

The Relationship Between Presenteeism and Work-Life Balance in Healthcare Professionals

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ABSTRACT	
<p>Corresponding Author Burçin Nur ÖZDEMİR</p> <p>DOI https://10.48121/jihsam.1322284</p> <p>Received 25.07.2023</p> <p>Accepted 11.09.2023</p> <p>Published Online 23.10.2023</p> <p>Key Words Presenteeism, work-life balance, health workers, health institutions</p>	<p><i>The inability of employees in the health sector to maintain a balance between work and life causes presenteeism behaviors, which increases costs by causing a loss of productivity. This study, which aims to determine the relationship between health workers' work-life balance and presenteeism, is a descriptive cross-sectional study. The sample of the study consisted of 205 health workers working in a public hospital in the province of Istanbul. Personal Information Form, YS Presenteeism scale and New Work Life Balance scale were used to collect data. According to the data obtained from the research, it has been determined that there is a negative relationship between work-life balance and presenteeism behavior. A statistically significant difference was found between marital status and job liking according to the results of the test performed to compare work-life balance status and gender, marital status and job liking status. According to the test results carried out to determine the differences in presenteeism behaviors of health workers according to their demographic characteristics, there was a statistically significant difference in marital status and willingness to work, and no statistically significant difference was found according to the gender variable. In addition, the rate of showing presenteeism behavior of health workers increases as the duration of work in the profession increases. As a result, it was determined that work-life balance had a 23% effect on presenteeism. In this context, it is thought that individual and institutional performance and productivity can be increased with measures to be taken against presenteeism.</i></p>

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1.INTRODUCTION

The concept of presenteeism was first defined as “being at work when you have to be at home because you are sick or you work too long to be no longer effective” (Cooper, 1996). Johns (2010) defined it as “the act of going to work despite feeling unhealthy”. Based on this definition, many studies explore the extent to which different aspects of work are associated with presenteeism. In general, people who experience poor working conditions are more likely to go to work when sick. Conditions include stressful work (Hirsch et al., 2017), lack of support from colleagues (Arnold, 2016; Caverley et al., 2007), dissatisfaction with the work environment (Leineweber et al., 2011), and workplace bullying (Conway et al., 2016).

Presenteeism has also been associated with indicators of responsibility and workload such as autonomy at work (Arnold, 2016), supervisory responsibilities (Arnold & de Pinto, 2015), permanent full-time contract (Bockerman & Laukkanen, 2009), irregular working hours, long-term work (Arnold, 2016; Bockerman and Laukkanen, 2009; Hansen and Andersen, 2008). These findings suggest that time pressure or the responsibility to complete work tasks may distract people from absenteeism. Lack of job security (Caverley et al., 2007; Hirsch et al., 2017) and employers' lack of flexibility to support absenteeism due to illness (Johansson & Lundberg, 2004) were also associated with higher presenteeism.

Presenteeism, which is generally defined as "the act of going to work despite feeling unhealthy", leads to four configurations or types of presenteeism (Karanika-Murray & Biron, 2019):

- 1) Functional presenteeism is about coping with work and performance requirements without putting more strain on the health of the present person in the event of illness. Presenteeism is behavior that is sustained when an employee performs work tasks within their limitations due to unhealthy physical or mental resources. Functional presenteeism has been defined as the ability of individuals to participate in work as a patient, prevent losses, or promote health and productivity gains and thus support personal goals (Brockner & Higgins, 2001).
- 2) Dysfunctional presenteeism describes the behavior of presenteeism, which is an unsustainable choice that impairs health and performance and has the potential to lead to sick leave (Karanika Murray & Biron, 2019). Poorly managed presenteeism, where demands for efficiency may take precedence, results in worsening health in the future (Aronsson et al., 2011; Bergström et al., 2009).
- 3) Therapeutic presenteeism has been defined as a greater emphasis on health and less focus on performance requirements (Karanika Murray & Biron,

2019). For example, nurses who choose to work while sick instead of focusing on performance emphasize their workplace as a 'shelter', their relationship with team and family, and a deep commitment to their work (Dew et al., 2005). Here, we show how climate resources such as team support can both increase the prevalence of presenteeism and reduce its negative effects (Knani et al., 2018).

4) Over-successful presenteeism refers to the ability of a person to maintain a high level of performance at the expense of getting rid of the disease (Karanika Murray & Biron, 2019). In fact, presenteeism is linked to burnout, and the person is exhausted through overwork and the pursuit of success (Demerouti et al., 2009; Ferreira & Martinez, 2012). In hyper-successful presenteeism, people may lack the resources to recover after working outside of working hours, or they may feel compelled to reach high performance levels due to factors such as endless work (Aronsson et al., 2011).

Reasons that lead people to go to work even though they do not feel well and need rest; It is discussed in two main groups as organizational reasons and individual reasons. (Aronsson & Gustafsson, 2005; Dew, Keefe & Small, 2005; Johns, 2010; Hansen & Andersen, 2008; Lu, Lin & Cooper, 2013; Bierla, Huver and Richard, 2013; Caverley, Cunningham and MacGregor, 2007; Cullen and McLaughlin, 2006).

Organizational Reasons	Individual Reasons
Culture	Financial Status
Leadership Style	Personality Traits
Job Insecurity	Age
Easy Substitutability	Gender
Working Relationships	Length of Service
Social Support	Parental Status
Time Pressure	
Insufficient Resources	
Absenteeism Policies	

As mentioned above, absence from work is a situation that can occur for many different individual and organizational reasons and can negatively affect employees in their work and private lives. In this case, institutions must cope with situations such as loss of productivity in business life and having to cover more costs in the future (Bergstrom et al., 2009; Lu, Lin, & Cooper, 2013). A 2009 study on nurses in Denmark found that absence from the workplace increases their self-alienation and is associated with burnout (Demerouti et al., 2009). On the other hand, going to work can have a negative psychological effect on the person, even if he or she is absent from work due to physical health problems. Conway, Hogh, Rugulies, and Hansen (2014) found that coming to work sick makes depression worse. Coming to work while sick, especially in institutions with high social interaction, such as healthcare establishments, can negatively affect

other employees and patients. For example, in a hospital environment, a sick employee infecting his co-workers or other patients endanger the safety of both the patient and the employee. On the other hand, a sick employee may be more likely to have a work accident due to inattention and poor performance (Böckerman, 2018).

Work-life balance is defined as a situation in which an employee is equally satisfied with both his personal and professional life (Greenhaus et al., 2003). Work-life balance has three dimensions: participation level, time commitment, and the individual's subjective sense of satisfaction (Greenhaus et al., 2003). Time dimension: equal amount of time devoted to work and family roles; level of participation: equal psychological involvement in work and family roles; satisfaction balance is defined as equal satisfaction with work and family roles. Each component of work-life balance can be positively or negatively affected, depending on whether time, participation, or satisfaction levels are equally high or equally low. A person's attitudes and behaviors in business life affect other areas of life, and attitudes and behaviors in other areas of life affect his work (Dolan & Gosselin, 1998). In cases where work-life balance is negatively affected, it leads to results such as low job satisfaction, low organizational commitment, intention to leave, delays and absenteeism, decreased productivity and worsening physical and psychological well-being, while the positive effect is on job satisfaction, commitment, physical and mental health. lead to positive effects. (Sok et al., 2014). Negative or positive experiences in one area of life spread to other areas of life, and work life also affects other areas of life. Experiences in other areas of life also affect business life. The transfer of positive experiences, knowledge, skills, abilities and emotions between living spaces will positively affect work and other areas of life and facilitate work-life balance.

From another perspective, work-life balance is conceptualized as an employee's perception of the dual compatibility of professional and personal activities (Kalliath et al., 2008). Opatha defined work-life balance in 2010 as the degree of fulfillment of demands from work and family. The words "work-life balance" completely refers to the balance between "work" and "life". As Opatha points out, the right balance between work and family is a specific person who fulfills the related demands that result in satisfaction (Opatha, 2010). According to Opatha, a person's inability to meet the demands of interested parties is the result of an imbalance between work and family. Factors affecting work-life balance are classified in two ways as individual and organizational factors. Among the individual factors, gender, personality, age, marital status, length of work in the profession and education can be listed. Organizational factors include leadership, wages and working hours (Guest, 2002). Individual and organizational factors can affect work-life balance. Failure to achieve work-life balance in terms of individuals and organizations creates different results

for both individuals and organizations. In cases where work-life balance cannot be achieved, it is listed as illness, stress, absenteeism, decrease in job satisfaction and life satisfaction, decrease in performance and productivity, and deterioration in communication with people in workplace and non-work areas (Guest, 2002). If the work-life balance of the employees cannot be achieved or deteriorated, the anxiety levels of the employees may increase and cause them to experience psychological disorders. The possibility of encountering presenteeism behavior may increase due to psychological disorders that may occur in employees (Koçoğlu, 2007).

2. MATERIALS AND METHOD

Health services is a labor-intensive sector by nature and its most important resource is human resources. The high efficiency and productivity of institutions is closely related to the quality of human resources, the way they do business and their performance. It is important for employees to be productive at work and to provide work-life balance in order to achieve high performance. Presenteeism and work-life balance are new concepts, and the fact that the number of studies dealing with these two concepts on health workers is very low increases the importance of this research. This research, which was conducted to determine the relationship between presenteeism and work-life balance of healthcare professionals, was designed as a descriptive cross-sectional research design, which is a quantitative research design.

Research Questions

The research questions are basically as follows.

1. Is there a relationship between work-life balance and the presenteeism behaviors of healthcare professionals?
2. Does the work-life balance status of health workers influence presenteeism behaviors?
3. Is there a difference in the work-life balance status of health workers according to their demographic characteristics?
4. Is there a difference in the presenteeism behaviors of health workers according to their demographic characteristics?

Place, Population and Sample of the Research

The research was carried out between December 2022 and January 2023 in a public hospital within the borders of Istanbul. The population of the research consists of the health workers of the hospital. In the relevant period, there were a total of 368 health workers in the hospital. Due to the impossibility of reaching the entire universe (N=368), sampling was used. Simple random sampling method, which is a non-probability sampling method, was preferred in sampling. In the study, sufficient sample size was calculated by using the formula $n_0 = [(t \times S) / d]^2$, $n = [n_0 / (1 + (n_0 / N))]$, which is used to determine the sufficient sample size when the

number of population is known (Büyüköztürk et al., 2019). The sample size was calculated with the formula used when the number of the population was known, and at least (n= 189) health workers constituted the sample size of our research, while the questionnaire was distributed to the entire population (N= 368) and 205 health workers who volunteered to participate in the research and filled out the questionnaire were reached.

Data Collection Tools

For the research, a questionnaire consisting of two parts was created. In the first part, there is a "Personal Information Form" prepared by the researcher in which the demographic information of the participants is asked. In the second part, "YS Presenteeism Scale" developed by Yılmaz (2022) and Agha et al. (2017) and adapted into Turkish by Yılmaz (2022), there is the "New Work-Life Balance Scale". Personal Information Form is a 11-item questionnaire prepared by the researcher that questions the descriptive characteristics of healthcare professionals (Gender, age, marital status, education level, unit worked, duty, working time in the profession, working time in the institution, shift type, weekly working time and do you enjoy your job). It consists of questions. The YS Presenteeism Scale consists of 11 items and the scale has 2 sub-dimensions. The first dimension of the scale is Affect (EMS) (M1-M8), and the second dimension is Action (ACS) (M9-M11). The high overall score of the scale indicates that the Presenteeism behaviors of the employees have increased. A 5-point Likert (1: Strongly Disagree - 5: Totally Agree) was used to measure presenteeism behaviors. The New Work-Life Balance Scale consists of 15 items and the scale has 3 sub-dimensions. The first sub-dimension of the scale is the Personal Life sub-dimension (KH) containing the first 7 items (M1-M7), the next sub-dimension is the Business Life sub-dimension (IH) with 4 questions (M8-M11) and the last one is 4 questions (M12-M15). It constitutes the

improvement (GOOD) sub-dimension. Items representing Personal Life and Work Life sub-dimensions (M1-M11) were reverse coded. It shows that as KH and IH scores increase, the person's satisfaction with the situation in that sub-dimension increases and he is not negatively affected by the other. Expressions in the improvement sub-dimension are evaluated directly because they are positive. A 5-point Likert (1: Strongly Disagree - 5: Totally Agree) was used to measure the New Work-Life Balance.

Data Collection Method

The data were collected face to face by the researchers by distributing a questionnaire consisting of "Personal Information Form, YS Presenteeism Scale and New Work-Life Balance Scale". The health workers who volunteered to participate in the study were informed about the questionnaire, the questionnaires were distributed, and informed consent forms were signed and their consents were obtained.

Analysis and Interpretation of Data

The data obtained in the research were analyzed by transferring them to the SPSS (Statistical Package for Social Sciences) for Windows 26.0 program. In the evaluation of the data, number, percentage, frequency, mean and standard deviation were used as descriptive statistical methods. Pearson correlation analysis was used to determine the relationship between variables. In the analysis of normally distributed data in our study, the independent sample t-Test was used to compare the quantitative continuous data between two independent groups from parametric tests, and the ANOVA test was used to compare the quantitative continuous data between more than two independent groups. Post-Hoc test was used in the evaluation of the variables that were found to be different. Regression analyzes were performed to determine the effect on the variables. The findings were evaluated at the 95% confidence interval and at the 5% significance level.

Table 1. Normal Distribution Test

Sub-Dimensions of the New Work-Life Balance Scale	N	\bar{X}	S.D.	Skewness	Kurtosis
Personal Life Sub-Dimension	205	3.0084	0.621	0.135	-0.423
Work Life Sub-Dimension	205	4.0561	0.055	-1.042	1.597
Healing Sub-Dimension	205	3.0061	0.051	-0.282	0.350
Grand total	205	3.2872	0.040	-0.001	0.557
Presenteeism Scale Sub-Dimensions	N	\bar{X}	S.D.	Skewness	Kurtosis
Affect Sub-Dimension	205	2.5329	0.055	0.092	-0.071
Action Sub-Dimension	205	1.8390	0.050	1.111	2.497
Grand total	205	2.3437	0.047	0.147	0.250

Before starting the analysis of the data, the normal distribution test was applied to test the conformity of the data to the normal distribution, and the kurtosis and skewness values were checked. With reference to George and Mallery (2010), values between ± 2.0 were accepted as normal. Normality test results are shown in Table 1.

Scale Validity and Reliability

Cronbach's Alpha coefficient was calculated to test the reliability of the YS Presenteeism Scale and the New Work-Life Balance Scale used in the research. According to the data obtained, the Cronbach's Alpha coefficient of the YS Presenteeism Scale was calculated as 0.86 and the New Work-Life Balance Scale as 0.846, and both scales were found to be reliable. Cronbach's Alpha coefficient conformity test results are given in Table 2.

Table 2. Validity and Reliability Analysis

Scales	Number of Items	Cronbach's Alfa(α)
New Work Life Balance Scale	15	0.846
Presenteeism Scale	11	0.864

Ethical Aspect of Research

In order to carry out the study, the necessary written permission was obtained from the institution. An application was made to the Istanbul University-Cerrahpaşa Ethics Committee and Ethics Committee Approval No. 2022/401 was obtained.

Limitations of the Research

The research was carried out on health workers working in a public hospital within the borders of Istanbul province. This research is limited to the dimensions covered by the data collection tools used in the research and the perceptions of the health professionals participating in the research. In addition, the results of the research cannot be generalized due to the impossibility of reaching all healthcare professionals working in Istanbul. In this context, the health workers working in the institution where the research was conducted constituted the limit of the research.

3. RESULTS

As a result of the analysis of the data collected from this study, the following findings were obtained. The results of the frequency analysis carried out to determine the demographic characteristics of the participants are presented in Table 3.

Table 3. Demographic Characteristics of Participants (n=205)

Gender	Frequency	Percentage %
Female	136	66.3
Male	69	33.7
Marital Status		
Married	100	48.8
Single	105	51.2
Age Group		
20 – 25 years old	60	29.3
26-31 years old	107	52.2
32 to 37 years old	14	6.8
38 – 41 years old	9	4.4
41 years and older	15	7.3
Education Status		
High school	10	4.9
Associate Degree	45	22.0
Licence	119	58.0
Graduate	31	15.1
Work Area		
Emergency room	51	24.9
Work Area		
Inpatient Service	28	13.7
Intensive care	24	11.7
Other	102	49.75
Profession		
Physician	28	13.7
Nurse	108	52.7
Other	69	33.6
Working Time in the Profession		
0-5 years	49	23.9
6 to 11 years	111	54.1
12-17 years	22	10.7
18-23 years	9	4.4
24 years and above	14	6.8
Working Time in the Institution		
0-5 years	62	30.2
6 to 11 years	122	59.5
12-17 years	21	10.2
Shift Type		
Continuous Daytime	83	4.5
Perpetual Night	3	1.5
Rotary Shift	119	58.0
Weekly Working Time		
40 hours	130	63.4
40-60 hours	71	34.6
61 and above	4	1.9
Those Who Love Their Job		
Yes	158	77.1
No	47	22.9

66.3% of the individuals participating in the research are women and 33.7% are men. When the distribution of the participants by age groups was examined, it was determined that 52.2% of them consisted of individuals between the ages of 26-31. When the distribution of the participants according to their marital status was examined, it was determined that 48.8% were married

and 51.2% were single. 58% of the participants are undergraduate graduates. When the participants in the study were examined according to the units they worked, it was determined that 24.9% worked in the emergency room, 13.7% in inpatient services, 11.7% in intensive care, and 49.75% in other units. Physicians constitute 13.7% of the participants, nurses 52.7%, and other health professionals 33.6%. When the participants of the research are examined according to their working time in the profession, 54.1% of them consist of employees between 6-11 years. When the working time of the participants in the institution was examined, it was determined that 59.5% of them consisted of employees between 6-11 years. It has been determined that 40.5% of the participants work in the form of continuous daytime, 1.5% of them work continuously at night and 58% of them work in rotating shifts. When the weekly working hours of the participants were examined, it was determined that 63.4% worked 40 hours and 34.6% worked 40-60 hours. It has been determined that 77.1% of the health workers participating in the research enjoy their job, and 22.9% do not like their job. The results of the correlation analysis carried out to determine the relationship between presenteeism and work-life balance of health workers participating in the research are given in Table 4.

Table 4. Mean, Standard Deviation and Pearson Correlation Values of Presenteeism and Work-Life Balance Variables (n=205)

Variables	\bar{X}	S.D.	r
1. Work Life Balance	3.28	0.58	
2. Presenteeism	2.34	0.68	-0.488**

Note: ** Significant at the 0.01 level.

Pearson correlation analysis was performed to determine the relationship between Presenteeism and work-life balance, since the data in the study were in

accordance with the normal distribution. Accordingly, there was a statistically negative significant correlation between presenteeism and work-life balance ($r=-.48, p<0.1$).

Multiple regression analysis was performed to test the effect of health workers' work-life balance status on presenteeism behavior, and the results are shown in Table 5.

Table 5. Multiple Regression Analysis Results (n=205)

Variables	B	SH	β
Personal Life Sub-Dimension	-0.3	0.05	-0,4
Work Life Sub-Dimension	-0.01	-0.06	-0.1
Healing Sub-Dimension	-0.2	-0.6	-0.2
Still	4.12	0.3	

Note: ** $p<0.001$. $R^2=0.24$; Straight. $R^2=0.23$; $F(3,201)=21.697$

Multiple regression analysis results were statistically significant ($F(3,201)=21.697, p<0.001$). The adjusted R^2 value is 0.23. This result shows that the 23% variance in presenteeism behavior is explained by the personal life sub-dimension, work life sub-dimension and improvement sub-dimension of the work-life balance variable. When the beta coefficients were examined, it was observed that the personal life sub-dimension ($\beta=-0.4, p<0.001$) and the improvement sub-dimension ($\beta=-0.2, p<0.001$) negatively affected the presenteeism behavior, whereas the work life dimension had a statistically significant effect. was not found ($\beta=-0.1, p=0.095$).

Table 6 shows the results of the t-Test performed to determine the differences in work-life balance and presenteeism status according to the demographic characteristics of healthcare professionals.

Table 6. Analysis of the Differences in Work Life Balance and Presenteeism Scores According to the Sociodemographic Characteristics of the Participants (n=205)

Work Life Balance	N	\bar{X}	S.D.	t	p	Result
Female	136	3,27	0.54			$p > 0.05$
Male	69	3,3	0.66	-0.30	0.76	
Married	100	3.38	0.53			$p < 0.05^*$
Single	105	3.19	0.61	2.29	0.02	
Who loves his job	158	3.40	0.54			$p < 0.05^*$
Who doesn't like their job	47	2.88	0.51	5.78	0.00	
Presenteeism	N	\bar{X}	S.D.	t	p	Result
Female	136	2.32	0.60			$p > 0.05$
Male	69	2.38	0.82	-0.55	0.54	
Married	100	2.22	0.72			$p < 0.05^*$
Single	105	2.45	0.62	-2.39	0.01	
Who loves his job	158	2.20	0.62			$p < 0.05^*$
Who doesn't like their job	47	2.81	0.66	-5.60	0.00	

Note: *Significant at the $p < 0.05$ level.

According to the results of the t-Test performed to compare work-life balance and gender, marital status and job liking, a statistically significant difference was found between marital status and job liking ($p < 0.05$). Accordingly, it has been determined that the work-life balance status of married people ($\bar{X} = 3.38$) is higher than that of singles ($\bar{X} = 3.19$), and those who love their job ($\bar{X} = 3.40$) are higher than the others. There was a statistically significant difference in the presenteeism behaviors of healthcare professionals,

their marital status and willingness to work according to the t-Test results, but no statistically significant difference was found according to the gender variable. According to this, it was determined that single people ($\bar{X} = 2.45$) compared to married people ($\bar{X} = 2.22$) and those who do their job dislikedly ($\bar{X} = 0.66$) encounter presenteeism more than those who do it fondly ($\bar{X} = 0.62$).

Table 7. Analysis of the Differences in Presenteeism Scores according to the Sociodemographic Characteristics of the Participants with the ANOVA Test (n=205)

Working Time in the Profession	N	\bar{X}	S.D.	F	p	Result
0-5 years	49	2.51	0.53	3.782	0.00	p < 0.05*
6-11 years	111	2.37	0.69			
12-17 yıl	22	1.86	0.67			
18-23 years	9	2.25	0.50			
24 years and above	14	2.31	0.88			
Total	205	2.34	0.68			

Note: Significant at the $p < 0.05$ level.

As seen in Table 7, as a result of the one-way analysis of variance (ANOVA) performed to determine whether the arithmetic mean of the presenteeism scale differs significantly according to the variable of working time in the profession, the difference between the arithmetic mean of the arithmetic mean of the working time in the profession was found to be statistically significant ($F=3,782$; $p < 0.05$).

Post-hoc analysis was performed to determine from which group the significant difference was determined after ANOVA originated. In order to decide which post-Hoc multiple comparison techniques to use, Levene's test was used to test whether the variances of the group distributions were homogeneous and the variances were found to be homogeneous ($LF=2.348$; $p > 0.05$). On top of that, Scheffe multiple comparison technique, which is widely used, was used in case the variances were homogeneous. Post-Hoc Scheffe test analysis results are given in Table 8.

Table 8. Post-Hoc Scheffe Test Analysis Results (n=205)

Variable	Working Time in the Profession	N	S.D.	p
0-5 years	6-11 years	0.14498	0.11439	0.711
	12-17 years	0.65399*	0.17117	0.002
	18-13 years	0.26510	0.24188	0.808
	24 years and above	0.19944	0.20212	0.861
6-11 years	0-5 years	-0.14498	0.11439	0.711

	12-17 years	0.50901*	0.15565	0.011
	18-13 years	0.12012	0.23116	0.985
	24 years and above	0.05446	0.18916	0.998
12-17 years	0-5 years	-0.65399*	0.17117	0.002
	6-11 years	0.50901*	0.15565	0.011
	18-13 years	-0.38889	0.26390	0.581
	24 years and above	-0.45455	0.22802	0.273
18-13 years	0-5 years	-0.26510	0.24188	0.808
	6-11 years	-0.12012	0.23116	0.985
	12-17 years	0.38889	0.26390	0.581
	24 years and above	-0.06566	0.28495	0.999
24 years and above	0-5 years	-0.19944	0.20212	0.861
	6-11 years	-0.05446	0.18916	0.998
	12-17 years	0.45455	0.22802	0.273
	18-13 years	0.06566	0.28495	0.999

Note: * Significant at the 0.01 level.

As a result of the post-hoc Scheffe test after the one-way analysis of variance (ANOVA), which was conducted to determine which subgroups the presenteeism scores differ according to the variable of working time in the profession, there were differences between the employees whose professional working time was between 12-17 years and those who worked for 0-5 years and 6-11 years. statistically significant difference was detected ($p < 0.01$). In this case, it has

been determined that employees with 12-17 years of work in the profession show presenteeism behavior more than those who work for 0-5 years and 6-11 years.

4. DISCUSSION

Presenteeism, which causes a decrease in performance and efficiency in health service deliver processes, is affected by organizational, individual and environmental factors. The inability to establish a work-life balance of the employees is considered as one of the reasons for presenteeism behavior. Employees' inability to maintain adequate balance between work and family causes reluctance to work, increase in work accidents, decrease in performance, and increase in absenteeism.

According to the t-Test results performed to determine the differences in presenteeism behaviors of healthcare professionals according to their demographic characteristics, a statistically significant difference was detected in marital status and enthusiasm for their job, but no statistically significant difference was detected according to the gender variable. In their research on people working in the health sector, Aronsson and Gustafsson (2005) found that female employees showed more presenteeism behavior than male employees.

When employees were examined according to their marital status, it was determined that singles ($M=2.45$) encountered presenteeism behavior more than married people ($M=2.22$). Similarly, in their study by Yılmaz and Söyük (2021), it was determined that single people were more likely to show presenteeism behavior than married people. It was determined that the rate of presenteeism behavior was higher among those who do their job without liking it ($M=0.66$) than those who do it with pleasure ($M=0.62$). A study by Miraglia and Johns (2016) similarly found that employees with an optimistic perspective had high job satisfaction and that high job satisfaction was positively associated with workplace absenteeism.

As a result of the one-way analysis of variance (ANOVA) conducted to determine whether the arithmetic means of the presenteeism scale show a significant difference according to the variable of working hours in the profession, the difference between the arithmetic means of the working hours in the profession was found to be statistically significant. Accordingly, as the duration of work in the profession increases, presenteeism behavior increases. Similar results were obtained in the study conducted by Oktay and Ay (2022) and it was observed that presenteeism behavior increased as the duration of working in the profession increased.

Schaufeli et al. (2009) determined that employees who accept not being present at work due to being

workaholics have high levels of burnout (Savaarvala, 2006: 8; Demerouti et al., 2009) and low levels of performance compared to other employees.

Demeruti et al. (2009) found that employees resorted to presenteeism to compensate for poor performance and that these strategies led to long-term emotional exhaustion. Virtanen et al. (2003) found that contract workers who were forced to work less hours experienced greater workload and less job security than permanent employees, resulting in lower energy and job satisfaction (Nowak, 2006: 2).

Jena et al. (2010) concluded that being forced to work when sick due to reasons such as work pressure is an important factor in decreasing staff performance. Because employees who see their other friends not working are likely to behave like them (Çoban and Harman, 2012: 164).

5. CONCLUSION

As a result, it is thought that the presenteeism behavior experienced by health workers has negative consequences for both health workers and health institutions. The presenteeism behavior experienced by healthcare professionals individually reduces work performance and productivity, and increases work and patient safety problems. In terms of health institutions, it is said to cause a loss of productivity. For example, in a study conducted by Kandemir (2014), it was determined that presenteeism behavior causes 3 times more cost than the cost of not going to work. In a similar study, increase in medical errors, decrease in patient satisfaction, decrease in patient care quality were associated with decrease in costs (Letvak, et al., 2012). It is thought that individual and institutional performance and productivity can be increased with the measures to be taken against presenteeism. In this context, it is aimed to develop policies that protect employees for healthcare professionals, to regulate working hours so that individuals can achieve work-life balance, not to have different jobs done outside their duties and authorities, to standardize in-house work and to increase the motivation and performance of healthcare professionals, to ensure work-life balance and to increase the efficiency of health institutions expected to be increased.

Conflict of Interest:

The research has no conflict of interest.

Ethical Approval:

In order to carry out the study, the necessary written permission was obtained from the institution. An application was made to the Istanbul University-Cerrahpaşa Ethics Committee and Ethics Committee Approval No. 2022/401 was obtained.

Funding:

The research has no financial support.

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