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Illness and the American Workplace: Issues and Implications for Employers and Employees

Victoria R. Dolan
CUNY Bernard M Baruch College

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Issues and Implications for Employers and Employees
By: Victoria Dolan

Research Purpose

"Throughout radiation and chemotherapy, I struggled to stay standing and to stave off infection after damn infection. Even more unexpectedly, I struggled to stay employed," (Gainer, 2013). This blog post, along with other disheartening stories from family, friends, and colleagues, as well as my own personal experiences with illness in the workplace have inspired this research.

Health issues affect all of us in some or many ways, directly or indirectly, to varying degrees, at any point in time. It is something we all go through as human beings. Adding to this reality is that, according to the American Psychological Association's 2015 'Stress in America' survey, "money and work were the top two sources of stress for adults in the United States for the eighth year in a row," (Bernstein, 2016). Furthermore, chronic stress has been scientifically linked to the following: impaired cognitive function, disrupted synapse regulation, loss of brain cells, reduction in the size of the brain, shrinking of the prefrontal cortex (the area responsible for memory and learning), increased size of the amygdala (where the "fight or flight" response occurs, making the brain more receptive to stress), along with physical effects such as an increased risk of heart disease, high blood pressure, diabetes, impaired function of the digestive, excretory and reproductive systems, and impairment of the body's immune system (Bernstein, 2016). Based on this information, it looks to be in the best interest of both employees and employers to give priority to and actively invest in the issue of illness and the workplace, in order to contribute to the goal of an overall healthier and more productive workforce.

This project aims to identify American employee experiences and existing workplace policies and cultures surrounding illness, disability, and sick leave. This approach is being taken in order to closely examine what looks to be working well for companies and workers, and what could benefit from a more human centric approach in regards to workplace policy and employee support programs.

Research Justification

Learning more about the experiences of and policies in place for employees that are ill matters greatly for both employees and employers. Employee engagement and retention are major factors that ultimately contribute to corporate success. These two factors have been held with higher importance and studied with more frequency over the years, particularly by corporate communication professionals such as Amy Richman (Richman et al, 2008), Debbie Burkett (2019), and Wayne Burton (Burton et al, 2017). Therefore, though current and potential employees of the American workforce are arguably the most critical stakeholders in regards to this issue, they are not the only stakeholders – employers are also significantly impacted.

The main reason these experiences and policies are so important is because they are two of the many elements that contribute to the overall levels of positive employee engagement and retention within any given organization. Employers with inadequate, inconsistent, inflexible, unofficial, and/or unreasonable illness policies could find themselves losing valuable employees at a fairly rapid and consistent rate to employers with better policies. Furthermore, bad policies – or even a negative perception of these policies among employees and the public – can deter potential talented employees from accepting jobs or even applying for positions within the organization. According to the Partnership to Fight Chronic Disease, "133 million Americans – 45% of the population – have at least one chronic disease," (2000). These diseases do not discriminate and can generally affect anyone regardless of age, class status, race, gender, and other social or biological factors. This information further emphasizes the need for employers to have a vested interest in ensuring that supportive and effective policies are in place for the people who make it possible for their organizations to exist and thrive.

This study of employee experiences and workplace illness policies will help to represent both businesses and employees more accurately, and will help distinguish the types of policies and programs that are adequate and effective from those that are not. This can ultimately help businesses survive in the current competitive economy, and ensure favorable experiences for American employees through the implementation and enforcement of these policies and programs.

A Review of the Literature

Introduction

       Throughout the process of reviewing the existing literature on this topic, it became clear that workplace illness is heavily studied and contains countless different sub-issues and perspectives from which to study and frame one's research. As such, several themes arose among different peer-reviewed sources and authors, with many in agreement and discussion with one another. The following three themes were the most prevalent among the literature and will be further explored in this literature review: **Presenteeism**, **Disclosure**, and **Discrimination**.

Theme 1 – Presenteeism

       "It still baffles me that 'never had a day off sick' is used as a mark of commitment in the workplace. Congratulations on your good health and immune system but it doesn't make you a better employee than someone who hasn't been so fortunate," (@JessAlice, 2018). When I first read this tweet, I was floored. This was an issue I had often thought about, but could never quite articulate. As it turns out, "presenteeism" is a topic that scholars have explored – particularly, how it has been applied to and affects the workplace.

       There is a reason many people may say they have never heard of "presenteeism". Some scholars have identified that this relative lack of interest in presenteeism is due to "the way in which occupational health research has frequently served the interests of employers at the expense of workers: by minimising the scale of work-related illness; limiting the protection of health; ignoring and devaluing workers' experience of occupational ill health and focusing on individual behaviour in explaining work-related illness. The lack of focus on presenteeism indicates that the health concerns of workers themselves are under-emphasised" (Dew et al, 2005, p. 2274). In a different study, Dew notes that "there has been relatively little research on presenteeism compared to research and interest in absenteeism. … In contrast to absenteeism, which is relatively easily measured on the basis of administrative records, it is harder to gain a measure of presenteeism and its effects. Attempts to quantify presenteeism have to rely on self-report measures where respondents note when they have turned up to work when sick. Attempting to measure the impact that presenteeism has on productivity is therefore much more difficult, and consequently presenteeism is not so readily researched or rendered visible.

Despite these difficulties it has been estimated that presenteeism is a bigger drain on productivity than absenteeism," (Dew et al, 2009, p. 995).

So, what does presenteeism actually mean? "Presenteeism is a concept used to designate the phenomenon of people, despite complaints and ill health that should prompt rest and absence from work, still turning up at their jobs," (Dew et al, 2005, p. 2273). "Some do it because of love of a job, insecurity about taking time off, a heavy workload or feelings of moral obligation, says Gary Johns, a business professor at the University of British Columbia who studies the topic," (Cutter, 2019). This news article also points out: "In the U.S., about a third of private-sector workers lack paid sick leave, the Labor Department reported last year. No federal sick-leave law exists," (Cutter, 2019). The current lack of federally mandated sick leave further exacerbates the issue of employees showing up to work while sick, as there are many who would not be paid for doing so. Perhaps even more interesting is the response that the Wall Street Journal and author Chip Cutter received for this article. Cutter reports, "Many [reader] reactions…zeroed in on a larger point: Even in workplaces that offer an abundance of paid sick leave, the spread of the always-on work culture makes it difficult for many to take time off. Sometimes it's the boss who pressures staff to show up no matter what. Others said they inflict the pressure themselves, convinced that only a crippling stomach bug or ambulance ride to the emergency room warrants a true sick day," (Cutter, 2019).

Like absenteeism – or workdays lost to ill health or other reasons – presenteeism occurs despite the same circumstances, and produces similar results in regards to employee productivity. In a 2016 survey of some 2,000 employees conducted by a unit of the Virgin Group, participants acknowledged being unproductive an average of 57.5 days a year, or nearly a quarter of their work time (Smith, 2016). This relates back to the idea that most people feel they simply can't take days off from work. Furthermore, "It is not just that sick workers are usually less productive, going to work when ill may also spread infectious diseases to co-workers, exacerbate individuals' bad health status, and result in long-term health problems. Some observers argue that presenteeism is even more costly and harmful than absenteeism, i.e. not showing up at work for whatever reason. Like absenteeism, presenteeism poses a challenge to firms devising organizational practices and wage policies that lead to an optimal amount of work attendance," (Hirsch et al, 2017, p. 1010).

So, what can be done to address this problem? Dew, Keefe, and Small (2005, p. 2281) say this: "The identification of broader social and economic pressures fostering presenteeism necessitates steps to counteract this phenomenon. Proactive mechanisms for identifying and dealing with presenteeism—perhaps modelled on infection control procedures—could overcome some of the injustices apparent from this research. In addition, the inclusion of a discourse of presenteeism in analyses of health and work is likely to be an important step in resistance to opposing discourses." Another study notes: "Workplace health promotion (WHP) is a common strategy used to

enhance on-the-job productivity. …Successful programs offered organizational leadership, health risk screening, individually tailored programs, and a supportive workplace culture," (Cancelliere et al, 2011, p. 1).

Sub-Themes for Presenteeism:
Paid Sick Leave and Workplace Wellness Programs

As I researched and read through the peer-reviewed literature on presenteeism, two other topics were frequently discussed in tandem: Paid Sick Leave – specifically, the lack thereof within the United States – which was often cited as a major cause of presenteeism; and Workplace Wellness Programs, for which research and actual programs have increased to provide resources and assistance to employees for their health and well-being.

According to scholarly research, "Sick leave not only allows workers to self-quarantine when they are ill, but also gives them time away from work to see a doctor for health care. When sick leave is unpaid or unavailable, workers may not be able to afford time away from work to get timely and preventive medical care. In the U.S., legislative momentum is building toward providing sick leave benefits for more workers. Legislation mandating paid sick leave has passed in 7 states (Connecticut, California, Massachusetts, Oregon, Vermont, Arizona, Washington), 29 cities, two counties and Washington, DC to date (A Better Balance, n.d.). At the federal level, in 2015, the Obama Administration signed an executive order requiring any company that contracts with the federal government to provide a minimum of seven paid sick leave days," (Derigne et al, 2017, p. 58-59). Furthermore, alarmingly, "Workers without paid sick leave are significantly less likely to undergo recommended annual health screenings compared with those who have paid sick leave… Lack of paid sick leave is a barrier to accessing health care services, even when preventive screenings are free," (Rosenberg, 2017, p. 58).

One author urges the following proposals regarding paid sick leave: "Paid time off policies need to be modified in order to increase the adequacy of this critical employment benefit and work support. Policies and actions such as the following would reduce the costs of not having paid sick leave, while improving employment and health outcomes: Expand existing paid sick leave programs; Add wage replacement to unpaid sick leave policies; Enable workers to use their paid sick leave to care for their sick loved ones; Allow use of paid sick leave for workers' and family members' routine medical care; Extend paid sick leave programs to cover workers during their probationary period; Change corporate cultures to make sure workers feel comfortable using their paid sick leave time, to promote workers' own health outcomes, avoid spreading diseases to co-workers, and minimize employers' overall absence rates; Expand options for parents with sick children through supporting sick-child care centers, so parents

have the choice to stay at work while ensuring that their children's health needs are met; [and] Allow greater flexibility in work schedules and at-home work arrangements, so workers can adapt their hours at work to fit the demands of their health-related caregiving responsibilities. Healthy workers can contribute their maximum work effort on the job, boosting employers' productivity, output, and efficiency. Paid sick leave is an essential health care policy that supports workers' well-being while preventing contagion and work loss among co-workers. Workplace adjustments to support the critical efforts of workers to safeguard their families' health are also crucial. Everyone benefits from allowing workers to regain their good health—not only workers themselves, but employers, co-workers, kids, other family members, and society at large. Paid sick leave is a prescription for a productive workforce, successful employers, and healthy families," (Lovell, 2003, p. 14).

The research in the above paragraph is particularly compelling, because it led me to the concept of Workplace Wellness Programs, as a supplemental source of support for employee health. According to one study, "Approximately half of U.S. employers offer wellness initiatives, which include diet and exercise classes, health information screening and education, and employee assistance programs. …Because WHP [Workplace Health Promotion] activities are now a common feature in the organizational landscape, scholars must not only praise and critique programs' effectiveness, but also recognize how employees communicatively experience and make sense of WHP," (Dailey et al, 2017, p. 613).

Numerous studies highlight the benefits of implementing and actively utilizing workplace wellness programs – not just for employees, but for employers as well. One study notes: "While implementing a workplace wellness program does often require a significant up-front investment on the part of the employer, creating a culture of wellness within your organization is one of the most impactful things a company can do for its employees. Employers who stick with their wellness initiatives will not only experience lower healthcare costs and employee absence rates, they will also find that their employees will tend to be happier, more engaged, and more productive workers, which is what every employer wants from their workforce," (Curtis, 2016, p. 17). Another study takes this concept even further, stating: "Some of the most desirable companies to work for are investing in employee experience environments with the explicit purpose of improving employee well-being and productivity, maximizing profitability, and expanding their talent pipelines. These employers are also expanding the methods they use to support HWB [Health and Wellness Benefits], intentionally creating conditions that foster purpose and joy in both the work and personal lives of their employees," (Grossmeier, 2017, p. 518).

Theme 2 – Disclosure

Illness is not always visible, and can be acute or chronic. Either form of illness requires some type of disclosure to employers, though it is usually more complicated for employees with chronic illnesses or disabilities. According to Jennifer Butler and Daniel Modaff, "Workers with chronic conditions are faced with the decision of if and how they should disclose the chronic condition to their supervisors and co-workers. These decisions are laden with fears of stigma or other forms of discrimination that are commonly associated with invisible identities." Furthermore, "…The challenge of invisible social identities (e.g., religion, occupation, sexual orientation, or illness) in relationship to visible ones (e.g., sex, race, age, or ethnicity) is that an individual must out themselves to receive a standard organizational benefit or accommodation. Outing themselves as having an invisible condition in an effort to obtain an accommodation could lead to stereotyping. Stereotyping influences social interactions by shaping what we notice in an interaction and how interactants evaluate the individuals in that encounter," (2016, p. 78). So, how do these issues typically play out in the workplace, from the perspectives of the employees going through this?

Workers with Multiple Sclerosis (MS), for example, provided the following information in one study: "The need for information and technical assistance regarding implementation and enforcement of the ADA [Americans with Disabilities Act] was a major employment concern among respondents in a recent national survey of more than 1,900 Americans with MS," (Reed et al, 2017, p. 176). The researchers concluded the following: "Of particular consideration is the degree of time as well as personal identity and investment that is often associated with full-time employment and the impact of having (or not having) a supportive, accommodating environment that promotes the most positive outcomes. While the decision to disclose is and must remain an individual one, the consequences of disclosure can and should be regulated and enforced to a greater extent. In particular, results highlight the importance of continuing to disseminate the information, policies, and accommodations that are available to support and enhance employment for individuals with MS and all disabilities to a wider audience and in more effective ways," (Reed et al, 2017, p. 183).

When workers with mental illness were studied, similar patterns emerged. According to one study, "Given the stigma attached to mental illness, workers with mental illness worry about their illnesses being disclosed in the workplace. At the same time, the Americans with Disabilities Act of 1990 makes disclosure necessary if these workers want to obtain workplace accommodations." Sadly, those with mental illness remain "among the most stigmatized of those with disabilities,…[and] research suggests that any employers don't want employees who have a mental illness," (Jones, 2011, p. 212). This researcher's conclusion for those with mental illness is as follows: "In the end, workers considering

disclosure must balance their needs for accommodations and interpersonal support against the possibility of stigmatizing reactions and interpersonal problems at work. If they choose to disclose, these workers can consider all disclosure characteristics as they develop individualized disclosure strategies that maximize the potential for benefits and minimize the probability of negative reactions or outcomes." Clearly, the burden remains mostly on the individual in the case of invisible illnesses and disabilities. In one alarming instance, "A nursing student who disclosed a history of mental health problems to his or her employer compared the repercussions to 'being shot in the face'," (McMillan, 2007, p. 1). This further highlights the need for consistent employer support and accommodation when an employee discloses an illness or disability.

All of the studies emphasized a need for effective strategies on the part of the employer in order to adequately address the needs of employees with chronic illnesses and disabilities. Adding to the above information are these suggestions from other scholarly studies on this topic. "Other interventions may focus on…boundary flexibility and job self-efficacy. As the number of individuals working with chronic illnesses is quite high, organizations conscious of being sensitive to this population may consider implementing some flexibility for all workers. Additionally, as we know that self-efficacy may be developed through social modeling and social persuasion, job coaching may be helpful. Particularly, it may help enhance job self-efficacy to prevent identity threat experiences for workers with chronic illnesses," (McGonagle et al, 2014, p. 319). Another study notes: "Workplace support stemming from different stakeholders (e.g., coworkers, supervisor, employer, and union) has scarcely been studied despite its clear role in the work integration of people with severe mental disorders, outlining an obvious need for further research and workplace policy implementation with this major factor in mind," (Corbiere et al, 2014, p. 1).

Theme 3 – Discrimination

At the heart of the first two themes of Presenteeism and Disclosure lies the same fear: Discrimination. The employees studied in the literature thus far feared a variety of different types of discrimination, such as negative treatment from bosses and coworkers and job loss, based on absence from work and disclosure of illnesses and disabilities. One study noted this: "The single pressure to not disclose was fear of discrimination. The three pressures to disclose were in the legal, practical and moral domains. All pressures were not single episodes at the onset of employment but ongoing tensions as participants negotiated the workplace. …The main pressure not to disclose was fear of discrimination, including being stereotyped; fear of other people's reactions to disclosure; and being subjected to office politics. …Legal pressures arose when participants had

to complete health-related questions on job application forms. Despite feeling obliged to respond truthfully, participants often either denied experiencing mental illness or reported having no health conditions. …Practical pressures included ensuring that the employer could allow time off for appointments or arrange for other accommodations. …Moral pressures were experienced when people considered disclosure was the 'right thing to do.' Some participants wanted to be true to themselves; seeing mental illness as part of their identity, and believing it was important that employers knew the real person…Some people also felt pressure to disclose their mental illness in case they did not perform well in their employment," (Peterson et al, 2011, p. 146).

Experienced or anticipated discrimination often results in "low levels of psychological well-being, high levels of job tension, and negative attitudes toward jobs, and reduced customer purchasing behavior," (McGonagle et al, 2016, p. 62). Notably, this particular study "fills a literature gap wherein no known validation studies exist to measure anticipated discrimination in those with chronic illnesses in the workplace. It also adds to the literature on experiences of discrimination for individuals with chronic illnesses from the target's perspective." The authors of this study also emphasize the importance of the work context for those with chronic illnesses and disabilities, as they "differ from other types of stigmatizing characteristics in that they have direct implications for job capabilities and performance. Specifically, although having a chronic illness may not be stigmatizing at home or within one's social circles, it may be stigmatizing at work (and therefore lead to discrimination) due to the implications of the illness for job performance," (McGonagle et al, 2016, p. 76).

Despite these issues, both employees and employers should be aware of the laws addressing these types of discrimination – FMLA (Family Medical Leave Act) and ADA (Americans with Disabilities Act). In the case of Lamb v. The Garrard Academy, for example, the following resolution was reached: "Employers should be aware that claims for a failure to make reasonable adjustments and for discrimination arising from disability can be successful even when the employer does not actually know about the disability. Only direct discrimination claims can be defended on the basis of a lack of actual knowledge of the disability. If the employer should reasonably have known about the disability, but for example unreasonably failed to seek an OH [Occupational Health] report, constructive knowledge of the disability may be found. In this case, the employer was found to have enough information to be obliged to make further enquiries. It is therefore important that employers make reasonable efforts to find out about an employee's condition by referring the employee to OH and/or seeking information from a medical professional," (Alacoque, 2019).

HG.org, an online government and law information site accessible to the public, provides a comprehensive summary of FMLA and ADA regulations, and, specifically, what it requires of employers. According to the site, "The FMLA requires you to allow an employee to take 'intermittent leave' if they are absent because of a serious health condition. So, if they keep missing time due to

chronic illness, you may have a federal law to contend with. Some examples of conditions that often qualify for protection under FMLA are: cancer treatments, asthma, diabetes, epilepsy, and mental illnesses. Under FMLA, if the illness is qualifying, the employee would be entitled to up to twelve weeks per year of unpaid leave without losing their jobs. However, you do not have to pay an employee who is using FMLA leave, and you can require the employee to give you as much notice as possible of their need for leave and to provide medical certification of their serious health condition. You may not be able to discipline the employee for taking FMLA, but you also do not have to pay them or take the reports of their illness on blind faith. Furthermore, if an employee's absences are interfering with her ability to do her job, you may be able to transfer her to a different position that better allows for intermittent leave, but it must be a position that offers at least the same pay and benefits as her current position. If the new position is less desirable in any way than her current position, the transfer could be viewed as retaliation, which would put you in danger of a lawsuit under the Family and Medical Leave Act. In addition to FMLA, you need to consider whether the employee might be protected by the Americans with Disabilities Act (ADA). The ADA requires you to reasonably accommodate an employee who is a 'qualified individual with a disability', as long as the employee can perform the 'essential functions' of his or her job with the accommodation. The ADA contains a complicated definition of 'disability', which is more difficult to meet than FMLA's 'serious health condition'. If an employee's chronic illness rises to the level of a disability, you must reasonably accommodate that disability. A reasonable accommodation might include a transfer to an equivalent position or allowing for intermittent leave beyond what is required by FMLA, but even ADA does not require you to tolerate an infinite number of absences."

Research Question

Applying the findings from this scholarly literature, I would like to further explore the following question in my research: "How do American employees describe their experiences of tolerance or intolerance toward illness, disability, and use of sick leave in the workplace?" By researching these issues and considering them from the points of view of both employers and employees, I am hoping to ultimately make practical and helpful recommendations that could benefit the American workforce. My hypothesis is: "Illness in the workplace is primarily a two-pronged issue for companies, dependent on both company policies and company culture. Current policies and cultures could be problematic in that they are inadequate, inflexible, outdated, ableist, and/or discriminatory. Companies should work to ensure that their policies and cultures do not perpetuate or encourage these types of behaviors, and take a more inclusive and ethical approach instead."

Research Methodology

To address my research question, I conducted an empirical study using a survey, which was designed in and distributed through Qualtrics. This methodology was decided upon to maintain participant anonymity, and to provide an opportunity to hear from employees whose voices aren't typically as prominent – those with chronic illnesses and/or disabilities.

The survey link was sent out in April 2019 via email to potential respondents who fit the following criteria: persons between the ages of 18-65 who currently live in the United States. The survey link was also shared on my personal Facebook page in April 2019, which is only accessible to those I have added on my "Friends" list, who also fit the age and location criteria. Additionally, a follow-up email was sent to potential respondents one week after the link was first sent out, and a follow-up post on Facebook was posted one week after it was first shared on my page. An informed consent document was included as part of the survey and for those who chose to participate in a follow-up interview.

The survey was a combination of both quantitative and qualitative questions. The survey asked if the respondents were currently employed in the U.S. – if not, the survey closed out. Then, it asked about the sick leave policy at the respondent's current company and their experiences with it (if any). The survey also asked if the respondent's company had any health and wellness programs available to employees, such as mindfulness workshops and EAPs (Employee Assistance Programs), which are programs that connect employees to resources like counseling, legal and financial help, and health and wellness benefits. Then, the survey asked respondents if they have a chronic illness or disability, and those who identified that they did were also able to identify the specific illness or disability if they chose to do so. The survey ended at this point for those who did not identify that they have a chronic illness or disability.

Respondents who answered that they do have a chronic illness or disability were asked about their experiences (if any) with their company regarding sick leave, days they've needed to take off, reasonable accommodations, and any experiences they've had in relation to these issues that they would like to share. All respondents who made it past Question #10 (which asked if they have a chronic illness or disability), were also asked if they would be interested in a follow-up interview once the survey ended. The interview questions requested further elaboration of participant experiences with sick leave, employee assistance programs, and reasonable accommodations at their workplaces.

After the survey data was collected, I conducted a quantitative analysis of the multiple choice answers, and a qualitative content analysis of the short answers, in order to determine which answers were most common within the multiple choice questions, and which, if any, answers in the short answer sections discuss similar themes or experiences between participants. I planned to use a similar qualitative method on the interview answers to see if there are

any recurring or similar themes among participants – however, I did not receive any interview responses.

Survey Findings

In this section, I will discuss my quantitative and qualitative survey findings, comparing and contrasting them with recent news articles related to the topic and the scholarly research covered in the Literature Review section.

1. Respondent Demographics

The majority of respondents were between the ages of 26-35 (50.6%), with the second largest age group being 18-25 (38.5%); were Female (85.5%); and had either an Undergraduate Degree (46.3%) or an Advanced Degree (40.2%). Income levels mostly varied between $30,000 and $100,000 per year.

The two most common industries in which respondents indicated they were employed was Higher Education (9 out of 72 responses) and Technology (5 out of 72 responses). Other common industries, with an average of 3-4 respondents each, were Communications and Healthcare. The diversity of industries among respondents is interesting to note, as no industry placed in a singular dominant spot over the rest.

The top job title among respondents was Manager/Director (26 out of 72 responses), followed by different types of Analysts (7 out of 72 responses). The rest distributed fairly evenly at 5 respondents or less in titles such as varied types of Assistants and Associates.

2. Sick Leave Policies and Experiences

When asked if their employer has a sick leave policy, the majority of respondents (76%) indicated that their employer does have a policy. However, almost 17% indicated that their employer does not have one, and 7% indicated that they do not know if their employer has one or not. Furthermore, while nearly 89% of respondents indicated that they generally know what their employer's sick leave policy is, about 11% indicated they do not know what it is. Both of these findings are significant and highlight potential areas of focus and internal communication improvement for these and similar employers, as employees should be aware of the existence and content of their employer's sick leave policy.

In a total of three different recent news articles that I came across in my research, "paid sick leave" was cited as a top concern for employers in 2019. One author ranked it at number 4 out of 5, saying: "Employers must satisfy many compliance requirements related to time-off rules. Some states are providing additional leave benefits for employees on top of the federal Family and Medical Leave Act protections, adding additional parental leaves or paid sick time. … Currently no federal laws require employers to provide paid sick leave for their employees. This year could see a push for a federal standard," (Kerekes, 2019). The CPA Practice Advisor published a similar article, placing paid leave at #2 on the top-10 list of regulatory issues for 2019. "Currently, more than 40 state and local jurisdictions have implemented paid leave laws and several more are scheduled to implement leave policies in early 2019. Although paid sick leave laws are more prevalent, paid family leave laws are generally more onerous for employers. Many family leave laws are funded by employee and/or employer contributions and might also require the periodic reporting of several elements including payroll deductions, employee hours worked, and employee wages." The third article placed paid sick leave at #6 out of 7 on its "Workplace Law Predictions for 2019" list, stating: "Paid Sick Leave Will Continue To Be On Trend - Although there are no federal laws mandating paid sick leave (yet), you can expect that paid sick and family leave will continue to be a big issues, with states and localities picking up the slack. Right now, 11 states and the District of Columbia require paid sick leave. Additionally, various cities and counties have stepped in where states have not provided for such leave or to give more generous benefits than the state. You generally should anticipate an expansion of paid sick leave benefits in 2019. The New Jersey Paid Sick Leave Act went into effect October, while Michigan, Washington, and Westchester County (NY) have paid sick leave laws going into effect this year. While some municipalities in Texas want to get in on this trend, a Texas appeals court ruled the Austin Paid Sick Leave Ordinance violates the state constitution because it preempts the Texas Minimum Wage Act. San Antonio passed its own sick leave ordinance in 2018, but it may only be a matter of time before it, too, is challenged in court," (Groden, 2019).

Lastly, in the United States, "even without a legal obligation to provide paid leave, 74% of full-time US workers have an arrangement with their employer to provide paid time off in the event of sickness. Arrangements vary from state to state," (Foothold America, 2019). The articles in the previous paragraph argue that this "state to state" issue could become a federal issue in 2019 or at least in the near future.

When asked in this survey about how likely they were to use sick leave time, the majority of respondents – about 54% – indicated they were either "Somewhat Likely" (23%) or "Unlikely" (31%) to use their sick leave time. 21% selected "Very likely", and 25% selected "Likely". It is noteworthy that "Unlikely" received the largest percentage of responses among the four on this Likert scale. Distribution of the answers varied greatly based upon the job titles and employment levels of the respondents. Among those with Managerial or Directorial job titles, about 63% indicated they were either somewhat likely or unlikely to use sick leave, and only about 37% indicated they were very likely or likely to use it. Among those with different, lower employment levels and job titles, about 30% indicated they were only somewhat likely or unlikely to take sick leave, while the remaining 70% answered that they were either very likely or likely to use it.

Those who answered "Somewhat Likely" or "Unlikely" were prompted to explain their reasoning for making these choices. The reasons varied, but repetition of the following themes emerged:

1. *Respondents answered either verbatim or with some variation of **"I'm not sick"**. Notably, this same reason would not typically apply to a person with a chronic illness or disability.*

   This answer is significant, not only because it was the number one reason that respondents indicated they were either somewhat likely or unlikely to use sick leave, but because it demonstrates a type of privilege that healthy people have over those who are either not as healthy, or who have chronic illnesses and disabilities. This issue relates back to the 2016 study by McGonagle et al included under "Discrimination" in the literature review. The authors emphasized the importance of work context for those with chronic illnesses and disabilities, as they "differ from other types of stigmatizing characteristics in that they have direct implications for job capabilities and performance. Specifically, although having a chronic illness may not be stigmatizing at home or within one's social circles, it may be stigmatizing at work (and therefore lead to discrimination) due to the implications of the illness for job performance," (p. 76). Additionally, it stands to reason that those with chronic illnesses or disabilities will most likely need to take more time off due to their health status – for rest, recovery, doctor's appointments, surgeries, testing, etc. – which healthy people would not have to use out of necessity nearly as much. However, justifying this "extra" time off requires an appropriate form of "Disclosure" from the employees which, as discussed in the literature review, presents its own challenges and fears. As noted by the 2011 study by Peterson et al, "The main pressure not to disclose was fear of discrimination, including being stereotyped; fear of other people's

reactions to disclosure; and being subjected to office politics. …Legal pressures arose when participants had to complete health-related questions on job application forms. Despite feeling obliged to respond truthfully, participants often either denied experiencing mental illness or reported having no health conditions. …Practical pressures included ensuring that the employer could allow time off for appointments or arrange for other accommodations," (p.146).

2. *Many indicated that they have the option/benefit to **work from home**, which many employers still do not have or do not allow below a certain job title or salary.*

Employers providing the option for employees to work from home has been studied and reported on in relation to presenteeism and employee productivity. Presenteeism has resulted in what has become a "very old paradigm of work", as Chartered Institute of Personnel and Development chief executive Peter Cheese refers to the Monday to Friday work schedule. He also says, "There is a macho culture of thinking you can pound your way through, work all night. But are you productive? No. Are you going to make poor decisions? Absolutely. Is it good for your wellbeing? Profoundly not. We will show the industry a productive output by working more flexibly, but there will be other outcomes, like wellbeing," (Turner, 2019). Natalie Gill, Program Director at Timewise, also believes more flexible working schedules in the modern workplace can combat the issues that presenteeism has created over time. "Gill says flexible working is hard to quantify. But self-reporting has revealed that around 73% of managers felt teams who were working flexibly had increased performance and productivity," (Turner, 2019). These approaches fly in the face of discriminatory ideas and policies that recognize physical attendance as a marker of commitment to the workplace, and, perhaps more importantly, provide a much-needed, effective solution for those not in good health who are unable to physically "show up" day after day. Many employees can also seek protection under Family Medical Leave Act (FMLA) and Americans with Disabilities Act (ADA) federal regulations (Turner, 2019).

3. *Some respondents indicated that they **do not have this [sick leave] benefit**. This answer is reflective of the paid sick leave article data included under "Sick Leave Policies and Experiences" previously noted in the data analysis. As a reminder, there are currently no federal laws that require employers to provide paid sick leave for their employees – though the country appears to be moving increasingly in that direction.*

4. *Some respondents indicated that they are **only able to use vacation days to take time off from work** because their employer does not offer sick leave days. Once again, this relates back to the lack of federal sick leave laws in the United States.*

       While these same themes arose despite job title and employment level or income, the reasons, once again, varied greatly depending on job title and employment level. Though many said they were either somewhat likely or unlikely to use sick leave because of issues such as workload and responsibility or obligation, those with Managerial or Directorial roles more often cited the ability to work from home as a reason for not having to use sick leave. Those with lower titles did not cite this option, and some even indicated that they would not be paid if they were to take time off. Additionally, the lower-level respondents said they more generally felt that they couldn't or shouldn't use sick leave.

       In addition to the above themes, specific words were repeated between answers, namely "pressure" (used by 3 respondents), "difficult" (used by 2 respondents), "fear/afraid" (used by 2 respondents) and – though not repeated, but equally powerful due to the weight and implications of the word – "judged" (1 respondent).

       Despite both the similarities and differences between the answers given by managerial level titles versus other titles, the overwhelming majority – 97% – of respondents said that employees should be able to use their sick leave any time they are sick. Only 2 respondents answered "No" – 1 indicated that a person "should not take off for a common cold, even though this could be considered 'sick'," and the other said that "there is a balance", and that it's okay "for the most part", but would be hard to justify unless it's something "super serious" when something very important is happening at work. These responses relate back to the issue discussed in the 2017 study conducted by Hirsch et al, included under the theme of Presenteeism: "It is not just that sick workers are usually less productive, going to work when ill may also spread infectious diseases to co-workers, exacerbate individuals' bad health status, and result in long-term health problems. Some observers argue that presenteeism is even more costly and harmful than absenteeism, i.e. not showing up at work for whatever reason." Workers coming in with "just" a "common cold" are contagious and can still spread this and similar types of illnesses to colleagues, which benefits no one – and yet, employees clearly still feel the need to justify taking time off from work to prevent the spread of germs and to recover from health issues.

3. Employer-Sponsored Health and Wellness Programs

When asked if their employer has any health and wellness programs that they are aware of, nearly 59% of respondents indicated that their employers have health and wellness programs. However, the remaining percentage answered either "No" (28%) or "I don't know what health and wellness programs are" (13%). Either instituting these programs or raising employee awareness of existing programs and similar resources available to them could be an area of improvement for these and similar employers.

Perhaps even more significantly, 70% of respondents who indicated their employer has these programs have not participated in them. This demonstrates a major area of improvement for these and similar employers, in regards to more effective communication with employees regarding these programs and their benefits.

Despite the above data, one encouraging statistic emerged from the questions regarding employer-sponsored health and wellness programs: Of those who participated in these programs, most (91%) characterized them as positive and/or helpful. Employers can also use this feedback to their advantage if and when they decide to implement these types of programs and communicate to employees about them. Of particular interest to employers is the recent evidence that highlights the benefits of integrating preventive healthcare services into company health coverage offerings in order to cut healthcare costs for themselves and employees and be able to save more money overall. Thomas Beaton says, "Payers that encourage beneficiaries to take advantage of preventive services may see decreased utilization rates and lower costs, which are an attractive incentive for treating preventive care as more than a regulatory requirement," (2017). He says companies can achieve this by 1) Creating consumer friendly cost-sharing that supports chronic disease management; 2) Identifying community factors to reduce emergency department admissions and utilization; and 3) Decreasing hospitalizations through provider collaboration (Beaton, 2017).

4. Employees with Chronic Illnesses and/or Disabilities

Nearly 20% (13 out of 72) of respondents indicated that they have a chronic illness or disability. Of these 13 respondents, 5 indicated they were "Very Likely" to use sick leave, and 3 said they were "Likely". Two indicated they were "Unlikely" to use sick leave, either because of the "stigma" around using it, or that they "would rather make money", because they do not get

paid when they take time off. One answered "Somewhat Likely" because they can "work remotely", but also "feels pressured to keep up productivity". Once again, themes of presenteeism and discrimination come into play among some answers.

The #1 chronic illness/disability disclosed among those who chose to do so was a tie between Depression/Major Depressive Disorder, and Autoimmune disorders. Asthma was #2.

Almost 54% of respondents – the majority – indicated that their employers offer reasonable accommodations for chronic illnesses or disabilities. However, almost 39% indicated that they do not know if their employers offer these or not. This highlights an area of improvement for these and similar employers in more effectively communicating with their employees to ensure they are aware of these policies.

The top three characterizations of chronically ill or disabled employee experiences with requesting time off (sick leave) were generally as follows: #1 – Many **feared disclosing** their illness or disability to their employer/boss for varied reasons; #2 – Many felt they needed to prove they had "**legitimate**" **reasons** for requesting the time off; #3 – Others felt their **employers/bosses were "generally" supportive, but cited some instances where they were not**. Some particularly jarring answers included:

- o "I've requested a reasonable accommodation for my disability at a previous job. They responded with an alternative that didn't meet my needs."
- o "I have no problem getting time off, but I am an independent contractor, so if I don't go to work I don't get paid, which is difficult."
- o "Sick leave has been positive but I have had really negative experiences with HR and have felt shamed and blamed for disclosing my illness to a supervisor."
- o "… In general, there is huge flexibility to work remotely/from home, but it is difficult to disconnect completely. I have left early when feeling unwell, but felt (admittedly, self-sustained) pressure to keep up my productivity. I am very new to this job and am yet to get sick enough to truly need a day off with short notice. I was able to plan a day out of office with relative ease, and I imagine colleagues will be supportive if I do need to take a real sick day. However I am nervous about being able to step away from my work/see my productivity fall if I take time off."
- o "I have no issues requesting time off, but the work is expected to be done one way or another. I'm never directly punished for taking sick time but management is harsh. I unexpectedly had to call out sick recently and my manager told me it's unacceptable that my case work was picked up

by another colleague. When I explained I was out sick and could not physically be in the office to file a case, the response was "yeah, but still."

- o "If I ever need to take time off due to my depression, I don't typically disclose the reasoning. My boss generally knows I have a lot going on, but I don't feel comfortable sharing my medical history with him."

- o "Unfortunately, my overall experience with taking sick leave has been negative. While my current and past employers have been supportive and offer adequate sick leave (which I only take/have only taken when I am contagious, unable to get out of bed, or having a particularly bad day with my disabilities), the few workplaces I've been part of over the past 5 years seem to have a negative attitude toward people whom they think use "too much" sick leave. I've had a few instances in emergency situations where I was reprimanded by a superior for not letting them know of my sick leave ahead of time, which is truly impossible in an emergency (and I did, of course, let them know where I was and what had happened once I was being treated for the emergency). My [disability] in particular has made it almost impossible at many times in the past to even formulate sentences or be fully conscious. I have gone to work many days while in this condition - to this day, I don't know how I got through it. I have also been reprimanded despite letting my supervisor know well in advance when I had a doctor's appointment coming up, and that I see one of my doctors once a month. I have even been reprimanded for taking sick days on Mondays, Fridays, and when an important event is scheduled, despite my being legitimately sick and unable to perform work duties during those times. … I have also not disclosed my disability status to my current or past employers because I am truly afraid of discrimination."

Conclusions and Recommendations for Employers

- ✓ Implementation of a clear, consistent sick leave policy, distinct from other types of leave – or updating an existing policy to be more clear and consistent, if needed. Ensure that the policy is published and easily accessible to employees on the company website – in the Human Resources section of the site, for example – and in the employee handbook.

- ✓ Implementation of health and wellness programs and employee assistance programs – or adding to and updating existing programs. These programs can include meditation workshops or daily emails sent to those who choose to subscribe to them; yoga and other physical fitness classes; walking ("step") challenges that track the number of steps employees take per day, and offers rewards at the end of the challenge to the top-performing teams and individual employees; and important resources for employee health and well-being, including counseling services, elder care assessment, referrals to other professional assistance such as legal services, and more, with the ultimate goal of helping employees to improve their lives outside of the workplace. All of theses positively impact overall workplace productivity, performance, and engagement.

- ✓ Improved Internal Communication with Employees
    - o Email marketing campaigns through platforms such as MailChimp, originating from organizational Communications and/or Public Affairs offices to keep employees informed about health and wellness initiatives and employee assistance program events, workshops, and resources.
    - o Employee Benefits Fairs, organized and hosted by the company's Human Resources department, where time and leave policies are discussed; healthcare, retirement, health and wellness, and other types of professional vendors are invited and in attendance; and helpful handouts, pamphlets, and referrals to other resources are provided to employees by vendors and Human Resources staff.

- ✓ Updating the company mission if it does not already contain a message of true acceptance of diversity – one that is inclusive of employees with chronic illnesses, disabilities, and conveys a regard for overall employee wellness.

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