



**Letter to Editor**

**Nurses' sickness presenteeism: Benefit or burden?**

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This letter analyses the phenomenon of sick presenteeism and its potential to present nurses with an ongoing professional dilemma. Sickness presenteeism is defined as being physically present at work despite acute or chronic illness that hinders one's ability to perform or engage in work-related tasks (1). The ongoing practice of sickness presenteeism suggests that it may still have merits, sparking a debate over whether it may be perceived as beneficial or burdensome.

When nurses are asked about the primary factors contributing to sickness presenteeism, one of their responses indicates perceived benefits associated with showing up to work while unwell. According to nurses' narratives, they are reluctant to take sick leave because of a sense of duty or responsibility to their patients (2). This phenomenon is most evident when there is a consistent lack of staff due to absenteeism, which has been linked to negative implications on patient care and an increased risk of harm to patients, such as missed care. As a result, presenteeism has been deemed beneficial (3). In addition, sickness presenteeism has been associated with nurses' perceived sense of team loyalty. This loyalty calls for an unwavering commitment to minimizing work absences, not to burden coworkers. It also reflected the notion that nurses must demonstrate a degree of compassion and altruism in their work. However, do these benefits entail that sickness presenteeism is commendable and acceptable? Arguably, these benefits should be weighed

carefully, as sickness presenteeism has the potential to bring about numerous challenges that can negatively impact patients, nurses, and their coworkers. This impact is particularly true in relation to the numerous studies that have illustrated the detrimental effects of presenteeism, such as the transmission of COVID-19 from healthcare professionals to patients and the formation of clusters among healthcare professionals (4, 5).

It is frequently agreed that nurses have a professional responsibility to prioritize always doing the right thing, which includes their fundamental responsibility to safeguard the safety and well-being of patients. For example, the principle ethics of nonmaleficence advocates that patients are entitled to receive safe care from nurses. However, when nurses experience illnesses such as back pain and migraines, this can potentially compromise safe care, impair their ability to provide effective care, and result in erroneous decisions and actions. Additionally, it is possible that nurses may transmit respiratory viruses to patients by reporting to work despite having symptoms (6). Such a scenario poses an unwarranted harm and burden, particularly for people with immunocompromised health conditions.

On the other hand, while nurses may be expected to go above and beyond their regular obligation, they need to establish clear boundaries when providing compassionate care and acts of kindness. In other words, the nurses must ensure that they do not engage in any behavior that could put them in danger. Most

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codes of professional conduct hold nurses accountable for their health, safety, and well-being. Yet, sickness presenteeism conflicts with such professional norms. For example, it is postulated that sickness presenteeism increases the likelihood of subsequent illness (7). This is due to the likelihood of deteriorating preexisting health conditions, thereby worsening the nurse's health status over time. Therefore, it is central to carefully assess and manage any altruistic act that involves engaging in risky behaviors. Nurses must also be able to acknowledge their limitations and determine if their physical and mental health restricts their ability to exercise sound judgment and provide the best possible care. Having this fundamental self-awareness is crucial for responsible care and preventing negligent behavior. The dilemma also involves the obligation to coworkers, who have the right to expect a work environment that is as safe as possible, and team members who are productive and dependable throughout the course of their duty. This would not be possible if their illness resulted in poor performance and impaired judgment due to their inability to maintain focus while attempting to alleviate symptoms such as pain (8). Furthermore, like other healthcare professionals, nurses have a right to protection from occupational risks such as contracting respiratory infections from unwell colleagues (6). This is a professional virtue that contributes to a harmonious workplace where there is also a need to care for one's coworkers (9).

In conclusion, when evaluating sickness presenteeism, nurses are responsible for conscientiously considering the best interests of all and recognizing their vulnerabilities. While sickness presenteeism might bring short-term benefits, this practice is arguably unsustainable, regardless of how noble or courageous it might seem. The temptation to overburden nurses may be considered a positive by organizational leaders, but it hinders hospital productivity and lowers the patient's quality of care (10). To increase nurses' attendance, nurse managers, for instance, should avoid assuming that nurses are naturally resilient. Instead, they should consistently prioritize the need to help affected nurses. Undoubtedly, nurse absenteeism has emerged as an important cause of concern;

however, nursing management must also consider the possible implications of allowing unwarranted or inapt sick presenteeism. This phenomenon, whether voluntarily chosen or compelled by policies or financial pressures, has implications beyond simple work attendance; particularly, it poses a potential threat to the health and safety of patients, nurses, and coworkers. At this juncture, the burden associated with sickness presenteeism, such as compromising safe and effective care and the likelihood of subsequent illness of the nurses, seems to overshadow its potential benefits that focus on patient responsibility, team loyalty, and demonstration of compassion and altruism. At this juncture, negative aspects of sickness presenteeism are considered greater than potentially beneficial benefits centered on patient accountability, team loyalty, and demonstrating altruistic and compassionate behavior. The previously mentioned burdens comprise compromised safe and effective patient care, a higher risk of nurses contracting subsequent illnesses, and a decline in the quality of care delivered to patients.

Therefore, nurses, in general, must carefully weigh the risks of sickness presenteeism (11). To effectively improve the quality and safety of patient care while also prioritizing the well-being of nurses, there is an urgent call for pragmatic measures such as clear policy structures surrounding paid sick leave, workload, and communication with management to reduce nurse presenteeism, as well as the social and economic repercussions that follow (12). Moreover, patients and the general public would expect nothing less than the nurses' utmost professional commitment, with the assurance that they will always act professionally and avoid compromising situations.

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