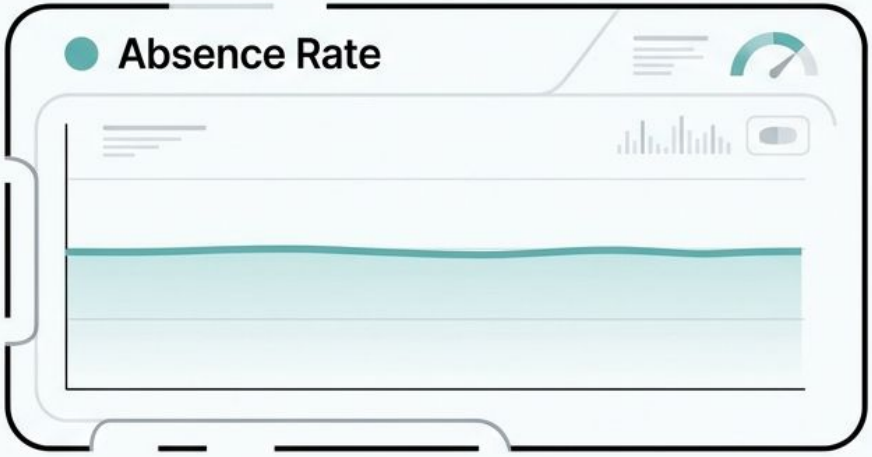
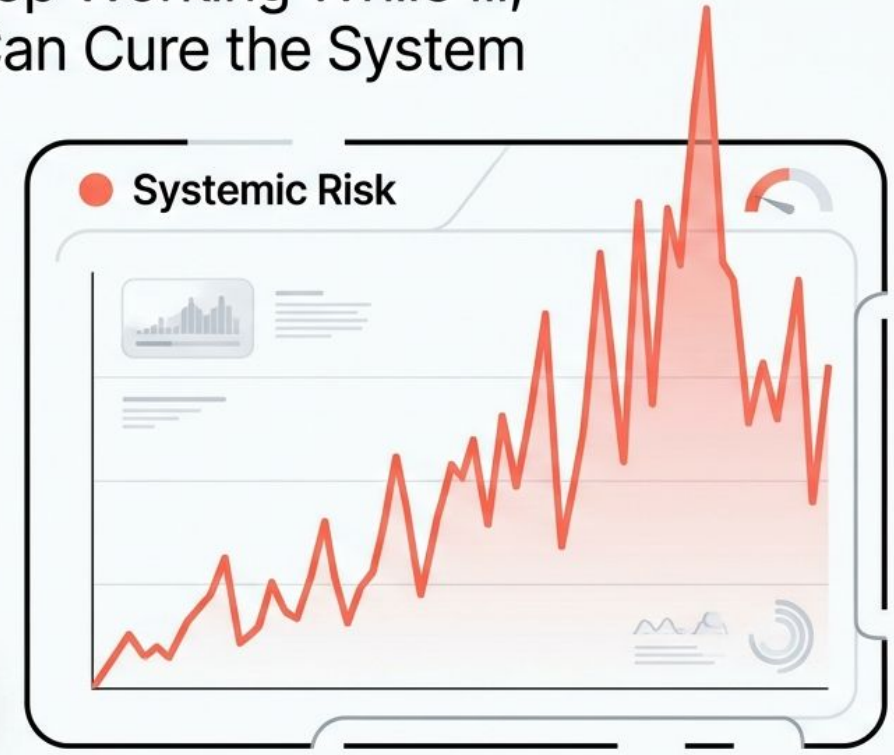
The Sick Shift

Why Employees Keep Working While Ill, and How Leaders Can Cure the System





Based on the research of Jonathan H. Westover, PhD / Human Capital Leadership Review, 2026.

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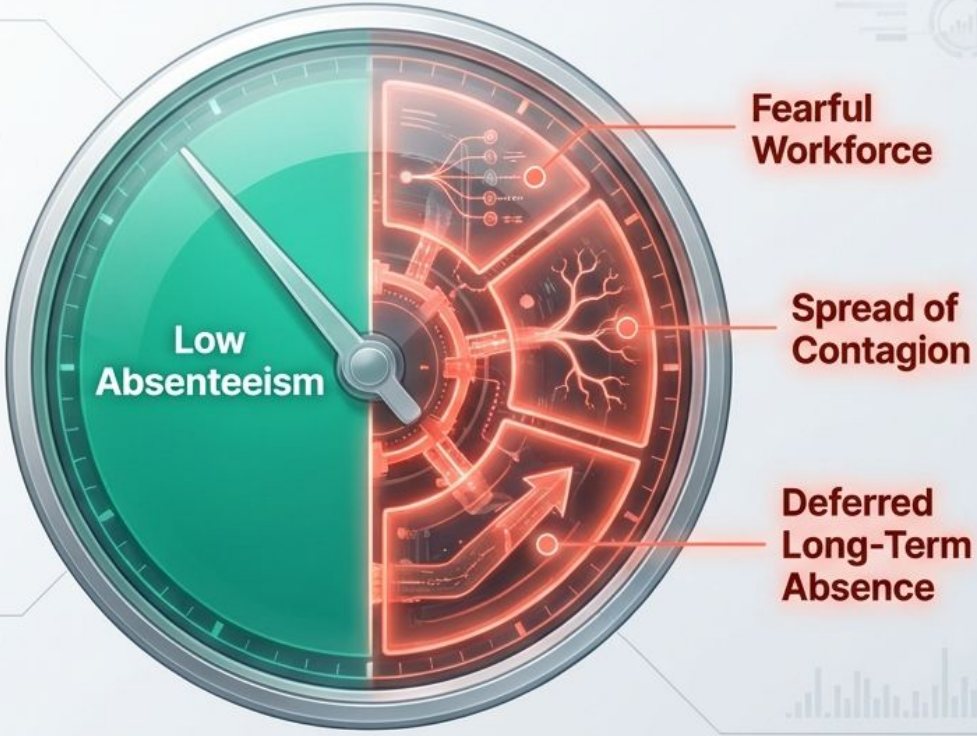
The Illusion of a Healthy Dashboard



The Spike: 27% of employees now report working while ill systematically (up from just 4% in 2024).
[Mensura Belgian Survey, 2026]

The Silence: Only 12% feel comfortable raising mental health concerns at work (halved in two years).

The Truth: A falling absence rate does not mean your workforce is getting healthier. It often signals that norms are shifting toward a **culture of concealment and fear**.

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Defining the Pathology: A Diagnostic Glossary

Diagnostic Profile ID Card 1

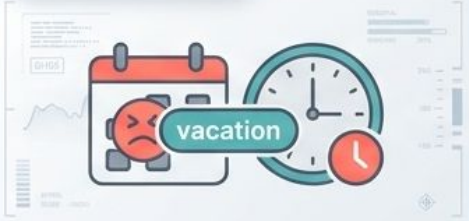


Sickness Presenteeism

The Behavior

The **physical act of attending work while ill**. Driven by system pressures and attendance rules.

Diagnostic Profile ID Card 2



Leaveism

The Camouflage

Using **allocated time off** (vacation days) to recover from illness, or **working off the clock**. This completely hides illness from HR absence records.

Diagnostic Profile ID Card 3



Lost Productivity

The Outcome

The downstream **financial cost** of impaired functioning on the job. Estimated to cost U.S. companies over **$150 billion a year**.

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Not All Presenteeism is Toxic

The Health-Performance Diagnostic

Health Impact

Healing

Harmful



Therapeutic Presenteeism

Work environment actively supports recovery.

Action: Support



Functional Presenteeism

Performance maintained without harming health.
(Example: An employee with a sprained ankle working fully remotely).

Action: Support



Dysfunctional Presenteeism

Health and performance both suffer. (Example: A food worker with norovirus coming in to avoid a penalty point).

Action: Eliminate



Overachieving Presenteeism

Performance is maintained at a severe cost to health.
(Example: A clinician hiding burnout so they don't let the team down).

Action: Intervene

Supporting Recovery

X-Axis
Performance Goal

Maintaining Output

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The Escalating Cost of “Toughing it Out”



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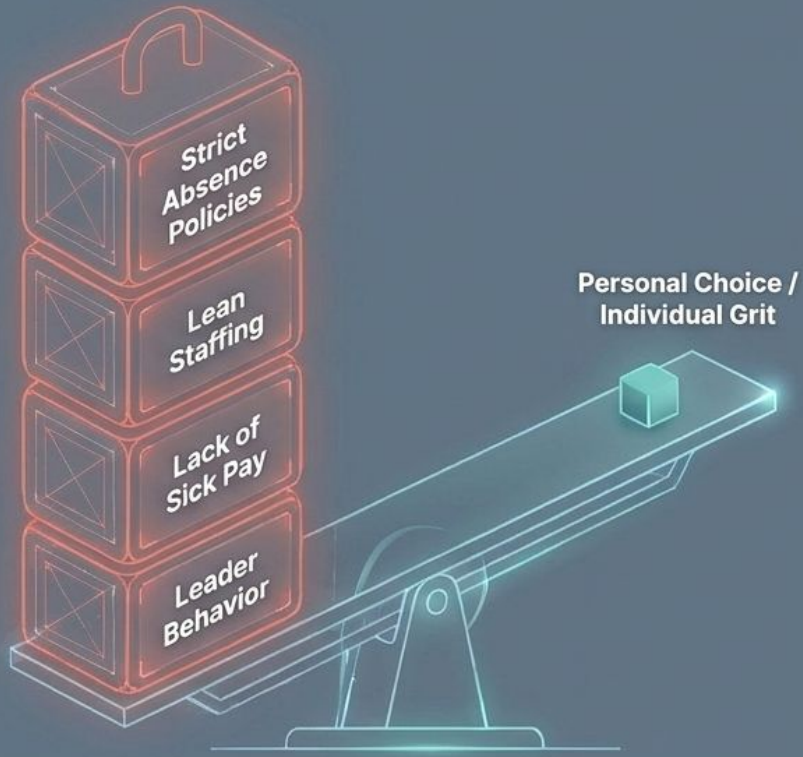
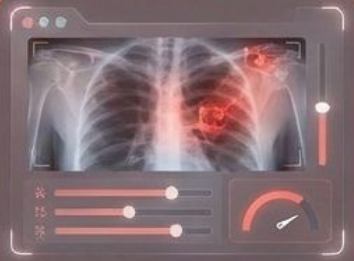
The Root Cause is Systemic, Not Individual



Core Insight: People respond rationally to the systems leaders design. The Miraglia & Johns (2016) meta-analysis reveals a dual-path model for working while ill:



Path 1 (Pressure):

Driven by strict absence rules, job insecurity, and low support. They come in because they have to.



Path 2 (Care):

Driven by job satisfaction, commitment, and fear of letting colleagues or patients down. They come in because they care.

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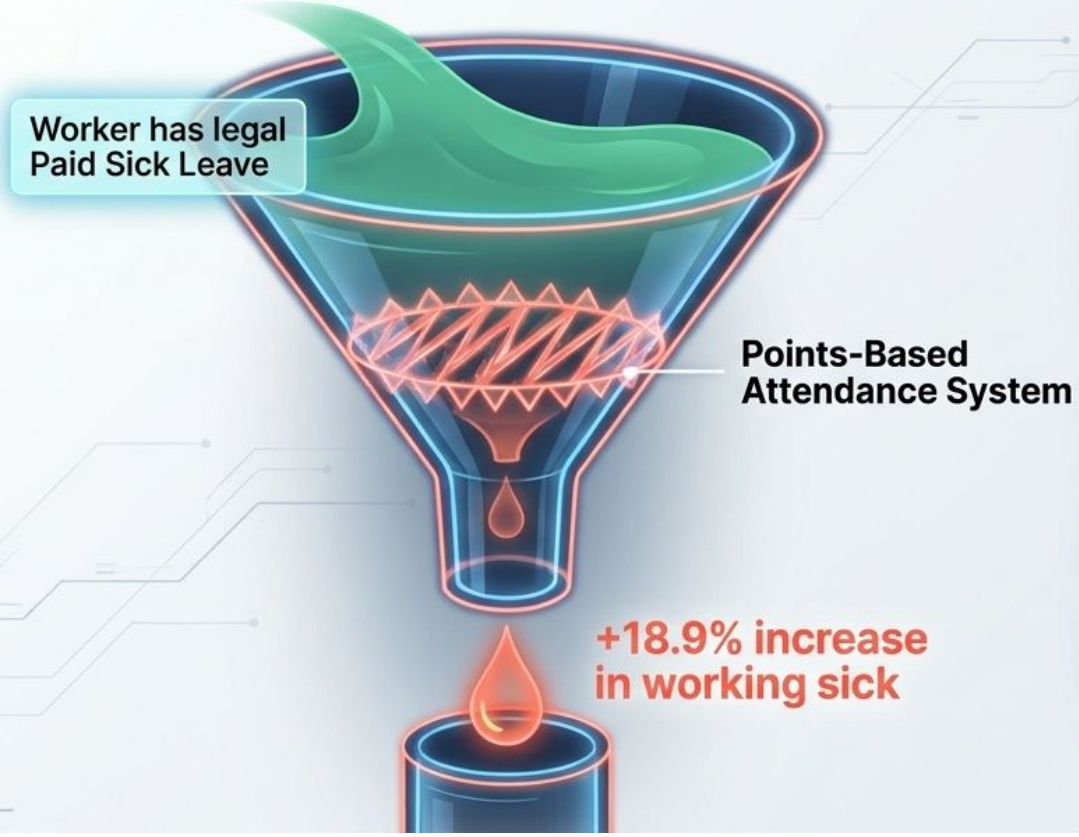
The Policy Trap: Why Sick Leave Mandates Fail



The Organizational Vitals Dashboard

The Slopen et al. (2026) Finding

Exposure to a points-based attendance system increases presenteeism by 18.9 percentage points among service workers—even when paid sick leave is legally mandated.

The Threat Effect

Workers who have zero accrued points are still 9.3 percentage points more likely to work sick. The mere threat of the system dictates behavior, rendering written policies useless.

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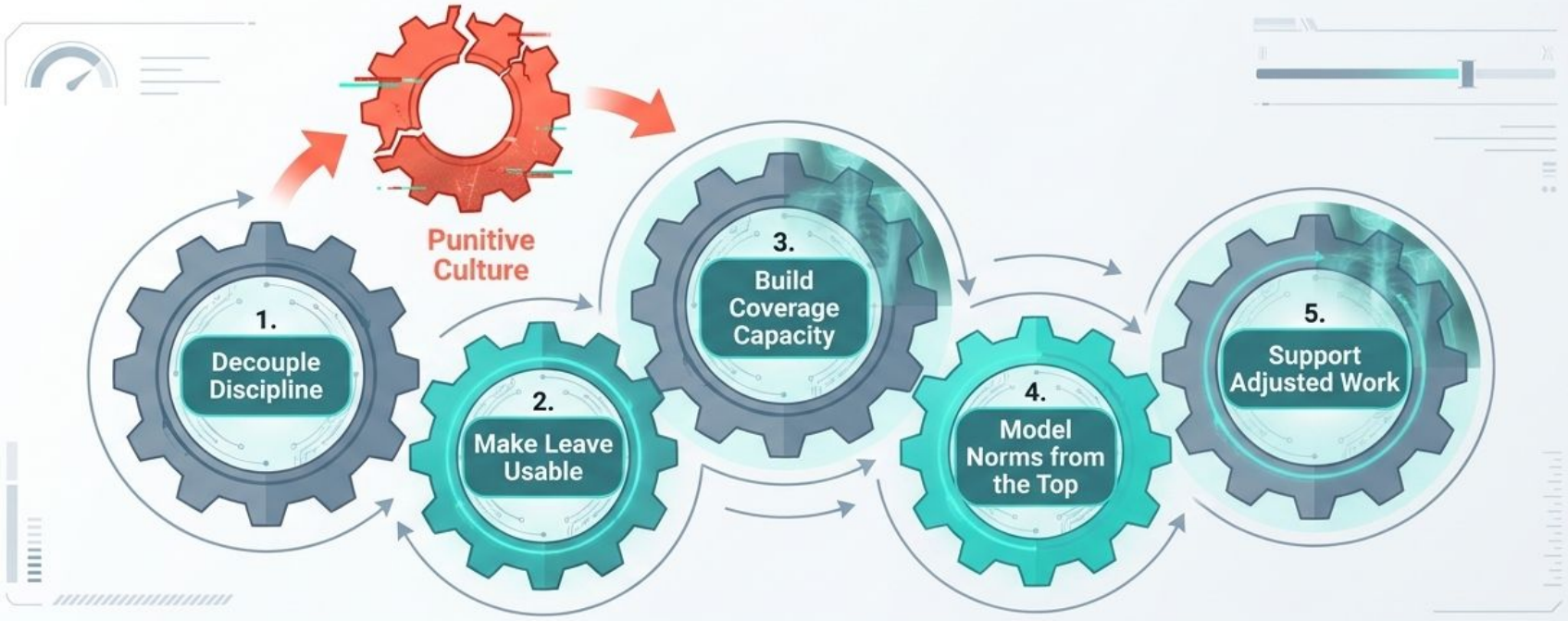
The Antidote: A 5-Part Blueprint for Systemic Recovery



Takeaway: Treating presenteeism requires a synchronized operational shift, not a standalone wellbeing campaign.

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Intervention 1: Decouple Discipline from Illness



The Fix:

Ensure absences covered by paid sick leave or disability accommodations never generate attendance points. Replace automatic software triggers with trained manager review.

Case Study (Walmart):

In 2019, Walmart introduced 'Protected PTO' to allow eligible associates to take time off without affecting their attendance records. This followed severe scrutiny and a 2020 EEOC probable cause finding that their previous no-fault attendance policy likely violated the ADA by punishing disability-related absences.

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Intervention 2: Make Paid Sick Leave Real and Usable



The Fix: Remove the friction that prevents utilization

- Grant access from day one (eliminate waiting periods).
- Cover part-time, seasonal, and contract workers (e.g., Microsoft's 2015 supplier mandate requiring 15 days of paid leave).
- Eliminate medical note requirements for short, 1-2 day absences.
- Ensure pay replacement is high enough to make staying home an actual economic option.

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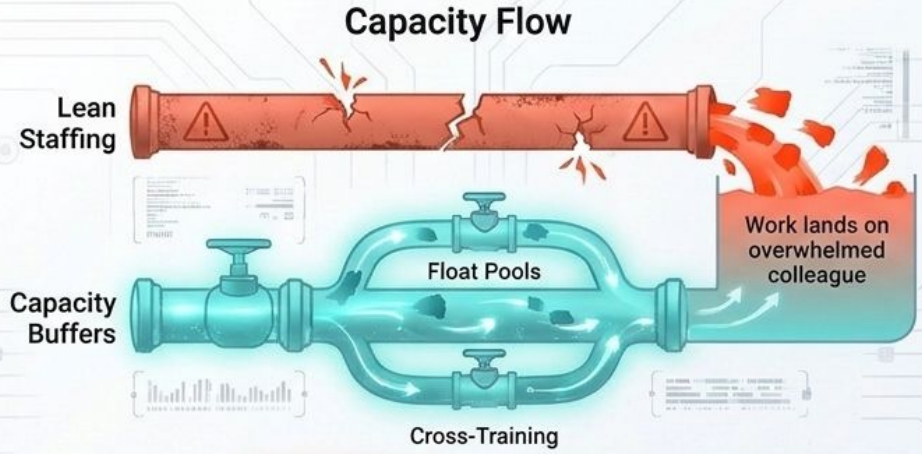
Intervention 3: Build Coverage Capacity



The Reality:

"Not wanting to let colleagues down" is a primary driver of working sick in healthcare and food service. (Szymczak et al., 2015).

The Fix:

Stop asking teams to informally absorb absences. If absence punishes the team, employees will show up sick.

The Fix:

Ensure absences covered by paid sick leave or disability accommodations never generate attendance points. Replace automatic software triggers with trained manager review.

Case Study:

The 2022 U.S. freight rail crisis highlighted that granting paid sick days fails if staffing models are too lean. CSX and Union Pacific ultimately had to negotiate combined sick leave and crew capacity agreements to ensure network resilience.

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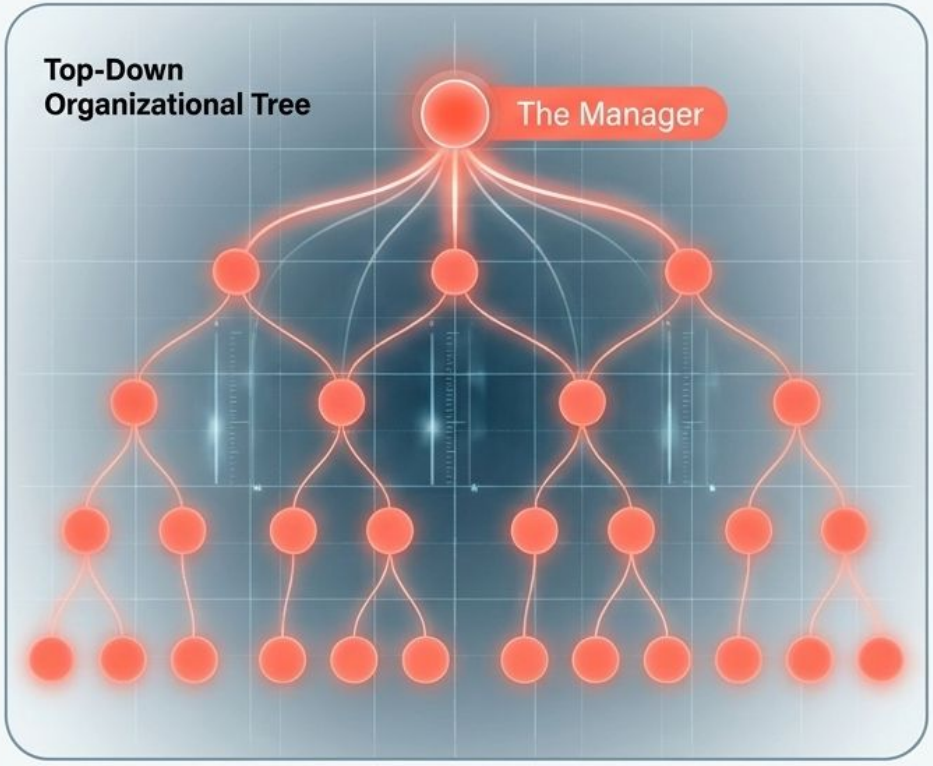
Intervention 4: Model Fitness-for-Work Norms



The Contagion of Leadership:

Leader presenteeism directly predicts employee presenteeism, which in turn predicts higher future sick leave. (Dietz et al., 2020).

The Fix:

- Publish simple, symptom-based exclusion rules (e.g., FDA 48-hour norovirus rules).
- Hold managers accountable. (In the Chipotle Boston and Sterling outbreaks, corporate exclusion policies existed but local managers allegedly pressured sick employees to work).
- Reward early reporting of symptoms; stop praising "heroic" attendance.

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Intervention 5: Support Voluntary, Adjusted Work



The Fix:

Move away from all-or-nothing attendance for non-contagious conditions (like musculoskeletal issues or mild mental health strain).

The Evidence:

A Finnish randomized trial found that early part-time sick leave helped workers return to regular duties faster (median 12 vs 20 days) and reduced total absence over the following year by ~20%. (Viikari-Juntura et al., 2012).

The Caveat:

Adjusted work must be requested by the employee, not demanded by the employer. Protect the explicit right to fully disconnect.

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Building the Long-Term Capability Stack



Apex: Culture of Disclosure

Make it safe to say “I am unwell.” Treat recovery as an integral phase of high performance.

Middle Layer: Meaningful Measurement

Track presenteeism via anonymous surveys and validated work impairment scales (like Dow Chemical's methodology). A 0% absence rate is a warning sign, not a victory.

Base Layer: Resilient Staffing Models

Build predictable winter absence rates into operational rosters. Work must genuinely pause or redistribute, rather than piling up into a backlog.

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The Executive Manifesto

Stop Doing

- Running shifts at minimum capacity with zero absence buffers.
- Tying illness-related absences to points-based disciplinary software.
- Celebrating “perfect attendance” awards.
- Treating remote work as a mandatory default for sick employees.

Start Doing

- Auditing attendance systems to ensure they don’t block legal sick leave.
- Extending day-one sick leave access to part-time and frontline staff.
- Tracking presenteeism via anonymous surveys and impairment scales.
- Visibly staying home when you, as a leader, are sick.

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