The Conference Board of Canada

Why Employees Choose Work Over Wellness

The Links Between Absence Policies, Attendance, and Mental Health

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We believe that strong workplace mental health is the cornerstone of employee engagement and productivity, and employers have a pivotal role to play. The Workplace Mental Health Research Centre was established to increase awareness and understanding of workplace mental health through research, analysis, and dialogue.

The Workplace Mental Health Research Centre (WMHRC) will drive positive change by tackling the critical matters facing Canadian organizations and the wellbeing of their employees.

Having conducted research on workplace health and safety for over 20 years, The Conference Board of Canada has long been at the forefront of this critical issue. Our team brings both expertise in workplace wellbeing research and applied leadership experience in Canadian organizations.

This Centre was established based on the demand to fill a gap in the mental health space and is Canada's first collaborative research initiative focused exclusively on advancing workplace mental health research for Canadian employers.

Our Research Centre is funded by multiple members united in their mission for progress who support and inform the Centre's research agenda. We are appreciative of the support from our funding members. Their passion and understanding of the urgent need for progress helps propel us forward and allows us to conduct research that matters into workplace mental health.

We welcome you to join us.

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Key findings

- Nearly one-quarter of employees across Canada reported a significant amount of stigmatization around mental health within their organization.
- Most Canadian employees (63.0 per cent) reported that their decision to work while feeling mentally unwell was influenced by their assumption that feeling mentally unwell wasn't a good enough reason to take time off.
- Most of the employers we surveyed don't measure the impact of their absence policies on attendance (80.9 per cent) or on productivity and/or profitability (88.4 per cent).
- About two-thirds of employers we surveyed offer paid personal or flex days each year, enabling employees to take additional time when needed (e.g., for illness, care responsibilities).
- Providing paid personal/flex or vacation days is linked to greater employee psychological safety and job performance.
- Fully on-site employees had higher absenteeism and presenteeism for physical health reasons than workers in fully remote or hybrid environments, and higher presenteeism for mental health reasons than did remote workers.
- When employees feel limited by their organizational policies and practices to take time off to improve wellness, they're more likely to show up to work in person than to stay home when they feel unwell.
- Differences in employee rates of absenteeism and presenteeism suggest that current workplace health and wellness policies could be under-serving members of equity-deserving groups.

Introduction

Workplace absences cost the Canadian economy billions of dollars annually because of lost productivity, having to hire and train replacement workers, and physical and mental health claims, including short-term disability (STD) and long-term disability (LTD) claims.

In 2012, the estimated direct cost of absenteeism (i.e., the salary cost associated with the number of workdays lost) to the Canadian economy was $16.6 billion.[1] The COVID-19 pandemic saw absenteeism rates increase[2] and employees having to make unprecedented decisions around whether to be absent or present when feeling unwell. Given the increase in overall employee absenteeism rates, the cost of workplace absences to the Canadian economy now is likely much higher than the 2012 estimate.

Definitions

Absenteeism is defined as absences (with or without pay) of an employee from work due to their own illness, disability, or personal or family responsibility for a period of at least half a day but less than 52 consecutive weeks. This excludes maternity, adoption, paternity, and parental leaves, vacation and statutory holidays, bereavement leave, and jury duty.

Presenteeism is defined as working while feeling physically and/or mentally unwell (e.g., going to the office with a cold, working with a migraine, working despite experiencing severe anxiety).

Psychological safety refers to the perception that the workplace is a safe space where people can make mistakes, take risks, and ask for help.

1 Stewart, *Missing in Action*.
2 Statistics Canada, "Work Absence of Full-Time Employees by Geography."

"Sickness presenteeism"[3] is an area of increasing interest in research because of its potential impact on both the employee and the organization.[4] Studies show that compared with "sickness absenteeism," sickness presenteeism is associated with more negative outcomes, including losing productivity, aggravating existing health conditions, and compromising the health of colleagues.[5] Studies estimate that the cost of presenteeism is significantly higher than the cost of absenteeism for organizations,[6] suggesting potential large financial incentives associated with investigating and mitigating the causes and conditions that lead to workplace presenteeism.

Sickness presenteeism indirectly accounts for significant productivity loss because illnesses in the workplace are typically widespread, often go untreated, and affect employees during their peak working years—and these indirect costs are largely invisible to employers.[7] On the other hand, presenteeism can also evoke positive associations, such as strong employee engagement and commitment to the organization.[8] But highly engaged employees may develop unhealthy work habits, such as working longer hours (55+ hours per week), working weekends, and not using their vacation time to recharge.[9]

Eventually, these behaviours can lead to unhealthy levels of stress,[10] which account for roughly one-third of the burden of work-related disease globally.[11] In fact, 75 to 90 per cent of human disease, including depression, heart disease, and cancer, is related to chronic stress and inflammation.[12]

Mental health in the workplace

Prior to the pandemic, the economic burden of mental illness in Canada was conservatively estimated to be $51 billion each year,[13] with $6.3 billion resulting from lost workplace productivity.[14] Further, mental illness represents about one-third of STD and LTD claims and 70 per cent of workplace disability costs.[15]

The pandemic prompted increased attention to the social and economic costs associated with poor mental health. In 2020, anxiety and depression increased by a massive 25 per cent globally, with women and youth being most affected.[16] In 2013, the Mental Health Commission of Canada reported that over the next 30 years, the total cost of mental health illnesses on the Canadian economy is expected to reach more than $2.5 trillion.[17]

3 Johns, "Presenteeism in the Workplace."
4 Skagen and Collins, "The Consequences of Sickness Presenteeism on Health and Well-being."
5 Johns, "Presenteeism in the Workplace"; and Skagen and Collins, "The Consequences of Sickness Presenteeism on Health and Well-being."
6 Heathfield, "Presenteeism (and How Much It Costs Employers)"; and Broom, "Working When Sick Is Rising."
7 Willingham, "Managing Presenteeism and Disability."
8 Miraglia and Johns, "Going to Work Ill."
9 Ibid.
10 Carmichael, "The Research Is Clear."
11 Pega and others, "Global, Regional, and National Burdens of Ischemic Heart Disease and Stroke."
12 Liu, Wang, and Jiang, "Inflammation."
13 Lim and others, "A New Population-Based Measure."
14 Smetanin and others, *The Life and Economic Impact of Major Mental Illnesses*.
15 Deloitte, *The ROI in Workplace Mental Health Programs*.
16 World Health Organization, "COVID-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression."
17 Mental Health Commission of Canada, *Making the Case for Investing in Mental Health in Canada*.

Absenteeism, presenteeism, and physical and mental health

Mental health issues (such as depression and anxiety) play a stronger role in presenteeism than in absenteeism.[18] Productivity loss caused by an employee working while experiencing depression and physical pain is roughly three times greater than productivity loss caused by absenteeism for these conditions.[19] Working despite a mental and/or physical health issue leads to declining health and well-being and an eventual shift into absenteeism,[20] including disability leave. The pathways between absenteeism, mental health, and presenteeism are fluid and subject to a range of personal and organizational factors discussed in this paper.[21]

Research objectives

The objective of this research is to provide Canadian organizations with a deeper understanding of how organizational and employee factors can positively or negatively influence the ways in which absenteeism, presenteeism, and mental health interact in the workplace. This information will properly position Canadian leaders to develop data-driven and responsive policies and programs to maintain a healthy and productive workforce, secure a competitive advantage in today's labour market, and continue to deliver on business objectives. Organizations will be better equipped to make gains in employee mental health, engagement, and retention by implementing strategies, policies, and practices that influence informed employee decisions around absenteeism and presenteeism.

Methodology

This research delved into a range of factors, including attendance policies and practices and employee behaviours, demographics, and perceptions about workplace mental health. We surveyed both Canadian employees (n = 977) and Canadian organizations (n = 135) and supplemented survey data with insights from Canadian employer focus groups, as well as key findings from a comprehensive literature review. Data collected from employees constitute a representative sample of the Canadian working population. For more details on the methodology, see Appendix A.

18 Miraglia and Johns, "Going to Work Ill."
19 Hemp, "Presenteeism."
20 Skagen and Collins, "The Consequences of Sickness Presenteeism on Health and Well-being."
21 Johns, "Attendance Dynamics at Work"; Skagen and Collins, "The Consequences of Sickness Presenteeism on Health and Well-being"; and Collins, Cartwright, and Cowlishaw, "Sickness Presenteeism and Sickness Absence."

Workplace attendance in Canada

Organizations rely on sickness absence data as their primary source of information on the health and wellness of their employees.[22] According to Statistics Canada, the total annual days lost per worker gradually increased from 9.5 days in 2016 to 11.6 days in 2020.[23] Based on employer-reported absence data for this research, employees had missed an average of 7.5 days of work (unweighted, excluding disability leaves, other paid leaves, vacation time, and statutory holidays) over the previous 12 months.

Similarly, Canadian employees reported that they were absent an average of 9.0 days per year. (See Table 1.) To increase understanding of the main causes of employee absences, we presented employees with a list of potential reasons for having missed work over the past year. The most common self-reported reasons for missing work were related to physical health and COVID-19. (See Table 2.)

Table 1

Overall employee absenteeism and presenteeism rates

	Overall absences	Absenteeism (physical health)	Absenteeism (mental health)	Absenteeism (personal reasons)	Voluntarily absent	Presenteeism (physical health)	Presenteeism (mental health)
n	892	909	777	813	892	861	867
Mean (number of days)	9.0	3.0	0.8	1.9	1.3	5.8	5.2
Median (number of days)	3.0	1.0	0.0	0.0	0.0	2.0	0.0

Note: Totals may not add up as other reasons for absence may have been included in the total.
The number of days that employees reported having engaged in absenteeism and presenteeism are highly skewed, suggesting that the median might be a more representative average than the mean.
Source: The Conference Board of Canada.

Table 2

Employee-reported reasons for work absence in the past 12 months

Reason	Per cent engaged in absenteeism (n = 977)
Cold/flu symptoms (e.g., fever, coughing, sore throat)	38.7
Tested positive for COVID-19 / COVID-19 symptoms / COVID-19 isolation requirements	24.2
Had an appointment	21.9
Felt dizzy or had a headache/migraine	15.8
Family obligations (e.g., funeral, parent teacher meetings)	12.7
Stress, anxiety, and/or depression, or other mental health-related issues	12.0
Gastrointestinal issues and/or abdominal pain (e.g., stomachache, flatulence, nausea, vomiting, menstrual pain)	11.9
Lack of sleep, tiredness, exhaustion (including sleep disorders, insomnia, sleep apnea, etc.)	9.6
Child/dependent care responsibilities (e.g., illness, lack of alternative childcare arrangements)	8.5
Injury (work injury or injury outside of work)	5.7
Body pain or swelling in limbs and/or joints (but not chronic)	4.9
Weather-related (e.g., snowstorm, hurricane, tornado, power outage while working from home)	4.8
Symptoms from a chronic physical health condition (e.g., chronic pain, Type I diabetes, irritable bowel syndrome, arthritis, cancer, fibromyalgia)	4.2
Work-related issue (e.g., toxic work environment, workplace harassment)	2.6
Symptoms related to alcohol or drug use	0.7

Source: The Conference Board of Canada.

22 Bernstrøm and Houkes, "A Systematic Literature Review."

23 Statistics Canada, "Work Absence of Full-Time Employees by Geography."

We also asked organizations to identify the most common employee-reported causes for being absent from work. The reasons identified by employers aligned with those reported in the employee survey (see Table 5 for employee-reported reasons):

- physical illness, other than COVID-19 (71.9 per cent)
- stress, anxiety, and/or depression or other mental health issues (58.4 per cent)
- testing positive for COVID-19 or being symptomatic (43.8 per cent)

Stigma and lower self-reporting of mental health–related absences

Almost 60 per cent of employers indicated that stress, anxiety, and/or depression or other mental health issues were the primary cause for employee absences, but only 12.0 per cent of employees indicated that they had taken time off for this reason. Employees may not include mental health ailments among sickness absence indicators because they may not even consider mental illness to be a legitimate reason for their absence or perceive themselves as having a mental health problem.[24] The perception that mental illness was not a legitimate reason for absence was captured in our employee survey that asked participants to indicate the factors that influenced their decision to work despite feeling mentally or physically unwell. Our findings suggest an inherent unreliability associated with employee self-reported absences for mental health reasons because employees are concerned about being stigmatized or losing their jobs.

Nearly one-quarter (24.2 per cent) of employees reported a very large amount of stigma around mental health within their organization. Some employees (63.0 per cent) reported that their decision to work while feeling unwell was at least somewhat influenced by their assumption that feeling mentally unwell was not a "good enough reason" for taking time off.

Given this finding, organizations should recognize that employees might under-report mental illness in the workplace, leading to the potential illusion that employees have sufficient workplace supports for mental health when, in fact, they may not.

Organizations can prioritize programs and initiatives designed to reduce mental health–related stigma in the workplace and offer regular communication about the importance of mental wellness and the supports available to employees.

Difficulty measuring employee absence

Given the privacy concerns associated with tracking individual health issues of employees, reporting on the primary reasons or motivations for employee absences is challenging for organizations. Research on absenteeism measures suggests that employers are typically limited in the scope of information they can elicit from employees regarding the reason for their absence from work. For instance, insurance registers contain only medically compensable absences (a subset of the total absence record), and most organizations don't track specific reasons for absenteeism (e.g., health problems, stress, bullying, child care, elder care, or substance use issues).[25]

But employers can't determine the underlying causes of absenteeism and identify areas of additional support if they aren't tracking why employees miss work. While most organizations don't track individual physical or mental health conditions, some organizations do track other types of paid time off to better understand the factors contributing to workplace absenteeism. For instance, 21.6 per cent track absences for childcare requirements, while 18.5 per cent track other family obligations. The most commonly tracked reasons for employee absences include bereavement leave, physical illness, and appointments. In many cases, organizations offer specific leave for these types of absences; having this mechanism in place allows them to effectively measure how these factors contribute to overall absence rates in the workplace. Some organizations also track their absenteeism rates by job characteristics, including organizational department, geographical location of work, and employment status. (See Table 3.)

24 Miraglia and Johns, "Going to Work Ill."

25 Johns and Miraglia, "The Reliability, Validity, and Accuracy of Self-Reported Absenteeism."

Table 3

Does your organization examine or monitor employee absences by any of the following factors?
(per cent)

Demographics	n	Yes	No	Unsure
Age	130	10.0	84.6	5.4
Gender	130	9.2	84.6	6.2
Income	129	0.8	93.8	5.4
Family status (married, single, widowed, divorced, parent, etc.)	130	0.8	93.8	5.4
Race and ethnicity	129	0.8	94.6	4.7
Membership in 2SLGBTQI+ community	129	0.0	95.3	4.7
Newcomer to Canada status	129	0.0	95.3	4.7
Other	73	2.7	89.0	8.2
Job characteristics				
Department	130	54.6	43.8	1.5
Location of work (e.g., worksite, city, province)	128	30.5	65.6	3.9
Employment status (e.g., full-time, part-time, contract)	130	26.9	70.0	3.1
Type of work (e.g., remote, in-person, flexible)	128	13.3	82.0	4.7
Other	60	5.0	86.7	8.3
Reason for absence				
Bereavement	131	55.0	40.5	4.6
Physical Illness	129	43.4	50.4	6.2
Appointments	126	28.6	66.7	4.8
Mental health and wellness (including mental health symptoms and proactive self-care)	128	23.4	67.2	9.4
Child care requirements	125	21.6	70.4	8.0
Family obligations (other than child care)	119	18.5	71.4	10.1
Transportation	124	6.5	83.9	9.7
Other	61	9.8	77.0	13.1

Source: The Conference Board of Canada.

Understanding how absenteeism rates differ by various job characteristics can allow organizations to develop a more targeted approach to managing absenteeism based on unique workplace conditions. For instance, if one department consistently has a much higher absenteeism rate than others, the organization may need to address department-specific factors and issues.

Few organizations measure the effectiveness of absence policies

Most of the employers we surveyed don't measure the effectiveness of their absence requirements (80.9 per cent), nor the effect of absenteeism on productivity and/or profit (88.4 per cent). In addition, 75.4 per cent of organizations reported that they don't plan to implement new practices, policies, and/or programs to monitor absenteeism. Of those looking at ways to better monitor their absenteeism rates, many stated that they plan to implement (or resume after COVID-19 isolation requirements have ended) an attendance management or attendance support program.

Without proper monitoring in place, organizations can't demonstrate whether any increases or reductions in absenteeism are the result of their absence policies or other internal or external factors. Given that organizational attendance policies were the top-ranked influence on employee attendance decisions, organizations should place a higher emphasis on monitoring the impact of these policies on their workforce.

Some employers stated that they don't believe that employees are abusing their sick time and that they trust them to use the time they need. However, several focus group participants noted that by limiting the amount of paid sick time available to employees, their organization has reduced absenteeism. Only a small number of respondents plan to implement disciplinary practices for non-compliance and pattern absenteeism or reward employees who don't take days off.

Conversely, our employee survey shows that higher employee-reported absenteeism and presenteeism are associated with receiving less paid time off. As such, within organizations with limited paid sick time, employees may be working while ill or using their vacation time to take care of their health. Low sickness absences can therefore mask potentially serious health risks—for instance, working excessively long hours and refraining from being absent when ill. Managers and employers need to pay close attention to employee health, even when sickness absences are low.[26]

26 Bernstrøm and Houkes, "A Systematic Literature Review."

Factors that influence workplace attendance

Paid sick days

Employees who have access to paid sick leave are more compliant with medical treatment, recover more quickly from illness, and have overall better health and well-being.[27] Conversely, employees without paid sick leave often don't seek the healthcare they need and may underperform because they feel compelled to work when they're sick.[28] Nevertheless, employee groups in casual and contract work remain mostly excluded from receiving sick pay.[29]

More paid time off linked to positive mental health outcomes

Results from the employee survey show the following:

- The more paid personal or flex days provided, the less stress employees reported.
- Providing paid time off (i.e., personal/flex or vacation days) is linked to increased employee psychological safety and better self-rated job performance.
- Employees who have and use their paid sick days are absent more days than those without any paid sick days.
- The more paid sick days offered, the more often employees will take time off for their mental health.
- Those with paid personal/flex days are absent more often and specifically for personal reasons compared with employees without any paid personal/flex days.

Many employer focus group participants were concerned that if an employee becomes ill, the onus is on that employee to decide whether to risk infecting others or to take a day off. For some workers, staying home while ill may result in lost income if they've used up their paid days. Others may have to work while sick because they can't find a replacement worker to take their shift.

Most of the employers surveyed offer paid sick days, providing an average of 10.0 paid sick days per year. Data from the employee survey show that about three-quarters of employees receive paid sick days, averaging 8.1 paid sick days annually. (See Table 4.) Based on responses by Canadian employees, the likelihood of receiving paid sick days varies by numerous employment and demographic factors:

- Union members are more likely (86.2 per cent) to have paid sick days than non-unionized employees (73.7 per cent).
- Union members receive more paid sick days (10.6 days) on average than non-union workers (7.8 days).
- Employees in smaller organizations (under 100 employees) receive half as many paid sick days (6.0 days per year) than those in large organizations (500 to 5,000 employees; 11.0 days per year) or very large organizations (5,001+ employees; 11.5 days per year).
- Permanent full-time employees are more than twice as likely (81.6 per cent) to receive paid sick days than temporary full-time employees (35.0 per cent).
- Employees over age 75 are less likely (33.3 per cent) to have paid sick days than employees aged 35 to 44 (83.9 per cent).

27 Schliwen and others, "The Administration and Financing of Paid Sick Leave."
28 Susser and Ziebarth, "Profiling the U.S. Sick Leave Landscape."
29 Organisation for Economic Co-operation and Development, *Paid Sick Leave to Protect Income, Health and Jobs.*

Vacation days

Most employees (83.7 per cent) reported that they receive an average of 19.3 annual paid vacation days—more than the average number of days reported by organizations (17.8 days). Employees who received paid vacation days engaged in presenteeism less often than those who didn't have them. As well, employees with paid vacation days reported both higher psychological safety and better job performance than those without, suggesting that paid vacation time allows employees to take much-needed breaks to recover from the demands of work.

No observable relationship existed between access to paid vacation time and the number of days an employee is absent from work for reasons related to physical illness, mental illness, or personal reasons. This finding suggests that those with no vacation days are just as likely to miss work for illness and/or personal reasons as those with vacation days.

Other types of paid time off

About one in five employers we surveyed also offers paid days off specifically related to mental health. This initiative is important for employees as it provides additional flexibility in meeting their health and wellness needs.

About two-thirds of employers we surveyed offer additional paid personal or flex days per year, enabling employees to take additional time off when sick or for other reasons such as care responsibilities.

About half of employees we surveyed reported receiving paid personal or flex days. In addition, more than one-quarter reported receiving paid time off specifically for mental health and wellness. (See Table 4.)

Table 4

Employer- and employee-reported paid time off

	Organization responses								Employee responses (n = 977)			
		Do you provide paid time off?	How much do you provide per year?						Do you receive paid time off?	How much do you receive per year?		
			Mean			Per cent					Per cent	
	n	Yes (per cent)	Min. days (n)	Average days (n)	Max. days (n)	Unknown	Unlimited		Yes (per cent)	Average days (n)	Unknown	Unlimited
Paid sick days	132	89.4	8.1 (64)	10.0 (58)	31.6 (80)	4.5	6.8		77.7	8.1 (502)	18.6	7.0
Paid personal or flex days	130	66.9	3.7 (56)	5.8 (47)	5.7 (69)	2.3	1.5		50.7	4.9 (336)	12.6	3.5
Paid vacation days	124	97.6	13.8 (107)	17.8 (72)	28.5 (99)	4.8	0.0		83.7	19.3 (690)	11.2	1.4
Paid time off specifically for mental health and wellness (e.g., mental health days, wellness days)	127	19.7	2.6 (25)	5.1 (13)	3.3 (24)	5.5	0.8		27.4	4.9 (108)	12.2	3.8
If separate from paid sick days: Any paid time off specifically for health-related appointments (e.g., doctor's appoint-ment, dentist appointment)	129	29.5	1.7 (21)	4.7 (10)	2.4 (22)	7.0	1.6		25.7	4.7 (79)	11.8	5.5
Paid bereavement leave	130	98.5	2.6 (92)	3.7 (66)	4.8 (99)	4.6	0.0		n.a.	n.a.	n.a.	n.a.
Paid parental leave top-up for employees	126	59.5	53.8 (44)	41.9 (23)	65.6 (52)	8.7	0.0		n.a.	n.a.	n.a.	n.a.
Paid emergency child care/ elder care leave	124	25.8	2.9 (21)	4.2 (13)	5.0 (22)	7.3	0.8		n.a.	n.a.	n.a.	n.a.
Other paid leave	89	39.3	n.a.	n.a.	n.a.	n.a.	n.a.		n.a.	n.a.	n.a.	n.a.

Note: n.a. indicates data are not available.
Source: The Conference Board of Canada.

STD and LTD coverage

Most employers (80.9 per cent) reported that they offer STD programs, with 45.8 per cent providing coverage for all employees and 35.1 per cent providing coverage for some employees. Almost half of employer focus group participants discussed the number of consecutive days of illness or injury required to trigger an STD claim, with 30.0 per cent reporting three days, 50.0 per cent reporting five days, and 20.0 per cent reporting 10 days. However, some employers said that they're rethinking their decisions around when to trigger a move to the formal STD process, noting that in some situations, allowing an employee who needs only a couple more days to recover from the flu to top up their remaining paid sick days with flex or personal days makes more sense than requiring them to request STD coverage.

> "The effort to go through all of that [filling out paperwork to go on STD] when the person's going to be put on short-term disability for a couple of days and then come back to work doesn't make sense."
>
> **Employer participant**

Flexible work arrangements and employee absences

The effectiveness of flexible work arrangements (FWAs) in improving the psychological health, performance, and attitudes of employees has been extensively researched, but the business and mental health outcomes remain disputed.[30] FWAs can reduce stress but can also be a source of stress,[31] depending on individual factors and the specific structural aspects of the arrangement. Age and health influence the effect of FWAs on work engagement, with the strongest positive relationship observed for relatively younger, healthier workers.[32]

However, the widespread shift to FWAs in response to the pandemic has normalized flexibility in the workplace, and many employees don't want to return to the office five days a week—a 2021 survey found that over half of employees surveyed from around the world indicated that they would leave their current jobs for added flexibility in where and when they work.[33]

Some employees we surveyed reported that they're less likely to take time off work for reasons related to physical health (16.6 per cent) and mental health (13.7 per cent) because they now work remotely. This shift in attendance behaviour could lead organizations to reconsider how they communicate their absence policies to employees. Only 13.3 per cent of organizations in our survey monitor absenteeism by work arrangements (e.g., on-site, remote)—a lost opportunity to track the potential relationship between FWAs, workplace absences, and presenteeism.

Most of the employers that participated in our focus groups reported that they don't measure absenteeism differently for in-person, hybrid, or remote employees. While the amount of paid sick time is consistent across these work arrangements, tracking does vary in some instances. However, we found that fully on-site employees have higher overall absences—6.8 days on average, compared with 4.4 days for those working in hybrid settings. In addition, fully on-site employees reported higher absences due to physical health (3.6 days) than those working in a hybrid model (2.4 days) or remotely (2.0 days).

30 Kröll, Doebler, and Nüesch, "Meta-analytic Evidence."

31 Ibid.

32 Rudolph and Baltes, "Age and Health Jointly Moderate the Influence of Flexible Work Arrangements on Work Engagement."; Ebner, Freund, and Baltes, "Developmental Changes in Personal Goal Orientation."

33 Ernst & Young Global Ltd., "More Than Half of Employees Globally Would Quit Their Jobs."

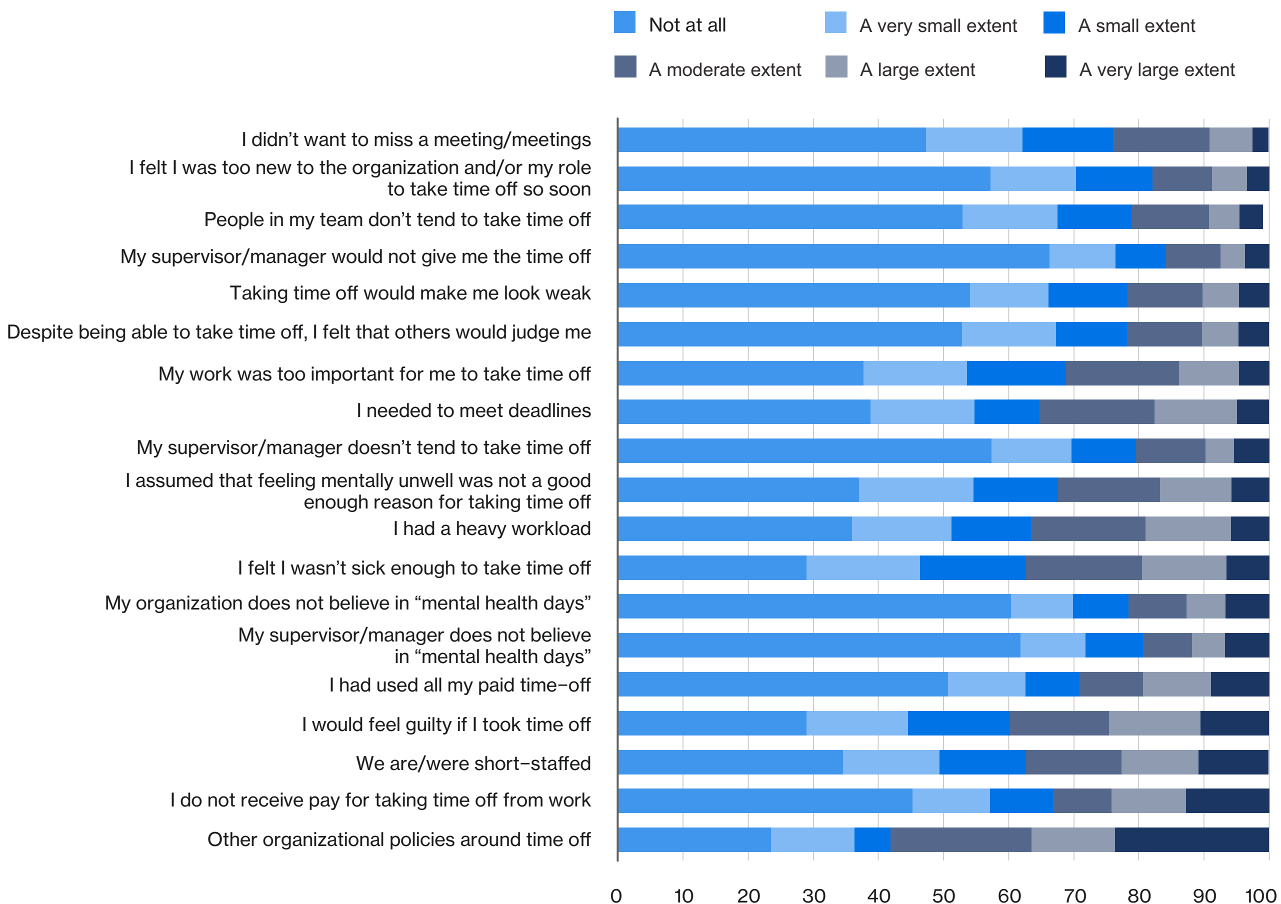
The influence of absence policies and practices on attendance

Employees in our survey reported that over the last 12 months, the most influential reasons in their decision to work despite feeling mentally or physically unwell were organizational policies about time off, personal feelings of guilt, not feeling "sick enough," and staff shortages. (See Chart 1.)

Previous research suggests that strict absence policies are associated with higher presenteeism.[34] In a longitudinal study on burnout (extreme physical, mental, and emotional fatigue), presenteeism was positively related to strict trigger points for disciplinary actions, a low level of paid sick leave, and fewer absence days available without medical certification.[35]

Chart 1

Over the past 12 months, to what extent did any of the following reasons influence your decision to work despite feeling mentally and/or physically unwell?
(per cent)



Source: The Conference Board of Canada.

34 Miraglia and Johns, "Going to Work Ill."

35 Ybema, Smulders, and Bongers, "Antecedents and Consequences of Employee Absenteeism."

Almost half (48.9 per cent) of employers we surveyed have disciplinary actions in place (e.g., warnings, suspension, performance improvement plans) for managing and reducing excessive absenteeism. Some of the employer focus group participants spoke about the incremental disciplinary steps their organization uses for dealing with non-compliance with attendance policies and high levels of absenteeism. Others emphasized the importance of having better absence controls and a documented process that all staff members are expected to follow.

Some organizations have reframed their "attendance management programs" as "attendance support programs," with the latter providing multiple follow-ups and accommodations to enable employees to gradually improve their attendance record. In most cases, either the employee improves their workplace attendance or goes on a longer-term leave, or their employment is terminated because they don't sufficiently improve their attendance. Some of the employer focus group participants indicated that they don't have enough data to know whether low absence rates were caused by their attendance support programs or by employees' perceptions of these programs as a disciplinary threat.

We also found that employers recognize that certain roles require a higher "expected" absence norm for sickness absences because of the greater risk of injury or disease that certain jobs carry (e.g., assembly line workers, emergency room nurses). In most cases, organizations have developed attendance policies to provide additional attendance support and access to paid sick leave for these higher-risk occupations. Some participants also discussed the use of separate calculations for average absenteeism for employees who work remotely and those who work fully on site to ensure comparable absence norms and expectations for co-workers in similar roles.

Doctor's notes: Absence management tool or healthcare burden?

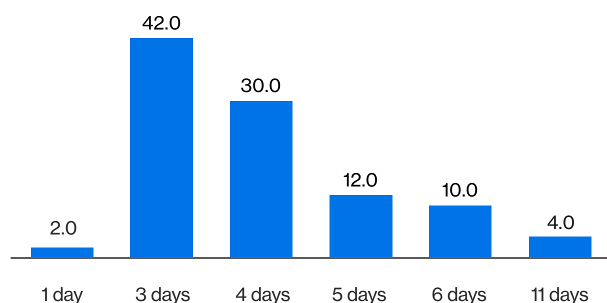
Many employers require their employees to obtain a doctor's note if (on average) they've taken four consecutive days off due to illness. (See Chart 2.) Requiring a doctor's note can be beneficial in some instances and counterproductive in others. A note can enable an employee with a major medical condition (e.g., chronic migraines) to qualify for a work-related accommodation—but it can also create undue stress on a healthcare system already under considerable strain.[36]

For example, an employee with a common cold can usually recover on their own and return to work within a few days, but they'll feel pressured to see a doctor in a workplace where failing to produce a sick note will result in loss of pay and disciplinary action.[37] To obtain the note, the employee has to take up valuable physician time and potentially expose other patients to infection.[38] Additionally, the costs of the paperwork are billed to the patient or absorbed by the doctor.[39]

In fall 2022, roughly 6.5 million Canadian adults (22 per cent) didn't have a regular family doctor[40] and therefore couldn't obtain a required doctor's note. Across provinces, only 13 per cent of adults in Ontario lack a family physician, while 27 per cent in British Columbia, 31 per cent in Quebec, and 31 per cent in the Atlantic provinces lack a family physician.[41]

Chart 2

Number of consecutive sick days permitted without a medical note (reported by organizations)
(n = 50; per cent)



Source: The Conference Board of Canada.

36 Cohen, "Employers Should Have to Foot the Bill for Mandatory Sick Notes."

37 Ibid.

38 Whitten, "Health Care System Burdened by Requests for Doctor's Notes."

39 Cohen, "Employers Should Have to Foot the Bill for Mandatory Sick Notes"; and Whitten, "Health Care System Burdened by Requests for Doctor's Notes."

40 Pham and Kiran, "More Than 6.5 Million Adults in Canada Lack Access to Primary Care."

41 Ibid.

Presenteeism: Hard to measure

We and some of our survey participants described presenteeism as **working despite being physically and/or mentally unwell**. While 78.6 per cent of employers we surveyed are familiar with the term *presenteeism*, and many of them have different perceptions about what it means, only a small share of employers track presenteeism (3.9 per cent) or the causes of presenteeism (9.4 per cent), often by using employee engagement surveys. A few organizations indicated that while they don't monitor or track presenteeism, they do look at the usage of specific services or supports (e.g., employee assistance program, STD leave, mental health services/claims, well-being days), regularly check in with staff, and look at other indicators associated with workplace culture.

Many of the focus group participants said that one of the main barriers to tracking presenteeism, other than not knowing how to do so objectively, is employees' willingness to disclose when they're unwell and trusting their organization to support them irrespective of mental or physical reasons for engaging in presenteeism.

In the survey, 20.0 per cent of employers reported that presenteeism isn't a concern for their organization, while many stated that they aren't aware enough about presenteeism to assess whether it's a concern. Less than half of organizations have resources to help leaders mitigate employee presenteeism. A couple of organizations mentioned that the pandemic has caused a shift toward a greater emphasis on avoiding the spread of contagion at work. Some also mentioned that they allow—or even encourage—employees to work from home if they feel well enough to resume their duties but have lingering symptoms.

These responses were echoed in our focus groups. Many employers were unsure if presenteeism was a concern for their organization because they don't track it or its impact on business outcomes and don't know where to begin. Focus group participants primarily discussed how their organization encourages employees to take the time they need to get well.

While many focus group participants stated that they encourage and want their employees to take time off when needed, some participant comments suggest that depending on the circumstances, employers may not strictly discourage presenteeism. Some focus group participants discussed what they felt were nuances in the concept of presenteeism, specifically that the expectation for employees to always feel at their best or be 100 per cent productive (even if feeling perfectly healthy) is unrealistic and problematic.

"How do you define [presenteeism]? How do you measure it? What's the tool? It's easy to measure absenteeism—you weren't here; we coded you absent for that day. It's easy to track. There's a number. I think presenteeism, like stress, like a lot of things, impacts people differently."

Employer participant

"Without formal productivity measures, how can you tell that somebody is showing up and not delivering 100 per cent? I don't know that you can."

Employer participant

Causes or conditions that contribute to employee presenteeism

While 9.4 per cent of employers said that they monitor causes or conditions that may lead to employee presenteeism, only a few survey participants felt comfortable or knowledgeable enough to list its potential causes. Of those that reported causes, most listed mental health and/or stress, while others listed overwork, disengagement, a lack of role clarity, a lack of autonomy, pressure, work demands, workplace culture, poor leadership, physical health issues, and work–life balance challenges.

Although factors contributing to employee presenteeism are difficult for organizations to measure, employees can provide insights on the most prevalent contributing factors to their own presenteeism. Based on employee survey responses, the most common symptoms employees experienced while engaging in presenteeism were cold/flu symptoms, sleep problems, and mental health issues. (See Table 5.)

Table 5
Employee experiences while engaging in presenteeism over the past 12 months

Experience	Per cent engaged in presenteeism (n = 977)
Cold/flu symptoms (e.g., fever, coughing, sore throat)	39.6
Lack of sleep, tiredness, exhaustion (including sleep disorders, insomnia, sleep apnea, etc.)	31.2
Stress, anxiety, and/or depression or other mental health-related issues	24.5
Dizziness or headache/migraine	22.9
Gastrointestinal issues and/or abdominal pain (e.g., stomach ache, flatulence, nausea, vomiting, menstrual pain)	14.2
Positive test for COVID-19/COVID-19 symptoms/COVID-19 isolation requirements	13.5
Body pain or swelling in limbs and/or joints (but not chronic)	12.4
Work-related issue (e.g., toxic work environment, workplace harassment)	8.9
Child/dependent care responsibilities (e.g., illness, lack of alternative child care arrangements)	8.4
Injury (work injury or injury outside of work)	7.0
Symptoms from a chronic physical health condition (e.g., chronic pain, Type I diabetes, irritable bowel syndrome, arthritis, cancer, fibromyalgia)	6.3
Symptoms related to alcohol or drug use	1.7

Note: Participants could select any/all that applied.
Source: The Conference Board of Canada.

Changes in attendance attitudes since the start of COVID-19

Almost three in 10 employees (27.9 per cent) reported that they were *more* likely to take time off work due to societal changes or discussions since the onset of the COVID-19 pandemic. This finding suggests a shift in some employees' attitudes regarding workplace attendance and the importance of taking care of one's health.

Working while feeling physically unwell

Only 30.6 per cent of employees reported that they were *less* likely to go to work when feeling physically unwell due to societal changes or discussions since the onset of the pandemic. A small share (12.3 per cent) of employees reported that they were *more* likely to work while feeling physically unwell compared with before the pandemic.

Working while feeling mentally unwell

Two-thirds (66.4 per cent) of employees reported that their attitudes about going to work when feeling mentally unwell have "not really" changed since the onset of the pandemic. Less than one-fifth (16.7 per cent) reported they were *less* likely to work while feeling mentally unwell since the pandemic, while 12.0 per cent indicated they were *more* likely to work when feeling mentally unwell than before the pandemic began.

Perceived stigma and exclusion

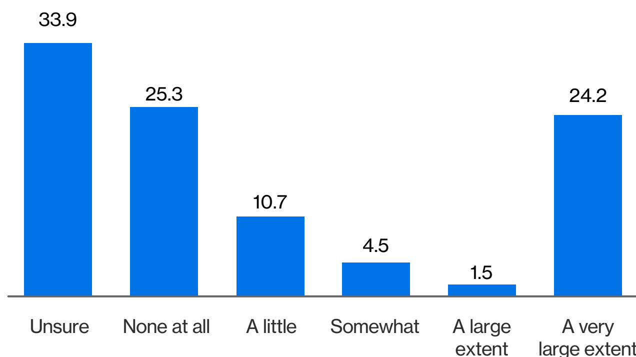
Stigma around mental health is a key factor in an employee's decision to work while feeling mentally unwell and in not disclosing their mental state to supervisors or accessing mental health programs, including psychological services offered through their group health provider. Not all health conditions are visible to managers, and the fear of being stigmatized may cause some employees to hide certain conditions such as mental health disorders (including addictions and severe emotional distress) and to invent a more "acceptable" ailment.[42] A 2019 poll by the American Psychiatric Association suggests that more than one-third of workers are worried about retaliation or being fired if they seek out mental healthcare.[43]

The employees in our survey had differing responses about the degree of stigmatization around mental health within their organization. About one-quarter reported no stigma around mental health within their organization, while another quarter reported a large amount of stigma. (See Chart 3.) However, a quarter of respondents indicated that workplace stigma around mental health has changed since March 2020, with 17.6 per cent reporting a decrease in stigma and 8.6 per cent reporting an increase.

Chart 3

In your organization, how much stigma is there around mental health?

(n = 962; per cent)



Source: The Conference Board of Canada.

Employees' perceptions of the degree of stigmatization of mental health in their workplace is related to increased employee-reported absenteeism (overall and for physical and mental health reasons) and presenteeism (for physical and mental health reasons) as well as workplace stress.

However, employee survey results (see tables 1 and 4) revealed that employees are still much more likely to work despite feeling mentally unwell, but they're more likely to take the day off if they're feeling physically unwell:

- Employees are roughly three times more likely to work despite lack of sleep, tiredness, and exhaustion (including sleep disorders, insomnia, sleep apnea) than to be absent.
- Employees are roughly twice as likely to work when experiencing stress, anxiety, and/or depression or other mental health–related issues than to be absent.

Studies have shown that having higher sickness presenteeism (versus sickness absenteeism) is associated with poorer self-rated health, higher levels of psychological distress and psychosomatic complaints, reduced physical and mental health, and increased exhaustion.[44] Depression and psychological problems are more strongly associated with presenteeism than absenteeism.[45]

42 De Lorenzo, "'Hidden' Ailments and Voluntary Absenteeism."
43 American Psychiatric Association, "About Half of Workers Are Concerned About Discussing Mental Health Issues."
44 Skagen and Collins, "The Consequences of Sickness Presenteeism on Health and Well-being."
45 Miraglia and Johns, "Going to Work III."

However, both absenteeism and presenteeism can have negative consequences for individuals. For example, taking time off from work may have recuperative benefits but also organizational consequences such as a loss of pay or dismissal.[46] As the World Health Organization (WHO) notes, people with mental health conditions benefit from having "decent work," which can "contribute to recovery and inclusion [and] improve confidence and social functioning."[47] WHO recommends providing workplace adaptations like flexible working hours, extra time to complete tasks, assignment modifications to reduce stress, regular supportive meetings with supervisors, and time off for health appointments.[48]

Based on our research, the existence of organizational absence policies or practices didn't significantly reduce self-reported presenteeism—in some cases, presenteeism was higher when these policies or practices were in place. This finding may suggest that when employees feel limited by their organizational policies and practices to take time off to improve wellness, they're more likely to show up to work (either in person or hybrid) when they feel unwell.

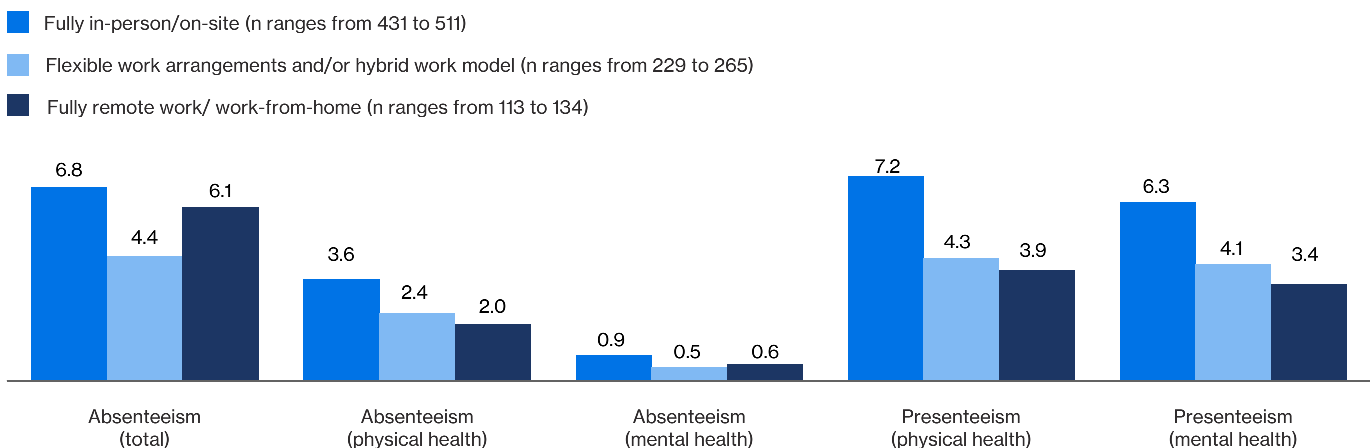
Mental health presenteeism more common in on-site employees

Employees in our survey who worked fully remotely reported slightly lower stress levels than those who worked in a hybrid model or completely on site. Moreover, both absenteeism and presenteeism for physical health reasons were higher for employees working fully in person than for employees in fully remote or hybrid/flexible work arrangements. Employees who worked fully in person also reported higher presenteeism for mental health reasons than those working fully remotely. (See Chart 4.)

Some of the employers remarked that on-site employees perceive inequities between fully on-site workers and those with FWAs. Strategies to dispel lingering resentments included emphasizing the differences in job roles and expectations (i.e., what can and can't be done remotely) and supplying recognition for the essential services they provide. A few employers stated that they provide perks to their on-site workers, such as weekly meals, parking privileges, and shift premiums.

Chart 4

Average number of days for employee-reported absenteeism and presenteeism, by work arrangement
(number of days)



Source: The Conference Board of Canada.

46 Skagen and Collins, "The Consequences of Sickness Presenteeism on Health and Well-being."
47 World Health Organization, "Mental Health at Work."
48 Ibid.

Demographics linked to workplace attendance decisions

Our research found various demographic differences in employees' reasons for engaging in either absenteeism or presenteeism, particularly for essential workers, low-income workers, those with care responsibilities outside of work, and those with previous STD or LTD leaves.

Essential workers

Essential workers like healthcare professionals or those in the manufacturing, construction, and retail sectors reported higher absenteeism and presenteeism than non-essential workers. They exhibited higher presenteeism for both physical and mental health reasons compared with non-essential workers. (See Table 6.)

Although having cold/flu symptoms was the most common reason for employee absences, a higher proportion of essential workers reported that they had been absent due to cold/flu symptoms compared with non-essential workers.

Low-income workers

The overall number of days that an employee was absent for mental health reasons varied by income level (both personal and household). Those in the lowest income bracket (under $30,000 per year in personal income or under $49,999 per year in household income) reported a higher number of mental health–related absences than those in the highest income bracket ($150,000 per year and over, either personal or household). Additionally, those that earned under $30,000 per year received significantly fewer paid sick days (5.1 days on average) than those that earned $150,000 per year and over (10.9 days on average).

These findings suggest that lower income levels and limited access to paid days off could contribute to or exacerbate employees' mental health issues, a finding consistently observed in other research.[49]

Table 6

Employee-reported absenteeism and presenteeism by essential worker status

		Overall absences	Absenteeism (physical health)	Absenteeism (mental health)	Absenteeism (personal reasons)	Absenteeism (voluntary)	Presenteeism (physical health)	Presenteeism (mental health)
Essential worker	n	393	401	352	371	393	380	381
	Mean (number of days)	6.9	3.5	0.7	1.8	1.5	7.5	6.8
	Median (number of days)	4.0	1.0	0.0	0.0	0.0	3.0	1.0
Non-essential worker	n	497	503	420	437	497	479	482
	Mean (number of days)	5.4	2.6	0.8	2.0	1.0	4.4	4.0
	Median (number of days)	2.0	1.0	0.0	0.0	0.0	2.0	0.0

Source: The Conference Board of Canada.

49 Public Health Agency of Canada, "Mental Health Inequalities by Income in Canada."

Workers with care responsibilities outside of work

Employees with care responsibilities outside of work, such as elder care, disability care, or child care responsibilities, reported more overall days absent, days absent for physical reasons, and days absent for personal reasons than those without care responsibilities. (See Table 7.)

Those with disability care responsibilities were absent three times more often than those without disability care responsibilities. (See Table 8.) Those with care responsibilities (34.8 per cent) were more likely to engage in presenteeism due to lack of sleep, tiredness, or exhaustion than those without (28.7 per cent).

Table 7

Employee-reported absenteeism and presenteeism by care responsibilities

		Overall absences	Absenteeism (physical health)	Absenteeism (mental health)	Absenteeism (personal reasons)	Absenteeism (voluntary)	Presenteeism (physical health)	Presenteeism (mental health)
Workers with care responsibilities	n	372	365	313	331	370	367	366
	Mean (number of days)	6.7	3.5	0.6	2.7	1.3	5.8	4.9
	Median (number of days)	3.0	2.0	0.0	0.0	0.0	3.0	0.0
Workers without care responsibilities	n	520	544	464	482	522	494	501
	Mean (number of days)	5.5	2.7	0.9	1.4	1.2	5.8	5.5
	Median (number of days)	2.0	1.0	0.0	0.0	0.0	2.0	0.0

Source: The Conference Board of Canada.

Table 8

Employee-reported absenteeism and presenteeism by disability care responsibilities

		Overall absences	Absenteeism (physical health)	Absenteeism (mental health)	Absenteeism (personal reasons)	Absenteeism (voluntary)	Presenteeism (physical health)	Presenteeism (mental health)
Workers with disability care responsibilities	n	867	889	760	797	869	836	844
	Mean (number of days)	5.7	2.8	0.7	1.9	1.2	5.6	5.2
	Median (number of days)	3.0	1.0	0.0	0.0	0.0	2.0	0.0
Workers without disability care responsibilities	n	25	20	17	16	23	25	23
	Mean (number of days)	17.3	11.9	2.4	1.9	2.2	13.2	5.3
	Median (number of days)	9.0	6.5	1.0	1.0	0.0	5.0	4.0

Source: The Conference Board of Canada.

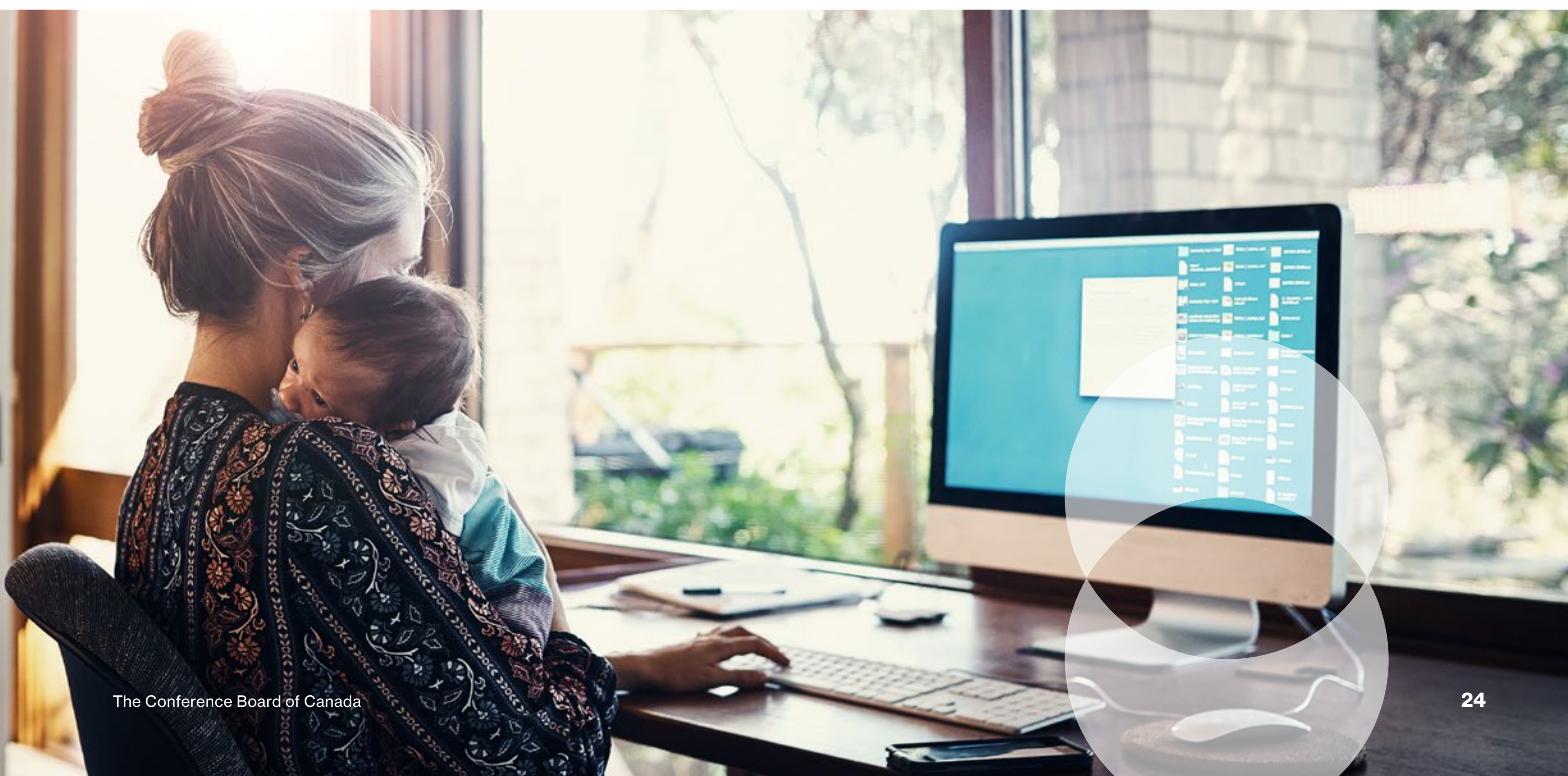
Caregivers still face numerous barriers, and many of these barriers disproportionately impact women. In 2018, 214,000 workers left the paid labour force to focus primarily on their caregiving responsibilities, with women making up 60 per cent of that group.[50] Women with caregiving responsibilities were also more likely to work fewer hours, miss more days of paid work, and make less money than caregiving men.[51] In addition, 6.4 per cent of women with caregiving responsibilities left the workforce through early retirement, by quitting, or by being fired, and an additional 4.7 per cent had turned down a new job offer or promotion.[52] Organizations looking to increase the representation of women in leadership positions should consider strategies to keep experienced women caregivers engaged in the workforce and on track for promotions when creating leadership development strategies and pipelines.

Workers with chronic health conditions

Chronic or long-term health conditions include diabetes, irritable bowel syndrome, chronic migraines, and chronic back pain.[53] Studies reveal that employees with a pre-existing chronic health condition are more likely to work when they're feeling unwell, even when they're experiencing other stressors such as a demanding workload, a work–family conflict, financial stress, or job security issues.[54] In addition, they likely require many more days off per year to manage their condition than employees without a chronic health condition.[55]

Just over 6.0 per cent of employees in our survey indicated that they worked while experiencing symptoms related to a chronic health condition, and 22.9 per cent indicated that they had gone to work while experiencing headaches, migraines, or dizziness.

50 Betkowski, "Seven Reasons We Should Care About Caregivers."
51 Ibid.
52 Vanier Institute of the Family, "Infographic."
53 McGregor and others, "Explaining Variations in the Findings of Presenteeism Research."
54 Ibid.
55 Ibid.



The connection between migraines and workplace absences

A migraine is a complex neurological disease and a primary headache disorder.[56] A 2019 Global Burden of Disease study ranked migraine second among the world's causes of disability (and first among women aged 15 to 49).[57]

A Migraine Canada survey found that only 20 per cent of people with migraine (all severities) didn't miss days of work, while 36 per cent missed between four and 16 days per year and 25 per cent reported being disabled.[58]

Though migraine is not a mental health disorder, "the relationship between migraine and mental health is complex and likely bidirectional."[59] The severe pain and unpredictability of a migraine can lead to additional physical and psychological challenges and to social isolation, which can exacerbate a mental health issue. Those with migraine are 2.5 times more likely to experience depression or anxiety than the general population.[60] Stress can be both a trigger and an outcome of a migraine attack, resulting in a vicious cycle of anxiety and fear of another onset.[61] Each attack can vary in duration, intensity, and symptoms, with three classes of migraine by frequency: Episodic (up to eight migraine days per month), high episodic (nine to 14 migraine days per month), and chronic (15 or more migraine days per month).[62]

In 2010–11, an estimated 8.3 per cent of Canadians (2.7 million) were diagnosed with a migraine by a health professional, though this figure likely underestimated migraine prevalence and is well below the 27.5 per cent reported in some American and European studies.[63] In the same study, 36 per cent of workers reported missing at least one day of work in the previous three months due to migraine. The prevalence of migraine was highest among those in their 30s and 40s and more than double the rate for women (17.0 per cent) compared with men (6.5 per cent). Back problems (C$621 million), mood disorders (C$299 million), and migraines (C$245 million) account for greater productivity loss than other chronic illnesses.[64]

56 Migraine at Work, "Mental Health, Migraine, and Burnout in the Workplace."
57 Steiner and others, "Migraine Remains Second Among the World's Causes of Disability."
58 Migraine Canada, "What Should Your Employer Know About Migraine?"
59 Migraine at Work, "Mental Health, Migraine, and Burnout in the Workplace."
60 Ibid.
61 Ibid.
62 Canadian Migraine Society, "What Is Migraine?"
63 Ramage-Morin and Gilmour, "Prevalence of Migraine in the Canadian Household Population."
64 Zhang, McLeod, and Koehoorn, "The Relationship Between Chronic Conditions and Absenteeism."

Previous STD or LTD leaves

Individuals with a pre-existing chronic health condition may have higher levels of resiliency when exposed to other stressors (e.g., demanding workload, work–family conflict, financial stress), but they may also experience greater anxiety about job security because they're likely to require significantly more absence days per year to manage their chronic health condition.[65] Results from our employee survey show that the rates of reported absenteeism and presenteeism due to stress, anxiety, and/or depression or other mental health–related issues were higher for employees that had previously been on STD or LTD leave (for mental health reasons or other reasons) compared with those who had never been on disability leave. (See Table 9.)

Table 9
Attendance decisions by disability leave

Absenteeism	Previous STD claim		Previous STD claim (mental health)		Previous LTD claim		Previous LTD claim (mental health)	
	Yes (per cent)	No (per cent)	Yes (per cent)	No (per cent)	Yes (per cent)	No (per cent)	Yes (per cent)	No (per cent)
Dizziness or headache/migraine	22.1	14.5	*		*		*	
Lack of sleep, tiredness, or exhaustion	*		25.0	8.6				
Stress, anxiety, and/or depression or other mental health–related issues	18.8	10.7	45.8	6.7	28.6	11.5	52.6	9.5

Presenteeism	Previous STD claim		Previous STD claim (mental health)		Previous LTD claim		Previous LTD claim (mental health)	
	Yes (per cent)	No (per cent)	Yes (per cent)	No (per cent)	Yes (per cent)	No (per cent)	Yes (per cent)	No (per cent)
Dizziness or headache/migraine	31.2	21.3	*					
Lack of sleep, tiredness, or exhaustion	43.5	29.3						
Stress, anxiety, and/or depression or other mental health–related issues	38.3	21.7	58.3	29.5	50.0	23.4	68.4	33.3

*no statistically significant differences
Source: The Conference Board of Canada.

65 McGregor and others, "Explaining Variations in the Findings of Presenteeism Research."

Equity-deserving groups

Our research suggests that members of equity-deserving groups may be under-served by current workplace mental health policies designed to mitigate absences:

- Members of the 2SLGBTQI+ community[66] reported more days absent for mental health reasons, more presenteeism days for both mental and physical health reasons, and higher experiences of presenteeism for mental health than those who aren't part of the 2SLGBTQI+ community.
- Employees who self-identified as neurodivergent reported higher absenteeism and presenteeism than those who self-identified as neurotypical. This finding was true for all measures of absenteeism and presenteeism for physical and mental health reasons as well as the overall number of days absent.
- Indigenous people reported higher presenteeism for both physical and mental health reasons than non-Indigenous people.
- Women and men[67] reported differences in measures of presenteeism for mental health, number of days absent for physical and mental health reasons, and number of days of presenteeism for physical health. In each case, women reported higher levels of absenteeism and presenteeism than men.

Conclusions

This research reveals the importance of understanding the relationship between absenteeism, presenteeism, and mental health and how this relationship is affected by various individual and organizational factors. The survey results uncover an intriguing conundrum: employees are more likely to work if they're feeling mentally unwell than they are to work if they're feeling physically ill. This finding shows that presenteeism and absenteeism aren't fixed, separate behaviours but are instead highly dynamic and interrelated.

Policies for absenteeism will inevitably impact presenteeism. To improve employee well-being and foster a healthy workplace culture, organizations need to understand presenteeism and explore ways to ensure that their absence policies don't inadvertently increase presenteeism. This research can help to inform strategies that align with business objectives while also ensuring that the mental and physical health needs of employees are understood and supported with responsive, actionable policies.

Given that members of equity-deserving groups may be under-served by current workplace health and wellness policies designed to mitigate absences, employers have an opportunity to investigate policy and program changes that will benefit their efforts to create more equitable, inclusive, and mentally healthy workplaces.

66 Note: None of the participants in the employee survey selected "Two-Spirit" as their gender identity.

67 Our survey respondents did not contain a large enough sample of non-binary and transgender individuals to be able to draw conclusions or comparisons.

Recommendations

The following recommendations are designed to spark new insights and discussion for both employers and employees, particularly on the co-creation of healthier workplaces and optimizing recruitment and retention. We encourage employers to prioritize the initiatives that will most benefit their vision of building a healthier, more sustainable, and prosperous organization.

Re-evaluate policies on paid time off

- Identify opportunities to provide greater equity in paid sick days and other types of paid time off designed to support physical and mental health, such as personal days and/or flex days.
- Give specific attention to policies aimed at improving the health prospects and reducing the financial stress of employees at lower income levels.

Provide flexibility in policies for STD leave

- Consider increasing the number of consecutive sick days before STD kicks in to reduce the number of workers engaging in presenteeism, minimize administrative burdens, and lower absence rates and disability costs over the long term.

Examine how FWAs affect mental and physical health

- Use employee surveys to gauge how employee perceptions and associated behaviours in various work environments affect their physical and mental health.
- If the needs of employees differ because of their specific work arrangements (i.e., on-site, remote, hybrid), assess whether your employees would be better served by a more customized approach to attendance policies.

Include equity-deserving groups when developing policies

- Include representatives from equity-deserving groups in the development of workplace policies to help create a more welcoming and safe environment that encourages engagement and inclusion about workplace health and safety, associated policies, and the specific health needs of these groups. Doing so will help your organization build a stronger and more resilient workforce reflective of Canada’s diversity and core values.
- Accept the fact that a traditional one-size-fits-all approach to developing absence and mental health policies is not only outdated but counterproductive to achieving equity, diversity, and inclusion.

Lead by example

- Assess where policies and practices misalign at all levels of the organization. Create a culture that enables employees to feel okay about taking time off and having a strong work–life balance. Behaviours related to increased workload and disengagement may create undue stress, lead to burnout, and/or exacerbate a pre-existing health condition (e.g., anxiety disorder, high blood pressure).
- Encourage employees at all levels to use their allocated vacation time to disconnect from work and recharge.
- If leaders normalize and promote using vacation time, employees will follow—but if leaders continue to work while on vacation, employees may feel compelled to do the same.

Measure and track absence

- Assess what information you can collect to elicit more nuanced data on employee engagement, well-being, and reasons for absence.
- Assess whether your group health benefits provider is supplying relevant and granular data on plan usage that can help to better inform your absence policies.
- Establish a well-planned measurement framework and ensure human resources leaders are using it appropriately to track data that can be used to create evidence-based attendance policies.

Review absence management programs and policies

- Create opportunities to have meaningful discussions with employees about what these programs entail and why they're an important safeguard for employees. Doing so will help employees accept the program as a tool designed to help them when they need it rather than as a threat.
- Promote communications that demonstrate transparency and build trust in the organization and employee confidence in their managers.
- Find out what specific issues are most concerning to employees and make appropriate adjustments that better serve individual employee needs as well as the organization.

Increase workplace supports for caregivers

- More than half of working caregivers have indicated increased levels of stress as well as negative impacts on their mental health, and 48 per cent wanted more support from their employers.[68] Design proactive strategies designed to support and enhance the workplace experience of your employees with caregiving responsibilities to retain your skilled and experienced workers—over half of those with caregiving responsibilities are between the ages of 45 and 64.[69]

Continue working to destigmatize mental health

- Work toward creating a psychologically safe workplace by emphasizing the importance of mental health throughout the year.
- Offer a range of tools and practices for employees to choose from, including creating mental health ambassadors and sharing testimonials from employees or leaders with lived experience of mental illness.
- Find the approaches that will resonate most with various segments of your workforce and use them to promote mental health awareness all year.

Establish clear, consistent messaging around presenteeism

- Avoid inadvertently sending mixed messages (e.g., "Isn't it great working from home and not having to call in sick when you have the flu?").
- Bear in mind that presenteeism is a challenging issue for all employers. Everyone else is probably equally confused about what counts as "sick enough."
- Start with a town hall meeting to air concerns, ask questions, and share information. Consider bringing in a mental health professional to help guide the discussion.

68 Betkowski, "Seven Reasons We Should Care About Caregivers"; and Ontario Caregiver Organization, "Caregivers in the Workplace."

69 Ontario Caregiver Organization, "Caregivers in the Workplace."

Appendix A

Methodology

Background

This project was designed to help organizations better understand how absenteeism and presenteeism may interact in the workplace, and the implications that these interactions have on workplace mental health. There is limited existing research on how organizations can develop policies and practices that foster healthy work environments and reduce preventable absences and presenteeism moving forward.

The research design and protocols were reviewed and approved by Veritas, a third-party ethics review organization.

Research questions

1. What are the main determinants of presenteeism?
2. Are presenteeism and absenteeism connected?
3. How does presenteeism differ across Canadian regions, sectors, and different work environments/arrangements?
4. What are the links between presenteeism and workplace mental health?

Employee survey

We collected data in December 2022 through a third-party survey panel organization. A total of 977 employees in Canada participated in the survey. We used quota sampling (by age, gender, and province) to ensure a representative sample of the Canadian working population. The purpose of the survey was to explore the motivations behind workplace attendance and absence. The survey was organized around the following themes:

- employer policies and procedures related to absences
- workplace attendance and absences
- workplace health and wellness experiences

We used IBM SPSS software to analyze responses to the survey.

Absenteeism and presenteeism measured via number of days were highly skewed. As such, for statistical analyses (i.e., t-tests, ANOVAs, correlations, regressions), we used transformed square roots of the means for number of days absent or present to ensure the variables in analyses met the statistical assumptions.[70]

Given the highly skewed distribution for these primary analysis questions, using the average (mean) absenteeism/presenteeism rates in comparison to other data (e.g., organizational data) should be done with caution.

Limitations

We acknowledge the following limitations to our research:

- All data are self-reported, and it is assumed that respondents were able to accurately answer questions on their workplace attendance.
- Single-source cross-sectional (single timepoint) data can inflate relationships artificially or bias the data in some way (i.e., common method variance).[71]
- While data are representative of the Canadian population, sample sizes and results for Northern Canada are unlikely to be representative of the full population in that region.
- Demographics for those over the age of 65 are limited, and any results of those over 65 are unlikely to be representative of that demographic.

Employer survey

A total of 135 organizations participated in the employer survey between February 6 and March 7, 2023. Employers were recruited through The Conference Board of Canada's marketing team via e-mail to our proprietary subscribers, as well as via the authors' and colleagues' posting to their professional LinkedIn networks, and snowball sampling.

The survey asked employers quantitative and qualitative questions about their policies and practices around employee absenteeism and presenteeism. These questions included the amount of paid time off, procedures for taking a sick day, and measuring and managing absenteeism and presenteeism.

We used IBM SPSS software to analyze responses to the survey.

70 Johns, "Attendance Dynamics at Work."

71 Lindell and Whitney, "Accounting for Common Method Variance."

Employer focus groups

A total of 22 organizations participated in the employer focus groups between February 15 and March 2, 2023.

Semi-structured focus groups comprising one to six people ranged between 30 minutes and 1 hour and were completed virtually over Microsoft Teams. All participants received the questions in advance to allow for reflection, information gathering, and preparation. Focus group responses were analyzed in NVIVO.

Download the list of participating organizations that have authorized the publication of their name, as well as our employee and organization respondent profiles:

Sample focus group questions

1. Does your organization have practices, policies, and/or programs in place to manage and monitor absenteeism (e.g., number of sick days, tracking occupational vs. non-occupational illness/injury/absences, needing a doctor's note, needing to call in sick before a certain time)? If so, what are they?
   a. Have these practices, policies, and/or programs changed since the onset of COVID-19 (including switching to remote or hybrid work models)?
   b. Does your organization measure the effectiveness of these practices, policies, and/or programs (e.g., compare changes in absenteeism to changes in policies, examine relationships between changes in absenteeism and voluntary turnover)?
      i. If yes, which are the most effective?
2. How does your organization conceptualize and measure/monitor absenteeism when employees work remotely? For example, does monitoring/measuring differ between in-person and remote workers, and do your policies vary between in-person and remote workers?
3. Is your organization familiar with presenteeism?
4. Please provide your thoughts or reactions to the following definition: **Presenteeism** is defined as going to work or working despite feeling mentally or physically unwell (e.g., going to the office with a cold, working with a migraine, working despite experiencing severe anxiety).
5. Does your organization track or monitor employee presenteeism?
   a. If so, how? What practices and/or policies does your organization have in place to measure, monitor, and manage presenteeism?
   b. Which ones are effective? How do you measure effectiveness?
   c. If no, what are the barriers to tracking or monitoring presenteeism?
6. Does your organization monitor causes or conditions that may lead to employee presenteeism?
   a. If yes, how? What do you believe are the main causes or factors leading to presenteeism?
   a. Can you think of any other barriers to monitoring the potential causes of presenteeism?

Appendix B

Glossary

Absenteeism is defined as absences (with or without pay) of an employee from work due to their own illness, disability, or personal or family responsibility for a period of at least half a day but less than 52 consecutive weeks. This excludes maternity, adoption, paternity, and parental leaves, vacation and holidays, bereavement leave, and jury duty.

Presenteeism is defined as going to work or working despite feeling mentally or physically unwell (e.g., going to the office with a cold, working with a migraine, working despite experiencing severe anxiety).

Psychological safety refers to the perception that the workplace is a safe space where people can make mistakes, take risks, and ask for help.

Short-term disability (STD) insurance provides income replacement (17 or 52 weeks, depending on the plan) when a plan member is unable to work for a brief period due to hospitalization, an accident, or becoming ill. STD generally provides coverage for common situations such as recovery following major surgery, an injury, or an accident. Employees unable to return to work at the end of the STD period may be eligible to transition to long-term disability (LTD) insurance if they're covered for this benefit.

Long-term disability (LTD) insurance provides monthly benefits (usually 65 per cent of pre-disability income) if the plan member is unable to work because of illness or disability. To be eligible, the member must have exhausted their STD credits. If the disability is permanent, payments can last until age 65.

Paid sick leave (excluding STD and LTD) refers to paid absences from work because of personal illness or injury. The employee is paid 100 per cent of their regular wages. Across Canada, the number of paid sick days is largely determined by the employer and/or union collective agreements. In most provinces, the annual number of paid sick days is between three and seven days.

Equity-deserving groups consist of the following:

Indigenous people are those who identify as First Nations, Inuit, or Métis.

2SLGBTQ+ are people who identify as lesbian, gay, bisexual, transgender, queer, Two-Spirited or any who don't identify as heterosexual.

People with disabilities are people with "a long-term or recurring physical, mental, sensory, psychiatric or learning impairment," including those "whose functional limitations owing to their impairment have been accommodated in their current job or workplace."[72]

Racialized people refers to people who are non-white, other than Indigenous people. This group includes individuals who identify as non-white or multiracial. It does not include people of Portuguese, Spanish, Greek, Italian, or Ukrainian descent or other ethnic groups who are considered white unless these people are multiracial.

Women are those who identify with the female gender.

72 Employment Equity Act.

Appendix C

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