

“When are you coming back?” Presenteeism in UK Prison Officers

The Prison Journal (in press, 2019)

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Abstract

Presenteeism has negative implications for staff wellbeing and the safety of prisons, but little is known about its prevalence and causes. This mixed-methods study examines these issues among 1,682 UK officers. Most respondents (84%) reported working while sick at least sometimes, with 53% always doing so. Six linked themes were identified that underpinned presenteeism in the prison sector: punitive absence management systems; pressure from management; short-staffing and fear of letting colleagues down; job insecurity; fear of disbelief and shaming; and duty and professionalism. The implications of presenteeism for the health and job performance of prison officers are considered.

Keywords: presenteeism; health; job performance; prison officers

Introduction

The term ‘presenteeism’ typically refers to situations where people continue to work despite feeling sufficiently unwell to take time off sick (Johns, 2010). Although the prevalence and costs of sickness absence have been widely investigated, until recently little attention has been given to the implications of working while sick. Studies conducted in several countries provide compelling evidence that presenteeism is not only more common than absenteeism but considerably more damaging to individuals and organisations (CIPD, 2016; Johns, 2010; Sainsbury Centre for Mental Health, 2007). Research findings suggest that a range of occupational, organisational and operational factors encourage people to work during sickness (Aronsson, Gustafsson, & Dallner, 2000; Eurofound, 2012; Miraglia & Kinman, 2017). In this paper, we argue that prison officers experience working conditions that make them particularly vulnerable to presenteeism. Although working while sick has negative

implications for the wellbeing of staff and the safe functioning of the prison service, this issue has not yet been systematically investigated. This mixed-methods study has two aims: a) to examine the prevalence of presenteeism among prison officers working in the UK; b) to explore the factors that encourage officers to work while sick.

Working conditions and health in prisons

Prisons are high-risk environments and the prison officer's role is physically and mentally challenging. Studies of correctional staff conducted in several countries indicate that they experience high levels of job-related stressors and strains (e.g. Finney, Stergiopoulos, Hensel, Bonato, & Dewa, 2013; Griffin, Hogan, & Lambert, 2009; Kunst, 2011; Schaufeli & Peeters, 2000). More specifically, research conducted by Bevan, Houdmont and Menear (2010) that examined the psychosocial working conditions reported by staff working in several prisons in the UK found lower wellbeing in relation to demands, control, support, role clarity, relationships and change management than recommended levels. Research conducted in the UK and the USA has also found that prison officers' work is typically portrayed negatively by the media and unappreciated or even stigmatised by the public (Crawley, & Crawley, 2007; Tracey & Scott, 2006; Vickovic, Griffin, & Fradella, 2013), which can be an additional source of stress.

The increasing challenges faced by prison staff have been documented in government reports and academic studies in a number of countries. In the UK, correctional institutions are increasingly overcrowded and understaffed; the prison population has grown since 2010, whereas the number of frontline staff has fallen by more than a quarter (Ministry of Justice, 2017). The incidence of violence and aggression has risen, with assaults on staff increasing three-fold since 2013 (Ministry of Justice, 2017). In the US, the incidence of serious attacks

on prison staff has also risen (Konda, Tiesman, Reichard, & Hartley, 2013). Drug-taking, self-harm and suicide attempts among prisoners are also growing concerns in the UK (Centre for Social Justice, 2015; Howard League for Penal Reform, 2016; Marzano, Adler, & Ciclitira, 2015) and the US (National Center on Addiction and Substance Abuse, 2010; Noonan, 2016). Such demanding working conditions mean that turnover is high and replacing officers that leave is challenging (Clear, Reisig, & Cole, 2018; Howard League for Penal Reform, 2016).

Unsurprisingly, studies have found that prison officers have one of the highest rates of work-related stress, illness and injury of all occupational groups (Dugan, Farr, Namazi, et al., 2016; Global Prison Trends, 2016). The incidence of burnout and post-traumatic stress disorder is greater than that found in other safety-critical occupations (Denhof & Spinaris, 2013) and the risk of sleep disorders, depression, anxiety and suicidal ideation is also comparatively high (James, Todak, & Best, 2017; Kinman, Clements, & Hart, 2016; Walker, Jackson, & Egan, 2015). Research conducted with correctional staff in several countries has found that negative health behaviours, such as low physical activity, poor diet and problem drinking are particularly common and they are at particular risk of cardiovascular disease, stomach ulcers and musculoskeletal disorders (Campos, Schneider, Bonafe et al., 2016; Ferraro, Faghri, Henning, et al., 2013; Harenstam, Palm, & Theorell, 1988; Morse, Dussetschleger, Warren et al., 2011). Further health hazards faced by prison staff are exposure to infectious disease and, as reported above, an increasing risk of injury through violence.

Presenteeism

Research reviewed above highlights the working conditions and the health risks experienced by prison officers. This study examines the extent to which officers continue to work when they are unwell and the reasons why they might do so. Estimates of the prevalence of presenteeism in general working populations in Europe and the US range from 30% to over 80% and there is evidence that it is increasing (CIPD, 2016; Eurofound, 2012; Garrow, 2016). Job characteristics have been found to influence sickness absence behaviours (Bouville, Dello Russo, & Truxillo, 2018). Presenteeism is thought to be more common in 'macho', male-dominated working cultures, where 'giving in' to sickness is considered a sign of weakness (Hansen & Andersen, 2011). It is also more prevalent in health and social care, education, and the emergency and safety-critical services because such jobs foster a strong sense of duty and responsibility for the welfare of others (Aronsson et al., 2000; Chambers, Frampton & Barclay, 2017; Houdmont & Elliott-Davies, 2016; Penfold, Lewis, & Tennant, 2008).

Clearly, the type and severity of illness will be key determinants of sickness absence behaviours (Whysall, Bowden, & Hewitt, 2017), but certain job-related factors, such as lack of entitlement to sick pay, robust absence management practices and feelings of insecurity, can also deter people from taking sick leave (Demerouti, Le Blanc, Bakker, et al., 2009; Miraglia & Johns, 2016). Presenteeism also tends to be more frequent in jobs where workload is intense, working hours are long and irregular, and pressure to work overtime is high (Bockerman & Laukkanen, 2009; CIPD, 2016; Eurofound, 2012; Johns, 2010). Role overload and conflict, low job control and a lack of cover for absence have also been found to increase the risk of working during sickness (Demerouti et al., 2009; Miraglia & Johns, 2016).

Workplace culture, managers' attitudes and actions, and the quality of the social environment can also influence sickness absence behaviours. A competitive working culture can engender attendance pressure and a dysfunctional phenomenon known as 'competitive presenteeism,' where continuing to work through serious illness might be considered heroic (Simpson, 1998). Managers are likely to have a particularly strong influence on attendance behaviours as they can instigate sanctions against those who have a poor sick record. Nonetheless, establishing the legitimacy of sickness claims can be challenging; managers are often wary of staff 'working the system' and employees may see robust sickness monitoring practices as intrusive (Wynne-Jones, Buck, Porteous, et al., 2011).

Supportive working environments can engender feelings of loyalty and obligation to managers and colleagues that encourage people to work while sick (Hansen & Anderson, 2008; Litchfield & Hinckley, 2016). This might be a particularly powerful incentive in safety-critical work, where staff shortages can place colleagues at greater risk of accident or injury. Alternatively, positive working relationships can discourage presenteeism, as people may be reassured that taking sick leave is the appropriate course of action (Samuel & Wilson, 2007). Nonetheless, there is evidence that internal as well as external pressures can drive sickness behaviours. A study conducted by Robertson, Leach, Doerner, & Smeed (2012) found that the most powerful motivators for presenteeism were from employees themselves, rather than their line managers. Relatively few respondents reported feeling pressurised by their colleagues to work while sick. Individual difference factors such as job engagement and conscientiousness have also been found to encourage presenteeism (Kinman & Wray, 2017).

Presenteeism – outcomes

If sickness is not overly debilitating, continuing to work may be beneficial as it can distract people from symptoms and promote recovery (Howard, Mayer, Gatchel, et al., 2009). Nonetheless, additional effort is required to overcome mental and physical limitations and meeting the required standard of performance can be damaging (Roe & Van Diepen, 2011). Working while sick has been found to predict longer spells of absence in the long term (Deery, Walsh, & Zatzick, 2014; Nielsen & Daniels, 2016). Presenteeism can also increase the likelihood of future health problems, such as anxiety and depression and cardiovascular disease (Kivimaki, Head, Ferrie et al., 2005; Conway, Hogh, Rugulies, et al., 2014). Moreover, working while sick can also increase the risk of burnout. A longitudinal study of nurses conducted by Demerouti et al. (2009) found that presenteeism engendered emotional exhaustion which, in turn, encouraged staff to work through sickness as a compensation strategy. Working while sick was also found to intensify feelings of detachment from the job role, possibly as an attempt to recover from the emotional demands of the job.

The implications of presenteeism for the health and safety of others have also been highlighted in the literature. Attending work while suffering from contagious illness will clearly threaten the health of other people, but there may be more indirect risks. The UK Police Federation (2016) has raised concerns about the safety implications of the high number of officers reporting for duty while experiencing mental or physical health problems. Such concerns are supported by the findings of studies linking presenteeism with more frequent errors and lapses of judgement and a greater risk of accidents. Research conducted with medical professionals in the UK and the US has found significant associations between presenteeism and medication errors, patient falls and poorer ratings of quality of care (Letvak, Ruhm, & Gupta, 2012; Niven & Ciborowska, 2015).

Presenteeism in prison staff

Although previous studies have considered the causes of absenteeism in the prison sector (Garland, Hogan, Kelley, et al., 2013; Lambert, Edwards, Camp, et al., 2005), little is known about the factors that encourage staff to continue to work while sick. Sick leave is costly to all organisations, but it is particularly damaging for correctional institutions (Lambert, Minor, Wells, et al., 2015). Prisons are labour-intensive and minimum staffing levels are needed to maintain basic security. The extent of sickness absence is comparatively high and staff are frequently required to extend their shifts at short notice to stand in for sick colleagues (Lambert et al., 2005; Swenson, Waseleski, & Hartl, 2008) and there are clear implications for the wellbeing and recovery of those who provide this cover.

UK prisons have introduced robust attendance management policies to reduce the number of working days lost through sickness absence (National Offender Management Service, 2017). Similar processes are likely to be in place in other countries. Although careful monitoring and the threat of disciplinary action are likely to reduce the amount of short-term absence, it is recognised that people who are genuinely sick may be penalised (Grinyer & Singleton, 2000; Hansson, Bostrom, & Harms-Ringdahl, 2006). Fear of sanctions, such as warnings and job loss, can encourage people to work during sickness; moreover, there is evidence that the 'trigger point' system that is used in UK prisons, where employees are penalised after a threshold level of absence is reached, can engender anxiety (Baker-McCleary, Greasley, Dale, 2009). The implications of rigorous absence management practices for wellbeing and safety were highlighted in a study of Fire and Rescue Services by Penfold, et al., (2008), whereby some staff continued to work when they felt too unwell to discharge their duties to avoid what they considered to be stressful and unsupportive 'return to work' interviews.

Summary and aims of study

The factors that can encourage employees to work while sick have been discussed above. To some extent, the causes of such behaviour are likely to depend on the working environment, as well as the characteristics of the job and individual employees. The risks of working while sick for the health and professional functioning of employees, particularly in safety-critical work, have also been highlighted. As yet, presenteeism in correctional settings has not been systematically examined. There is a need, therefore, to identify the extent to which prison officers work while sick and the reasons why they do so. This study examines these issues.

Method

Participants

Data were obtained from 1,682 prison officers (85% male, with a mean age of 47 [$SD=8.25$]). Most respondents worked on a full-time basis (94%). Participants worked in prisons accommodating adult and young offenders across the United Kingdom and length of employment ranged from one to 41 years ($M=18$, $SD=7.9$). . The variables examined in this paper were obtained from a larger online survey of UK prison officers that was distributed to members of the Prison Officers Association in 2015.

Measures

In line with several recent European studies that have examined the prevalence of presenteeism (see Garrow, 2016), this was measured by a single item that asked respondents to indicate the extent to which they continue to work while unwell. Responses were obtained

on a five-point scale ranging from 1 (never) to 5 (always) with a higher score representing more frequent presenteeism.

An open-ended question asked respondents who had indicated that they had worked while sick to provide the reasons for this behaviour.

Data analysis

The prevalence of self-reported presenteeism was calculated by examining the percentage of respondents who indicated that they had worked while sick at least 'sometimes'. The data were thematically analysed using the six-step method developed by Braun and Clarke (2006). This process involves familiarising oneself with the data, generating initial codes, identifying themes rather than pre-defining them, reviewing themes, defining and naming themes and generating a written analysis of themes using examples from the text. The free-text responses were incorporated into a single transcript and read thoroughly by all three authors of this paper. After reading the transcript, the data were coded manually by two of the authors, six themes were developed and subsequently defined and labelled. A proportion of the extracts (c. 5%) was checked for concordance. The themes that emerged from the analysis are discussed below and representative quotes provided.

The study complied with the British Psychological Society's code of ethics for human research and was approved by the ethics committee of the University of Bedfordshire, UK.

Results

Prevalence of presenteeism

The frequency of self-reported presenteeism is shown in Figure 1. Most respondents (84%) reported working while sick at least sometimes, with more than half (53%) doing so always. Only 11% of the sample indicated that they never worked while sick.

Fig 1 about here

Reasons for presenteeism

Seventy-one percent of respondents (n = 1195) who reported having worked while sick provided reasons for this behaviour. Seven linked themes emerged from the analysis. These will be discussed in order of prevalence, with representative quotes provided.

1. Punitive systems

This was the most common reason respondents provided for engaging in presenteeism. Respondents indicated that they worked through illness due to “*draconian*” and “*punitive*” sickness monitoring systems that stemmed from “*unrealistic*” targets to reduce sick-leave. Many expressed the belief that sickness was frowned upon or even stigmatised in the prison service. Respondents commented on an “*anti-sickness culture*” where sickness policies were “*robustly applied*” regardless of personal circumstances. Several practices used to manage absence were considered particularly stressful. One officer described “*heavy-handed sick management that is more of a ‘get-back-to-work plan’ than a ‘back-to-work plan’*”; another indicated that their institution posted letters to staff who were on sick leave expressing “*disappointment about their behaviour*”. Conversely, another respondent reported that their institution sent out letters congratulating staff who had not had any time off sick, informing them that “*the public would be proud of you*”.

Respondents seemed to find ‘return to work’ interviews particularly stressful, with some perceiving them as intimidating and sometimes unjust and inhumane. Several officers disclosed that it was common practice in their institutions to be summoned by senior

management to explain their sickness. As one wrote: “*the Governor makes you attend a back to work interview and brings your WHOLE sick record up, even from 10 and even 15 years ago*”. Another officer who was suffering from a serious long-term condition wrote:

“I was in front of the Deputy Governor because of my sick record. He went all the way back to the day I joined the prison service. Most of my sick leave started after I had a heart attack several years ago, but he never took this into consideration. All he was interested in was how many days I had off”.

Other respondents reported having received a written warning, despite having an exemplary sickness record prior to the current illness. Fear of being summoned for capability assessments by external sickness absence management providers was commonly expressed, as this could lead to dismissal.

Although sickness absence procedures were generally viewed negatively, some respondents acknowledged that robust controls were needed to discourage colleagues from ‘taking advantage’, for example: “*Management are really heavy on sickness as there are so many people who take the mickey – this affects us all negatively as we are being tarred with the same brush*”.

2. Pressure from management

Respondents frequently acknowledged the negative impact of sickness absence on the safe running of the prison when staffing levels were tight. Nonetheless, many comments conveyed feeling pressurised from management to either return to work too quickly or to continue to work through illness. One officer observed: “*our line managers tend to have a ‘come back to work it will do you good’ approach regardless of what is wrong with us*”. A high proportion of officers surveyed described receiving phone calls from their line manager or senior management on a frequent basis during sick leave. Although some respondents

acknowledged that such calls were to “*check on their progress*”, there was some scepticism about their underlying intent. One officer reported having been contacted by three managers on his first day of sick leave to “... *see how I was getting on, but they really wanted to know when I was returning to work*”. A lack of understanding and empathy during these conversations was generally perceived, while some officers reported feeling “*harassed*” or “*bullied*”. Phone calls from prison governors also appear to be common practice, as one officer wrote: ‘*Governors are constantly phoning us when we are off sick asking when we will be back. They call it a ‘welfare check’ but they don’t ask how we are feeling, or if there is anything they can do to help*’.

Officers frequently reported feeling compelled to return to work regardless of their sick record or length of service. As one stated: “*I have had 2 days off in 8 years, but I still felt under extreme pressure to come back to work*”. Another commented on his experience: “*Number 1 Governor was on the phone to me within 24 hours wanting to know why I was off, even though I had not been sick for 12 years*”. Some respondents disclosed that they engaged in presenteeism as the pressure they experienced if they went off sick was more stressful than continuing to work, for example: “*calling in sick is not worth several phone calls a day asking when you are coming back and being checked up on when you return*”.

Respondents frequently indicated feeling pressurised to return to work regardless of the type or severity of illness. Some reported having received phone calls when they were recovering from surgery. The serious implications of returning to work when not fully recovered, or failing to take time off sick when seriously incapacitated, were acknowledged by officers. The risk of infectious disease spreading to co-workers and prisoners was highlighted, along with the risks of working when experiencing debilitating mental health problems, or physical injuries that were not fully healed. As one officer commented: “*I felt*

pressure to return to work with injuries before I felt confident of being able to do my job properly.”

3. Shortage of staff and letting colleagues down

Although they were initially considered two independent themes, analysis of the data revealed clear links between short-staffing and concerns about further burdening colleagues who were already struggling with their workload as reasons provided for presenteeism. One officer commented: *“I don’t want to let my colleagues down – there are few enough of us as it is and they would have to work even harder if I took time off sick”*. Another observed: *“Everyone is stretched. There never seems to be enough staff and if you go off sick you end up feeling you would be passing the burden to everyone else”*.

It appears to be common practice in prisons for staff to be required to cover for absent colleagues, or even to cancel leave if staffing is not at a ‘safe’ level. Knowing that a colleague would be obliged to work a double-shift if there were *“not enough boots on the landing”* seemed to place considerable pressure on officers to attend work during illness. As one officer commented: *“Sometimes we are on minimum staffing and if I don’t go in someone else must stay on”*. The lack of cover also meant that officers were concerned about the safety of colleagues if a serious incident occurred and for the welfare of prisoners under their care. As one observed: *“Nobody takes over from me if I’m off, meaning the prisoners stay on their wings”*. Some respondents disclosed that their feelings of loyalty to colleagues and concerns for the wellbeing of prisoners were manipulated by management. This seems to compound the existing pressures to attend work. As one officer observed: *“I am made to feel guilty when phoning in sick due to the impact on the other officers, so I would prefer to come into work wherever possible”*.

4. Job insecurity and fear of dismissal

Concerns about being dismissed, or being targeted for compulsory redundancy for a poor sick record, were frequently cited as reasons for presenteeism. Fear of dismissal was mentioned explicitly, but the threat (and use) of formal sanctions to discourage sickness absence were also reflected in the themes relating to punitive policies and management pressure discussed above. Budgetary cuts within the prison service, and austerity measures in the public sector in the UK in general, seemed to engender uncertainty about continued employment. An unblemished sickness record was generally believed to give officers a distinct advantage. As one respondent wrote: *“we are constantly being told that the budget cuts mean you need reliable and uninterrupted service to be sure of keeping your job”*.

Some respondents expressed fears that managers would make negative judgements about their work capabilities if they took too much time off sick. As one officer commented: *“we may be judged as being incapable of doing the job”*. Some evidence for such concerns was provided, as several respondents indicated that dismissal for ‘excessive’ sick leave was not uncommon in their institution. As one officer who had recently returned from a period of sickness remarked: *“you are constantly looking over your shoulder at the sick warning on the horizon”*. Some officers took steps to reduce their risk of job loss for sickness absence. One disclosed that he had: *“... never taken time off sick due to the risk of being sacked”*. Another divulged that he used his annual leave entitlement to recover from illness so it would not appear on his sickness record. Some respondents indicated that they worked through sickness as an ‘insurance policy’ to protect them from sanctions in the future. As one officer remarked: *“I find myself soldiering on just in case I am really ill”* and another: *“It is better to come in even if you are unwell, just in case one day you really can’t make it – at least you might have a chance of saving your job”*.

5. Fear of disbelief and shaming

Concerns that illness would not be considered a legitimate reason for absence was an additional reason given for presenteeism. Fear of being seen by others as faking or exaggerating illness and being the subject of gossip and disparaging comments seemed to intensify the external pressures to attend work that were highlighted in previous themes. Respondents frequently reported that sickness was treated with scepticism. As one officer remarked: “*you are made to feel like a fraud and your illness is not genuine.*” Another commented: “*on our return from sick leave we are questioned as if we are lying. It makes us feel like naughty children*”. Some respondents expressed the belief that such behaviour was a deliberate attempt by management to discourage them from taking time off sick. Several respondents expressed concerns that their colleagues would think badly of them if they took sick leave, but fear of being judged by managers was considerably more common. This is presumably because line managers are responsible for enforcing sanctions against sickness absence.

Several respondents revealed that managers and occupational health had questioned or even doubted their doctor’s opinion on their unfitness for work. This had increased the pressure on them to return to work earlier than recommended. Reflecting concerns expressed above about not being considered “*sufficiently unwell*” to take time off, some officers struggled to work through sickness wherever possible. Respondents disclosed that time off for complaints such as colds and ‘flu, or for stress-related illness, tended to be seen as “*lame or lazy*”, “*the result of an unhealthy lifestyle*” and, as such, “*not a proper reason to be off*”. Such attitudes could trigger feelings of shame that encouraged people to work through illness. Reluctance to take time off sick appears to be exacerbated by other management practices that invoked feelings of guilt and shame. For example, in some institutions, the names of people who are off sick are announced publicly. In two cases, respondents reported that their

governors had described sick workers as a “*waste of tax payers’ money*”. Such practices were particularly influential in dissuading people from taking sick leave or encouraging them to return to work as soon as possible.

6. Duty and being professional

Some respondents reported that they continued to work while sick due to a strong sense of duty and feelings of personal responsibility for the welfare of colleagues and prisoners. As one remarked: “*it is the nature of the job I do – it is my duty as a paid employee*”. A number of officers indicated that they did not take time off sick in order to adhere to their personal standards of behaviour rather than in response to external pressures from management. As one respondent remarked: “*I feel that unless I am physically unable to stand I should be going to work*” and another: “*It is just the person I am – if I can walk, I can work*”. Comments were also made that conveyed some concern at being thought “*unprofessional*” if they took time off sick. Several officers also expressed feelings of pride in having an unblemished sick record that seemed unrelated to fear of job insecurity.

Comments from some respondents with line management responsibility emphasised that they considered themselves role models for ‘expected’ behaviour. One manager indicated that it “*wasn’t appropriate*” for him to go off sick. Another stated: “*As a manager, I have to set an example - I can’t pressurise my staff not to go off sick if I do so myself*”.

7. Workload

Compared to the other themes discussed above, few respondents mentioned a heavy workload as a reason for not taking time off sick. Nonetheless, workload was indirectly linked with issues that arose in other themes, particularly in relation to

short-staffing. For many, taking sick leave would mean that colleagues who were already stretched would be obliged to cover the extra work. The nature of the role is likely to influence the extent to which workload encourages presenteeism. For example, officers who have a specialised job indicated that the work would build up during their absence and need to be completed on their return. For example, *“I have too much work to do to be away from my desk – it doesn’t go away, it just piles up when I am absent”*.

Discussion and conclusion

This study shows that presenteeism is endemic among UK prison officers and provides insight into the factors that might encourage such behaviour. The prevalence found, i.e. 84%, is one of the highest reported in the literature (Eurofound, 2012; Garrow, 2016). Traditional views of the ‘ideal’ worker as one who shows their commitment by working during sickness have been challenged as knowledge of the damaging effects of presenteeism has grown (Miraglia & Kinman, 2017). It is increasingly recognised as a serious health and safety risk for individuals and organisations that could be particularly harmful in safety-critical environments such as prisons.

Prison officers provided several reasons for continuing to work through illness. In contrast to previous research (e.g. Demerouti et al., 2009; Kinman & Wray, 2017), a heavy workload was rarely mentioned. By far the most frequent motives for presenteeism were stringent sickness policies and pressure from management. These themes were strongly interlinked in that officers frequently described an ‘anti-sickness’ culture within UK prisons, where punitive absence management policies were applied rigorously by managers, seemingly regardless of personal circumstances. Fears about dismissal for a poor sick record

and a strong sense of loyalty and obligation to colleagues were further reasons provided for presenteeism. Some officers believed that these concerns were used by managers as a way of discouraging sickness absence which compounded the pressure on them to attend. Indeed, respondents commonly disclosed that they found it less stressful to continue to work through sickness than to endure the pressures and procedures associated with taking time off.

Previous research has found that a lack of sickness cover increases the likelihood of presenteeism (Miraglia & Johns, 2016). This study extends these findings by highlighting several mechanisms through which staff shortages might encourage people to work while sick in safety critical environments. The serious risks of under-staffing for the security of staff and prisoners were a major driver for presenteeism. Concerns were also expressed for the welfare of prisoners who could not engage in social and educational activities if staffing levels were too low. Continuing to attend work while sick also allowed officers to avoid the feelings of guilt and shame they would experience if their colleagues, who were already over-extended, were obliged to extend their shifts. Clearly, longer working hours will not only intensify the demands experienced by staff who provide the sickness cover, but also limit their opportunities for recovery. This is likely to impair their own health and job effectiveness over time (Binnewies, Sonnentag, & Mojza, 2008).

Loyalty, trust and mutual support among workers are key determinants of the physical and psychosocial safety climate within organisations (Dollard & Bakker, 2010). Previous research with prison officers has also found that positive relationships between colleagues are a strong source of job satisfaction that can offset the risk of work-related stressors (Kinman, Clements & Hart, 2017; Lambert, Altheimer, & Hogan, 2010). The findings of the current study indicate that officers are strongly motivated to protect their relationships with colleagues by working during sickness, even if this comes at a personal cost. Conversely, few respondents considered managers to be supportive when they needed to take time off to

recover from illness. It is important, however, to consider the manager's perspective.

Although managers are likely to be aware of the risks of presenteeism, the imperative to maintain safe staffing levels could take precedence over their duty of care to their staff. The finding that some managers felt unable to take sick leave themselves as they felt obliged to model desirable behaviour also raises concerns for their wellbeing, while also reinforcing a culture of presenteeism within prisons. Moreover, discouraging officers from taking sick leave and enforcing robust absence management procedures is likely to be time-consuming and stressful. Future research should explore managers' experiences and attitudes towards this aspect of their work. Insight into their views on alternative ways of managing attendance among staff would also be useful.

Organisations have an important role to play in shaping attitudes towards sickness absence. Structured, consistent, clear and equitable absence management processes are crucial in any organisation and sanctions against those who genuinely abuse sick leave will be required. It is recognised that discouraging 'unnecessary' absenteeism without encouraging damaging presenteeism will be challenging (Garrow, 2016), particularly in safety-critical jobs where maintaining optimum staffing is vital. It is nonetheless important to develop a more 'healthy' sickness absence culture that does not see presenteeism as heroic and where taking sick leave is not stigmatised. Taking sufficient time off sick to recover from debilitating illness should be considered responsible and healthy behaviour on the part of employees that is encouraged by managers. It is also crucial to raise awareness of the serious risks of presenteeism for the wellbeing of staff and the safe functioning of prisons. The evidence for its negative implications for the future health and professional judgement of employees is particularly compelling.

Although this study provided insight into the prevalence of presenteeism in the prison sector and the reasons why officers might work while sick, there are some limitations. Firstly, a single-item measure was used to assess the prevalence of presenteeism. This approach is commonly used and has a high convergent validity and test-retest reliability (Demerouti et al., 2009). Nonetheless, multi-item measures can identify the wider causes of presenteeism, together with the extent to which health symptoms and pain hinder workers from fulfilling their duties (Koopman, Pelletier, Murray, et al., 2002). This study explored the views on presenteeism expressed by prison officers who worked while sick at least sometimes.

Although respondents who never or rarely work while sick were in the minority, future research should explore their views about this practice and how they manage to withstand the powerful attendance pressure in the prison service. Finally, it should be acknowledged that the study was conducted during a particularly challenging time in UK prisons. The negative views expressed by officers may have been shaped by a more general dissatisfaction with working conditions in general.

Further research is required to examine the factors that prevent and mitigate presenteeism in prison officers. The conservation of resources theory (Hobfoll, 1989) might be a particularly appropriate framework through which to examine these issues. This theory proposes that people seek to acquire and maintain resources and that stress is a reaction to their potential or actual loss. Resources include objects, conditions, personal characteristics and energies. By encouraging presenteeism, the prison system could be seen to be defending their valued resources. While this may be effective in the short-term, the resulting spiral of loss will not be sustainable, as attempts to conserve resources (i.e. maintain optimum staffing) consumes rather than replenishes them leading to stagnation and decline. Insight is needed into how resources could be expanded, not only in terms of staffing but also the characteristics that could help institutions and staff manage the demands of the job.

Enhancing job control (Park, Jacob, Wagner, & Baiden, 2014) through strategies such as job crafting (van Wingerden, Bakker, & Derks, 2017) and encouraging the use of personal strengths such as emotional intelligence can enhance existing resources and help organisations and individuals to acquire others that can help buffer job-related stress (Miao, Humphrey, & Qian, 2017). Attention to how best to conserve and expand resources is clearly required for the prison service to avoid continuing decline and crisis.

Longitudinal studies would help establish the risk factors (both organisational and individual) that influence decisions to continue to work while unwell, or to take time off sick. The risks for health and job performance over the short- and longer-term could also be identified. This study highlighted some internal factors, such as duty, conscientiousness and anticipatory guilt, as promoting presenteeism and these issues require further exploration. Insight into the types of illness that are viewed as legitimate or illegitimate causes for sickness absence by officers and managers should also be examined. There is evidence that the mental health of prison officers is poorer than people working in other safety-critical jobs, but disclosure is frequently stigmatised (Kinman et al., 2016). Research findings indicate that mental health problems are a particularly common reason for presenteeism (Cooper & Dewe, 2008). Gaining insight into these factors is likely to inform interventions to encourage a healthier sickness absence culture in prisons.

Finally, this study was conducted in the UK but the findings are likely to be relevant to people working in correctional settings in other countries. Although the duties, expectations and perceptions of prison officers will be similar, the moral, cultural and social pressures that shape presenteeism are likely to differ. It is therefore necessary to explore the specific organisational and occupational factors that influence attendance behaviour in different correctional settings.

References

- Aronsson, G., Gustafsson, K., & Dallner, M. (2000). Sick but yet at work. An empirical study of sickness presenteeism. *Journal of Epidemiology & Community Health, 54*, 502-509.
- Baker-McCleary, D., Greasley, K., Dale, J., & Griffith, F. (2010). Absence management and presenteeism. *Human Resource Management Journal, 20*, 311-328.
- Bevan, A., Houdmont, J., & Menear, N. (2010). The Management Standards Indicator Tool and the estimation of risk. *Occupational Medicine, 60*, 525-531.
- Böckerman, P., & Laukkanen, E. (2009). What makes you work while you are sick? Evidence from a survey of workers. *European Journal of Public Health, 20*, 43-46.
- Bouville, G., Dello Russo, S., & Truxillo, D. (2018). The moderating role of age in the job characteristics-absenteeism relationship: A matter of occupational context? *Journal of Occupational and Organizational Psychology, 91*, 57-83.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Centre for Social Justice. (2015). *Drugs in Prison*. Available at: <https://www.centreforsocialjustice.org.uk/library/drugs-in-prison> (Accessed 19.2.18)
- Campos, J. A. D. B., Schneider, V., Bonafé, F. S. S., Oliveira, R. V., & Maroco, J. (2016). Burnout Syndrome and alcohol consumption in prison employees. *Revista Brasileira de Epidemiologia, 19*, 205-216.
- Chambers, C., Frampton, C., & Barclay, M. (2017). Presenteeism in the New Zealand senior medical workforce. *The New Zealand Medical Journal, 130*, 10-21.

CIPD (2016). *Absence Management 2016*. Available at:

https://www.cipd.co.uk/Images/absence-management_2016_tcm18-16360.pdf (Accessed 19.2.18)

Clear, T., Reisig, M., & Cole, G. (2018). *American Corrections* (10th ed), Belmont CA: Cengage Learning

Conway, P. M., Hogh, A., Rugulies, R., & Hansen, Å. M. (2014). Is sickness presenteeism a risk factor for depression? A Danish 2-year follow-up study. *Journal of Occupational and Environmental Medicine*, 56, 595-603.

Cooper, C., & Dewe, P. (2008). Well-being - absenteeism, presenteeism, costs and challenges. *Occupational Medicine*, 58, 522-524.

Crawley, E., & Crawley, P. (2007). Understanding prison officers: Culture, cohesion and conflict. In: Bennett, B., Crewe, B., & Wahidin, A. *Understanding Prison Staff*. Cullompton: Willan Publishing.

Deery, S., Walsh, J., & Zatzick, C. D. (2014). A moderated mediation analysis of job demands, presenteeism, and absenteeism. *Journal of Occupational and Organizational Psychology*, 87, 352-369.

Demerouti, E., Le Blanc, P. M., Bakker, A. B., Schaufeli, W. B., & Hox, J. (2009). Present but sick: a three-wave study. *Career Development International*, 14, 50-68.

Denhof, M. D., & Spinaris, C. G. (2013). Depression, PTSD, and comorbidity in United States corrections professionals: Prevalence and impact on health functioning. Available at: http://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf (Accessed 19.2.18)

- Dollard, M. F., & Bakker, A. B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology*, 83, 579-599.
- Dugan, A. G., Farr, D. A., Namazi, S., Henning, R. A., Wallace, K. N., El Ghaziri, M., & Cherniack, M. G. (2016). Process evaluation of two participatory approaches: Implementing total worker health interventions in a correctional workforce. *American Journal of Industrial Medicine*, 59, 897-918.
- Eurofound (2012). *Health and Wellbeing at Work: A Report Based on the Fifth European Working Conditions Survey*. European Foundation for the Improvement of Living and Working Conditions. Available at:
<http://www.eurofound.europa.eu/pubdocs/2013/02/en/1/EF1302EN.pdf> (Accessed 19.2.18)
- Ferraro, L., Faghri, P. D., Henning, R., Cherniack, M. (2013). Workplace-based participatory approach to weight loss for correctional employees. *Journal of Occupational and Environmental Medicine*, 55, 147-155.
- Finney, C., Stergiopoulos, E., Hensel, J., Bonato, S., & Dewa, C. S. (2013). Organizational stressors associated with job stress and burnout in correctional officers: a systematic review. *BMC Public Health*, 13, 82.
- Garland, B., Hogan, N. L., Kelley, T., Kim, B., & Lambert, E. G. (2013). To be or not to be committed: The effects of continuance and affective commitment on absenteeism and turnover intent in private prison personnel. *Journal of Applied Security Research*, 8, 1-23.
- Garrow, V. (2016). *Presenteeism: A Review of Current Thinking*. Institute for Employment Studies Report: available at: http://www.employment-studies.co.uk/system/files/resources/files/507_0.pdf (Accessed 19.2.18)

- Global Prison Trends (2016). Available at: https://cdn.penalreform.org/wp-content/uploads/2016/05/Global_prison_trends_report_2016.pdf (Accessed 19.2.18)
- Griffin, M. L., Hogan, N. L., Lambert, E. G., Tucker-Gail, K. A., & Baker, D. N. (2010). Job involvement, job stress, job satisfaction, and organizational commitment and the burnout of correctional staff. *Criminal Justice and Behavior*, 37, 239-255.
- Grinyer, A., & Singleton, V. (2000). Sickness absence as risk-taking behaviour: a study of organisational and cultural factors in the public sector. *Health, Risk & Society*, 2, 7-21.
- Hansen, C. D., & Andersen, J. H. (2008). Going ill to work—What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 67, 956-964.
- Hansson, M., Boström, C., & Harms-Ringdahl, K. (2006). Sickness absence and sickness attendance. *Social Science & Medicine*, 62, 2183-2195.
- Härenstam, A., Palm, U. B., & Theorell, T. (1988). Stress, health and the working environment of Swedish prison staff. *Work & Stress*, 2, 281-290.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44, 513.
- Houdmont, J., & Elliott-Davies, M. (2016). *Police Federation of England and Wales Officer Survey*. Available at: <http://www.polfed.org/documents/WelfareSurveyDEMAND-SummaryReport-25-01-2017-V.2.pdf> (Accessed 19.2.18)
- Howard, K. J., Mayer, T. G., & Gatchel, R. J. (2009). Effects of presenteeism in chronic occupational musculoskeletal disorders: stay at work is validated. *Journal of Occupational and Environmental Medicine*, 51, 724-731.

- Howard League for Penal Reform (2016a). *Prison Officer Numbers Fall Again as Major Recruitment Drive Fails*. Available at: <http://howardleague.org/news/8896/> (Accessed 19.2.18)
- Howard League for Penal Reform (2016b). *Preventing Prison Suicide*. Available at: <http://howardleague.org/wp-content/uploads/2016/11/Preventing-prison-suicide-report.pdf> (Accessed 19.2.18)
- James, L., Todak, N., & Best, S. (2017). The negative impact of prison work on sleep health. *American Journal of Industrial Medicine*, *60*, 449-456.
- Johns, G. (2010). Presenteeism in the workplace: A review and research agenda. *Journal of Organizational Behavior*, *31*, 519-542.
- Kinman, G., Clements, A. J., & Hart, J. (2017). Job demands, resources and mental health in UK prison officers. *Occupational Medicine*, *67*, 456-460.
- Kinman, G., Clements, A., J. & Hart, J. (2016). Work-related wellbeing in UK prison officers. *International Journal of Workplace Health Management*, *9*, 290-307.
- Kinman, G., & Wray, S. (2018). Presenteeism in academic employees – occupational and individual factors. *Occupational Medicine*, *68*, 46-50
- Kivimäki, M., Head, J., Ferrie, J. E., Hemingway, H., Shipley, M. J., Vahtera, J., & Marmot, M. G. (2005). Working while ill as a risk factor for serious coronary events: the Whitehall II study. *American Journal of Public Health*, *95*, 98-102.
- Konda, S., Tiesman, H., Reichard, A., & Hartley, D. (2013). US correctional officers killed or injured on the job. *Corrections Today*, *75*, 122.

- Koopman, C., Pelletier, K. R., Murray, J. F., Sharda, C. E., Berger, M. L., Turpin, R. S., ... & Bendel, T. (2002). Stanford presenteeism scale: health status and employee productivity. *Journal of Occupational and Environmental Medicine, 44*(1), 14-20.
- Kunst, M. J. (2011). Working in prisons: a critical review of stress in the occupation of correctional officers. In: Langan-Fox, J, & Cooper, C. (Eds). *Handbook of Stress in the Occupations*. Cheltenham: Edward Elgar
- Lambert, E. G., Altheimer, I., & Hogan, N. L. (2010). Exploring the relationship between social support and job burnout among correctional staff. *Criminal Justice and Behavior, 37*, 1217-1236.
- Lambert, E. G., Edwards, C., Camp, S. D., & Saylor, W. G. (2005). Here today, gone tomorrow, back again the next day. *Journal of Criminal Justice, 33*, 165-175.
- Lambert, E. G., Minor, K. I., Wells, J. B., & Hogan, N. L. (2015). Leave your job at work: the possible antecedents of work–family conflict among correctional staff. *The Prison Journal, 95*, 114-134.
- Letvak, S. A., Ruhm, C. J., & Gupta, S. N. (2012). Nurses' presenteeism and its effects on self-reported quality of care and costs. *The American Journal of Nursing, 112*, 30-38.
- Miraglia, M., & Johns, G. (2016). Going to work ill: A meta-analysis of the correlates of presenteeism. *Journal of Occupational Health Psychology, 21*, 261.
- Marzano, L., Adler, J. R., & Ciclitira, K. (2015). Responding to repetitive, non-suicidal self-harm in an English male prison: Staff experiences, reactions, and concerns. *Legal and Criminological Psychology, 20*, 241-254.

- Ministry of Justice (2017). *Safety in Custody Quarterly: update to March 2017*. Available at: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-march-2017> (Accessed 19.2.18)
- Miao, C., Humphrey, R. H., & Qian, S. (2017). A meta-analysis of emotional intelligence and work attitudes. *Journal of Occupational and Organizational Psychology*, *90*, 177-202.
- Miraglia, M., & Kinman, G. (2017). The costs of working when sick. *The Psychologist*, *30*, 36-40.
- Morse, T., Dussetschleger, J., Warren, N., & Cherniack, M. (2011). Talking about health: correction employees' assessments of obstacles to healthy living. *Journal of Occupational and Environmental Medicine*, *53*, 1037-1045.
- National Offender Management Service (2017). *Attendance Management Policy*. Available at: <https://www.justice.gov.uk/downloads/offenders/psipso/psi-2017/psi-01-2017-pi-01-2017-attendance-management-policy.pdf> (Accessed 19.2.18)
- Nielsen, K., & Daniels, K. (2016). The relationship between transformational leadership and follower sickness absence: the role of presenteeism. *Work & Stress*, *30*, 193-208.
- Niven, K., & Ciborowska, N. (2015). The hidden dangers of attending work while unwell. *International Journal of Stress Management*, *22*, 207-221.
- Noonan, M. (2016). Mortality in State Prisons, 2001-2014 – Statistical Tables. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/msp0114st.pdf> (Accessed 19.2.18)
- Park, H. I., Jacob, A. C., Wagner, S. H., & Baiden, M. (2014). Job control and burnout: a meta-analytic test of the conservation of resources model. *Applied Psychology*, *63*, 607-642.

Penfold, C., Lewis, J., & Tennant, R. (2008). *Attendance Management in the Fire and Rescue Service. Health and Safety Executive*. Available at:

<http://www.hse.gov.uk/research/rrpdf/rr632.pdf> (Accessed 19.2.18)

Police Federation (2016). Officer Demand, Capacity and Welfare Survey: Descriptive Statistics Summary Report on Absence Behaviours. Research and Policy Report R062/2016.

Available at:

<http://www.polfed.org/documents/WelfareSurveyABSENCEBEHAVIOURS-SummaryReport-25-01-2017-V.1.pdf> (Accessed 19.2.18)

Robertson, I., Leach, D., Doerner, N., & Smeed, M. (2012). Poor health but not absent: prevalence, predictors, and outcomes of presenteeism. *Journal of Occupational and Environmental Medicine*, 54, 1344-1349.

Roe, R. A., & Van Diepen, B. (2011). Employee health and presenteeism: The challenge for human resource management. In Antoniou, S., & Cooper, C. (Eds.) *The Psychology of the Recession on the Workplace*. Cheltenham: Edward Elgar.

Samuel, R.J. and Wilson, L.M. (2007). Is presenteeism hurting your workforce? *Employee Benefit Plan Review*, 61, 5-7

Schaufeli, W. B., & Peeters, M. C. (2000). Job stress and burnout among correctional officers: A literature review. *International Journal of Stress Management*, 7, 19-48.

Simpson, R. (1998). Presenteeism, power and organizational change *British Journal of Management*, 9, 37-50.

Sonnentag, S., Binnewies, C., & Mojza, E. J. (2008). " Did you have a nice evening?" A day-level study on recovery experiences, sleep, and affect. *Journal of Applied Psychology*, 93, 674.

- Swenson, D. X., Waseleski, D., & Hartl, R. (2008). Shift work and correctional officers: Effects and strategies for adjustment. *Journal of Correctional Health Care, 14*, 299-310.
- Tracy, S. J., & Scott, C. (2006). Sexuality, masculinity, and taint management among firefighters and correctional officers: Getting down and dirty with “America's heroes” and the “scum of law enforcement”. *Management Communication Quarterly, 20*, 6-38.
- Van Wingerden, J., Derks, D., & Bakker, A. B. (2017). The impact of personal resources and job crafting interventions on work engagement and performance. *Human Resource Management, 56*, 51-67.
- Vickovic, S. G., Griffin, M. L., & Fradella, H. F. (2013). Depictions of correctional officers in newspaper media. *Criminal Justice Studies, 26*, 455-477.
- Walker, E. J., Jackson, C. A., Egan, H. H., & Tonkin, M. (2015). Workability and mental wellbeing among therapeutic prison officers. *Occupational Medicine, 65*, 549-551.
- Whysall, Z., Bowden, J., & Hewitt, M. (2017). Sickness presenteeism: measurement and management challenges. *Ergonomics, 1-14*.
- Wynne-Jones, G., Buck, R., Porteous, C., Cooper, L., Button, L. A., Main, C. J., & Phillips, C. J. (2011). What happens to work if you're unwell? Beliefs and attitudes of managers and employees with musculoskeletal pain in a public- sector setting. *Journal of Occupational Rehabilitation, 21*, 31-42.

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FIGURE 1: Frequency of presenteeism reported by participants

