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RESEARCH NOTE

Organizations offering line manager training in mental health and presenteeism: A secondary data analysis of organizational-level data

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Abstract

Presenteeism (*working while ill*) due to mental ill-health is estimated to be one of the largest economic costs to employers. We seek to investigate the relationship between line manager training in mental health (MH) and presenteeism trends at work. The aim of this study was twofold: (i) to examine the relationship between the provision of a new and emerging workplace MH and wellbeing (MH&WB) initiative – *line manager (LM) training in MH* – and presenteeism as reported by organizations and (ii) to examine the reasons for presenteeism, and organizational-level strategies used to action it. To address these questions, we conducted a secondary data analysis using panel data from 7139 firms in England over four time points (2020–2023). Probit regression analysis revealed that organizations offering LM training are less likely to report presenteeism. Our analysis revealed that providing LM training may increase awareness and readiness to tackle presenteeism within the organization, but this does not always translate into actionable strategies. Limitations of the study and recommendations for future research are discussed.

KEYWORDS

line manager training, mental health, presenteeism

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Practitioner points

- Organizations that invest in line manager training in mental health are less likely to experience presenteeism, that is employees attending work despite feeling ill.
- Organizations that invest in line manager training in mental health are more likely to take actions to address presenteeism through workplace activities and strategies.

INTRODUCTION

Poor mental health (MH) is a significant cost to both employers and society (Deloitte, 2022; Hassard et al., 2018; Hassard et al., 2023). Mental health can be viewed as ‘a complete state of well-being’, where an individual recognizes their own abilities, manages the normal stresses of life, maintains social relationships, and contributes to society through productivity (World Health Organization, 2022). In 2022/2023, the cost of mental ill-health to British employers was £51 billion (Deloitte, 2023), resulting from absenteeism, labour turnover, and presenteeism. Presenteeism, attending work despite feeling ill (Kinman, 2019), accounts for approximately 46% of such costs (Deloitte, 2022). Quantifying presenteeism is challenging (Johns, 2010) resulting in conservative estimates of its prevalence and costs (Hassard et al., 2018). However, there is some evidence that presenteeism increased during the COVID-19 pandemic and continues to rise (e.g., Enterprise Research Centre, 2024; Kinman & Grant, 2021). Presenteeism is now identified as the biggest threat to workforce productivity (Kinman & Grant, 2021; Simpson, 2023).

The factors that influence presenteeism are complex and multifaceted, including personal (e.g., health status, personal choice), work and organizational (e.g., workload and job pressures) and wider contextual factors (e.g., financial security; Van Waeyenberg, 2023). The growth in remote working practices, including hybrid working models, particularly since the COVID-19 pandemic, has influenced and shaped presenteeism behaviours and trends at work (Ferreira et al., 2022; Ruhle & Schmoll, 2021; Shimura et al., 2021).

The Job Demand Resource model (JDR; Bakker et al., 2014) provides our theoretical lens to examine relationships between workplace health and wellbeing (MH&WB) practices and employee presenteeism through the health impairment and motivation pathways. The *health impairment pathway* postulates that high job demands, for example high workload, understaffing, overtime, time pressure, will negatively impact employee mental health resulting in increased presenteeism. Meta-analytic evidence by Miraglia and Johns (2016) provides support for this pathway, albeit with (primarily) cross-sectional data, limiting their ability to draw temporal inferences. Poethke et al. (2023) longitudinal diary study, observed evidence of this pathway from a temporal perspective, at both within-and between-person levels. The *motivation pathway* assumes high job resources (e.g., social support at work, autonomy, and career development opportunities) result in increased work motivation and engagement among employees, and – by extension – decreased presenteeism behaviours. Partial support for this pathway is reported (Karanika-Murray et al., 2015; Miraglia & Johns, 2016; Poethke et al., 2023), which conceptually distinguishes between autonomous and controlled motivation (Miraglia & Johns, 2016).

Informed by theoretical frameworks (e.g. JDR) and emerging evidence (e.g., Miraglia & Johns, 2016; Poethke et al., 2023), mental health and wellbeing (MH&WB) interventions are recognized as a clear strategic approach to managing presenteeism (Karanika-Murray et al., 2021; Poethke et al., 2023). A systematic review by Cancelliere et al. (2011) found preliminary evidence of a positive effect of workplace mental health programmes on presenteeism. A decade on, there remains a paucity of research exploring the impact of MH&WB interventions on presenteeism, particularly those focused on changes to work design and management practices.

Line managers' (LM) behaviours and management practices are known to influence employee well-being (Blake et al., 2023; Huo et al., 2020; Salas-Vallina et al., 2023). The proportion of organizations offering LM training has increased over recent years (Blake et al., 2024). Although the focus and content of training varies, it generally equips LMs with the confidence and competencies to (a) to design and manage people's work that minimizes work-related stress; (b) cultivate a psychologically safe and supportive team environment; (c) to support access to necessary workplace accommodations and adjustments for team members experiencing poor mental health; and (d) to effectively support, guide, and promote the mental health and wellbeing of those they lead and manage (Blake et al., 2023; Nielsen & Yarker, 2023).

Drawing on the JDR model, improving LMs' working and management practices may improve employee mental health (and by extension reduce presenteeism) through decreased job demands (e.g., reduced workload) and improved job resources (e.g., increased support and understanding regarding MH). Although there is limited evidence exploring its impact on employees' sickness absence (Milligan-Saville et al., 2017) and business outcomes (Hassard et al., 2003), to date, no studies have explored the relationship between LM training in MH and the occurrence and management of presenteeism by organizations.

Seeking to address this knowledge gap, we investigate three research questions:

1. Is the provision of LM training in MH associated with reduced presenteeism in organizations?
2. Is there a relationship between LM training in MH and the reasons, as reported by organizations, for presenteeism?
3. What is the relationship between LM training in MH and the steps taken by organizations to address presenteeism?

METHODS

A secondary analysis was conducted using panel data from an existing, and ongoing, enterprise survey in England (see Wishart et al., 2023). Enterprises were recruited to participate in this survey if they met the following inclusion criteria: (1) non-government funded, (2) 10 or more employees and (3) trading for three or more years. Computer Assisted Telephone Interview (CATI) surveys were used to collect information from the most senior person with responsibility for the health and wellbeing of workers.

A rolling recruitment strategy was used to maximize the sample size. Data were collected in 2020 (1900 firms; pre-COVID-19 pandemic), 2021 (1551 firms), 2022 (1904 firms) and 2023 (1902 firms; end of COVID-19 pandemic). To ensure representation, organizations with 10–19 employees were intentionally under-sampled as they accounted for most of the population, and larger organizations were over-sampled. The characteristics of these organizations are presented in Table 1.

Table 2 provides an overview of our study variables, which were all binary in nature, with a 'yes' or 'no' format. Our independent variable was LM training in MH. Data are not available on the nature/content of this training or the LMs' or employee's mental health. Our dependent variables were whether the organization experienced presenteeism in the last 12 months, 10 factors explaining presenteeism trends, and specific actions taken to manage presenteeism.

Probit regression, which robustly estimates the relationship between predictor variables and the likelihood of specific binary outcomes, was used to determine the influence of LM training in MH on all dependent variables individually. Data across all 4 years were merged to increase total sample size and statistical power. In addition to data collection wave, organization age, size and sector were included as controls. Ethical approval for this analysis was granted in August 2023 by the Institutional Research Ethics Committee (Ref: HSSREC-144 21–22).

TABLE 1 Characteristics of participating organizations.

Characteristics	2020 (n=1899)	2021 (n=1551)	2022 (n=1904)	2023 (n=1902)
<i>Sector</i>				
Production	364 (19.2%)	362 (23.3%)	411 (21.6%)	414 (21.8%)
Construction	139 (7.3%)	111 (7.2%)	145 (7.6%)	136 (7.2%)
Wholesale, retail	402 (21.2%)	331 (21.3%)	364 (19.1%)	363 (19.1%)
Hospitality	204 (10.7%)	109 (7.0%)	187 (9.8%)	210 (11.0%)
Business services	468 (24.6%)	350 (22.6%)	431 (22.6%)	419 (22.0%)
Other	322 (17.0%)	288 (18.6%)	366 (19.2%)	360 (18.9%)
<i>Length of operation</i>				
0–10 years	301 (16.0%)	236 (15.3%)	263 (13.9%)	250 (13.2%)
11–20 years	508 (27.0%)	378 (24.5%)	510 (27.0%)	541 (28.7%)
20+ years	1072 (57.0%)	929 (60.2%)	1115 (59.1%)	1097 (58.1%)
<i>Size of organization</i>				
Micro-small (<=50 employees)	1445 (76.1%)	1225 (79.0%)	1537 (80.7%)	1579 (83.0%)
Medium (51–250)	367 (19.3%)	286 (18.4%)	310 (16.3%)	286 (15.0%)
Large (>250)	87 (4.6%)	40 (2.6%)	57 (3.0%)	37 (1.9%)

RESULTS

We observed a negative relationship between LM training in MH and presenteeism. Specifically, organizations offering LM training in MH are less likely to experience presenteeism on average relative to organizations not offering this training: β -0.115 (.0469), $p < .05$; LR $\chi^2 = 196.607$, $p < .001$, Log likelihood = -510.789 .

We explored the relationship between LM training in MH and underlying explanatory factors underpinning presenteeism, as perceived by the organization. Survey respondents were asked to indicate what factors – out of a possible 10 – they thought influenced presenteeism trends in their organizations. The result of this analysis is summarized in Table 3. Organizations offering LM training in MH were on average, less likely to indicate ‘peer pressure from managers’ and ‘the need to meet deadlines/client demands’ as explanatory reasons for presenteeism trends in their organization. However, they were more likely – relative to those organizations not offering LM training – to report ‘part of their culture’ as an explanatory reason for presenteeism. The remaining items showed no significant relationships.

Organizations offering LM training in MH relative to those that do not were significantly more likely to report taking proactive steps to manage presenteeism through workplace activities and strategies: $\beta = .181$ (.0875), $p < .05$ LR $\chi^2 = 39.625$, $p < .001$ Log likelihood = -255.211 . However, we found no evidence of a relationship between LM training in MH and the type of management strategies for presenteeism (Table 4).

DISCUSSION

The aim of the study was to examine the relationship between LM training in MH and presenteeism (RQ1), the explanatory reasons for presenteeism (RQ2) and strategies used to prevent and manage it (RQ3). Using UK data, we found that organizations offering LM training were less likely to experience presenteeism relative to organizations that did not provide it.

These findings highlight that LM training may play a significant role in preventing and managing presenteeism, similar to other workplace health interventions (Cancelliere et al., 2011). Our prior study (Hassard et al., 2024) found positive, significant associations between LM training in MH and various

TABLE 2 Operationalisation of study variables.

Variable description	Survey item
LM training in MH ^a	Has line manager training in MH taken place in the last 12 months?
<i>Occurrence of presenteeism (RQ1)</i>	
Presenteeism	Have you had any instances of presenteeism in your business?
<i>Explanatory reasons for presenteeism trends in the organization (RQ2)</i>	
Working while unwell	Staff are working when they are unwell
Working beyond hours	Staff are working beyond contracted hours
Working instead of self-isolating ^b	Staff are leaving home for work when they should be self-isolating
Colleague pressure	Peer pressure from other colleagues
Managerial pressure	Pressure from managers
Meet deadlines	Need to meet deadlines/client demand
Short staffed	Short staffed
Cultural reasons	Always worked like that here – part of our culture
Job insecurity	Job insecurity – might lose their job
Want extra money	They want or need extra hours/money
<i>Steps taken to address presenteeism as reported by organizations (RQ3)</i>	
	<i>What steps are you taking to address this?</i>
Sending home unwell staff	Managers sending people home who are unwell
Training	Training /guidance for line managers to spot warning signs
Role modelling	Leaders' role modelling by not working when ill
Investigating causes	Investigating its potential causes, e.g. workload
Sending home unwell staff	Managers sending people home who should be self-isolating
Reinforcing wellbeing messages	Reinforcing messages about work-life balance for people working remotely

^aA line manager refers to the individual responsible for overseeing employees' work, managing/supervising operational tasks. The exact activities are likely to vary across the different firms included in our sample.

^bSelf isolating refers to the act of avoiding physical contact with others to prevent the spread of a virus (COVID-19).

business outcomes, including recruitment and retention, customer service, and long-term MH sickness absence rates. Our current study is the first to establish an association between LM training in MH and presenteeism, indicating the potential value in the provision of such training for employees and organizations alike.

Conceptually, our findings provide further support for the *health impairment pathway* in predicting presenteeism. This theoretical contribution is possible as we use organizational-level data rather than the more commonly used individual-level data. Johns (2010) highlighted the potential role of reporting biases in measuring presenteeism and related productivity loss, making measuring and comparing (across studies) the occurrence, prevalence and impact of presenteeism at organizational and employee levels challenging (e.g., Brooks et al., 2010). More research is needed to examine the reliability and validity of presenteeism measurements at both levels. Our organizational-level findings align with results from studies utilizing individual-level measurements of presenteeism (e.g., Poethke et al., 2023), providing further evidence of the strategic value of LM training in MH for the organization directly (Dulal-Arthur et al., 2024; Hassard et al., 2024).

TABLE 3 Probit regression with offering line manager training (y/n) predicting reasons for presenteeism.

Explanatory factors for presenteeism	Results
Working while unwell ($n = 1062$)	β -0.104 (.0813) LR χ^2 55.210*** Log likelihood -297.077
Working beyond hours ($n = 1062$)	β $.093$ (.0873) LR χ^2 21.255 Log likelihood -258.468
Working instead of self-isolating ($n = 743$)	β $.050$ (.1252) LR χ^2 19.505 Log likelihood -125.977
Colleague pressure ($n = 1062$)	β -0.177 (.1584) LR χ^2 22.810 Log likelihood -91.009
Managerial pressure ($n = 1062$)	β -0.420^* (.1655) LR χ^2 20.313 Log likelihood -91.988
Meet deadlines ($n = 1062$)	β -0.171^* (.0826) LR χ^2 31.723** Log likelihood -272.221
Short staffed ($n = 1062$)	β -0.001 (.0946) LR χ^2 66.855*** Log likelihood -218.385
Cultural reasons ($n = 1062$)	β $.195^*$ (.0990) LR χ^2 25.130* Log likelihood -202.749
Job insecurity ($n = 1062$)	β $.108$ (.1593) LR χ^2 14.987 Log likelihood -98.739
Want extra/money ($n = 1062$)	β $.039$ (.0921) LR χ^2 26.852 Log likelihood -240.930

Note: Analysis controlled for wave, sector, size and age of organization. Standard error placed in brackets.

Abbreviation: LR χ^2 , Likelihood ratio chi-square.

* $p < .05$; ** $p < .01$; *** $p < .001$.

Organizations offering LM training in MH were less likely to report peer pressure from managers and the need to meet deadlines/ client demands as explanatory factors for presenteeism trends in their organization. We postulate that LMs who have received training should have better confidence and management competencies to address key work and organizational factors (deadline pressures and pressures from management). This aligns with the small, but growing body of intervention research examining the impact of LM training to MH to managers attitudes and work behaviours (e.g., Gayed et al., 2018). Conversely, we observed that organizations offering LM training in MH were more likely to report organizational culture as an explanatory reason for presenteeism, perhaps indicated

TABLE 4 Probit regression with offering line manager training (y/n) in predicting the workplace strategies and activities used to address and manage presenteeism.

Reported strategies used to manage reported cases of presenteeism	Results
Sending home unwell staff ($n = 763$)	β .077 (.1051) LR χ^2 20.470 Log likelihood -211.624
Training ($n = 763$)	β .222 (.1340) LR χ^2 31.383** Log likelihood -143.731
Role modelling ($n = 763$)	β .035 (.1723) LR χ^2 7.503 Log likelihood -81.665
Investigating causes ($n = 763$)	β -.037 (.1199) LR χ^2 9.856 Log likelihood -157.978
Sending home unwell staff ($n = 540$)	β .112 (.1786) LR χ^2 9.743 Log likelihood -83.398
Reinforcing wellbeing messages ($n = 540$)	β -.021 (.1485) LR χ^2 16.602 Log likelihood -116.217

Note: Analysis controlled for wave, sector, size and age of organization. Standard error placed in brackets.

Abbreviation: LR χ^2 = Likelihood ratio chi-square.

* $p < .05$; ** $p < .01$; *** $p < .001$.

that enhanced knowledge may result in increased awareness and reporting of explanatory factors for presenteeism.

In general, organizations offering LM training in MH were more likely to report taking active steps to prevent presenteeism. Whilst LM training may increase *awareness* and *recognition* of presenteeism and better equip organizations to address it, they may lack clear guidance or resources on how to effectively do so. This aligns with the ‘knowing-doing gap’, where organizations may have relevant knowledge but struggle to translate it into meaningful strategies (Pfeffer & Sutton, 2000). Furthermore, the implementation of comprehensive strategies to address presenteeism may be hindered by limited resources and/or competing priorities, irrespective of LM training. Further research exploring the barriers and challenges experienced by organizations in managing and preventing presenteeism at work is crucial.

A notable strength of this study is the utilization of a distinctive data set quantifying organizations' current and ongoing employee MH&WB initiatives alongside its self-reported productivity indicators. There are several key limitations to the present study. Due to the use of unbalanced panel data, it is not possible to determine causality and the results are, therefore, limited to the relationship between our variables. Moreover, we do not have information on the nature or quality of LM training provided (e.g., length, duration, content, delivery methods), making it difficult to conclude the mechanisms through which LM training may influence organizations' responses to presenteeism. The outcomes of training must be interpreted within the context it is delivered. Here, and in our prior work (Hassard et al., 2024), we have explored the relationship between LM training for MH and its relationship with business performance outcomes. One area for future research is to study how both the content and context of LM training in MH facilitates these relationships across a range of organizational-level outcomes, including presenteeism.

Implications for practice

There are two key implications for practice. Organizations must continually address and manage elements of the work design which foster presenteeism. Hence, the first implication is for organizations to invest in LM training in MH, particularly those training programmes that focus on both raising LMs' knowledge about mental health and their confidence and competency to prevent work-related stress through minimizing work stressors.

Although LM training may immediately challenge the shared perceptions of presenteeism within the organization through improved practices and expectations, addressing entrenched workplace norms of presenteeism likely requires a longer-term commitment. Therefore, organizations should implement strategies that value employee health and discourage presenteeism in their day-to-day work practices to combat the culture of presenteeism.

AUTHOR CONTRIBUTIONS

Teixiera Dulal-Arthur: Writing – original draft; formal analysis. **Juliet Hassard:** Writing – original draft; conceptualization; funding acquisition; methodology; supervision; investigation. **Jane Bourke:** Conceptualization; methodology; formal analysis. **Maria Wishart:** Conceptualization; data curation; writing – review and editing. **Craig Bartle:** Writing – review and editing. **Stephen Roper:** Data curation; conceptualization; writing – review and editing. **Vicki Belt:** Conceptualization; writing – review and editing. **Stavroula Leka:** Conceptualization; writing – review and editing. **Nick Pahl:** Writing – review and editing; conceptualization. **Louise Thomson:** Conceptualization; writing – review and editing. **Holly Blake:** Funding acquisition; investigation; methodology; supervision; project administration; conceptualization; writing – original draft.

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CONFLICT OF INTEREST STATEMENT

The authors declare that there are no conflicts of interest regarding the publication of this paper. The research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

DATA AVAILABILITY STATEMENT

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