

# State of the Art Review



## What do we know about workplace presenteeism?

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**Presenteeism, the act of working while unwell, has become a growing concern for employers, policymakers, and occupational health researchers. It has been traditionally viewed as a uniformly negative behaviour which results in productivity loss and impaired health. However, recent theoretical developments challenge this unidimensional framing. This review presents the current literature on presenteeism, including definitional concerns, its prevalence and effects, and undertakes a systems-level approach to understanding its determinants. We discuss a 'dual-pathway' framework for understanding presenteeism as a dynamic decision-making process. One pathway reflects maladaptive presenteeism, which is ultimately driven by the avoidance of absenteeism. This form of presenteeism is often associated with job insecurity, workload pressure, and organisational norms that discourage time off. The second pathway represents adaptive presenteeism, where attendance decisions are guided by personal values, a sense of identity, or perceived therapeutic benefits of work. Both pathways are shaped by interacting individual, job-level, and organisational determinants. We outline possible targeted recommendations across these levels to reduce harmful forms of presenteeism, while also enabling supportive, context-sensitive responses. These include improving job design and work environments that balance productivity with well-being.**

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### Background

In the United Kingdom (UK), an estimated one in six working-age adults will experience a mental health symptom (NHS, 2025). Since the COVID-19 pandemic, the prevalence of poor mental health among working-age adults has increased (Health and Safety Executive (HSE), 2023). While there have been some improvements since the height of the pandemic, individual mental health has not yet returned to pre-pandemic levels (Deloitte, 2024a). In Great Britain, an estimated 1.8 million workers suffered a work-related illness in 2022/2023, with almost half (49%) of these cases (either new or long-standing) caused by work-related stress, depression, or anxiety (Health and Safety Executive, 2024). This resulted in approximately 17.1 million working days lost (Health and Safety Executive, 2024).

There is growing evidence of the economic cost of poor mental health at work to employers through reduced productivity (Hassard et al., 2017; Hassard, Thomson & Blake, 2022; Hassard, Thomson & Blake, 2023; Roper et al., 2025). Deloitte (2024)

estimates the cost of mental health to employers per year as £51 billion. This estimate derives from three key cost components: sickness absence, turnover and recruitment costs, and presenteeism (broadly defined as, attending work while sick; Cooper, 1996). Presenteeism, the focus of this review, is the largest cost component, estimated to be 24 billion annually, which is roughly three times the cost of mental health related absenteeism (Deloitte, 2024b).

Presenteeism (going to work when ill and the decrement in productivity that follows from this practise; Johns, 2010) is a concept that is of increasing importance in the work environment. Presenteeism, in comparison to sickness absence, has received less research and attention traditionally, with early research commencing in the 1990s (Johns, 2012). However, since this time there has been a burgeoning literature examining presenteeism, its causes and impact (to both employees and employers; e.g., Johns & Mirgalia, 2016; Kinman & Grant, 2021), and workplace solutions that can be used to actively manage it (Karanika-Murray et al., 2021; Kinman & Grant, 2021). The aim of this state-of-the-art review is to provide an overview of the evidence and current understanding of the causes, consequences and management of presenteeism behaviours and its association with mental health and stress at work.

### **What is presenteeism?**

There are many definitions of presenteeism used in the literature. Broadly, these can be characterised into two main categories (Ruhle et al., 2020). The first defines presenteeism as a work behaviour: *attending work while ill* (Johns, 2010; Hansen & Andersen, 2008). This tradition of research primarily has its roots within Europe (Aronsson & Gustafsson, 2005). The second category defines presenteeism by its consequences, typically reduced productivity resulting from attending work while ill (Hemp, 2004; Turpin et al., 2004). This definition is more commonly used in North America. This latter definition of presenteeism has often been criticised for its conflation of cause and effect (Johns, 2010). Research highlights the dynamic and cyclical relationship between employee mental health, sickness absence behaviour, and presenteeism (Kinman & Grant, 2021; see further details below). A further critique is the conceptualisation of presenteeism as an outcome (or end point), rather than a chain of work behaviours (a process-based understanding of presenteeism; Karanika-Murray et al., 2021). Many authors (e.g. Johns, 2010; Karanika-Murray & Biron, 2019) strongly advocate for the use of a behavioural definition of presenteeism. In this conceptualisation, presenteeism is a purposeful, adaptive and intentional behaviour at work, in which workers attempt to balance both health constraints (e.g., symptoms of low mood or burnout) and work performance demands concurrently (Karanika-Murray & Biron, 2020).

### **The Scale of Presenteeism**

There is growing awareness among organisations regarding both the prevalence and consequences of presenteeism (Deloitte, 2024). A pan European study (EuroFound, 2012) observed 40% of survey workers reported attending work while ill. A similar study found that approximately, 30-50% of employees engage in workplace activities when unwell (Wee et al., 2019). A systematic review of 24 studies reported the reported prevalence rates of presenteeism to range from 35% to 97% (Webster et al., 2019). A survey in 2016 observed around third of organisations reported an increase in presenteeism from the previous year (CIPD, 2016). During and after the COVID-19 pandemic, presenteeism levels have been found to be high, and continue to rise (e.g., Enterprise Research Centre, 2024; Kinman & Grant, 2020). In 2023, one large study showed that 37% of employers in England reported cases of presenteeism within their organisations, a significant increase from the previous year (21%; Enterprise Research Centre, 2024). However, estimates of presenteeism prevalence vary widely, in part due to difficulties in measurement, including inconsistent definitions, reliance on self-report data, and the use of single-item or unidimensional measures that may fail to capture the complexity of presenteeism behaviours.

## **The Effects of Presenteeism**

The effects of presenteeism are evident at both the employee level and the organisational level. At the employee level, individuals engaging in presenteeism often experience greater physical and mental strain, leading to lower job enthusiasm and higher levels of stress and dissatisfaction (Lu et al., 2014). They can also experience physical and psychological health deterioration (Takano et al., 2023) as well as enduring adverse impacts on employee wellbeing, in particular mental ill-health and a heightened risk of developing depression over an extended period (Suzuki et al., 2015). This is echoed by research showing that organisations which report presenteeism are also twice as likely to report a rise in mental health problems among their staff (CIPD, 2016). Compared to absenteeism, presenteeism has more severe repercussions (Baker-McCleary et al., 2010) and as such, these employee-level effects also lead to negative organisational outcomes.

For example, emotional and physical strain hinder optimal job performance, with studies showing productivity loss is more pronounced when employees work while ill (Levin-Epstein, 2005). Hence, at the organisational level, presenteeism poses a challenge as it is strongly associated with decreased productivity, increased errors, and overall work impairment (Jackson et al., 2020). Furthermore, presenteeism has been directly linked to adverse outcomes such as job dissatisfaction, burnout, reduced work performance (Aboagye et al., 2019), as well as job insecurity and organisational changes (Collins et al., 2018). This productivity loss resulting from presenteeism is referred to as 'work function impairment' (Lopes et al., 2018) and poses serious financial challenges, often surpassing the cost of medical treatment for health issues (Levin-Epstein, 2005). These findings underscore the need to better understand what drives employees to engage in presenteeism so that effective policies and interventions can be created to combat its root causes and support employee health and sustainable performance. Beyond individual performance decrements, presenteeism can also have wider organisational consequences, including the spread of infectious illness among colleagues, increased workload redistribution, and negative impacts on team morale and functioning (Cooper & Lu, 2018; Li et al., 2025; Wishart, 2023). These spillover effects highlight that presenteeism is not solely an individual behaviour but a collective risk within teams and organisations.

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## **Research Evidence**

### **Factors Influencing Presenteeism**

The factors influencing employee's decision to attend work while ill (*presenteeism behaviours*) is complex and multifaceted (Gerlach et al., 2024), requiring a systems level approach to understanding this occupational health phenomenon. Specifically, there are three levels of influence: the individual-, the job design- and the organisational-level.

### **Individual Level Determinants**

This category captures the personal and psychological factors that influence whether an employee engages in presenteeism. There is an expanding body of research showing that individual differences significantly predict presenteeism behaviours (Luksyte et al., 2023; Wan et al., 2014). These include personal characteristics (e.g., conscientiousness, health status), psychological conditions (e.g., stress, depression), and specific work contexts such as high job demands and job insecurity (Idris et al., 2023; Min & Hong, 2023). Min and Hong's (2023) study further identifies poor sleep quality and chronic health issues as strong predictors of presenteeism, with these individuals being significantly more likely to work while unwell. Poor mental health, including mental health disorders, can lead to behaviours that reduce employee productivity, such as

presenteeism (Johnston et al., 2019). Meta-analytic research highlights that specific mental health challenges such as depression, stress, and emotional exhaustion (a facet of burnout) predict presenteeism (Miraglia & Johns, 2016). Some evidence from gender studies further suggest that women tend to report higher sickness presenteeism than men in some contexts, and may report different underlying reasons (e.g., role expectations, responsibility to others, organisational norms in care-oriented professions) (Gustafsson et al., 2016).

### **Job-Level Determinants**

This includes aspects of the job role, workload, and work environment that make presenteeism more or less likely. Stressful and demanding work environments, especially those characterised by high workloads, low job control, and insufficient social support, are strongly associated with higher levels of presenteeism (Miraglia & Johns, 2016). Using the Job Demand-Control-Support model (Karasek & Theorell, 1990), Min and Hong (2023) found that employees in 'passive isolate' job profiles (marked by low control and support) were significantly more likely to engage in presenteeism compared to those in 'low-strain collective' profiles with high autonomy and strong support systems. There was also a notable increase in presenteeism pre-pandemic, owing to the increase in remote work and flexible working. Emerging studies suggest these flexible arrangements can blur boundaries and exacerbate presenteeism (Ferreira et al., 2022; Shimura et al., 2022; Ruhle & Schmoll, 2022).

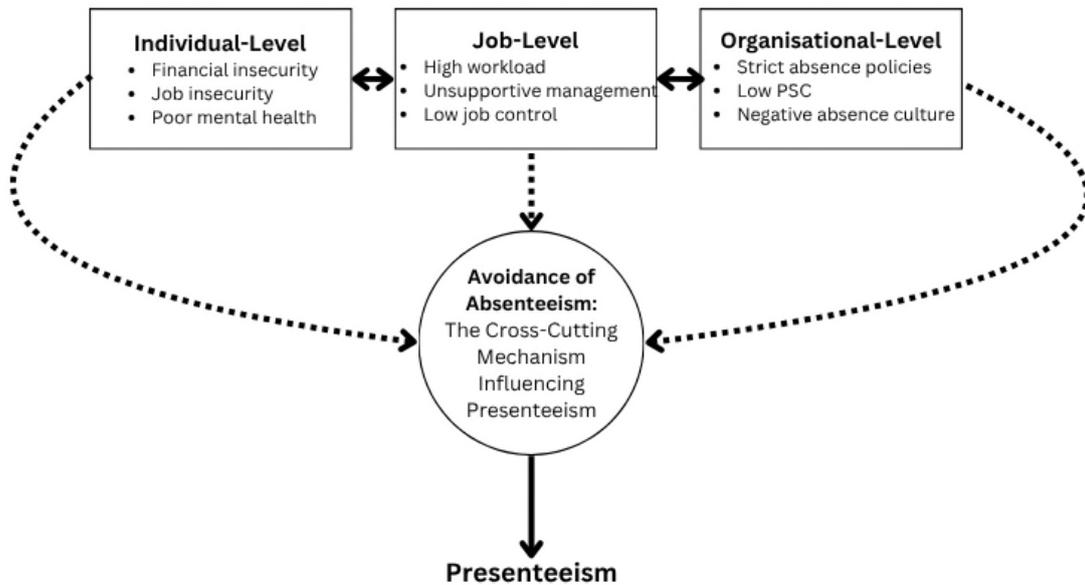
### **Organisational Level Determinants**

Organisational policies and climate play a powerful role in influencing presenteeism. Strict absence policies have the strongest meta-analytic correlation with presenteeism ( $p = .39$ ), suggesting that policy enforcement can create a culture where employees feel compelled to attend work despite illness (Miraglia & Johns, 2016). Additionally, an organisation's psychosocial safety climate (PSC) (employees' shared perceptions of policies, practices, and procedures regarding mental health and safety; Dollard & Bakker, 2010) has been found to reduce presenteeism over time by improving working conditions, particularly by lowering work intensification (Biron et al., 2021; Mansour et al., 2022; Liu, Lu, & Zhan, 2020). For more information on the link between PSC and productivity indicators (including, presenteeism), please see our ERC state of the art review (Hassard & Dulal-Arthur, 2025).

### **Absence Avoidance as a Cross-Cutting Mechanism**

Taken together, these categories highlight the multifaceted nature of presenteeism, shaped by individual, job-related, and organisational-level influences. Underpinning many of these factors, however, is a common driver: employees' desire to avoid absenteeism. At the individual level, this avoidance tendency manifests through feelings of obligation, financial insecurity, or fear of job loss (Hadjisolomou et al., 2022). At the job level, high demands and lack of support can make taking time off feel unmanageable or risky (Collins & Cartwright, 2012). Organisationally, strict absence policies and cultural norms that stigmatise sick leave can pressure employees to remain present, even when unwell (Ruhle & Süß, 2020). There is a notable amount of research supporting presenteeism as a mechanism used by employees to avoid absenteeism (Baker-McClearn et al., 2010; Hablesleben et al., 2014; Kaiser, 2018; Lohaus & Habermann, 2021; Munir et al., 2008; Ruhle & Süß, 2020). Figure 1 highlights that each level of influence has a direct relationship with presenteeism, as well as an indirect pathway through the cross-cutting mechanism of avoidance of absenteeism. This model illustrates how the desire to avoid taking time off links and reinforces factors across all levels, contributing to a cyclical pattern of presenteeism.

**Figure 1. How Individual, Job, and Organisational Factors Drive Presenteeism via Absence Avoidance**



Identifying avoidance of absenteeism as a cross-cutting mechanism is crucial for understanding the persistence of presenteeism. It offers a unifying explanation for why employees, even when unwell, may choose to remain at work, and it also helps to explain the cyclical pattern observed in the literature, where presenteeism can both precede and follow periods of sickness absence. However, recent theoretical developments challenge the traditional narrative that all presenteeism is inherently negative.

### Person-Centred Approach to Addressing Presenteeism

Karanika-Murray and Biron (2020) propose the *Health-Performance Framework of Presenteeism* (HPFP), which conceptualises presenteeism not merely as a deficit-based behaviour, but as a dynamic decision-making process influenced by an individual's health status, work environment, and values. This model foregrounds the idea that presenteeism is not inherently dysfunctional, but some forms may in fact support recovery, continuity, and personal well-being.

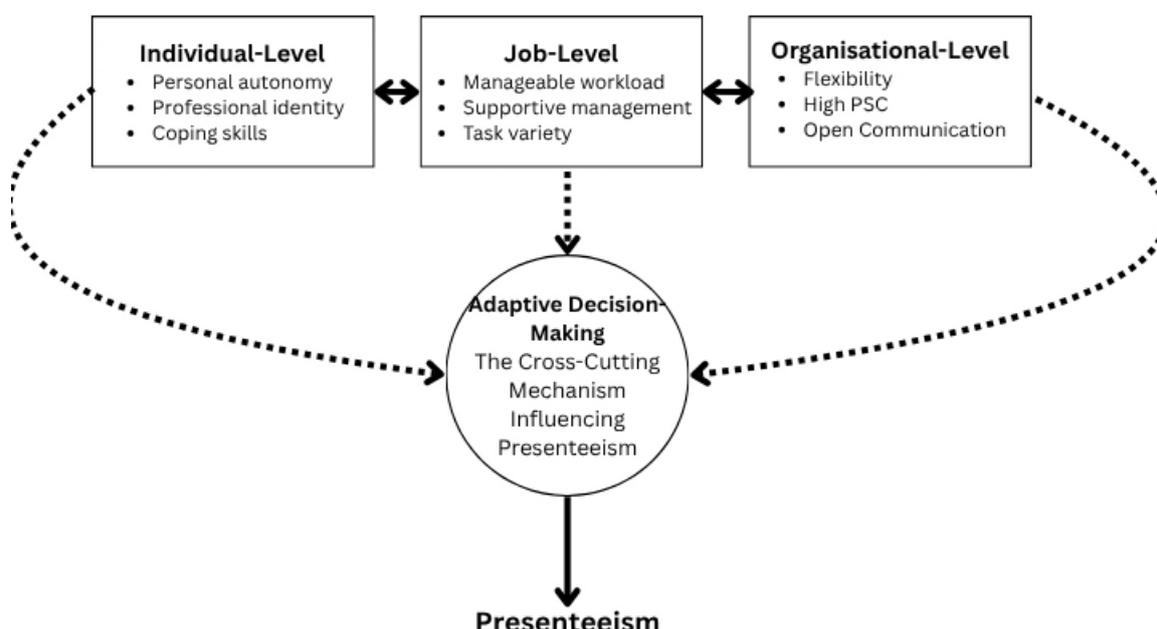
Their 2022 proof-of-concept study identified four distinct presenteeism profiles:

- **Functional Presenteeism** (good health and high performance),
- **Overachieving Presenteeism** (poor health but sustained high performance),
- **Dysfunctional Presenteeism** (poor health and poor performance),
- **Average Presenteeism** (moderate across both dimensions).

This typology suggests that presenteeism is not a one-size-fits-all phenomenon. For some individuals, staying engaged with work may offer therapeutic or identity-affirming value, particularly when supported by flexible working conditions. For others, however, unacknowledged or unsupported presenteeism (where employees continue to work whilst ill but without adequate recognition, support, or accommodations being made) may deepen health risks and impair performance. The implications for practice are significant, rather than adopting blanket strategies to eliminate presenteeism, organisations should differentiate between harmful and potentially adaptive forms. This necessitates more nuanced assessments of health, performance, and contextual demands, alongside open communication channels and flexible accommodation policies. From an intervention perspective, the HPFP underscores the importance of improving job quality and working conditions as both a mental health strategy and a proactive form of presenteeism management.

This model stands in contrast to earlier theories, which predominantly framed presenteeism as a uniformly negative phenomenon; an outcome to be minimised due to its productivity losses and health risks (Johns, 2010; Hemp, 2004). Much of this earlier literature approached presenteeism either through a medical model, focused on disease and incapacity, or a productivity model, which equated presenteeism directly with economic loss (Schultz & Edington, 2007). These perspectives often failed to consider contextual and motivational differences, or the possibility that presenteeism may reflect an individual's attempt to maintain routine, identity, or workplace relationships. By contrast, the HPFP reframes presenteeism as an adaptive behaviour that can vary in impact depending on health severity, individual resources, and organisational support (See Figure 2).

**Figure 2. How Individual, Job, and Organisational Factors Drive Presenteeism via Adaptive Decision Making**



## Overview and Evidence Gaps

This review has highlighted that presenteeism can be a significant challenge for employers and policymakers alike. However, traditional conceptualisations tend to oversimplify this behaviour, treating it as uniformly negative and failing to consider that it is complex and multifaceted. In light of the evidence, presenteeism is better understood as the outcome of a decision-making process, shaped by a combination of individual, job-level, and organisational factors. Within this process is two broad pathways. The first is driven by the **avoidance of absenteeism**, which occurs in response to job insecurity, high workload, financial pressure, or organisational cultures that stigmatise absence. Although intended to minimise short-term disruption, this form of presenteeism is often maladaptive, and can even contribute to long-term health deterioration and future absenteeism.

On the other hand, the second pathway, reflects a more *adaptive form of decision-making*, in which employees choose to remain engaged with work for reasons such as

preserving a sense of identity, maintaining routine, or benefiting from the therapeutic value of work. This form of presenteeism is more likely to occur when individuals have sufficient personal resources (e.g., resilience, autonomy), when job demands are manageable, and when the organisational climate is supportive, particularly through flexible policies and a positive psychosocial safety culture.

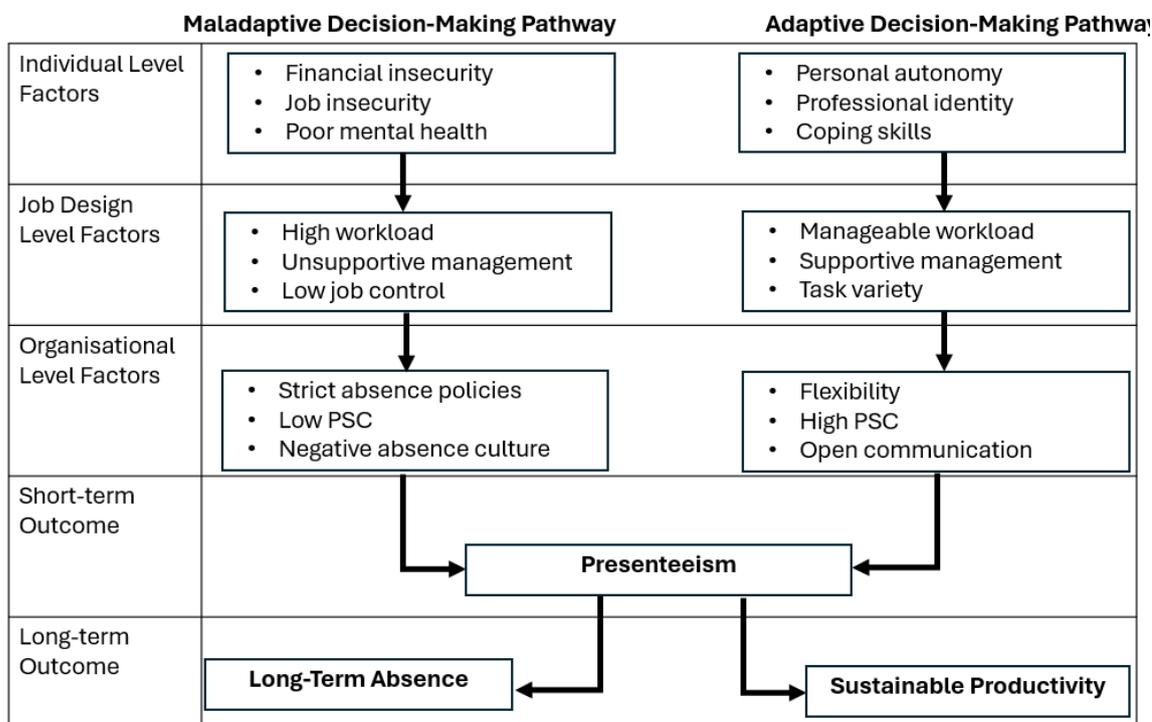


Figure 1 (Guided by research from: Karanika-Murray and Biron, 2020; Miraglia & Johns, 2016; Ruhle & Süß, 2020)

## Recommendations for Practice and Research

From a practical perspective, organisations should prioritise revising absence management policies and fostering a supportive organisational culture that promotes psychological safety, ensuring employees feel able to take time off when unwell without fear of stigma or negative consequences. Improving access to mental health support and financial wellbeing resources may help address individual-level drivers of absence avoidance, particularly where concerns about job security or income contribute to presenteeism. At the job level, redesigning roles and ensuring manageable workloads can reduce job strain and make taking time off more feasible. Organisations should also promote flexible work arrangements, such as phased returns, hybrid working, or temporary adjustments to duties, to support adaptive forms of presenteeism where continued work is beneficial rather than harmful. In parallel, training managers to model and support healthy attendance behaviours through empathetic leadership and open communication is essential. Finally, encouraging employee autonomy and identity-affirming engagement, through opportunities for resilience-building, self-monitoring, and professional development, may help employees make more sustainable decisions about attendance and recovery.

Future research should build on these insights by adopting longitudinal designs to examine how presenteeism unfolds over time and its longer-term implications for employee health and performance. There is also a need to investigate the reciprocal relationships between mental health, presenteeism, and subsequent sickness absence

to better understand potential feedback loops. Qualitative research could provide valuable insight into the decision-making processes that underpin different forms of presenteeism, particularly how employees weigh competing demands and risks. Methodologically, further work is required to develop and validate multidimensional measures of presenteeism that capture performance, health, and motivational aspects, rather than relying on single-item or unidimensional indicators. Researchers should also examine contextual influences, such as job design and organisational culture, that differentiate adaptive from maladaptive presenteeism. Finally, greater attention should be given to under-researched groups and settings, including SMEs, precarious workers, and hybrid work environments, where structural constraints may shape attendance behaviours in distinct ways.

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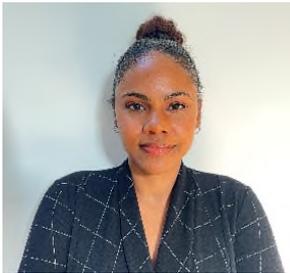
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