reviewed above provides some insight into the factors that can encourage people to work during sickness. As yet, however, studies that have taken an occupationally specific perspective to presenteeism have focused almost exclusively on healthcare workers. Nonetheless, a recent study provides some knowledge of the psychosocial hazards and individual difference factors that encourage presenteeism among academic employees. Kinman and Wray (2018) found that a combination of high demands, low control and low support from managers increased the risk of presenteeism, with high job engagement being an additional risk factor. Other studies have highlighted the importance of other individual orientations to work in encouraging other groups of employees to work while sick,

particularly over-commitment to the job-role (Schmidt et al. 2019), which is high among academic staff (Kinman, 2019b). Insight into the risks of presenteeism for the wellbeing of academic employees has also been identified in two recent studies. A strong positive association was found between presenteeism and burnout among a sample of Malaysian academics (Omar et al. 2016) and a longitudinal study of over 3,000 Swedish university employees (more than half of which were academic staff) found the most severe exhaustion and impaired performance among those who reported working while sick for eight days or more during the previous year (Aboagye et al. 2018).

Summary and aims of study

Some of the reasons why employees might work while sick have been considered, along with the implications for their health and professional functioning. The findings of the few studies that have examined presenteeism in academic employees have been reviewed. As sickness absence behaviours are shaped by a dynamic interplay between characteristics of the profession, the organisation and the individual employee, there is a need to examine presenteeism among occupational groups that may be at high risk. This study identifies the extent to which academics work while sick, the reasons why they do so and the extent to which presenteeism is functional, dysfunctional, over-achieving or therapeutic. How the findings might shape interventions to reduce potentially damaging presenteeism are also considered.

Method

The data used in this study were taken from a national survey of 4,647 academics working in Higher Education institutions in the UK. Just over half of the original sample (56%) was

female and the majority (64%) aged 45 years or more. Most respondents worked on a full-time basis (84%) and were employed on a permanent contract (86%). No differences were found between groups in levels of job experience, or age

In line with several European studies that have examined the prevalence of presenteeism (see Garrow, 2016), this was measured by a single item that asked respondents to indicate the extent to which they had worked while unwell over the previous 12 months. Responses were obtained on a five-point scale ranging from 1 (never) to 5 (always), with a higher score representing more frequent presenteeism. An open-ended question invited respondents who reported working while sick to provide the reasons for this. Thematic content analysis was used to analyse the qualitative data (Braun & Clarke, 2006). After reading the transcripts, the data were coded and a proportion of the extracts (c. 5%) was checked for concordance. The themes derived from the analysis are outlined and discussed below with representative quotes provided.

Results

Prevalence of presenteeism

Most respondents (80%) reported working while sick over the previous 12 months at least sometimes, with more than half doing so either often (28%) or always (24%). Only 9% of the sample indicated that they never worked while sick. Independent samples t-tests indicated that female respondents tended to report working while unwell more frequently than males, $t(4751) = 7.33$, $p < .001$) as did those employed on a temporary contract $t(4645) = 6.97$, $p < .001$).

Fig 1 about here

Reasons for presenteeism

Sixty-two percent of respondents (n = 2,624) who reported working while sick provided reasons for this behaviour. Seven themes were extracted from the data: workload pressure; non-negotiable deadlines; lack of cover; culture and working conditions; being professional; working strategically; and personal choice.

Workload pressure and the need to be available

Academics commonly reported that they worked while sick in order to manage a heavy workload. Many examples of overload were provided, for example *“I must ‘soldier on’, or work from different sources accumulates to a frightening amount”*. Respondents also frequently described needing to meet a range of deadlines relating to teaching, research and administration that were overwhelming and sometimes conflicting, which compounded the pressure they experienced. Under such conditions, taking time off sick was often considered more stressful than simply carrying on working, as one lecturer commented, *“It stops me worrying that am missing important deadlines and things will go ‘pear-shaped’ in my absence”* and another, *“Ringing up work to say I’m not coming in and going to the doctor for a sick note feels like more effort than just turning up”*. An inability to reschedule commitments due to a lack of capacity also encouraged respondents to work while sick, for example, *“I have appointments booked that would have to be cancelled and rescheduled and there is no space in my diary to accommodate re-bookings”*.

Strong fears about falling behind with work were commonly expressed by respondents, which would make it difficult to meet future targets and deadlines, as one lecturer remarked, *“there is no slack in the system, so I have to keep up to avoid feeling even less in control of my working life”* For some respondents, taking time off sick would require them to work during evenings, weekends and holidays on their return, in order to catch up.

Comments were made about the costs of taking even one day off sick, for example, “*The thought of the work involved in recovering from one unplanned missed day is overwhelming – it seems to require extra work for a week afterwards*”.

Respondents frequently reported that it was assumed that they were still working when they were off sick and being contacted by managers, colleagues and student was commonplace. As one lecturer remarked, “*being off sick is not necessarily considered a valid excuse for falling behind with work, or for failing to respond to queries*”. Pressure to respond to students queries in a timely manner also encouraged respondents to work when unwell, for example, “*as students are now seen as customers, they are always put first*”, and “*students will not understand that I've been ill. They will simply see that things they need haven't been done*”. Even if this was not expected, respondents also reported feeling pressurised to respond to emails in order to avoid a backlog of work, for example, “*I receive steady stream of work-related emails ‘sorry to bother you, I know you are off sick, but do you know/can you just/where is...’ etc. This is hard to ignore, so it is easier to answer them*”.

Non-negotiable deadlines

A common reason provided for presenteeism was pressure to meet work commitments that cannot be rescheduled. Lectures and tutorials, deadlines for marking and feedback, and meetings such as examination boards are scheduled well in advance, making it difficult if not impossible to rearrange, as one academic commented, “*it is often easier to just come in and do your teaching than to cancel a class and have to catch up again at a later date*” and another, “*I cannot reschedule a lot of my work without major, major repercussions so it's much easier to carry on*”. Respondents frequently disclosed feeling under particular pressure not to cancel teaching sessions, for example, “*Teaching would pretty much have to go ahead unless you were very ill – you are simply expected to be there*”. The impact on colleagues of having to cover scheduled teaching sessions was also a concern, “*we have a remit from*

management that no teaching sessions must be cancelled due to staff illness. This means if I am off sick, some other poor sod has to go in and deliver something, often at the last minute”.

An inability to meet deadlines, even if this was because of sickness, was often thought to impact negatively on student satisfaction evaluations and could lead to disciplinary action; as one lecturer commented, *“I have to mark and provide feedback on time, otherwise there are complaints and I will have to justify them to my line manager”*. Several respondents disclosed that staff who were unable to deliver teaching sessions or meet marking deadlines were sometimes personally *“named and blamed”* which they found embarrassing and distressing. Even if teaching could be rearranged, busy timetables and demands for teaching space made this challenging and rescheduled classes were often poorly attended, which impacted on student progression and attainment. Some academics also observed that as deadlines were unevenly spread over the year, being able to take time off sick was more down to luck and chance than the severity of the health problem, for example, *“During term time, deadlines are so tight I have no option but to continue working if I am ill and hope I can carry on until things get quieter”*.

Lack of cover and being indispensable

Respondents frequently cited lack of sickness cover as a cause of presenteeism, which was mainly due to short-staffing, for example, *“there is no safety net and staff are spread too thinly – we simply don’t have enough people to provide cover”*. Some indicated that they worked while sick due to concerns that key tasks would remain undone, as one lecturer remarked, *“There is nobody else to do the work but me, so it either falls between the cracks or piles up waiting for me to return”*. Another respondent described a recent situation they had encountered, where cover that was anticipated did not actually materialise, *“I returned to work after having a couple of months off for major surgery. On my first day back, I was given*

nearly 100 lengthy essays by the person who had supposedly covered my absence. They were nearly three weeks overdue to be handed back to students". Where reliable cover was available, some respondents found it easier to continue working than having to brief somebody about their duties and feeling obliged to monitor them. One respondent described a recent situation: *"When I was in hospital there was nobody to teach my course and it meant colleagues trying to fill in the gaps. I was writing instructions for them from my hospital bed. It wasn't ideal, but I had no choice as I had to keep things going"*. Respondents commonly reported having to arrange their own cover with colleagues, which could cause resentment and would need to be reciprocated, for example, *"Even though my manager says we should stay home and recover, if you leave your work to others there is always a fuss made about how people had to cover for you"* and, *"cover is organised informally, often as a personal favour, so you are expected to return the favour which will then increase your workload"*.

Respondents with management responsibility sometimes expressed concern about the impact that taking sick leave would have on their staff, for example, *"I am responsible for big teams and large projects and there is no back up"*. Academics with highly specialised roles also reported working while sick as they believed other people lacked understanding of their job, as one lecturer remarked, *"certain responsibilities are exclusively mine and cannot be done by others. Nobody else would know what to do, even if they had the time to try"*. This sometimes related to specialist teaching subjects, or respondents' concerns about the welfare of students for whom they felt responsible, for example, *"I work with vulnerable students who will often not talk to anyone else."* Others indicated that they would not trust anybody else to do their work for them, as they believed that it would not be performed to the required standard.

Being professional

Many respondents' comments conveyed a strong sense of commitment and loyalty to their organisation and the need to maintain their personal standards of behaviour, for example, *"It's my nature – I don't give in to illness. if I can get out of bed I will work"* and, *"I don't want to disappoint my manager by being off sick, but it's more like I feel I am letting myself down"*. A particularly common reason for presenteeism was to avoid disadvantaging students, which was exemplified by one lecturer's comment, *"my responsibility to my students is a primary concern and if I can help them I will – they deserve better, so I carry on"*. Feeling responsible for students who were struggling, stressed or vulnerable was also a key reason to work while sick, for example, *"I work 1:1 with students who require additional support and our appointments are booked up 3-4 weeks ahead of time"*. *When I'm off work there is no, or very little cover"*. The potential impact on students enrolled on professional courses was also highlighted, *"I am a nursing lecturer and if I am off sick students are likely to be sent for self-directed study and may miss something that could impact on patient safety"*. Some academics involved in collaborative research also indicated that they would be generally expected by others (and by themselves) to continue working unless they were seriously ill, in order to meet deadlines for funding applications and reports, for example, *"I'm not going to leave my collaborators hanging on when I have promised to contribute to a project and a deadline is looming"*.

Culture and working conditions

An organisational culture that stigmatises sickness was often thought to encourage presenteeism. As one academic commented, *"It's expected – it's just what everybody does, as being ill is frowned upon"* and another, *"The culture in my institution is work at all costs – it feels like you can't be off sick unless you're dead"*. Others described having to comply with

stressful sickness policies and practices in their institution which could discourage them from taking time off, “*we have a fairly draconian ‘checking up’ policy on sick leave which be intimidating*”. Although many respondents highlighted the support they received from their co-workers when they were unwell, some disclosed that they felt pressurised not to take time off sick or return to soon, as people who do so could be subjected to “*... bullying and derisory ‘back-stabbing’ comments by colleagues*”.

Some respondents with line management responsibility also highlighted the need to ‘role model’ presenteeism, in order to provide an example to others. Comments from staff suggested that this compounded the pressure on them to work while sick, for example, “*at least one of the managers in the faculty insists on coming to work and/or working from home when she's unwell (sometimes really unwell), which means that others feel they should do the same.*” Colleagues’ behaviour when sick was also thought to influence expectations of others, as one lecturer remarked, “*other people in my department check their emails when off sick, so I feel under pressure to do the same*”.

Respondents also reported working during sickness as they did not want to be seen as “*a slacker and not a team-player*”. A ‘good’ sickness record was also widely believed to be pre-requisite for career progression and job security, for example, “*I would worry about my position, reputation and security within the organisation, particularly with the internal culture of ‘results at all costs’*” and, “*the new HR Director is coming down hard on sickness absence and people who are unwell (including those who are affected by work related stress) are seen as weak and in need of being ‘weeded out’*”. A more indirect impact on career progression was also recognised via poor student satisfaction ratings and lack of time to conduct and publish research, as one lecturer commented, “*falling behind with research damages me personally, and my job security within the institution*”.

Respondents' terms of employment were also widely considered to influence people's sickness absence behaviours. Particular pressure was clearly felt by academics on temporary contracts and some expressed concern that their contract would not be renewed if they let students or colleagues down by taking sick leave, for example, "*as an hourly paid lecturer I feel vulnerable and afraid that I will not be offered further work. I also work on my research when I am unwell, as this is my path to a full-time permanent job*" and, "*contract staff cannot afford to ever be seen to be ill, or they will be seen as unreliable*". Some respondents employed on short-term contracts indicated that they had no choice but to work while sick, "*I was seriously ill last year and the doctor told me to stay off work for at least three weeks. I had to go in. On a zero hours contract, there is no sick pay and I have bills to pay*".

Identity, involvement and flexibility

Respondents frequently indicated that they worked during illness from personal choice rather than external pressure, as they were deeply involved in their work, for example, "*I don't like being ill, but I do like my work and I find it interesting*". For some, 'down time' appeared to be 'wasted time', which is exemplified by two lecturers' comments, "*I must be productive, even if I am unwell*" and, "*I never feel I have achieved enough, so having time off sick is frustrating*". Others reported that working while sick due to boredom and an inability to gain intellectual stimulation from other activities, for example, "*Why shouldn't I work? It is better than watching daytime TV, or sitting around doing nothing*". Working during illness was also thought to be a source of distraction from symptoms, as one lecturer remarked: "*I get bored and miserable if I am feeling ill, so the stimulation can help. It helps the time pass*".

Working selectively

A number of respondents indicated they would continue to do some work if they had been signed off sick but would rarely work at full capacity. Nonetheless, the ability to work during sickness depends on the extent to which people are incapacitated, both physically and mentally, as one lecturer commented, *“if I can still contribute and not prejudice my recovery, I don’t mind doing some work from home”* and another, *“I have never been so ill that I cannot do at least some work from my bed”*. Being able to work at a “gentler” pace in comfortable surroundings was considered an advantage, where people could take a break when required, for example, *“Doing easy or enjoyable tasks even from my bed or the sofa is reassuring”*. Others indicated that when they were sick, they worked on tasks that were particularly interesting, enjoyable or motivating, or those that were *“time sensitive but required little effort”*. Some respondents reported using sick leave as a way of ‘catching up’ with work, or gaining a breathing space, for example, *“sometimes having a cold or flu helps me catch up, as I can sit and read a document in total peace and quiet”*.

Continuing to monitor emails while on sick leave was particularly common, as it was thought to require little effort. This practice was also widely considered to be *“less stressful in the long run”* as it meant that emails remained at a manageable level, for example, *“Leaving emails unchecked causes more problems than dealing with them”* and *“It is too daunting to come back to hundreds of emails so I try to process non-urgent ones at home”*. Keeping up with emails also enabled respondents to help people maintain an online presence and a sense of control, for example, *“If I check my emails I am still in the loop and people see I am not shirking my responsibilities”*.

Some respondents who reported continuing to work at home when they were signed off sick expressed concerns about being disadvantaged, for example, *“while I was off sick*

recently, I was probably working at 70% of my normal capacity. Yet I was officially recorded as being off sick – this isn't fair as it will impact on my record". Another lecturer commented about the need to invest additional effort when they return to work after sick leave, "it doesn't seem fair that I have to work evenings and weekends to catch up if I take time off sick, but the additional time I donate to the organisation for free is not recorded".

Discussion

The findings of this study indicate that academic employees of UK universities frequently work while sick, with more than half of the sample reporting that they do so either often or always. Several reasons were provided for presenteeism that were dynamic and interlinked, highlighting the importance of occupational, organisational and individual factors. Drawing on the framework developed by Karanika-Murray and Biron (2019), academics mainly appear to work while sick for dysfunctional reasons, most commonly to manage a heavy workload.

When providing reasons for presenteeism, academics commonly referred to expectations (on the part of themselves and others) that they will continue to meet deadlines, regardless of the state of their health, as well as pressure to continue working from several sources. An inability to reschedule commitments seems to compound these pressures. Under such conditions, taking time off sick was often considered more stressful than continuing to work, although the implications for health and job performance were acknowledged.

Evidence was also found that academics use presenteeism as a way of minimising anxiety engendered by a rapidly increasing backlog of work, a failure to meet deadlines, and concerns about letting people down. Sickness cover is not always available, which was a key reason for presenteeism but, where opportunities for cover existed, academics were often reluctant to

over-load colleagues who were already struggling and were also concerned about being obliged to reciprocate the favour on their return which would further increase their workload.

An “unhealthy” organisational culture that stigmatises sickness and encourages people to “soldier on” was widely believed to encourage people to work while sick. The importance of role-modelling expected sickness behaviours was highlighted here, where some respondents with line management responsibility felt obliged to work while unwell as an example to others. How colleagues behaved when unwell was also considered to influence the expectations of others and shape their own sickness behaviours. Concerns that taking time off sick might damage one’s professional reputation and job security were also expressed, both directly, where a “poor” sickness record could restrict opportunities for advancement and indirectly, where taking sick leave might lead to dissatisfied students and hamper research activities. Academics employed on a temporary basis were particularly likely to cite job insecurity as a reason for working while sick, due to concerns about re-employment and lack of sick pay. These findings give particular cause for concern, as a high proportion of academic staff in the UK are employed on fixed-term contracts (HESA, 2018).

Although academics typically indicated that they worked while sick for organisational reasons, such as heavy workload and the need to be available, individual orientations to the job were also important. Many appear to work during illness from a strong sense of duty and loyalty to their students and colleagues and a reluctance to let them down. Feelings of responsibility for the wellbeing and progress of student were often highlighted, where delaying marking and feedback would disadvantage them. Many examples of over-achieving presenteeism (Karanika-Murray & Biron, 2019) were also provided, where academics felt compelled to continue working to maintain personal standards of performance. The role played by over-involvement, over-commitment and work addiction in encouraging people to work while sick has been previously identified (Karanika-Murray & Biron, 2015;

Mazzetti et al. 2019; Schmidt et al. 2019). These findings also support and extend those of Kinman and Wray (2018) in finding work engagement to be a risk factor for presenteeism in academic staff. Evidence was also found that flexibility can help academics craft a balance between their health constraints and their performance demands by enabling them to work selectively and at their own pace. Nonetheless, the risk that employees can “trade flexibility for effort” is recognised (Kelliher & Anderson, 2009), suggesting that academics who are experiencing particularly high levels of workload pressure and are also over-committed to the job might be particularly vulnerable to dysfunctional presenteeism.

In accordance with studies that recognise the positive as well as negative implications of presenteeism, the findings suggest that working during spells of illness can be functional and even therapeutic for academic staff. Providing illness is not unduly incapacitating, academics can continue working selectively, helping them feel in control of their workloads, promoting engagement and satisfaction, and eliminating boredom. Monitoring emails appears to be a particularly common practice while sick, which was generally thought to be a productive use of time. Differentiating between therapeutic and over-achieving presenteeism is challenging, however, as involvement, enjoyment and passion for the work may limit opportunities for rest and recovery. Unless carefully negotiated, working while unwell, even if this is selective, could also lead to misunderstandings about the availability of academic staff, where presenteeism becomes expected.

The research reported in this paper was conducted prior to the COVID-19 pandemic, which has had a rapid and profound impact on higher education globally. The risk that presenteeism will increase has been identified, as the pandemic has the potential to exacerbate many of the known risk factors, such as job demands and insecurity, and present some additional challenge, such as ‘virtual’ presenteeism and using work to escape from worries and concerns (Kinman & Grant, 2020). University staff are currently experiencing

unprecedented demands and the risk of work-related stress and burnout is growing (Course Hero, 2020; Flaherty, 2020; Johnson et al. 2020), so ensuring adequate time for recovery from illness is particularly important. Although the impact of working while sick was not examined in the present study, the serious implications for health and job performance are widely recognised (Kinman, 2018). Universities should be aware of the scale of sickness presenteeism among academics and the factors that encourage such behaviour, and the deep-rooted culture of presenteeism should be addressed. The findings of this study could be used to develop systemic interventions to support functional presenteeism within the sector and discourage dysfunctional presenteeism. This study provides evidence that reducing demands and increasing resources, particularly by ensuring staffing levels are adequate and cover for sick leave is available, would deter damaging presenteeism. The long-term risks of over-achieving presenteeism for long-term health and performance should also be recognised but may be more challenging to address, as it is often accepted or even encouraged. Nonetheless, individually focused interventions may be helpful, such as raising awareness of the potential risks of presenteeism for recovery and long-term health and the need to prioritise self-care.

This study is limited by its reliance on data obtained from responses to an open-ended question about the causes of presenteeism. While this approach has enabled input from many academic staff and highlighted the scale of presenteeism in the sector, individual interviews would offer more in-depth knowledge of the causes of presenteeism and its implications for wellbeing and job performance. Longitudinal research is also recommended to provide insight into how working conditions and personal orientations to the job influence sickness absence behaviours over time, possibly by using a job crafting perspective. Job crafting refers to the ways in which employees take proactive actions to “customise” their jobs by adapting their tasks, relationships with others, and perceptions of their job (Wrzesniewski & Dutton, 2001). There is some evidence that this approach can provide insight into the multifaceted,

evolving and situational nature of presenteeism and shape occupationally specific interventions to reduce attendance pressure (Giaever & Lovseth, 2019).

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Fig. 1 Proportion of respondents who report attending work while unwell

