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The Cost of Constant Availability: A Moral Injury Perspective on Virtual Presenteeism in UK Academia

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The Cost of Constant Availability: A Moral Injury Perspective on Virtual Presenteeism in UK Academia

ABSTRACT

Purpose: This study examines the persistence of presenteeism (i.e., working while unwell) in UK higher education institutions (HEIs), focusing on how the post-pandemic expansion of flexible working arrangements (FWAs), particularly remote working, has reshaped this phenomenon into “virtual presenteeism.” Drawing on the moral injury framework, the study investigates the relationship between FWAs and presenteeism among academics and non-academics in the UK HE sector, highlighting how institutional pressures and managerial practices shape sickness-attendance norms.

Design/methodology/approach. Data were collected through an online survey of 516 academic and non-academic staff at UK HEIs.

Findings: The analysis reveals the emergence of an online sickness-attendance norm among both academic and non-academic staff, with the latter experiencing it as a new, post-pandemic pressure. The data show that staff feel compelled to work remotely while unwell. Many respondents viewed these expectations as misaligned with the employer’s duty of care and described experiences consistent with moral distress and perceived institutional betrayal. The study highlights the critical role of inadequate managerial support and cultural pressures in sustaining virtual presenteeism, which affects employee well-being.

Originality/value: The paper contributes to the literature by conceptualising virtual presenteeism through a moral injury lens, showing how FWAs can intensify harmful work norms, including sickness presenteeism. We treat moral injury as an explanatory lens for understanding how potentially morally injurious events (PMIEs) might be perceived in HE (e.g., pressures to continue working while ill, inadequate cover or support). Therefore, we outline the need for targeted interventions, cultural change, and moral repair within HEIs to secure employee well-being and challenge unhealthy expectations surrounding sickness and work.

Keywords: Presenteeism, Virtual Presenteeism, Flexible Work Arrangements, Moral Injury, UK Higher Education, Academia

Paper type: Research paper

Introduction

Presenteeism is traditionally understood as attending work while unwell (Ruhle et al., 2020; Baker-McCleary et al., 2010). Nevertheless, the introduction of flexible working arrangements (henceforth FWAs), including working from home, in UK higher education institutions (henceforth HEIs) during and after the pandemic has reshaped workplace norms, with virtual presenteeism emerging as a new and significant phenomenon that affects employee wellbeing (Kassem and Mitsakis, 2024; Atiku and Ganiyu, 2022; Hadjisolomou et al., 2022). Despite the explosion of research on working from home during and after the Covid-19 (De Klerk et al., 2021; Hall et al., 2024; Marks et al., 2024; Skountridaki & Mallett, 2025), limited research has explored the connection between working from home and presenteeism (Magalhães et al., 2022; Brosi et al., 2023), whilst existing studies in HE have myopically focused on physical presenteeism among academics and students (Haider et al., 2024; Kinman & Wray, 2022;

Magalhaes et al., 2022; López-Bueno, 2020), overlooking its mutation into 'virtual presenteeism,' defined as working online while unwell (Hadjisolomou et al., 2022). Alarming, despite its growing prevalence, research remains limited on the dynamics of virtual presenteeism across the wider HE workforce, including non-academic staff (Magalhães et al., 2022).

This study addresses this gap, highlighting how the pandemic has not only altered traditional boundaries of workplace attendance but also reinforced presenteeism within virtual environments through the introduction of FWAs, such as working from home. Notably, this issue extends beyond academia. By conducting a post-pandemic online survey, this research outlines the experiences of both academic and non-academic staff regarding working while sick. The findings suggest a worrying trend in which non-academic staff, in particular, are engaging in extended online working hours during periods of illness post-pandemic, a behaviour that was already prevalent among academic staff prior to this period (Hadjisolomou et al., 2022; Magalhães et al., 2022). Adopting a moral injury perspective, this article argues that virtual presenteeism is driven by institutional betrayal (Hanna et al., 2023), whereby employers cultivate expectations to work online while unwell, generating emotionally disruptive events that violate trust and exacerbate HE staff's emotional disengagement. This poses significant challenges for their mental health and well-being, as well as for job satisfaction, productivity and turnover intention (Kvitsiani et al., 2023). The article argues that the extension of institutionalised presenteeism culture in HE for all staff, accompanied by inadequate managerial support and employer expectations of online presence even during periods of crisis and illness, contributes to the emergence of "virtual presenteeism"; a problematic new attendance norm in academia that violates employers' duty of care and is described and understood as institutional betrayal and moral injury (Hanna et al., 2023).

Building on this sectoral backdrop, we situate virtual presenteeism within organisational cultures that treat availability and responsiveness as indicators of commitment, and we interpret staff accounts through a moral injury lens. We do so because PMIE-based formulations encompass both acts of commission (e.g., pressuring staff to stay online while unwell) and omission (e.g., failing to provide cover, clear guidance, or recovery-focused support), thereby capturing the relational and institutional expectations respondents describe (Griffin et al., 2019; Shay, 2014). We explicitly distinguish this interpretive stance from diagnostic use and from adjacent constructs such as burnout or moral distress (Williamson et al., 2018; 2025).

Defining Virtual Presenteeism

Building on emerging work on "virtual sickness presenteeism", we define virtual presenteeism as the continuation of work activity, availability, and performance signalling via digital channels while experiencing ill health that would ordinarily warrant sickness absence. It encompasses not only task completion (e.g., emails, teaching, meetings) but also forms of "always-on" responsiveness that leave a digital trace of attendance (e.g., instant replies, visible participation on online platforms). This definition extends classic presenteeism (i.e., working while ill) by specifying the virtual mode through which the presence of illness is enacted and monitored.

Conceptually, virtual presenteeism comprises at least three interrelated dimensions: (1) behavioural continuation (e.g., working while ill despite formal or informal expectations to rest); (2) digital availability (e.g., maintaining responsiveness and visibility as proxies for commitment); and (3) intensity (e.g., the volume and duration of work performed while unwell) (Mat-Artun & Kuskü, 2025; Ruhle & Schmoll, 2021). Remote work lowers practical barriers to working while sick and can normalise partial rather than complete withdrawal from work during illness, thereby reconfiguring the meaning of "absence" (Schmitz et al., 2023). In this

sense, we argue that virtual presenteeism is not simply a post-pandemic novelty; rather, it is a modality through which pre-existing presenteeism cultures are sustained or amplified under conditions of expanded remote working.

Prior studies suggest that remote work may encourage employees to work while ill because they can adjust work demands at home, feel less justified in taking leave when physically absent, and experience blurred work-nonwork boundaries (Biron & Karanika-Murray, 2021). Similarly, organisational norms of digital responsiveness and platform-mediated visibility can transform flexibility into an expectation of constant availability (Venz & Wohrmann, 2023). We therefore examine virtual presenteeism as an organisationally embedded attendance norm, shaped by role-specific job design and structural constraints (e.g., contract type), rather than as an individual choice alone.

To clarify conceptual boundaries, we distinguish virtual presenteeism from (i) traditional, co-located presenteeism (i.e., visibility via physical presence) and (ii) episodic work-from-home continuation not driven by illness. In virtual settings, “visibility labour” is enacted through digital traces (e.g., status lights, rapid email turn-around, avatar presence in meetings), which substitute for dedication and hence become targets of normative control (Venz & Wöhrmann, 2023). Remote work lowers withdrawal barriers (e.g., self-pacing; task modularity) while raising expectations of availability, normalising partial attendance during illness and reshaping the meaning of “absence” (Schmitz et al., 2023; Biron & Karanika-Murray, 2021). In HE, these dynamics are role-contingent. For professional services, remote infrastructures introduce new dependence on synchronous responsiveness to staff/students. For academics, the practice often amplifies pre-existing cultures of autonomy-cum-overwork. We therefore conceptualise virtual presenteeism as an organisationally embedded attendance norm sustained by platform-mediated visibility, backlog-sensitive workflows, and cover constraints, rather than as a purely individual coping choice (Ruhle et al., 2020; Salvoni et al., 2024).

Moral Injury: Conceptual Foundations and Relevance to Higher Education

The concept of moral injury has gained increasing traction in recent years as a framework for understanding the psychological and emotional consequences of ethical transgressions or perceived betrayals within institutional contexts. Developed through clinical work with military veterans, Shay (2014; 1994) argued that traditional psychiatric models, such as post-traumatic stress disorder, inadequately accounted for the social and moral dimensions of trauma. Instead, moral injury was proposed as a distinct construct, encompassing the emotional suffering that arises when individuals believe those in legitimate positions of authority have violated their deeply held moral beliefs in high-stakes situations. Shay (2014, 183) defines moral injury as “a betrayal of what’s right, by someone who holds legitimate authority, in a high-stakes situation”, emphasising relational and institutional dynamics.

Alongside betrayal-based accounts, a widely used psychological formulation defines moral injury as the distress that can follow potentially morally injurious events (PMIEs), such as perpetrating, failing to prevent, or witnessing acts that transgress deeply held moral beliefs and expectations (Griffin et al., 2019). This PMIE framing is useful in HE contexts because it encompasses both acts of commission and omission, including institutional inaction that places staff under the moral burden of “making things work” during crises (Hanna et al., 2023). In HE, PMIEs may include being pressured, explicitly or implicitly, to continue teaching, administering, or supporting students while ill, or being denied adequate cover and support, making taking leave ethically fraught (Reynolds, 2025).

Importantly, moral injury is conceptually distinct from, though often co-occurring with, occupational stress and burnout (Williamson et al., 2018). Burnout typically refers to a syndrome of emotional exhaustion, depersonalisation, and reduced accomplishment arising

from chronic job demands, whereas moral injury foregrounds value transgressions, betrayal, and threats to moral identity and trust (Williamson et al., 2025). This distinction matters analytically because interventions targeting ‘resilience’ or workload alone may be insufficient when staff distress stems from perceived ethical violations or institutional betrayal. Accordingly, we use moral injury as an interpretive framework to explain how virtual presenteeism can become morally consequential when flexibility is perceived as coercive, when leadership fails to uphold duty-of-care expectations, and when staff feel compelled to trade health for institutional continuity.

Shay's (2014; 1994) work emphasised the structural and systemic roots of such injury, particularly in military contexts where leaders, physically and psychologically removed from risk, ordered individuals into dangerous environments. This notion of “a betrayal of fairness,” in which those in power are presumed to owe a duty of care, is central to the conceptualisation of moral injury (Layland, 2018). According to Maguire and Phillips (2008, 371), the betrayal of this trust undermines the expectation that organised systems or institutions will act “with predictability or goodwill,” leading to emotional responses such as anger, shame, guilt, and a deep sense of disillusionment.

Although moral injury originated in military contexts, it has since been applied across various professional domains, most notably in healthcare. For example, Greenberg et al. (2020) have examined how moral injury has manifested among healthcare professionals during the COVID-19 pandemic. Healthcare workers were often required to make ethically fraught decisions under extreme pressure, amid resource scarcity and risk to personal safety, frequently without visible or supportive leadership (Walton et al., 2020; Coimbra et al., 2024). In these cases, leaders’ failure to uphold moral responsibility exacerbated psychological distress, suggesting that moral injury is a relevant and transferable construct across sectors.

This growing body of research provides a compelling basis for extending the concept of moral injury to the HE sector, particularly in the post-pandemic period. Academic staff, like their counterparts in healthcare, were frequently required to maintain in-person teaching, manage rapid institutional transitions, and uphold educational quality, often without adequate support or protection (Hadjisolomou et al., 2022). Emerging research highlights that university leaders, perceived as remote, unaccountable, and driven by marketised metrics, were seen to act in ways misaligned with the welfare of both staff and students (Hanna et al., 2023). Staff accounts from this crisis period consistently describe a sense of abandonment, betrayal, and ethical compromise, closely paralleling the conditions outlined in the literature on moral injury (Brunetto et al., 2014). In particular, the marketisation of HE has been identified as exacerbating these dynamics, with senior management teams perceived as prioritising institutional reputation and financial metrics over staff and student wellbeing (Kassem and Mitsakis, 2024). For instance, staff reported being pressured to deliver face-to-face teaching despite safety concerns shared by both staff and students (Hanna et al., 2023), whilst Hadjisolomou et al. (2022) highlight the intense self-blame and guilt experienced by those who continued working while ill, often out of fear of repercussions or burdening colleagues. Recent research has highlighted the increasing prevalence of presenteeism in the HE sector, both during and after the pandemic, affecting both academic (Kinman & Wray, 2022) and non-academic staff (Magalhães et al., 2022). This includes expectations to work online while unwell, an underexplored phenomenon referred to by Hadjisolomou et al. (2022) as *virtual presenteeism*, which underscores moral injury as a potential outcome of institutional failures to safeguard individual well-being (Hanna et al., 2023).

Although burnout captures resource-depleting job demands (e.g., exhaustion, reduced efficacy) and is therefore central to workload management, moral injury emphasises the significance of perceived value violations and breaches of the expected duty of care by senior and line managers (Williamson et al., 2018; 2025; Shay, 2014). Therefore, we employ a moral

injury perspective to interpretively explain why staff may work while ill, especially when cover is unavailable or guidance is ambiguous.

Virtual Presenteeism as Moral Injury in Higher Education Institutions

Presenteeism within the UK HE sector remains a persistent concern, as employees often feel compelled to be physically present at work even when unwell (Kinman and Wray, 2018). This phenomenon is often driven by a workplace culture that equates visibility with productivity, compelling staff to prioritise attendance over their health (Jaye et al., 2020). By their nature, academic institutions demand rigorous output and consistent engagement (Kinman and Wray, 2022) but often fail to provide the necessary support (Hadjisolomou et al., 2022), fostering an environment where absenteeism may be perceived negatively as a potential sign of a lack of commitment (Jaye et al., 2020). The culture of presenteeism in academia is further perpetuated by the sector's job insecurity, with fixed-term contracts and the need to secure tenure driving academics to work longer hours and attend work while sick (Magalhães et al., 2022; Kınıkoğlu and Can, 2021). Such pressure to work while unwell is also reinforced by institutional cultures within HEIs, which often prioritise research output and teaching/work performance over employee well-being (Van Der Feltz-Cornelis et al., 2020), breaching psychological contracts and violating employers' duty of care. This is often compounded by inadequate managerial support, which further exacerbates the culture of presenteeism in HE (Hadjisolomou et al., 2022).

Through the lens of moral injury, Hanna et al. (2023) outlined HE employees' feelings of betrayal by senior management and the government during a period of crisis, further arguing that adequate managerial support entails providing explicit guidance and requisite resources, and cultivating an environment in which employees perceive themselves as valued and understood (Vakkayil et al., 2017). From a moral injury perspective, without sufficient support, employees may struggle to manage their workloads, resulting in diminished productivity and increased turnover rates (Boekhorst et al., 2021). Furthermore, insufficient managerial support can lead to a lack of direction and motivation, thereby exacerbating feelings of uncertainty and pressure, as well as a perceived systemic absence of leadership within the sector, and the urgent need for moral repair of the employment relationship (Hanna et al., 2023: 985; Ashencaen et al., 2021).

The pandemic has undeniably disrupted traditional patterns of presenteeism in the UK HE sector. It has prompted a paradigm shift (Humayun et al., 2024), marked by a move to remote work and the introduction of other FWAs (Kinman et al., 2024; Hanna et al., 2023) to ensure the continuity of educational provision (Watermeyer et al., 2021). This transition has reshaped how presenteeism manifests among HE staff. While physical presenteeism has declined with the shift to remote work, virtual presenteeism has emerged as a new phenomenon (Hadjisolomou et al., 2022). Virtual presenteeism extends traditional presenteeism into the virtual domain (Hadjisolomou et al., 2022) and takes various forms within the remote landscape of UK HEIs. For example, as Salvoni et al. (2024) report, academics may feel pressured to respond to emails and messages instantly, attend back-to-back virtual meetings, or maintain high visibility on collaborative platforms such as Microsoft Teams and Zoom. Similarly, non-academic staff often work beyond their working hours, respond promptly to enquiries from students and academic staff, and complete tasks well ahead of deadlines to signal their diligence (Magalhães et al., 2022).

The pressure on staff to remain constantly online and reachable, even when experiencing health issues, highlights a problematic facet of digital work environments, which blur the boundaries between professional and personal life and often lead to burnout and exacerbate mental health problems (Hadjisolomou et al., 2022; Ninaus et al., 2021). Institutional expectations, societal norms, and perceptions of insecurity often fuel this digital over-

engagement, fostering a culture in which online visibility becomes a metric of professional dedication, thereby exacerbating the issue (Howcroft et al., 2025; Du, 2024; Rogach et al., 2017). Universities emphasise flexibility and accessibility but inadvertently impose unrealistic workloads by failing to set clear boundaries for digital engagement (Boon et al., 2009). This aligns with the moral injury theoretical perspective, which suggests that emotionally disruptive events (i.e. working when unwell) and institutional betrayal (i.e. expectations to work unwell) can reinforce feelings of insecurity, anxiety and stress, raising further critical health and safety concerns, particularly regarding staff's mental health and well-being (Galad et al., 2024; Hanna et al., 2023; Currier et al., 2015).

Research Methodology

The study focused on the UK HE sector, aiming to provide a cross-sector analysis of participants. It used an online questionnaire targeting both academic and non-academic staff. The questionnaire examined participants' perceptions of the application and operationalisation of hybrid learning and hybrid work in the UK HE sector, and their perspectives on "virtual presenteeism" as the new attendance norm during and after the pandemic.

Measures and Operationalisation

Virtual presenteeism was operationalised as working while unwell in a remote or hybrid context. To improve comparability, we used respondents' experience of a COVID-19 infection as a common reference health episode and measured: (a) illness disclosure to the line manager; (b) formal sickness absence (yes/no; days of leave); (c) whether respondents continued working while unwell (yes/no); and (d) the intensity of work during illness (days worked while sick; hours worked per day while sick; proportion of usual workload completed; and types of tasks performed). We also measured exposure to FWAs (e.g., working from home and reported hours) and organisational responses (e.g., statutory sick leave, flexible arrangements, wellbeing support, cover)¹.

Qualitative Component and Integration

Open-text responses were analysed using reflexive thematic analysis alongside the descriptive and regression findings. We combined inductive coding (to capture unanticipated meanings) with a theoretically informed lens (to sensitise attention to value conflict, perceived betrayal, and duty-of-care expectations). Coding proceeded through familiarisation, initial coding, theme development, and iterative refinement, with regular analytic discussions to challenge interpretations and enhance conceptual coherence across academic and non-academic respondents. The qualitative insights were not used to make claims about prevalence; instead, they were used to contextualise and interpret quantitative patterns (e.g., why 'workload

¹ Key questionnaire items (excerpt)

- Flexible working arrangements: (i) "Did you work flexibly (e.g., flexible start/finish, working from home, compressed hours)?" (before and after the pandemic); (ii) type and frequency of FWA.
- Illness and absence (COVID-19 anchor): (i) "Have you tested positive for COVID-19?"; (ii) "Did you report your illness to your line manager?"; (iii) "Did you take sick leave?" and "How many days?"
- Virtual presenteeism: (i) "While unwell, did you continue to work?"; (ii) days worked while sick; (iii) hours worked per day while sick; (iv) proportion of usual workload completed; (v) work tasks undertaken (tick-all-that-apply).
- Drivers and impacts: respondents rated the impact (1–5) of drivers (e.g., workload pressure, fear of backlog, professionalism, cover availability, managerial support) and outcomes (e.g., fatigue, poor recovery, work–life conflict, stress, burnout, job satisfaction).

backlog’ and ‘professionalism’ are salient drivers), supporting an integrated mixed-methods narrative beyond descriptive reporting.

Online questionnaires distributed between August 2022 and June 2023 enabled us to reach participants more quickly and gave respondents flexibility over when and where to complete the survey. The questionnaire included a mix of open-ended (text-entry) and closed-ended questions to collect both qualitative and quantitative data. A total of 516 UK HE employees completed the questionnaire, with 43% academics and 57% in non-academic roles.

Descriptive statistics and multivariate regression analysis were used to analyse the quantitative data from the survey questionnaire. Several control variables (e.g., years of experience, employment type (permanent or temporary), nationality/ethnicity, the participants’ role in the organisation, organisation size and the level of unionisation) were included in the analysis.

Table 1 presents descriptive statistics for the sample, distinguishing between non-academic staff (295 respondents) and academic staff (221 respondents). The gender distribution shows a higher proportion of female participants among non-academic staff (73.56%) than among academic staff (67.42%). Regarding experience in HE, 58.98% of non-academic staff have up to 10 years of experience, compared with 48.87% of academic staff, suggesting longer tenure among academics, as 51.13% have more than 10 years of experience. A similar pattern is observed in tenure within their institutions: 68.14% of non-academic staff and 69.68% of academic staff have been at their institutions for 10 years or less.

	Non-academic	Academic
Gender		
Female	73.56	67.42
Male	26.44	32.58
Experience in HE		
Up to 10 years	58.98	48.87
More than 10 years	41.02	51.13
Tenure in institution		
Up to 10 years	68.14	69.68
More than 10 years	31.86	30.32
Role		
Top-level manager/Vice chancellor/Deputy Vice Chancellor/Dean/Deputy Dean	0.68	3.17
Middle manager/Director/Head of Department/Professor	9.83	13.12
First-line manager/Associate Professor/Reader/Principal Lecturer/Principal Research Fellow	16.27	13.57
Team Leader/Supervisor/Coordinator	14.92	7.69
Senior/Senior Lecturer/Senior Teaching Fellow/Senior Research Fellow/Accountant/Engineer/Developer	3.73	14.48
Lecturer/Research Fellow/Teaching Fellow/Analyst/Advisor	5.08	23.53
Assistant/Administrator/Officer/Hourly Paid Lecturer/Teaching Assistant/Research Assistant	33.56	15.84
Any other role	15.93	8.60
Contract		
Fixed-term contract	6.44	11.76
Permanent contract	93.22	84.62
Other contract	0.34	3.62
Type of institution		

Research intensive		29.41
Teaching intensive		70.59
Total	295	221

Table 1. Participants

By role, non-academic staff are more often in administrative and assistant roles (33.56%) than academic staff, for whom positions such as lecturer, research fellow, or teaching fellow predominate (23.53%). By contract type, a substantial majority of both groups are on permanent contracts: 93.22% of non-academic and 84.62% of academic staff hold permanent contracts. Fixed-term contracts are more common among academics (11.76%) than among non-academics (6.44%). The data also indicate that a higher proportion of academic staff (70.59%) is affiliated with teaching-intensive institutions than with research-intensive institutions (29.41%).

Findings: Descriptive and Multivariate Regression Analysis

Flexible Working arrangements: The new norm

Figures 1 and 2 document changes in FWAs among non-academic and academic staff before and after the COVID-19 pandemic. These figures show that the pandemic marked a turning point in working practices across UK HEIs, with flexibility becoming the dominant mode of work for most staff.

Prior to the pandemic, FWAs were more common among academic staff (48.42%) than among non-academic staff (27.12%), reflecting long-standing differences in job design, structure and autonomy between these groups. Following the pandemic, uptake rose sharply for both groups. Among non-academic staff, the proportion working flexibly rose to 88.14%, representing a substantial shift away from traditional office-based work. Academic staff also saw a marked increase, from 48.42% to 91.40%, although this change built on a higher pre-pandemic baseline.

Figure 2 disaggregates FWAs by type and frequency. Working from home accounts for the largest increase across both groups and has emerged as the central form of flexibility since the pandemic. For non-academic staff, this represents a significant reorganisation of work that was largely absent before the pandemic. For academic staff, remote work has expanded an arrangement that was already relatively common. Other forms of flexibility, such as compressed hours or flexible start and finish times, show only limited growth. These patterns indicate that post-pandemic flexibility in UK HEIs has been driven primarily by the expansion of remote working rather than by a broad diversification of flexible arrangements. A non-academic colleague supported this by arguing:

“Before the pandemic, working from home was something I rarely did in my role. Now it is treated as a normal part of the job, even though the workload has not really been adjusted” (Non-academic)

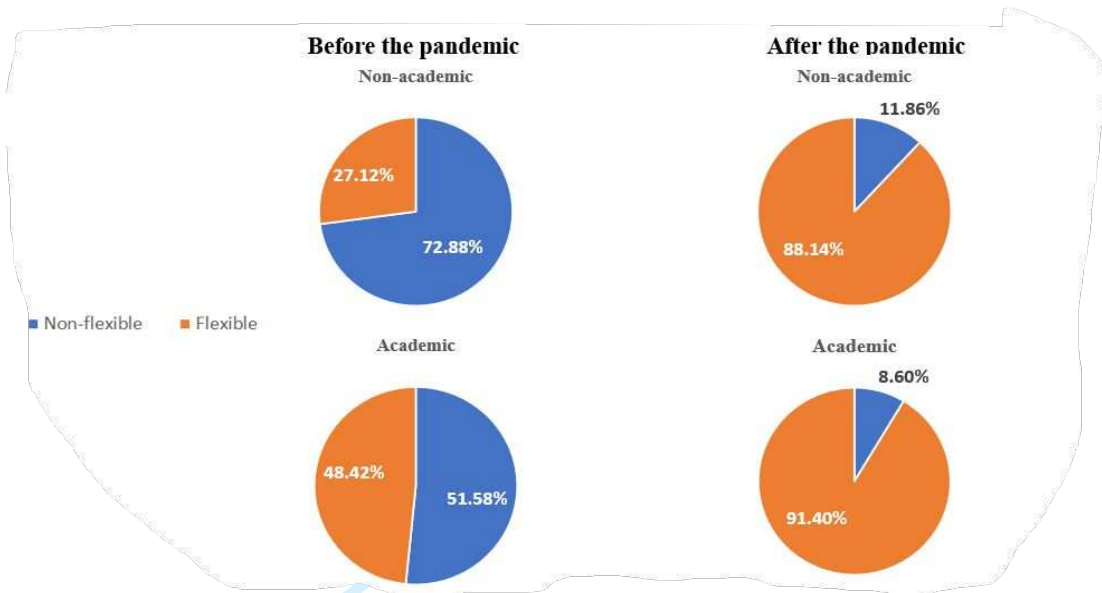


Figure 1². FWAs before and after the pandemic

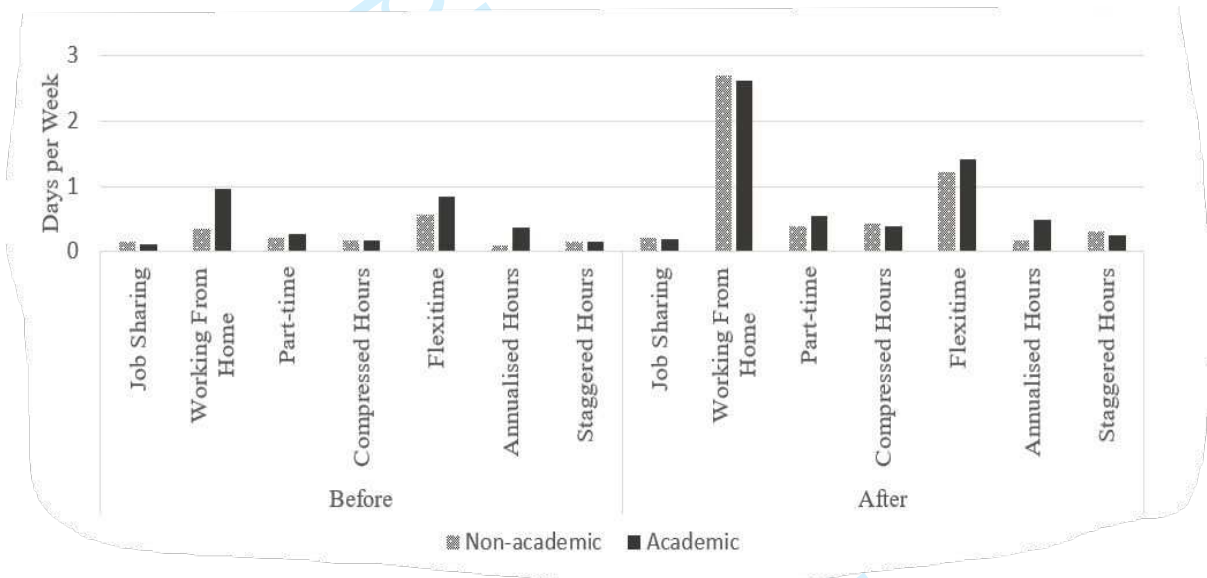


Figure 2³. Specific types of FWAs before and after the pandemic

Figure 3 shows that a larger proportion of respondents reported working more than 40 hours per week after the pandemic than before. This increase suggests a general intensification of work and coincides with the widespread adoption of remote and hybrid working arrangements. This is clearly illustrated by the following statement from academic staff:

“The flexibility is useful, but it has also extended the working day. It is much easier to keep checking emails in the evening because the office is now at home” (Academic staff)

² The participants - non-academics (N=295) and academics (N=221) - were asked whether they worked flexibly (i.e., in a way that suits an employee’s needs, such as having flexible start and finish times, working from home, etc.) before and after the pandemic.
³ The figure includes the full sample of non-academic (N=295) and academic (N=221) staff.

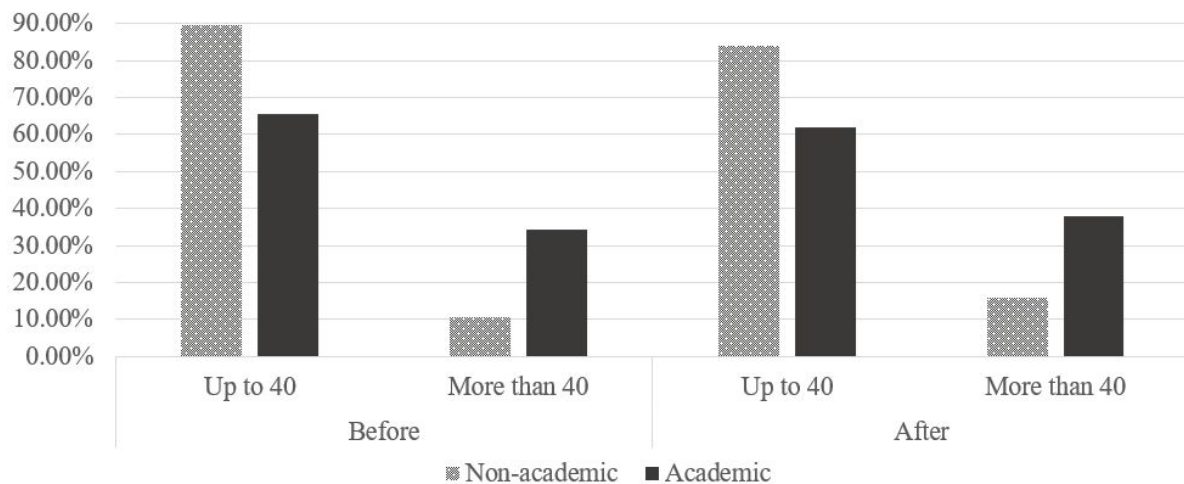


Figure 3⁴. Distribution of working hours before and after the pandemic

The Prevalence of Presenteeism

Table 2 presents descriptive statistics on illness, sickness absence, and working while unwell among academic and non-academic staff. COVID-19 infection serves as a common reference event to anchor the analysis, enabling comparisons across respondents who experienced a similar health episode.

Most respondents reported testing positive for COVID-19 at least once (78.31% of non-academic staff and 69.68% of academic staff). Among those who tested positive, most reported their illness to their line manager (93.07% of non-academic staff and 85.06% of academic staff). Despite high rates of illness reporting, a smaller proportion of non-academic staff (77.92%) and academic staff (71.43%) took formal sick leave while unwell. This gap suggests that disclosure of illness did not consistently result in complete withdrawal from work through sickness absence.

Presenteeism-related behaviours are reported across increasingly restricted sub-samples. Among respondents who tested positive for COVID-19 and took sick leave, 72.77% of non-academic staff and 68.18% of academic staff reported continuing to work while unwell. The coexistence of sickness reporting, formal leave-taking, and continued work indicates that sickness absence and working while unwell were not mutually exclusive. Instead, many respondents appear to have combined formal leave with ongoing work, suggesting that sickness absence often functioned as partial rather than complete disengagement from work. For example, a non-academic professional stated that:

“I told my manager I had COVID and recorded sickness absence, but I still dealt with urgent emails and attended meetings because I knew the work would otherwise pile up” (Non-academic)

Measures of presenteeism intensity are calculated only for respondents who tested positive for COVID-19, took sick leave, and reported working while unwell. Within this group, non-academic staff reported working an average of 5.61 days while sick and 6.20 hours per day, whereas academic staff reported working an average of 7.41 days while sick and 5.57 hours per day. These figures indicate the extent of work continuation among those who engaged in presenteeism and point to substantial variation in how sickness presence was enacted across staff groups.

⁴ The figure includes the full sample of non-academic (N=295) and academic (N=221) staff.

	Non-academic	Academic
COVID-19 positive at least once	78.31%	69.68%
Total	295	221
Reported illness to manager	93.07%	85.06%
Took leave while sick	77.92%	71.43%
Total	231	154
Days of leave	6.52	9.10
Working when sick	72.77%	68.18%
Total	180	110
Days of work when sick	5.61	7.41
Hours per day of work when sick	6.20	5.57
Total	131	75

Table 2⁵. Prevalence of presenteeism

Respondents were asked to report the proportion of their regular workload they continued to perform while ill, as well as the types of tasks undertaken. Non-academic staff reported completing an average of 67.68% of their usual workload, compared with 60.89% among academic staff. For non-academic staff, work undertaken while unwell consisted primarily of routine administrative duties, online meetings, and phone calls. Academic staff reported engaging in a broader range of activities, including administrative tasks, email correspondence, online teaching, marking, updating teaching materials, and preparatory research. To support this, an academic colleague argued:

“I was technically off sick, but I still marked, replied to students, and prepared teaching materials because those deadlines could not be moved” (Academic staff)

Figure 4 presents the types of organisational support offered after a positive COVID-19 test. Statutory sick leave was the most commonly reported form of support, particularly among non-academic staff, with approximately 65% reporting it, compared with just under 50% of academic staff. FWAs were also commonly reported by both groups. Other forms of support, such as temporary cover or wellbeing services, were reported far less frequently. A proportion of academic staff reported receiving no support after illness. These findings suggest that organisational responses to illness relied heavily on existing statutory provisions and FWAs, with less emphasis on recovery-focused measures.

⁵ “Reported illness to manager” and “Took leave while sick” are calculated among those who tested positive. “Days of Leave” and “Working when sick” is calculated among respondents who tested positive for COVID-19 and took sick leave. Mean values for “days worked while sick” and “hours worked per day while sick” are calculated only among those respondents who additionally reported working while unwell.

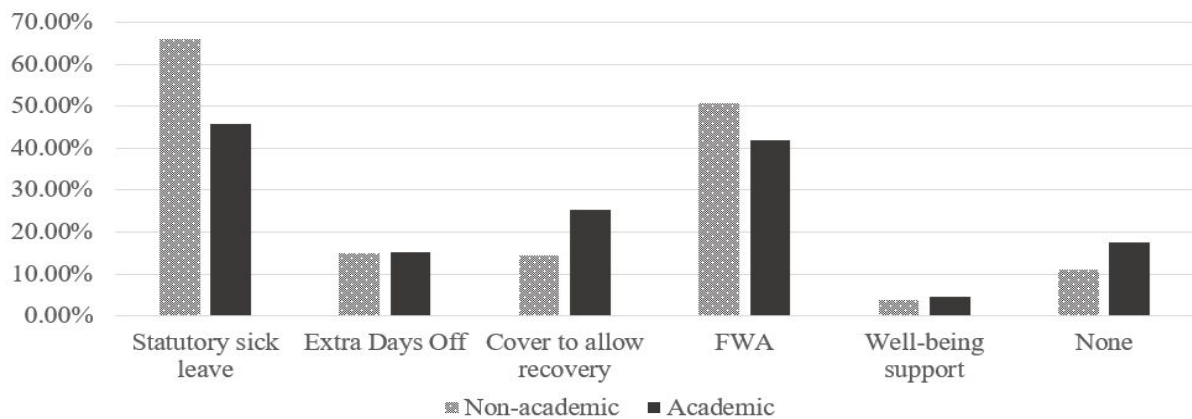


Figure 4⁶. Support options offered following testing positive for COVID-19

Work-from-home and Presenteeism

Figure 5 examines the relationship between hours worked from home and hours worked while sick. Among non-academic staff, a positive association is observed, suggesting that greater use of remote work is linked to higher levels of work during illness. This pattern aligns with earlier descriptive evidence indicating that remote work enabled non-academic staff to continue working during periods of ill health without taking full sickness absence (see Table 2). For instance, a professional service staff colleague argued:

“Because I was already set up to work from home, being ill did not feel like a reason to stop entirely. I just logged on and did what I could” (Non-academic/professional services staff)

In contrast, no such relationship is observed among academic staff. For academics, working while unwell may reflect longer-standing features of academic work, such as autonomy, cumulative workloads, and self-regulated performance expectations, rather than a response to the expansion of remote working, which was already widespread before the pandemic. An academic colleague argued:

“For academics, working while unwell was not new. Home-working just made it less visible to others and easier to continue doing so” (Academic staff)

These differences suggest that remote work interacted with existing occupational norms in distinct ways across staff groups.

⁶ The figure includes non-academic (N=215) and academic (N=131) staff who reported their sickness to their manager.

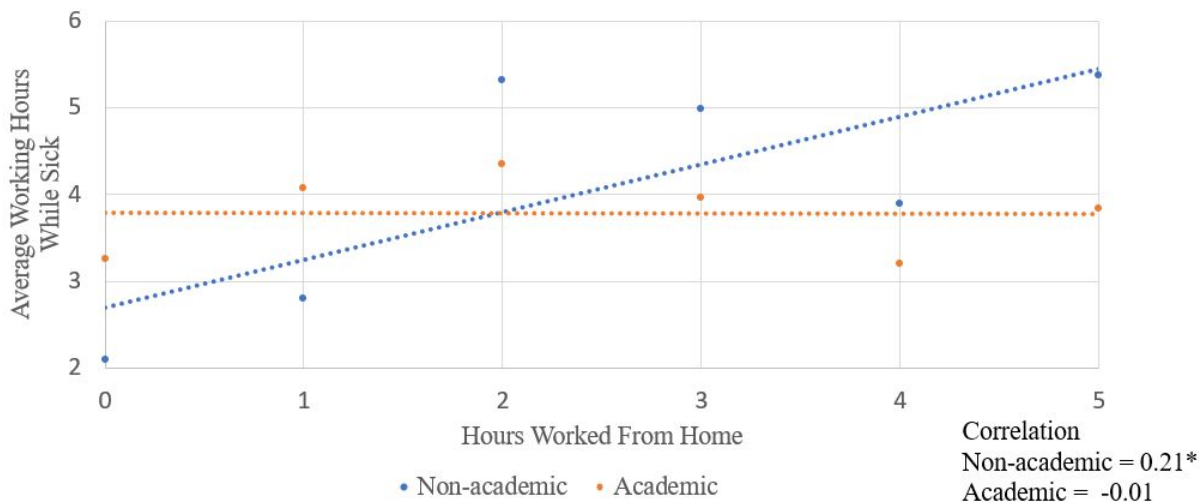


Figure 5⁷. The relationship between work-from-home and presenteeism

The post-pandemic increase in working hours (Figure 3), together with the observed association between remote working and working while sick (Figure 5), point to a complex relationship between home working and presenteeism. On the one hand, remote working may have facilitated presenteeism by lowering practical barriers to continuing work while ill, thereby reducing the need to formally withdraw through sick leave. On the other hand, these patterns may reflect the continuation and intensification of pre-existing presenteeism norms, with remote work providing a means to sustain established expectations of availability and performance during periods of ill health.

In any case, the descriptive evidence highlights how pre-existing organisational behaviours and employee attitudes towards productivity and health may have interacted with the use of remote work in practice (Fan and Moen, 2023). In this sense, the expansion of remote work appears to have intersected with existing organisational practices and occupational norms, supporting working while unwell in different ways for non-academic and academic staff. This interpretation underscores the need for a deeper understanding of the factors that may have contributed to the emergence and embedding of virtual presenteeism in workplace cultures. While the descriptive evidence documents substantial levels of working during illness, it does not account for differences in individual and job characteristics, contractual arrangements, institutional context, or working-from-home practices. These factors are examined in the multivariate analysis that follows.

Multivariate regression analysis

To complement the descriptive findings, multivariate regression models are estimated to assess whether sickness absence and presenteeism are associated with working from home, controlling for demographic, occupational, and contractual characteristics. Consistent with the conceptual distinction between engaging in sickness absence or presenteeism and the intensity of work performed while unwell, likelihood outcomes (taking leave and working while sick) are analysed separately from intensity outcomes (days and hours worked while sick). All models are estimated separately for non-academic and academic staff, enabling direct comparison between the two groups.

Separate models were preferred to a single pooled model with interaction terms because the study is concerned not only with whether staff group moderates the relationship between

⁷ The figure includes non-academic (N=180) and academic (N=110) staff who tested positive and took leave.

working from home and presenteeism, but also with whether the underlying mechanisms of virtual presenteeism differ across academic and non-academic roles. The descriptive findings already show that remote working was a more established pre-pandemic practice among academics, whereas for non-academic staff it represented a more substantial post-pandemic reorganisation of work. In this context, estimating separate models allows the effects of working from home, contract type, seniority and institutional context to vary across groups, rather than imposing a common baseline structure and interpreting differences mainly through interaction coefficients. This approach is also more consistent with the paper's theoretical argument that virtual presenteeism is role-contingent: for non-academic staff, it appears more closely linked to the expansion of remote working, while for academic staff it is embedded in longer-standing norms of autonomy, workload intensity and self-regulated performance expectations.

Among non-academic staff (Table 3a), working from home is significantly associated with both sickness absence and presenteeism. Specifically, it is positively associated with the likelihood of taking sick leave (Model 1) and, more strongly, with the likelihood of working while sick (Model 2). Substantively, non-academic staff who work from home are more likely to work while sick than those who do not, holding demographic, occupational, and contractual characteristics constant. This finding aligns with the descriptive evidence presented earlier, which showed a sharp post-pandemic increase in remote working among non-academic staff alongside high levels of working while unwell.

However, conditional on engaging in presenteeism, working from home is not significantly associated with the intensity of work performed while sick, whether measured by the number of days worked or by hours worked per day (Models 3 and 4). This indicates that remote working affects whether non-academic staff continue working while unwell, but not the intensity of their presence once presenteeism occurs. A relevant supporting statement was shared by a non-academic colleague, who argued that:

“Once I was at home, it felt normal to keep working while ill. The issue was not necessarily working more than usual; it was that I did not fully stop” (Non-academic staff)

Contractual status shows a distinct pattern. Compared with staff on other contract types, those on fixed-term and permanent contracts are significantly less likely to take sick leave or to work while sick (Models 1 and 2). However, among non-academic staff who do engage in presenteeism, both fixed-term and permanent contracts are associated with significantly more days worked while sick and with significantly longer working hours per day while unwell (Models 3 and 4). This suggests that while more secure contractual positions reduce the likelihood of presenteeism, they are associated with more intensive sickness presence among employees who work while unwell. This pattern aligns with earlier descriptive findings showing substantial work continuation among non-academic staff during illness and supports the interpretation that organisational expectations and workload structures may be related to the enactment of presenteeism.

No other characteristics, including gender, experience in HE, tenure at the institution, or seniority, are significantly associated with either the likelihood or the intensity of presenteeism among non-academic staff.

	Likelihood		Intensity	
	Taking leave	Working while sick	Days of work while sick	Hours of work while sick
	(1)	(2)	(3)	(4)
Working from home	0.150* (0.085)	0.311*** (0.079)	-0.214 (1.019)	0.613 (0.920)
Female	-0.008 (0.066)	0.026 (0.066)	1.252 (0.834)	0.041 (0.325)
Experience (more than 10 years in HE)	-0.048 (0.102)	-0.080 (0.106)	0.386 (0.965)	-0.106 (0.641)
Tenure (more than 10 years in institution)	-0.036 (0.108)	0.017 (0.111)	1.995 (1.377)	0.117 (0.666)
Senior	-0.021 (0.059)	0.063 (0.059)	-0.965 (0.916)	0.071 (0.302)
Fixed-term contract	-0.264** (0.109)	-0.246** (0.099)	4.809*** (0.886)	1.040*** (0.384)
Permanent contract	-0.337*** (0.049)	-0.397*** (0.100)	4.865*** (0.806)	1.192*** (0.260)
Constant	0.857*** (0.106)	0.662*** (0.103)	-0.038 (1.430)	4.346*** (0.928)
N	295	295	166	166

Table 3a⁸. Multivariate regression – Non-academics

For academic staff (Table 3b), working from home is not significantly associated with taking sick leave, working while sick, or the intensity of work performed while sick (Models 1-4). This lack of association aligns with the existing literature, which indicates that presenteeism among academics predates the widespread adoption of remote working and reflects long-standing occupational norms rather than a behavioural response to the expansion of FWAs after the pandemic.

Other structural and institutional factors, however, play a more prominent role for academic staff. Senior academics are significantly less likely to take sick leave (Model 1), indicating that higher-status academics report lower sickness absence. Contractual status is positively

⁸ Standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Models (1) and (2) are estimated on the full sample of non-academic staff ($N=295$). Models (3) and (4) are estimated only among respondents who reported working while unwell ($N=166$). “Senior” is equal to 1 if the participant reported one of the following roles: “Top-level manager/Vice chancellor/Deputy Vice Chancellor/Dean/Deputy Dean”, “Middle manager/Director/Head of Department/Professor”, “First-line manager/Associate Professor/Reader/Principal Lecturer/Principal Research Fellow”, or “Team Leader/Supervisor/Coordinator”.

associated with sick leave; both fixed-term and permanent academic staff are significantly more likely to take sick leave than those on other contract types (Model 1). Among academics who work while sick, fixed-term contracts are associated with significantly more days worked while unwell (Model 3), whereas permanent contracts are associated with significantly longer daily working hours while sick (Model 4). These findings indicate that contractual security among academics is associated not with whether presenteeism occurs, but with how intensively it is enacted once it occurs.

The institutional context also matters for academic staff. Working in a research-intensive institution is associated with a significantly lower likelihood of working while sick (Model 2). However, among academics who do engage in presenteeism, it is associated with significantly longer working hours per day while unwell (Model 4). This pattern mirrors the broader descriptive findings; while research-intensive environments may discourage sickness absence at the extensive margin, they are characterised by high work intensity and expectations of sustained productivity when academics continue working.

	Likelihood		Intensity	
	Taking Leave (1)	Working While Sick (2)	Days of Work While Sick (3)	Hours of Work While Sick (4)
Working From Home	-0.049 (0.098)	0.146 (0.102)	-2.438 (4.662)	0.443 (0.934)
Female	0.079 (0.070)	0.071 (0.071)	-3.148 (2.603)	-0.808 (0.593)
Experience (more than 10 years in HE)	-0.115 (0.094)	-0.006 (0.096)	1.905 (1.667)	0.308 (0.707)
Tenure (more than 10 years in institution)	-0.105 (0.094)	-0.097 (0.097)	4.684* (2.531)	-0.501 (0.664)
Senior	-0.161** (0.075)	-0.032 (0.076)	-1.610 (1.907)	0.984* (0.545)
Fixed-term contract	0.476*** (0.163)	0.308 (0.204)	10.665** (4.511)	0.768 (1.058)
Permanent contract	0.530*** (0.134)	0.314* (0.181)	4.122 (2.643)	1.674** (0.825)
Research intensive	-0.099 (0.073)	-0.137* (0.076)	-0.195 (1.937)	0.859** (0.420)
Constant	0.163	0.100	6.013**	4.003***

	(0.166)	(0.209)	(2.927)	(0.932)
N	221	221	109	109

Table 3b⁹. Multivariate regression – Academics

The multivariate regression results support the earlier descriptive findings by highlighting differences in how virtual presenteeism operates across staff groups. For non-academic staff, working from home is a significant predictor of continuing to work while sick, supporting the interpretation that it is associated with a distinct pattern of sickness absence among non-academic staff.

For academic staff, working from home does not explain variation in sickness absence or presenteeism. This finding does not rule out the existence of presenteeism among academics; rather, it suggests that presenteeism may be more deeply embedded in pre-existing academic work cultures characterised by autonomy, high workload intensity, and self-regulated performance expectations. In line with this, an academic colleague stated:

“I would have worked while sick, whether on campus or at home. The pressure stems from deadlines, students, and expectations surrounding academic work” (Academic staff)

Institutional and contractual factors relate to the intensity of presenteeism among academics, but not to its likelihood, suggesting that virtual presenteeism in this group is consistent with the continuation of long-standing norms described, rather than a pattern that appears to be explained by working from home in these data.

Regression estimates, together with descriptive and correlational analyses, support the broader theoretical argument: although virtual presenteeism is now evident across the HE workforce, it reflects distinct underlying mechanisms for academic and non-academic staff, linked to role-specific expectations, contractual arrangements, and institutional cultures.

Drivers of Virtual Presenteeism

Figure 6 shows the extent to which different factors are reported to have influenced respondents' decisions to continue working while unwell and to work from home. Responses range from 1 (no impact on the decision) to 5 (high impact). These measures therefore reflect how staff explain and justify their decisions to work while unwell.

Among non-academic staff, fear of a backlog and workload pressure are reported as the most influential factors shaping decisions to continue working while sick. Professionalism and difficulty finding cover for tasks are also reported at relatively high levels, indicating work arrangements in which absence is difficult to accommodate and continued availability is expected. While factors such as lack of managerial support, career development concerns, and job insecurity are rated lower on average, they nonetheless indicate organisational conditions that inform decisions about sickness attendance. This is supported by the following statement shared by a non-academic colleague:

“The main reason I carried on was the backlog. If I stopped for a few days, there was no one to cover it, and I would return to twice as much work” (Non-academic/professional services staff)

⁹ Standard errors in parentheses. * p<0.10, ** p<0.05, *** p<0.01. Models (1) and (2) are estimated on the full sample of academic staff (N=221). Models (3) and (4) are estimated only among respondents who reported working while unwell (N=109). “Senior” is equal to 1 if the participant reported one of the following roles: “Top-level manager/Vice chancellor/Deputy Vice Chancellor/Dean/Deputy Dean”, “Middle manager/Director/Head of Department/Professor”, “First-line manager/Associate Professor/Reader/Principal Lecturer/Principal Research Fellow”, or “Team Leader/Supervisor/Coordinator”.

For academic staff, workload pressures and fear of falling behind are the primary drivers of decisions to work while unwell. These reported drivers align with the organisation of academic work. Cultural and systemic working conditions also influence decisions to continue working during illness, whereas concerns about job security or limited employment options appear less influential for this group.

These drivers indicate that decisions to continue working while unwell are primarily driven by workload demands, task accumulation, and expectations of continued availability. An academic argued:

“It felt wrong that rest was presented as an option, but the workload and expectations made it almost impossible to take it properly” (Academic staff)

Factors such as non-negotiable deadlines, difficulty securing cover, and norms of professionalism appear to limit opportunities to disengage from work during illness, particularly in remote work contexts, where continued participation is perceived as more feasible. These drivers also align with qualitative comments in which participants described “keeping the system going” despite illness, fearing backlogs and burden-shifting to colleagues when cover was scarce. For non-academics, remote accessibility made synchronous responsiveness feel obligatory, while for academics, longstanding autonomy coexisted with self-imposed visibility norms (e.g., rapid email replies). Together, these are consistent with PMIE-congruent tensions, demonstrating a perceived misalignment between organisational care and operational exigencies (Griffin et al., 2019; Williamson et al., 2018). In this sense, virtual presenteeism reflects routine features of how work is organised and managed in HE, rather than being an isolated or exceptional circumstance.

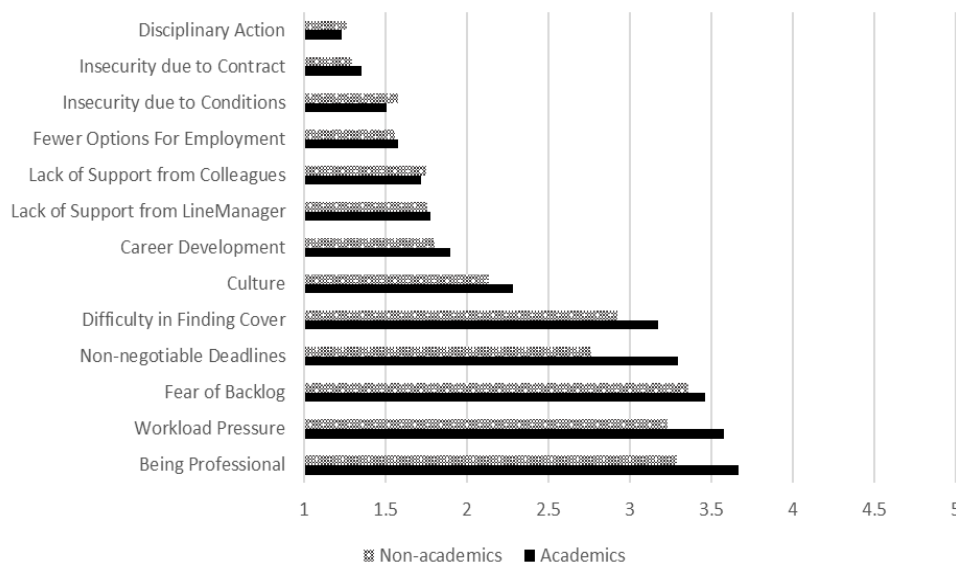


Figure 6. Reasons for virtual presenteeism¹⁰

Impact of Virtual Presenteeism

Figure 7 presents the impact of virtual presenteeism on wellbeing and work-related outcomes among non-academic and academic staff who reported working from home and continuing to work while unwell. Responses are measured on a five-point scale, ranging from 1 (the outcome

¹⁰ The figure includes non-academic (N=154) and academic (N=99) staff who reported working while unwell and worked from home.

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did not apply) to 5 (it applied to a very great extent). The figure therefore shows that different outcomes were observed among those who engaged in virtual presenteeism.

Across both groups, fatigue is the most commonly reported impact of working while unwell, followed by stress and burnout. Non-academic staff appear to have experienced slightly higher fatigue, whereas academic staff report marginally higher stress and burnout. These patterns indicate that virtual presenteeism is commonly perceived as physically and emotionally demanding across both groups. A non-academic/professional services colleague argued that:

“I recovered much more slowly because I never really switched off. I was ill and tired, still trying to prove I was available” (Non-academic/professional services staff)

Impacts on recovery and work–life boundaries were also widely reported. For instance, an academic colleague described this experience by stating that:

“Working from home while sick blurred everything. I was in bed with my laptop, but mentally I was still at work” (Academic staff)

Poor recovery and work-life conflict are reported by both academic and non-academic staff, with work-life conflict slightly higher among non-academic staff. This aligns with earlier descriptive findings indicating sustained availability and task continuity in non-academic roles. Among academic staff, stress, burnout, and lower job satisfaction are reported at comparable or slightly higher levels, consistent with the cumulative demands of self-directed workloads and extended working hours.

Other outcomes, including poor wellbeing, lower job satisfaction, intention to leave, and poor job outcomes, were reported at moderate levels, whereas fear of dismissal was the least frequently reported impact across both groups. These results suggest that virtual presenteeism is most strongly associated with outcomes related to fatigue, recovery, and work–life balance rather than with immediate concerns about job security.

These descriptive findings complement the multivariate regression analysis by illustrating how working while unwell is experienced in practice. Consistent with Models 3 and 4, which examine the intensity of work performed while sick, Figure 7 emphasises that virtual presenteeism is associated with a range of well-being-related impacts among both non-academic and academic staff. Although the specific profile of impacts varies slightly by group, the overall picture indicates that working while unwell from home is commonly experienced as burdensome and difficult to sustain.

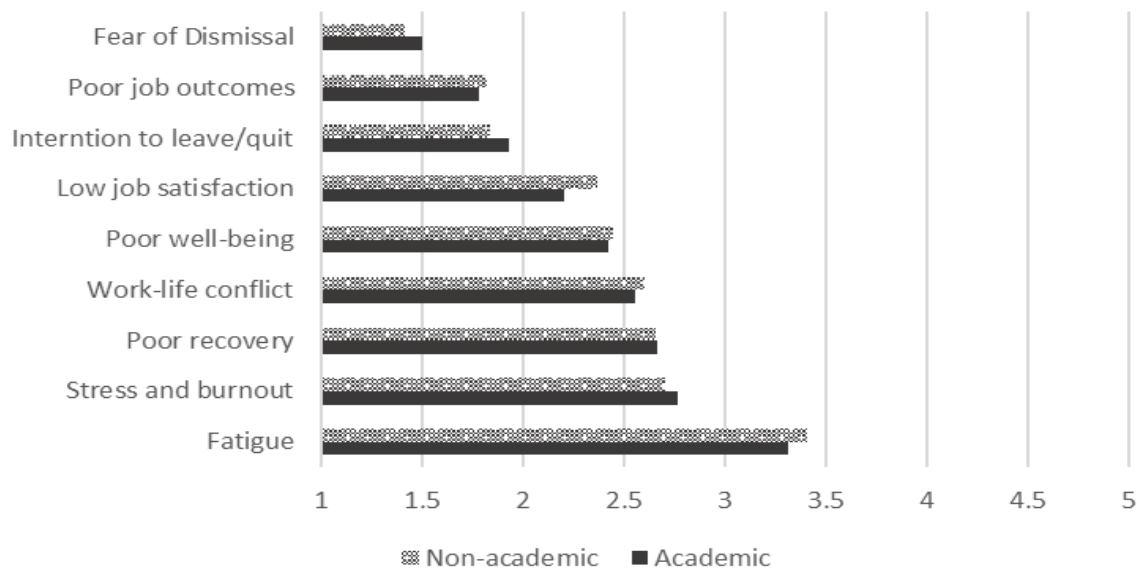


Figure 7. Impact of virtual presenteeism¹¹

Discussion

This study examined virtual presenteeism among UK HE staff by exploring its implications through the lens of moral injury. The shift to FWAs, a consequence of the COVID-19 pandemic, has reshaped HEIs' attendance culture and norms, creating new challenges for maintaining employee well-being. Virtual presenteeism has become a prevalent attendance norm, with staff feeling compelled to remain digitally present even when unwell (Magalhães et al., 2022; Hadjisolomou et al., 2022). Consistent with the moral injury perspective, this behaviour is often driven by institutional expectations and cultural norms that equate availability with commitment (Beadle et al., 2024; Mewborn et al., 2023). This research reveals that both academic and non-academic staff experience pressure to work while sick, and that employers violate their duty of care, contributing to a culture that prioritises productivity over employee well-being.

The qualitative comments illuminate the mechanisms by which virtual presenteeism becomes morally consequential. Respondents' accounts suggest that working while unwell was rarely experienced as a freely chosen act of flexibility. Instead, it was often framed as a response to accumulated workloads, limited cover, student-facing responsibilities, and implicit expectations of digital availability. This helps explain why formal sickness reporting and sickness absence did not necessarily result in full withdrawal from work. The illustrative comments in the findings show how staff could be "off sick" while still replying to emails, attending online meetings, marking, or managing urgent administrative tasks. In this sense, remote working did not simply enable continuity during illness but also blurred the boundary between legitimate absence and continued availability.

For non-academic staff, this appeared particularly linked to the post-pandemic normalisation of home-working and synchronous responsiveness, whereas for academic staff it reflected longer-standing cultures of autonomy, self-regulation, and workload intensification. These qualitative insights strengthen the moral injury interpretation by showing how virtual presenteeism may be experienced as a breach of the expected duty of care: institutions formally permit sickness absence, yet organisational conditions make complete rest difficult to implement in practice.

¹¹ The figure includes non-academic (N=154) and academic (N=99) staff who reported working while unwell and worked from home.

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With nearly all employees experiencing a similar shock (illness), this study enabled an examination of how institutional actions influenced behaviours such as working while sick. Specifically, it provided insights into how attendance behaviour was shaped by pandemic-related pressures, including the widespread adoption of remote work and expectations to work while unwell (Hanna et al., 2023). This closely aligns with the concept of moral injury, which offers a valuable framework for understanding the emotionally disruptive events and their related outcomes experienced by HE staff. Moral injury occurs when individuals encounter emotionally disruptive events that conflict with their deeply held ethical beliefs, resulting in anxiety, stress, burnout, and concerns about mental health and wellbeing (Coimbra et al., 2024). In the context of virtual presenteeism, HE staff may report feeling morally compromised when forced to choose between their health and professional obligations. This internal conflict can exacerbate stress and anxiety, affecting mental health and job satisfaction. Our research further underscores the role of HEI culture and managerial support in perpetuating virtual presenteeism and, therefore, moral injury. Arguably, a lack of adequate support from management, which can be emotionally disruptive, leaves HE workers feeling isolated and undervalued, intensifying the effects of moral injury (Brunetto et al., 2014). In addition, the competitive nature of academia, coupled with unsupportive managerial behaviour, normalises presenteeism, thereby further entrenching the issue. Therefore, our study calls for a moral repair process to restore trust and ethical alignment between institutions and employees by acknowledging failures in duty of care, implementing trauma-informed leadership practices, and rebuilding psychological contracts through transparent and empathetic management.

We propose three pathways through which virtual presenteeism may become morally consequential in HE. First, duty-of-care ambiguity, where unclear expectations about taking leave, cover, and “working through” illness generate value conflicts (Hanna et al., 2023). Second, visibility-as-virtue, where platform-mediated indicators (e.g., online status, instant replies) are presented as moral signals of professionalism, thereby escalating self-surveillance in sickness (Venz & Wöhrmann, 2023). Third, collective burdening, when staff anticipate backlog and its impact on colleagues, reframing rest as a moral failing (Biron & Karanika-Murray, 2021; Salvoni et al., 2024). These pathways constitute PMIE contexts for some, but they are neither necessary nor sufficient for moral injury. Instead, they qualify when virtual presenteeism is experienced as ethically injurious, and hence when moral repair (e.g., acknowledgement, boundary-setting, and supportive cover mechanisms) should be prioritised (Williamson et al., 2025; Griffin et al., 2019).

Overall, this study argues that universities, as employers, have contributed to the normalisation of virtual presenteeism by embedding digital work infrastructures and cultivating expectations of continuous online presence, regardless of health status. In doing so, institutions have fostered emotionally disruptive experiences that align with moral injury, characterised by guilt, stress, and ethical conflict, and have violated the psychological contract by failing to uphold a duty of care. This dual process of technologically enabled sickness presence and institutional neglect underscores the urgent need to reconceptualise organisational responsibility in the era of flexible and remote work. Thus, we suggest that HEIs must reconceptualise their organisational responsibility in the era of remote working by designing and offering ethically grounded, employee-centred FWAs and by establishing clear boundaries for digital engagement. By doing so, institutions can move beyond productivity-driven models and foster cultures that genuinely support employee health and ethical integrity.

Theoretical Contribution

This study makes a significant theoretical contribution by extending the *moral injury* framework to the context of virtual presenteeism within HEIs. It foregrounds how *institutional betrayal* (Hanna et al., 2023), manifested in employers’ failure to fulfil their duty of care, has

emerged in the post-pandemic era as HEIs increasingly rely on FWAs, particularly remote work, to maintain productivity. As this study shows, the pandemic has transformed how presenteeism manifests among HE staff, giving rise to a new form (i.e. virtual presenteeism) in which both academic and non-academic staff feel pressured to remain constantly online and available, even when unwell. While presenteeism has long been embedded in academic culture (Jaye et al., 2020), the introduction of FWAs (e.g. remote working) intra- and post-pandemic has created a new space for its intensification. For academic staff, remote working practices have deepened existing norms of overwork and visibility, further blurring boundaries between work and personal time. For non-academic staff, however, FWAs have introduced a new form of presenteeism that did not exist pre-pandemic, creating an expectation to remain digitally available even during illness. This distinction underscores the need to understand virtual presenteeism not as a uniform phenomenon but as one shaped by role-specific vulnerabilities, contractual status, and institutional expectations. Another significant aspect of this study is its ability to capture the prevalence of virtual presenteeism among non-academic staff.

Practical Contribution

Virtual presenteeism has significant implications for employee well-being, contributing to fatigue, burnout, and work-life conflict. The pressure to remain constantly available blurs the boundaries between personal and professional life, often leading to poor recovery, mental health challenges, and long-term well-being concerns (Garcia-Iglesias, 2023). These outcomes underscore the pressing need for interventions that address both the symptoms and the structural causes of virtual presenteeism, particularly within HEIs, where presenteeism cultures are deeply embedded in organisational structures.

The study offers several practical contributions for policy and leadership within HEIs. Our study provides clear empirical evidence that virtual presenteeism is pervasive across academic and non-academic roles, with most staff continuing to work while unwell, despite reporting illness to managers and, in many cases, taking formal sick leave. Quantitative findings also show that remote working significantly predicts working while unwell among non-academic staff, whereas presenteeism among academics appears rooted in longer-standing cultural norms rather than in post-pandemic working patterns. Reported impacts (e.g., fatigue, stress, burnout, poor recovery, and work-life conflict) demonstrate that virtual presenteeism has tangible consequences for wellbeing, regardless of staff group.

Such findings call for the urgent development of clearer organisational guidance on digital availability, improved sickness-absence policies that reflect virtual work environments, and targeted managerial training to recognise and address virtual sickness presenteeism. Clearer organisational guidance on digital availability should be provided (e.g., a working hours policy, automatic suppression of non-urgent emails/TEAMS notifications during certain hours, delayed sends outside working hours, etc.). Equally urgent, when illness is reported, the availability status should automatically switch to “full rest” mode, allowing individuals to recover while still rescheduling deadlines. Therefore, institutions must foster a genuine, supportive organisational culture that explicitly values staff health and well-being over constant availability, encouraging employees to prioritise self-care without fear of negative professional consequences. Secondly, managerial training must be improved to ensure that line managers are equipped not only to detect signs of virtual presenteeism and emotional distress but also to respond empathetically, mitigating the moral injury that can arise when support is perceived as absent or insincere. This includes developing the relational and emotional competencies necessary for trauma-informed leadership, especially in the wake of institutional betrayal and eroded psychological contracts. These practical measures require minimal financial investment, making them feasible for HEIs to introduce.

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Furthermore, drawing on the moral injury framework and the study’s findings, virtual presenteeism may be experienced not merely as a behavioural tendency but as a violation of deeply held expectations about employers’ duty of care. The findings suggest that institutional behaviours (e.g., inadequate managerial support, lack of cover, ambiguous expectations around digital responsiveness, and embedded cultural norms of constant availability) constitute potentially morally injurious events that generate emotional distress. This advances existing theory by conceptualising virtual presenteeism as a form of institutional betrayal in which the affordances of FWAs reinforce harmful expectations. The study therefore recommends trauma-informed, relationally attuned leadership practices and institutional moral repair as essential to restoring trust and protecting wellbeing. Specifically, HEIs can offer monthly open sessions where staff can raise concerns about workload, digital and/or physical presence, etc.

Although not directly tested, the findings raise important questions for organisational practice and policy. Virtual presenteeism may alter long-term career trajectories, particularly for staff with higher caring responsibilities or chronic conditions, by normalising partial attendance and masking unmet support needs. Therefore, HEIs can offer adjusted deadlines for staff with care responsibilities and clear mechanisms for reporting well-being and mental health concerns. Digital-presence cultures could also deepen precarity in subtle ways, as visibility metrics increasingly shape perceptions of commitment. Furthermore, widespread reliance on remote work during illness may inadvertently erode institutional capacity for crisis preparedness, as sickness absence becomes increasingly invisible. HEIs may therefore need to consider whether new digital infrastructures unintentionally reshape psychological contracts and expectations of professional identity. These possibilities point to the need for longitudinal and intersectional research into how virtual presenteeism reconfigures academic citizenship, retention, and institutional trust.

Crucially, HEIs must re-evaluate the design and implementation of FWAs to ensure they are ethically grounded and employee-centred. While FWAs were introduced in response to crisis-induced disruption, their continued use must balance organisational productivity with employee wellbeing. This requires establishing clear, enforceable guidelines for digital engagement, including expectations for availability, response times, and out-of-hours work, to prevent erosion of work-life boundaries. For instance, periodic checks should ensure that FWAs do not lead to overwork, uneven task allocation, or unrealistic performance expectations. In addition, HEIs should conduct regular well-being audits to assess staff experiences of remote and hybrid work, using data to inform tailored interventions and to monitor the unintended consequences of institutional practices. These audits can serve as feedback mechanisms to ensure policies are both effective and responsive to the diverse needs of staff across academic and professional services roles.

Conclusion, Limitations and Directions for Future Research

This study outlines the pervasive phenomenon of virtual presenteeism within UK HEIs, particularly in the context of FWAs introduced during the COVID-19 pandemic. Our research highlights a substantial shift in work culture, with the boundaries between personal and professional life increasingly blurred, thereby exacerbating mental health issues and affecting staff well-being. Notably, non-academic staff have experienced significant changes in work patterns, with a marked increase in FWAs post-pandemic. Research findings highlight the intricate interplay among institutional culture, managerial support, and employee behaviour, demonstrating how these factors collectively sustain presenteeism. From a moral injury perspective, virtual presenteeism, as an emotionally disruptive event, has profound implications for employees, leading to fatigue, stress, and reduced job satisfaction.

This research presents a moral injury perspective, suggesting that conflicts between personal values and professional and employers’ expectations exacerbate these issues and demand a

reassessment of organisational priorities and practices. The study indicates that while FWAs have provided necessary flexibility, they have normalised presenteeism, violated employers' duty of care, and compromised wellbeing.

Our study has several limitations that should be acknowledged. First, although using COVID-19 infection as a common reference point strengthened comparability across respondents, it may also limit the generalisability of findings to other forms of illness or chronic health conditions that shape presenteeism differently. Second, the cross-sectional design restricts causal inference; while associations between FWAs, sickness attendance behaviours, and indicators of moral injury are identified, longitudinal research is needed to understand how virtual presenteeism evolves over time and how its effects accumulate. Third, reliance on self-reported data introduces potential recall and social desirability biases, particularly with respect to sensitive issues such as institutional betrayal, sickness absence, and moral distress. Fourth, although the sample includes both academic and non-academic staff, it is not demographically or institutionally representative of the UK HE sector as a whole, and the uneven distribution across research- and teaching-intensive institutions may influence the patterns observed. Finally, the survey captured only a limited set of organisational practices and managerial behaviours; qualitative accounts indicate deeper cultural and structural forces underpinning virtual presenteeism and moral injury that were beyond the scope of the quantitative measures employed. Future research would benefit from integrating multi-level organisational data, longitudinal designs, and in-depth qualitative inquiry to better theorise the institutional dynamics that normalise the presence of virtual sickness.

This study calls for future research to further unpack the dynamics of virtual presenteeism and its interplay with intersectional identities, contractual status (e.g., fixed-term vs. permanent staff), and disciplinary contexts. Research should also explore the longitudinal impacts of virtual presenteeism on career progression, retention, and institutional trust, and assess the effectiveness of targeted interventions. Future research could also adopt a critical management or labour process perspective to examine how digital technologies function as mechanisms of power, control, and surveillance in HE settings. Such an approach could shed light on how platform-mediated monitoring, electronic surveillance, and productivity metrics normalise digital presenteeism, reinforce hierarchical inequalities, and shape staff compliance, resistance, or negotiation. This could complement the moral injury framing by revealing how organisational accountability structures and precarious employment conditions sustain expectations of constant connectivity and digitally visible labour.

A further limitation is that our study's focus and analysis were primarily framed by a moral injury perspective, without fully considering how alternative theoretical frameworks might yield different or even competing interpretations. For instance, applying the job demands-resources model, organisational support theory, or labour process theory could emphasise structural workload intensification, power asymmetries, or techno-managerial control rather than value violation or institutional betrayal. Therefore, future research adopting these perspectives may yield distinct implications for understanding virtual presenteeism and for designing organisational interventions.

Given that several structural challenges (e.g., funding pressures, workload models, managerial precarity) may not be present across all HEIs, future research should examine these ongoing barriers more deeply. Coordinated government support and sector-level interventions are urgently needed to enable HEIs to foster healthier working environments and reduce the conditions that sustain presenteeism.

Lastly, our paper does not aim to quantify the economic or organisational impact of virtual presenteeism, so the claims are presented as conceptual rather than empirical. While productivity loss, retention challenges and long-term organisational costs are plausible consequences, they remain beyond the scope of this study. Future research can examine these

outcomes, particularly in the context of the current or future sectoral crisis, where financial instability and workforce pressures may amplify the risks and consequences of virtual presenteeism within UK HEIs.

Disclosure statement

No potential conflict of interest reported by the author(s).

Data availability statement

The data that support the findings of this study are available from the corresponding author, [FM], upon reasonable request.

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