

## Paid Sick Leave Among U.S. Healthcare Personnel, April 2022



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**Introduction:** Healthcare personnel are at risk for acquiring and transmitting respiratory infections in the workplace. Paid sick leave benefits allow workers to stay home and visit a healthcare provider when ill. The objectives of this study were to quantify the percentage of healthcare personnel reporting paid sick leave, identify differences across occupations and settings, and determine the factors associated with having paid sick leave.

**Methods:** In a national nonprobability Internet panel survey of healthcare personnel in April 2022, respondents were asked, *Does your employer offer paid sick leave?* Responses were weighted to the U.S. healthcare personnel population by age, sex, race/ethnicity, work setting, and census region. The weighted percentage of healthcare personnel who reported paid sick leave was calculated by occupation, work setting, and type of employment. Using multivariable logistic regression, the factors associated with having paid sick leave were identified.

**Results:** In April 2022, 73.2% of 2,555 responding healthcare personnel reported having paid sick leave, similar to 2020 and 2021 estimates. The percentage of healthcare personnel reporting paid sick leave varied by occupation, ranging from 63.9% (assistants/aides) to 81.2% (nonclinical personnel). Female healthcare personnel and those working as licensed independent practitioners, in the Midwest, and in the South were less likely to report paid sick leave.

**Conclusions:** Most healthcare personnel from all occupational groups and healthcare settings reported having paid sick leave. However, differences by sex, occupation, type of work arrangement, and Census region exist and highlight disparities. Increasing healthcare personnel's access to paid sick leave may decrease presenteeism and subsequent transmission of infectious diseases in healthcare settings.

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## INTRODUCTION

Healthcare personnel (HCP) are at risk for coronavirus disease 2019 (COVID-19), influenza, and other respiratory infections from workplace exposures.<sup>1,2</sup> In addition to vaccination against influenza and COVID-19, staying home when ill is an important strategy to prevent transmission in healthcare settings. Paid sick leave benefits allow workers to stay home or visit a healthcare provider when they are ill. The objective of this study was to assess paid sick leave among HCP by occupation and work setting and determine the factors associated with having paid sick leave.

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## METHODS

Data from the annual opt-in Internet panel survey of HCP for the 2021–22 influenza season, conducted in March 29–April 19, 2022, were used to provide estimates of influenza and COVID-19 vaccination coverage. Clinical and nonclinical HCP respondents were recruited from 2 pre-existing national opt-in Internet sources: Medscape and Dynata.<sup>3</sup> In addition to questions about vaccination, occupation, and work setting, respondents were asked, *Does your employer offer paid sick leave?* Survey data from the 2019–20 and 2020–21 influenza seasons were included in the analysis.

Responses were weighted to the U.S. HCP population by age, sex, race/ethnicity, work setting, and U.S. Census Bureau region. Population totals were estimated using the most recent Bureau of Labor Statistics Occupational Employment and Wage Estimates and Current Population Survey data. The number and weighted percentage of HCP who reported paid sick leave were calculated by occupation, work setting, type of work arrangement, and influenza and COVID-19 vaccination status.

Differences in paid sick leave by occupation, work setting, type of work arrangement, and influenza and COVID-19 vaccination and between-season differences were tested using 2-tailed *t*-tests. For 2021–2022 season data, a multivariable logistic regression model was used, including variables with  $p < 0.05$ , to determine the variables independently associated with having paid sick leave. Adjusted prevalence ratios (aPRs) with 95% CIs are reported. Significance level was set at  $p < 0.05$ . SAS, Version 9.4, and SUDAAN, Version 11.0.1 (multilog procedure), were used. This activity was conducted consistent with applicable federal law and Centers for Disease Control and Prevention policy.<sup>4</sup>

## RESULTS

In April 2022, 73.2% of 2,555 responding HCP reported having paid sick leave, similar to previous findings of 71.4% (2021) and 68.1% (2020) (Table 1). The percentage of HCP reporting paid sick leave varied by occupation, ranging from 63.9% (assistants/aides) to 81.2% (nonclinical personnel). The percentage of HCP reporting paid sick leave varied by work setting, ranging from 64.7% (long-term care/home healthcare) to 79.1% (hospitals).

In bivariate analyses, age, race, education, work setting, and location of workplace were not differentially associated with reporting paid sick leave (Table 1). HCP who reported that their employer neither required nor recommended influenza and COVID-19 vaccination were less likely to report paid sick leave than those with an employer requirement (59.2% vs 78.6% and 48.3% vs 80.0%, respectively).

In multivariable analyses, nonclinical personnel were independently more likely to report paid sick leave (aPR=1.11; 95% CI=1.01, 1.23) (Table 2). Female HCP (aPR=0.91; 95% CI=0.86, 0.97), HCP working as a licensed independent practitioner (aPR=0.71; 95% CI=0.61, 0.82), those in the Midwest (aPR=0.90, 95% CI=0.83, 0.97), and those in the South (aPR=0.91; 95%

CI=0.85, 0.98) were less likely to report paid sick leave. HCP who reported that their employer neither required nor recommended COVID-19 vaccination were less likely to report paid sick leave (aPR=0.73; 95% CI=0.61, 0.89).

In additional analyses, reporting paid sick leave was associated with receipt of influenza vaccine (76.7% vs 59.3%) and receipt of  $\geq 1$  dose of a COVID-19 vaccine (74.8% vs 59.3%). In total, 36.9% of respondents reported ever being diagnosed with COVID-19. However, there were no significant differences between reporting paid sick leave and either working or missing work while ill with COVID-19.

## DISCUSSION

In this national nonprobability survey, 73.2% of responding HCP reported having paid sick leave in April 2022, similar to that in the past 2 years. This is lower than findings by the Bureau of Labor Statistics, which estimated that 85% of civilian workers in the healthcare and social assistance industry sector had access to paid sick leave in March 2021.<sup>5</sup>

As of 2021, the U.S. was 1 of only 11 countries worldwide without a national policy mandating paid sick leave for workers, although some states have enacted paid sick-leave laws.<sup>6</sup> The Families First Coronavirus Response Act, passed in March 2020, temporarily allowed employees to take up to 10 days of COVID-19–related emergency sick leave at full pay, and the American Rescue Plan Act of 2021 renewed this eligibility through September 2021. Exemptions were granted to employers with >500 workers and to some small employers with <50 workers.<sup>7–9</sup> According to a recent study, states that gained access to paid sick leave through this Act had a statistically significant decrease in new confirmed COVID-19 cases per state per day relative to that in states that had already enacted sick pay mandates before the Act.<sup>10</sup>

In this national survey, most HCP from all occupational groups and work settings reported having paid sick leave. However, despite legislation, differences by sex, type of work arrangement, and Census region exist. Similar to this study, others have found that female workers had less access to paid sick leave.<sup>6,11</sup> Assistants and aides had the lowest paid sick leave coverage of all occupations. These findings underscore socioeconomic disparities, which may be lessened with a national paid sick leave policy.

Paid sick leave offers benefits to workers, employers, and society overall because it has been shown to decrease presenteeism (working while ill),<sup>12–14</sup> and it can reduce the spread of respiratory infections to coworkers and patients.<sup>15,16</sup> Paid sick leave has been associated with influenza vaccination,<sup>11,17,18</sup> consistent with these findings, and

**Table 1.** Paid Sick Leave Among Healthcare Personnel by Selected Characteristics—Internet Panel Surveys, 2020–2022

Characteristic	2019–20		2020–21		2021–22	
	Number (weighted %)	Weighted % with paid sick leave (95% CI)	Number (weighted %)	Weighted % with paid sick leave (95% CI)	Number (weighted %)	Weighted % with paid sick leave (95% CI)
Total/overall	1,599 (68.1)	68.1 (62.6, 73.3)	1,652 (71.4)	71.4 (67.3, 75.3)	2,555 (73.2)	73.2 (70.2, 76.0)
Age						
18–29 years (ref)	371 (20.8)	62.2 (45.7, 76.8) <sup>a</sup>	263 (17.5)	58.3 (44.5, 71.2)	343 (17.3)	65.2 (52.2, 76.8)
30–44 years	981 (35.6)	68.4 (60.7, 75.4)	1,007 (38.9)	<b>74.8 (68.6, 80.2)</b>	1,616 (39.7)	76.4 (73.1, 79.5)
45–59 years	714 (29.6)	71.3 (60.1, 80.8)	774 (29.0)	<b>75.8 (69.0, 81.7)</b>	1,112 (29.1)	74.0 (70.1, 77.6)
60+ years	335 (14.1)	69.8 (58.7, 79.4)	346 (14.6)	69.7 (59.6, 78.6)	547 (13.9)	72.4 (65.9, 78.3)
Sex						
Male (ref)	793 (23.3)	75.1 (66.3, 82.5)	794 (23.3)	83.9 (78.4, 88.4)	1,081 (21.9)	79.3 (74.9, 83.2)
Female	1,608 (76.7)	66.0 (59.4, 72.2)	1,597 (76.7)	<b>67.7 (62.6, 72.5)</b>	2,537 (78.1)	<b>71.5 (67.9, 74.9)</b>
Race/ethnicity <sup>b</sup>						
White, non-Hispanic (ref)	1,494 (59.5)	67.0 (60.3, 73.2)	1,419 (61.4)	71.5 (66.7, 76.0)	2,329 (60.7)	71.2 (67.1, 75.1)
Black, non-Hispanic	302 (17.0)	68.9 (56.4, 79.6)	316 (17.0)	69.1 (54.4, 81.4)	319 (16.5)	77.7 (70.7, 83.8)
Hispanic	334 (14.1)	67.1 (44.0, 85.4) <sup>a</sup>	399 (14.1)	74.9 (61.9, 85.3)	485 (14.3)	76.3 (69.2, 82.5)
Other, non-Hispanic	269 (9.4)	75.7 (60.4, 87.4)	253 (7.5)	69.0 (56.5, 79.7)	471 (8.5)	74.7 (66.3, 81.9)
Education						
Some college education or less (ref)	541 (22.9)	62.9 (53.9, 71.4)	541 (29.1)	66.0 (57.4, 73.8)	526 (27.3)	68.9 (63.4, 74.1)
Associate or bachelor's degree	804 (49.2)	65.3 (55.9, 73.8)	767 (45.2)	73.2 (67.1, 78.7)	1,038 (45.0)	75.4 (69.8, 80.5)
More than college degree	1,056 (27.9)	<b>77.5 (70.1, 83.8)</b>	1,082 (25.7)	74.4 (67.4, 80.6)	2,053 (27.7)	73.9 (70.3, 77.3)
Occupation <sup>c</sup>						
Physician	236 (3.5)	<b>47.0 (26.6, 68.0)<sup>a</sup></b>	283 (3.4)	<b>54.3 (46.1, 62.4)<sup>d</sup></b>	591 (3.6)	<b>67.0 (62.8, 71.0)</b>
Nurse practitioner/physician assistant	136 (1.3)	<b>49.0 (26.2, 72.2)<sup>a</sup></b>	147 (1.4)	88.8 (65.2, 98.6) <sup>a</sup>	333 (1.7)	70.4 (64.8, 75.6)
Nurse (ref)	174 (18.4)	75.0 (64.8, 83.5)	179 (18.4)	76.5 (66.3, 84.9)	362 (18.7)	76.9 (70.9, 82.3)
Pharmacist	307 (1.3)	74.6 (49.1, 91.7) <sup>a</sup>	309 (1.3)	73.4 (67.4, 78.8)	509 (1.5)	79.8 (75.8, 83.5)
Other clinical personnel <sup>e</sup>	589 (18.8)	55.6 (37.0, 73.2) <sup>a</sup>	561 (18.8)	<b>62.4 (51.6, 72.4)</b>	916 (18.8)	<b>70.1 (66.0, 73.9)</b>
Assistant/aide	614 (24.2)	<b>62.7 (56.7, 68.4)</b>	577 (24.2)	<b>60.3 (56.0, 64.5)</b>	540 (24.8)	<b>63.9 (59.4, 68.2)</b>
Non-clinical personnel <sup>f</sup>	316 (32.6)	78.4 (69.1, 86.0)	306 (32.5)	83.2 (72.8, 90.9)	333 (30.9)	81.2 (72.0, 88.4)
Work setting <sup>g</sup>						
Hospital (ref)	749 (36.6)	78.3 (71.5, 84.1)	887 (38.6)	82.4 (77.3, 86.7)	1,476 (40.3)	79.1 (75.4, 82.5)
Ambulatory care	686 (22.2)	69.1 (62.3, 75.3)	708 (22.6)	69.0 (59.6, 77.4)	1,325 (31.2)	76.2 (72.3, 79.7)
Long-term care facility/home health care <sup>h</sup>	569 (41.2)	61.7 (50.3, 72.2)	575 (41.7)	67.8 (60.0, 74.9)	646 (29.3)	64.5 (56.8, 71.7)
Other clinical setting <sup>i</sup>	677 (11.6)	68.6 (57.7, 78.2)	618 (10.8)	59.7 (48.5, 70.2)	773 (10.2)	70.8 (63.8, 77.2)
Type of work arrangement						
Direct hire (ref)	1,629 (76.1)	76.1 (71.2, 80.5)	1,787 (82.6)	77.0 (72.9, 80.7)	2,705 (79.6)	77.5 (75.0, 79.9)

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**Table 1.** Paid Sick Leave Among Healthcare Personnel by Selected Characteristics—Internet Panel Surveys, 2020–2022 (*continued*)

Characteristic	2019–20		2020–21		2021–22	
	Number (weighted %)	Weighted % with paid sick leave (95% CI)	Number (weighted %)	Weighted % with paid sick leave (95% CI)	Number (weighted %)	Weighted % with paid sick leave (95% CI)
Licensed independent practitioner	253 (7.4)	<b>46.5 (31.9, 61.6)</b>	263 (5.5)	<b>50.1 (37.1, 63.1)</b>	425 (6.0)	<b>45.9 (38.1, 53.9)</b>
Contract employee	305 (16.5)	<b>45.7 (28.1, 64.1)<sup>a</sup></b>	279 (12.0)	<b>46.3 (32.4, 60.6)</b>	424 (14.4)	<b>62.1 (47.4, 75.3)</b>
Location of primary workplace <sup>d</sup>						
Rural (ref)	283 (10.7)	70.9 (56.3, 82.9)	308 (12.2)	58.7 (47.2, 69.5) <sup>d</sup>	496 (14.8)	71.9 (66.5, 76.9)
Nonrural	2,118 (89.3)	67.8 (61.9, 73.4)	2,080 (87.8)	<b>73.2 (68.8, 77.3)</b>	3,117 (85.2)	73.5 (70.1, 76.8)
U.S. Census Bureau region <sup>k</sup>						
Northeast (ref)	455 (19.8)	70.7 (61.1, 79.0)	456 (19.8)	77.8 (68.6, 85.3)	791 (19.9)	79.8 (75.6, 83.7)
Midwest	370 (23.4)	63.5 (52.9, 73.2)	399 (23.3)	<b>61.3 (51.1, 70.8)</b>	816 (23.2)	<b>71.9 (67.1, 76.3)</b>
South	1,016 (36.1)	61.8 (50.5, 72.3)	1,024 (36.1)	68.0 (60.4, 74.9)	1,248 (35.9)	<b>68.4 (62.0, 74.4)</b>
West	560 (20.7)	82.0 (73.0, 89.0)	507 (20.8)	82.8 (75.9, 88.4)	757 (21.0)	77.1 (70.8, 82.5)
Employer influenza vaccination requirement						
Required (ref)	896 (42.3)	73.7 (67.2, 79.5)	758 (32.4)	79.9 (73.9, 85.1)	1,614 (43.2)	78.6 (75.3, 81.6)
Recommended	938 (41.4)	78.3 (71.5, 84.1)	1,071 (44.7)	74.8 (68.9, 80.1)	1,333 (38.3)	74.3 (67.6, 80.2)
Neither required nor recommended	443 (16.3)	<b>42.6 (28.8, 57.3)<sup>d</sup></b>	453 (22.8)	<b>56.7 (43.3, 69.5)</b>	555 (18.4)	<b>59.2 (51.7, 66.4)</b>
Employer COVID-19 vaccination requirement						
Required (ref)	N/A		N/A		2,157 (60.0)	80.0 (77.3, 82.5)
Recommended	N/A		N/A		1,157 (31.6)	<b>69.9 (64.8, 74.6)</b>
Neither required nor recommended	N/A		N/A		265 (8.4)	<b>48.3 (39.6, 57.0)</b>

Note: Bold case indicates statistical significance ( $p < 0.05$ ) compared with respective reference groups using t-test.

Respondents were recruited from 2 pre-existing national opt-in Internet sources: Medscape, a medical website managed by WebMD Health Professional Network, and general population Internet panels operated by Dynata.

<sup>a</sup>Estimate does not meet the National Center for Health Statistic's standards of reliability ([https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf)).

<sup>b</sup>Race/ethnicity was self-reported. Respondents identified as Hispanic might be of any race. The Other race category included Asians, American Indians/Alaska Natives, Native Hawaiians or other Pacific Islanders, and women who selected other or multiple races.

<sup>c</sup>Excludes students.

<sup>d</sup>Statistically significant difference compared between survey years with 2022 survey year used as the reference group using t-test ( $p < 0.05$ ).

<sup>e</sup>Other clinical personnel include dentists, allied health professionals, technicians and technologists, emergency technicians, emergency medical technicians, and paramedics.

<sup>f</sup>Nonclinical personnel include administrative support staff/managers and nonclinical support staff.

<sup>g</sup>Respondents could select more than 1 work setting. Each work setting is represented by a separate variable with 2 levels (yes/no, where the reference level is no).

<sup>h</sup>Nursing home, assisted living facility, other LTCF, home health agency, or home health care.

<sup>i</sup>Includes dentist's office or dental clinic, pharmacy, emergency medical services, and other settings where clinical care or related services were provided to patients.

<sup>j</sup>Rurality was defined using ZIP codes where >50% of the population resides in a nonmetropolitan county, a rural U.S. Census tract, or both, according to the Health Resources and Services Administration's definition of rural population (<https://www.hrsa.gov/rural-health/about-us/definition/index.html>).

<sup>k</sup>Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

LTCF, long term care facility.

**Table 2.** Factors Associated With Paid Sick Leave Among Healthcare Personnel—U.S, April 2022

Characteristic	Prevalence ratio (95% CI) <sup>a</sup>	Adjusted prevalence ratio <sup>b</sup> (95% CI)
Age		
18–29 years (ref)		
30–44 years	1.17 (0.97, 1.41)	1.06 (0.94, 1.20)
45–59 years	1.13 (0.94, 1.37)	1.04 (0.92, 1.17)
≥60 years	1.11 (0.91, 1.35)	1.05 (0.91, 1.20)
Sex		
Male (ref)		
Female	<b>0.90 (0.84, 0.97)</b>	<b>0.91 (0.86, 0.97)</b>
Occupation <sup>c</sup>		
Physician	<b>0.87 (0.79, 0.96)</b>	0.89 (0.80, 1.00)
Nurse Practitioner/Physician assistant	0.91 (0.82, 1.01)	0.93 (0.83, 1.04)
Nurse (ref)		
Pharmacist	1.04 (0.95, 1.13)	1.05 (0.94, 1.16)
Other clinical personnel <sup>d</sup>	0.91 (0.83, 1.00)	0.91 (0.83, 1.01)
Assistant/aide	<b>0.83 (0.75, 0.92)</b>	0.95 (0.85, 1.06)
Nonclinical personnel <sup>e</sup>	1.06 (0.94, 1.19)	<b>1.11 (1.01, 1.23)</b>
Primary work setting <sup>f</sup>		
Hospital		
Ambulatory care	0.96 (0.90, 1.03)	1.01 (0.93, 1.09)
Long-term care facility/Home	<b>0.81 (0.71, 0.92)</b>	0.96 (0.87, 1.07)
Health agency <sup>g</sup>		
Other clinical settings <sup>h</sup>	<b>0.88 (0.79, 0.99)</b>	0.96 (0.85, 1.09)
Type of work		
Direct hire (ref)		
Licensed independent practitioner	<b>0.59 (0.50, 0.70)</b>	<b>0.71 (0.61, 0.82)</b>
Contract employee	<b>0.80 (0.65, 0.99)</b>	0.89 (0.79, 1.01)
Area of primary workplace <sup>i</sup>		
Rural (ref)		
Nonrural	1.02 (0.94, 1.11)	0.99 (0.92, 1.06)
U.S. Census Bureau region <sup>j</sup>		
Northeast (ref)		
Midwest	<b>0.90 (0.83, 0.97)</b>	<b>0.90 (0.83, 0.97)</b>
South	<b>0.86 (0.77, 0.95)</b>	<b>0.91 (0.85, 0.98)</b>
West	0.97 (0.88, 1.05)	0.98 (0.89, 1.07)
Employer influenza vaccination requirement		
Required (ref)		
Recommended	0.95 (0.86, 1.04)	1.04 (0.97, 1.11)
Neither required nor recommended	<b>0.75 (0.66, 0.86)</b>	0.92 (0.82, 1.04)
Employer COVID-19 vaccination requirement		
Required (ref)		
Recommended	<b>0.87 (0.81, 0.94)</b>	<b>0.90 (0.84, 0.97)</b>
Neither required nor recommended	<b>0.60 (0.51, 0.72)</b>	<b>0.73 (0.61, 0.89)</b>

Note: Bold case indicates statistical significance ( $p < 0.05$ ) compared with the reference group.

<sup>a</sup>95% CI.

<sup>b</sup>Logistic regression models included age, sex, occupation, type of work, area of primary workplace, U.S. Census Bureau region, employer influenza vaccination requirement, and employer COVID-19 vaccination requirement.

<sup>c</sup>Excluding students.

<sup>d</sup>Other clinical personnel include dentists, allied health professionals, technicians and technologists, emergency technicians, emergency medical technicians, and paramedics.

<sup>e</sup>Nonclinical personnel include administrative support staff/managers and nonclinical support staff.

<sup>f</sup>Work setting presented in Table 2 is created differently from the work setting variable presented in Table 1. The work setting variable presented in this table represents HCP's primary work setting created as one variable with 4 categories that are mutually exclusive, which is different from the work setting variable presented in Table 1, where each subgroup was a separate variable that was not mutually exclusive. Primary work settings for students were excluded ( $n=37$ ).

<sup>g</sup>Nursing home, assisted living facility, other long-term care facilities, home health agency, or home health care.



<sup>h</sup>Includes dentist's office or dental clinic, pharmacy, emergency medical services, and other settings where clinical care or related services were provided to patients.

<sup>i</sup>Rurality was defined using ZIP codes where >50% of the population resides in a nonmetropolitan county, a rural U.S. Census tract, or both, according to the Health Resources and Services Administration's definition of rural population (<https://www.hrsa.gov/rural-health/about-us/definition/index.html>).

<sup>j</sup>Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

CI, confidence interval; HCP, healthcare personnel.

it has also been associated with seeking other preventive health services and seeking healthcare when ill.<sup>11,17,18</sup>

The findings in this study did not reveal an association between paid sick leave and either working or missing work while ill with COVID-19. Respondents were asked to report ever being diagnosed with COVID-19; it is possible that they were ill earlier in the pandemic when paid sick leave coverage was lower. In addition, staffing shortages during the pandemic may have led to ill HCP returning to work before the end of the recommended isolation period.

### Limitations

The findings are subject to some limitations. First, the study used a nonprobability sample of volunteer members of two Internet panels. Although responses were weighted to be representative of the U.S. HCP population, some bias may remain. Second, the self-selection of the respondents to the panels and survey may introduce selection bias. Third, vaccination status, illness, and paid sick leave were self-reported and may be subject to recall or social desirability bias. Finally, details about paid sick leave, including whether sick leave was pooled with vacation days, were not obtained. Pooling vacation and sick days may discourage workers from using their leave for mild illness.

### CONCLUSIONS

Most HCP from all occupational groups and work settings in this national survey reported having paid sick leave. However, demographic and occupational differences exist and highlight disparities. In the absence of a national sick leave policy, increasing HCP access to paid sick leave at the healthcare systems level may decrease presenteeism and subsequent transmission of infectious diseases in healthcare settings.

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### CREDIT AUTHOR STATEMENT

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