

COMMENTARY

COVID-19 and the reimagining of working while sick

Ryan C. Johnson^{1*}, Lindsay Y. Dhanani¹, Mohsin Sultan¹, and Andrew Pueschel²

¹Department of Psychology, Ohio University and ²Robert D. Walter Center for Strategic Leadership, Department of Management, Ohio University

*Corresponding author. Email: johnsor4@ohio.edu

The COVID-19 pandemic has brought unprecedented attention to employee health and safety while also underscoring the conflicts that may arise between work and employee health. In their focal article, Rudolph et al. (2021) present a summary of important ways this may influence the future of work and the way we think about occupational health. However, despite being a central fixture of practical conversations surrounding public health and organizational responses to COVID-19, a topic largely absent from their discussion is *presenteeism*. We propose that COVID-19 has given industrial-organizational (I-O) psychologists, organizations, and employees a new lens through which to consider presenteeism and has demonstrated the far-reaching effects of an individual employee's decision to attend work while sick. As such, the pandemic has heightened a preexisting need to better understand presenteeism and the underlying psychological processes through which ill employees decide whether and to what extent to attend work. Below, we begin by briefly describing current views of working while sick before highlighting how the pandemic, and other potential future emergencies, are likely to have long term effects on the attitudes and behaviors of both employees and organizations regarding work and illness.

Absenteeism, presenteeism, and everything in between

Employees experiencing illness must make decisions about how to manage their health in the context of their work responsibilities, with the outcomes of these decision-making processes falling along a continuum. On one end, an ill employee may decide to stay home from work and not engage in any work tasks. On the other end, an ill employee may decide to physically attend and participate in work, as normal, despite being ill and the potential of worsening one's illness and/or getting others sick. Although the two ends of this continuum would classically be labeled *absenteeism* and *presenteeism*, it is the substantial space between these two constructs where much employee behavior likely lies and where our understanding is more limited. For instance, an ill employee may only attend the most critical parts of their workday, effectively engaging in both absenteeism (i.e., missing some of the workday) and presenteeism (i.e., attending important meetings despite being sick). Alternatively, an ill employee may stay home but essentially work a full day remotely, representing another hybrid behavior, perhaps labeled "remote presenteeism." Acknowledging this range of possible behaviors, Miraglia and Johns (2020) note that presenteeism "represents a much-occupied but only recently studied state between being absent (and ostensibly exhibiting no productivity) and fully productive work engagement" (p. 261).

Despite a rich literature on absenteeism, we know relatively little about the antecedents and consequences of the broad spectrum of behaviors conceptually represented in the presenteeism construct space. Key findings from what is known about presenteeism indicate the importance of

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this construct for employee and organizational functioning. For example, despite some views that presenteeism can be good in that it squeezes out more productivity than being fully absent (Johns, 2010), presenteeism actually accounts for more collective productivity loss than does absenteeism (e.g., Collins et al., 2005; Hemp, 2004). Further, presenteeism can prolong and worsen the effects of illness by impairing recovery (e.g., Gustafsson & Marklund, 2011) and, most notably, puts others at risk when the illness is contagious (e.g., Pichler & Ziebarth, 2017)—a concern of extreme importance amid the COVID-19 pandemic. What is largely unknown, however, are the decision-making processes leading to an employee's choice of what behavioral strategy to adopt when experiencing illness. In the subsequent section, we argue not only that this blind spot is critical to address amid the unfolding COVID-19 pandemic but also that COVID-19 may be causing employees to revisit and revise the ways they consider such decisions.

COVID-19 and changing beliefs about working while sick

The COVID-19 pandemic has showcased the substantial risk that presenteeism poses to employees, customers, and overall public health. Although new scientific evidence on transmission risk arrives at a pace that is breakneck for traditional peer-reviewed science and there is much that is still unknown, the risk of person-to-person transfer, even among asymptomatic carriers, is clear and brought discussions of presenteeism to center stage amid early crisis planning. Public health officials quickly warned of the contagion that could result from even a single infected employee attending work, calling to mind exemplar “super spreaders” such as “Typhoid Mary” Mallon who denied being ill and continued working, ultimately infecting at least 50 others around the turn of the 20th century (Marineli et al., 2013). These concerns have become substantiated as several contact tracing examples have emerged wherein an individual with only mild symptoms of COVID-19 infected an ever-expanding network of others through their workplace interactions with coworkers, customers, and other social contacts (Bi et al., 2020; Pung et al., 2020; Rothe et al., 2020).

The ease of COVID-19 transmission clearly highlights there is much at risk for a multitude of stakeholders when employees decide to attend work while ill. Consequently, there is great potential for attitudes and decision-making processes regarding working while sick to change, hopefully for the better. Although we continue to rely on other disciplines to better understand the medical and biological aspects of COVID-19 transmission, I-O and occupational health psychologists are well-equipped to investigate and ultimately develop practical interventions that slow the spread of COVID-19 (and other infectious diseases with work-related risk) through cultivating attitudinal and behavioral changes related to presenteeism.

We propose that one substantial way COVID-19 may affect subsequent attitudes and decisions about presenteeism is through changing who is considered in the decision-making process. Namely, sick employees who may have engaged only in a self-focused decision-making process about whether or not to physically attend work pre-COVID-19 (e.g., *Do I have the energy? How many sick days do I have?*) are now acutely aware of the contagion risk of some illnesses (including but not limited to COVID-19), even when only experiencing mild symptoms. They are also exposed to extensive debate, discourse, and data from the media; state and local policy makers and politicians; and their employers, coworkers, customers, and families about working while sick. Thus, what once was a largely private and personal decision based on a somewhat limited set of antecedents (see Miraglia & Johns, 2016) is now multifaceted, emotionally charged, and perhaps (hopefully?) more morally derived and other-focused than before. That is, these once self-focused decisions may increasingly consider other stakeholders including coworkers, customers, and, in some cases, the public at large.

Additionally, this potential shift from focusing on the self to focusing on the repercussions for others may be successful in discouraging unsafe presenteeism behaviors among employees. Research suggests that emphasizing harm to others, as compared with emphasizing harm to

oneself, increases engagement in personal safety behaviors (e.g., Grant & Hoffman, 2011). Thus, we suggest additional investigation as to whether considering other stakeholders in decision making can be leveraged for changing presenteeism beliefs and behaviors. If supported, organizations can create campaigns against presenteeism by using other-focused messaging to encourage employees to make decisions that are protective of their fellow coworkers and customers (i.e., staying home).

COVID-19 may further influence presenteeism attitudes and behaviors because it has changed the work context itself for many such that working from home, a topic discussed in detail in the focal article, is increasingly normative. Record-breaking numbers of employees are working from home full time (some for the first time), and organizations and supervisors are overseeing largely virtual workforces either for the first time, or at levels never before seen. These new working conditions and experiences are another potential catalyst for long-term positive change in presenteeism attitudes and behaviors. Employees, supervisors, and organizations who previously believed that certain jobs or tasks could not be successfully executed remotely may be surprised to find quite the opposite, and the shared experience of a new work context has the ability to catalyze organizational culture shifts that are more favorable toward flexible work arrangements, better prioritizing employee health. As noted in the focal article, we echo that researchers should investigate changes in attitudes regarding remote work as a result of the pandemic, and we add that these should be connected to policies and attitudes regarding working while sick.

An opportunity for lasting positive change

At present, the many ways in which the COVID-19 pandemic has disrupted the world through premature loss of life, declining health, income and job insecurity, social tension, and more are clear. Despite this, we argue that there is a chance for a silver lining. To harness this opportunity, organizations and their employees need to view the changes to work and their developing attitudes toward working while sick not simply as fleeting consequences of a global emergency. Rather, this is a chance to reshape attitudes, behaviors, and policies to prioritize well-being by encouraging and empowering employees to take time off to recover or rely on alternative work arrangements to work safely while sick.

Organizations should seize this rare opportunity to foster long-term behavioral and attitudinal changes related to presenteeism that can improve the health and safety of employees and the public. One action organizations may consider is revising sick leave policies to remove barriers to employees choosing to stay home while ill, such as expanding the number of paid days off given to employees or reducing penalties incurred for missing work. These efforts, though commendable, may be insufficient to promote changes in presenteeism given that cultural and social influences still lead to much paid time off going unused (Maye, 2019).

Therefore, we propose that organizations must also cultivate social and cultural changes that facilitate taking time off, such as creating climates in which presenteeism is discouraged, reframing taking time off from work as an act of responsible organizational citizenship rather than a lack of commitment or sign of weakness and encouraging leaders to model these values in their own behavior.

Regardless of the progression and eventual resolution of the current pandemic, it is likely that our experiences now will shape our attitudes and behaviors long term, and therein lies an opportunity to improve the health and well-being of our employees, organizations, and communities. More specifically, the pandemic has created a context in which employees are thinking, talking, and making decisions about attending work while sick more now than ever, creating a context wherein attitudes and beliefs about presenteeism are being created and revised and have the potential to be reshaped in beneficial ways. We hope that organizations and researchers take advantage of this opportunity to manifest positive changes at the intersection of work and health.

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