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Do Work Stress, Psychological Resilience and Workplace Friendships Predict Presenteeism in Healthcare Workers?

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ÖZET

The main objective of this study was to investigate the predictive power of job stress, psychological resilience, and workplace friendship for presenteeism in healthcare professionals, with consideration for gender differences. The study included 416 healthcare workers (229 female, 187 male; 216 nurses, 200 physicians) employed in Ministry of Health-affiliated institutions. Data were collected using the Stanford Presenteeism Scale, Job Stress Scale, Brief Resilience Scale, and Workplace Friendship Scale. Multiple regression analysis was employed for data analysis. Female health professionals had mean scores of 19.26±4.43 for presenteeism, 25.17±4.95 for job stress, 17.92±4.35 for resilience, and 34.44±5.74 for workplace friendship. Male healthcare professionals had mean scores of 17.71±4.61 for presenteeism, 26.39±5.21 for job stress, 18.84±4.13 for resilience, and 33.58±6.22 for workplace friendship. Job stress, resilience, and positive workplace friendships were significant predictors of presenteeism in female healthcare professionals (F Reg =19.621, p<0.01). Conversely, in male healthcare professionals, only resilience emerged as a significant predictor of presenteeism, with job stress and workplace friendships not showing significance (p<0.01). Job stress and workplace friendships were found to be significant predictors of presenteeism exclusively in female healthcare professionals, whereas resilience emerged as a significant predictor across all healthcare professionals. It is recommended that supportive interventions aimed at reducing work stress and fostering workplace friendships and psychological resilience be tailored to consider gender-specific characteristics.

Sağlık Çalışanlarında İş Stresi, Psikolojik Dayanıklılık ve İşyeri Arkadaşlıkları Presenteeism'i Yordar mı?

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ABSTRACT

Bu araştırmanın temel amacı, sağlık profesyonellerinde iş stresi, psikolojik sağlamlık ve iş yeri arkadaşlık ilişkilerinin presenteeizmi yordama durumlarının cinsiyet bağlamında incelenmesidir. Araştırma, Sağlık Bakanlığına bağlı kurumlarda görev yapmakta olan 416 sağlık çalışanı (229 kadın, 187 erkek; 216 hemşire, 200 doktor) ile yürütülmüştür. Araştırma verileri, Stanford Presenteeism Scale, İş Stresi Ölçeği, Kısa Psikolojik Sağlamlık Ölçeği ve İş Yeri Arkadaşlık İlişkileri Ölçeği kullanılarak toplanmıştır. Verilerin analizinde çoklu regresyon analizi kullanılmıştır. Kadın sağlık profesyonellerinin presenteeism, iş stresi, psikolojik sağlamlık ve iş yeri arkadaşlık ilişkileri puan ortalamaları sırasıyla 19.26±4.43, 25.17±4.95, 17.92±4.35 ve 34.44±5.74 olarak hesaplanmıştır. Erkek sağlık profesyonellerinin presenteeism, iş stresi, psikolojik sağlamlık ve iş yeri arkadaşlık ilişkileri puan ortalamaları sırasıyla 17.71±4.61, 26.39±5.21, 18.84±4.13 ve 33.58±6.22 olarak hesaplanmıştır. İş stresi, psikolojik sağlamlık ve olumlu iş yeri arkadaşlık ilişkileri, kadın sağlık profesyonellerinde presenteeismin anlamlı birer yordayıcısıdır (FReg=19.621, p<0.01). Erkek sağlık profesyonellerinde ise sadece psikolojik sağlamlık presenteeismin anlamlı bir yordayıcısı iken, iş stresi ve iş yeri arkadaşlık ilişkileri presenteeismin anlamlı birer yordayıcısı değildir (FReg=20.825, p<0.01). İş stresi ve iş yeri arkadaşlık ilişkileri yalnızca kadın sağlık profesyonellerinde, psikolojik sağlamlık tüm sağlık çalışanlarında presenteeismin anlamlı birer yordayıcısıdır. İş stresini azaltan, iş yeri arkadaşlık ilişkileri ve psikolojik sağlamlığı artıran destekleyici çalışmaların cinsiyet özellikleri dikkate alınarak yapılması önerilmektedir.

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INTRODUCTION

Investigating the factors affecting employees in health institutions is crucial for the continuity and quality of vital services provided in these institutions. A variety of factors influence productivity, satisfaction, and attendance levels at work, including physiological disorders, individual reasons, and the functioning of the organization (Anik Baysal et al., 2014; Baker-McClearn et al., 2010; Ciftci, Meric, & Meric, 2018; Naldan et al., 2019). The concept of presenteeism, defined as the inability of employees to perform at their full potential despite their physical presence in the workplace, has garnered interest in recent years (Biron et al., 2006; Koopman et al., 2002; Lui, Andres, & Johnston, 2024) among scientists studying employee behavior (Rainbow & Steege, 2017; Fiorini, et al., 2018; Aslan & Ulupınar, 2020). Presenteeism is the situation in which the individual continues to work in situations where they shouldn't be at work for different reasons, such as feeling morally obliged, fear of job loss (job insecurity), fear of negative words or behaviors from colleagues, career goals, or not wanting to burden colleagues further (Dhaini et al., 2016; Yang et al., 2017; Kocoglu, 2007).

Continuing to work in situations where the individual should not be present at work, while physically being there but not performing at full capacity, brings consequences such as decreased performance, distraction, and difficulties in completing tasks. Presenteeism in organizations leads to performance losses approximately 32 times greater than absenteeism (Cullen & McLaughlin, 2006). While undesirable for all occupational groups, presenteeism holds particular significance for health professionals due to the nature of their work being directly tied to human life. The literature highlights health professionals as one of the occupational groups most affected by presenteeism (Fiorini et al.,2018; Ofili et al., 2018). The health sector stands out as one of the most critical areas within the service sector, given its direct involvement in human health and life (Yuncu & Yilan, 2020).

Health professionals, fulfilling their vital role for human life with unwavering dedication day and night, exemplify their commitment to duty (Urhan & Etiler, 2011). A poignant illustration of this dedication was evident during the recent global coronavirus pandemic, where healthcare professionals remained on duty despite the option for remote work available in other sectors (Gunay-Molu et al., 2023; Lie et al., 2021). However, this relentless work pace and deep sense of responsibility sometimes expose healthcare professionals to risky situations. Presenteeism emerges as one such risk—a scientific concept denoting decreased productivity resulting from an individual continuing to work despite health issues (Coban & Harman, 2012).

Although presenteeism poses a significant risk for many professional groups in the business sector, its impact on healthcare professionals is considerably more critical. This heightened significance stems from the fact that the services rendered by healthcare professionals directly affect human life. The manifestation of presenteeism among healthcare professionals becomes an urgent concern, as it can influence patient treatment processes and disrupt service delivery due to diminished performance within healthcare institutions. Furthermore, research findings indicate that presenteeism is more prevalent among healthcare workers compared to other professional cohorts (Fiorini et al.,2018; Ofili et al., 2018).

Therefore, investigating the phenomenon of presenteeism and the factors that predict it among healthcare professionals is deemed crucial. This study delved into the predictive roles of job stress, psychological resilience, and workplace friendships on presenteeism in health professionals. These variables were selected as predictors because they influence the emotions and behaviors of individuals from various perspectives.

Psychological resilience was assessed as an individual-psychological factor impacting the emotions and behaviors of individuals, while workplace friendship was regarded as a social-relational factor, and work stress as an organizational factor, thus justifying their selection as predictive variables. Furthermore, considering evidence from the literature indicating variations in psychological resilience, job stress, and workplace friendship levels between genders (Sambu & Mhongo, 2019; Yilmaz & Gunay, 2020; Yavuzkurt, 2017; Ugurlu & Karahan, 2022), along with gender roles, the predictive roles of these variables on presenteeism in health professionals were examined within the gender context. The primary aim of this study was to explore the predictive capacity of job stress, psychological resilience, and workplace friendship for presenteeism among healthcare professionals, specifically considering gender differences. Consequently, the study sought answers to the following research questions in alignment with its main objective.

1. Is job stress a predictor of presenteeism in male and female health workers?

2. Is psychological resilience a predictor of presenteeism in male and female healthcare workers?

3. Is workplace friendship a predictor of presenteeism in male and female healthcare workers?

METHOD

Design and Participants

The current study employed a correlational research design within the framework of quantitative methods. Correlational research designs aim to measure the statistical relationship between two or more variables. Such studies are valuable for uncovering associations between variables, although it's important to note that correlation does not imply causation. Nonetheless, correlational studies offer valuable insights that can guide researchers toward more intricate investigations (Karasar, 2008).

The study involved a total of 416 healthcare professionals. The sample size was determined using data from Kılıc's (2018) study, with an expected correlation coefficient of 0.14, a power level of 95%, and a significance level of 0.05. Consequently, the minimum sample size was calculated as 196 for each gender, resulting in a total of 392 participants (Hulley et al., 2013). The virtual snowball sampling method, a form of purposive sampling, was employed to recruit participants. This method involved reaching out to healthcare workers in the researchers' immediate vicinity and subsequently expanding the sample by leveraging participants to reach others through online study questionnaires, without provincial limitations. Physicians and nurses who utilize social networks, agree to participate, and are employed in any state-affiliated institution (such as state hospitals, training and research hospitals, university hospitals, etc.) were eligible for inclusion in the study.

In our study, being a health worker in an administrative role was established as an exclusion criterion. This decision was made because individuals in administrative positions may encounter dynamics distinct from those experienced by frontline health professionals due to their administrative responsibilities, potentially influencing research outcomes. Among the female health professionals who participated in the study (n=229), the mean age was 36.65 years (SD=8.62), with a mean seniority of 12.69 years (SD=9.30). Of these participants, 125 were nurses and 104 were doctors. Regarding marital status, 146 were married, 72 were single, and 11 were separated from their spouses. Among the married participants, 85 had spouses who were health workers, while 61 had spouses in other professional fields. In terms of work schedule, 76 worked between 8 a.m. and 5 p.m., 150 worked regular hours plus shifts, and 3 worked only shifts. For

male health professionals (n=187), the mean age was 37.27 years (SD=7.81), with a mean seniority of 13.88 years (SD=8.20). Among them, 155 were married, 25 were single, and 7 were separated from their spouses. Of the married male participants, 72 had spouses who were health workers, while 83 had spouses in different professions. There were 91 nurses and 96 doctors among the male participants. In terms of work schedule, 37 worked between 8 a.m. and 5 p.m., 141 worked regular hours plus shifts, and 9 worked only shifts. Our study included only doctors and nurses as health professionals. This decision was based on their prevalence among health workers in Turkey, according to Ministry of Health statistics. Nurses constitute the largest group of health professionals, followed by doctors (general practitioners, residents, and specialists). Additionally, nurses typically spend more time with patients compared to other healthcare providers (Blegen Vaughn & Goode, 2001).

Data Collection Tools

Personal Information Form

The personal information form, prepared by the researchers, was used to obtain descriptive information about the participants. This form includes questions about the health professional's gender, marital status, occupation, seniority, type of work, and whether the spouse is a health professional.

Stanford Presenteeism Scale

The level of presenteeism was measured using the "Stanford Presenteeism Scale", which was developed by Koopman et al. (2002) and adapted into Turkish by Anik Baysal (2012) and consists of 6 statements with two factors. The sub-dimensions of the scale are "completing the work" and "preventing distraction". The scale is used both with its two-factor structure and as a single presenteeism score by taking the total score. The one-dimensional version of the scale that measures presenteeism was used in this study. The Cronbach's alpha reliability coefficient calculated in this study was 0.76 for female health professionals and 0.71 for male health professionals.

Job Stress Scale

The Job Stress Scale developed by House and Rizzo (1972) was used to determine the job stress experienced by health professionals. The scale was translated into Turkish by Efeoglu (2006). This scale, which was developed to determine the degree of stress experienced by the participants in their work life, consists of one single dimension and 7 items. It includes a five-point Likert-type rating. Participants coded their answers on a five-point Likert-type scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). High scores on the scale indicate a high level of perceived job stress. The Cronbach's alpha reliability coefficient of the scale calculated in this study was 0.80 for female health professionals and 0.84 for male health professionals.

Brief Psychological Resilience Scale

The Brief Psychological Resilience Scale, developed by Smith et al. (2008) and adapted into Turkish by Dogan (2015), was used to measure the psychological resilience of health professionals. The scale consists of one sub-dimension and six items. It includes a five-point Likert-type rating, ranging from strongly agree to strongly disagree. The Cronbach's alpha reliability coefficient of the scale calculated in this study was 0.85 for female health professionals and 0.80 for male health professionals.

Workplace Friendship Scale

The "Workplace Friendship Relationships Scale" developed by Nielsen, Jex, and Adams (2000) and adapted into Turkish by Kiral (2018) was used to measure the workplace friendship of health professionals. There is single sub-dimension and a two sub-dimension use of the scale in the literature. In this study, the single sub-dimensional version of the scale that assesses workplace friendship as a whole was used. The scale consists of 10 items. The scale ranges from a minimum of 10 and to a maximum of 50 points and includes a 5-point Likert-type rating (1=strongly disagree, 5=strongly agree). Higher scores on the scale indicate higher levels of workplace friendship, while lower scores indicate lower levels of workplace friendship. The Cronbach's alpha reliability coefficient of the scale calculated in this study was 0.82 for female health professionals and 0.83 for male health professionals.

Data Collection

The data for this study were gathered through the completion of measurement tools administered via a web survey platform (Google Forms) by health professionals who volunteered to take part. Researchers visited certain health institutions to inform health professionals about the study and extend invitations to participate. For those unable to be reached in person, information about the research was disseminated through social networks such as WhatsApp, Instagram, and Facebook, accompanied by invitations to join the study. Upon accessing the measurement tools via the survey website, participants were initially asked whether they volunteered to participate. Only those who volunteered could proceed to access the measurement tools. Participants had the option to withdraw from the application at any point during the survey. Incomplete responses were not included in the system's evaluation. The digital platform for data collection was closed once the desired sample size was achieved, signaling the end of the data collection process.

Data Analysis

Before analyzing the data, we assessed whether they exhibited a normal distribution by examining their kurtosis and skewness values. It was deemed that the data followed a normal distribution when the skewness and kurtosis values fell within the range of -1 to +1 (George & Mallery, 2010). Additionally, we evaluated the basic assumptions of regression, including Variance Inflation Factor (VIF) values, tolerance values, and Durbin Watson values. VIF and tolerance values were scrutinized to identify potential multicollinearity issues within the data. We found that the VIF values were below the threshold value of 10, indicating no significant multicollinearity concerns, and tolerance values exceeded the threshold value of 0.10, suggesting high tolerance levels (Tabachnick & Fidell, 2007). Consequently, no multicollinearity problems were observed in the dataset. Subsequently, multiple linear regression analyses were conducted separately for female and male health professional participants to assess the predictive roles of job stress, psychological resilience, and workplace friendship. Furthermore, Durbin Watson's values were examined to assess the relationship between error values in the regression models and were presented in the tables. Durbin Watson values ranging between 1.5 and 2.5 were interpreted as indicative of no relationship between error values (Kalayci, 2006).

RESULTS

This section presents the results of the statistical analysis conducted to address the sub-problems of the study. Descriptive statistics, including mean and standard deviation values, for presenteeism, work stress, psychological resilience, and workplace friendship scores among health professionals, as well as Cronbach's alpha reliability coefficients for scale reliability and skewness

and kurtosis values for normal distribution, were provided separately for male and female genders in Tables 1 and 2. Additionally, correlation values indicating the relationships between the research variables are presented in Tables 1 and 2. Table 1 specifically displays the results for female health professionals.

Table 1
Descriptive Statistics and Correlation Values between Variables for Female Healthcare Professionals

Female healthcare professionals (n=229)	1	2	3	4
1. Job stress	-			
2. Psychological resilience	-.318**			
3. Workplace friendships	-.091	.151*		
4. Presenteeism	.256**	-.413**	-.206**	
Mean	25.17	17.92	34.44	19.26
Standard Deviation	4.95	4.35	5.74	4.43
Skewness	-.27	.06	-.62	-.47
Curtosis	-.45	-.11	.69	-.10
Cronbach alfa	.80	.85	.82	.76

*p<0.05; **p<0.01

Upon examination of Table 1, it is evident that the reliability coefficients of the job stress, psychological resilience, workplace friendship, and presenteeism scales (ranging from 0.76 to 0.85) are sufficiently reliable for female health professionals. Additionally, the data demonstrated a normal distribution based on the skewness values (ranging from 0.06 to -0.62) and kurtosis values (ranging from -0.10 to 0.69). For female health professionals, the mean scores were as follows: presenteeism = 19.26 (Sd=4.43), job stress = 25.17 (Sd=4.95), psychological resilience = 17.92 (Sd=4.35), and workplace friendship = 34.4 (Sd=5.74). Furthermore, a positive correlation (r=.256, p<0.01) was observed between presenteeism and job stress in female health professionals. Conversely, negative and moderately significant correlations were found between presenteeism and workplace friendships (r=-.206, p<0.01), as well as psychological resilience (r=-.413, p<0.01).

Table 2 includes descriptive and correlational results for male health professionals.

Table 2
Descriptive Statistics and Correlation Values between Variables for Male Healthcare Professionals

Male healthcare professionals (n=187)	1	2	3	4
1. Job stress	-			
2. Psychological resilience	-.283**			
3. Workplace friendships	-.231**	.235**		
4. Presenteeism	.262**	-.477**	-.228**	
Mean	26.39	18.84	33.58	17.71
Standard deviation	5.21	4.13	6.22	4.61
Skewness	-.59	-.15	.02	-.64
Curtosis	.40	.34	-.38	.75
Cronbach alfa	.84	.80	.83	.71

**p<0.01

Upon reviewing Table 2, it becomes evident that the reliability coefficients of the job stress, psychological resilience, workplace friendship, and presenteeism scales for male health professionals demonstrate sufficient reliability, with coefficients ranging between 0.71 and 0.84. Additionally, the data exhibited normal distribution based on the skewness values (ranging between 0.02 and -0.64) and kurtosis values (ranging between -0.38 and 0.75). For male health

professionals, the mean scores were as follows: presenteeism = 17.71 (Sd=4.61), job stress = 26.39 (Sd=5.21), psychological resilience = 18.84 (Sd=4.13), and workplace friendship = 33.58 (Sd=6.22). Moreover, a positive correlation (r=.262, p<0.01) was identified between presenteeism and work stress. However, a negative and moderately significant correlation was observed between presenteeism and workplace friendship relations (r=-0.228, p<0.01), as well as psychological resilience (r=-0.477, p<0.01).

The results of the multiple linear regression analysis investigating whether job stress, psychological resilience, and workplace friendship are significant predictors of presenteeism in female health professionals, corresponding to the 1st, 2nd, and 3rd sub-problems of the study, are summarized in Table 3.

Table 3
Multiple Linear Regression Analysis Results for the Prediction of Presenteeism in Female Healthcare Professionals (n=229)

Predictors	B	SH_B	β	t	P	Regression results
Constant	26.439	2.589		10.213	**.000****	R = .455
Job stress	.118	.056	.132	2.107	**.036***	R^2 = .207
Psychological resilience	-.357	.064	-.350	-5.536	**.000****	F = 19.621
Workplace friendships	-.109	.046	-.141	-2.351	**.020***	Durbin Watson=1.544

*p<0.05; **p<0.001

Table 3 illustrates that job stress, psychological resilience, and positive workplace friendships significantly predict presenteeism in female health professionals (FReg=19.621, p<0.01). The R2 value for the model was determined to be 0.207. This indicates that job stress, psychological resilience, and positive workplace friendships collectively account for 21% of the total observed variance in presenteeism.

The results of the multiple linear regression analysis examining whether job stress, psychological resilience, and workplace friendship serve as significant predictors of presenteeism in male health professionals, corresponding to the 4th, 5th, and 6th sub-problems of the study, are delineated in Table 4.

Table 4
Multiple Linear Regression Analysis Results for the Prediction of Presenteeism in Male Health Professionals (n=187)

Predictors	B	SH_B	β	t	p	Regression results
Constant	26.260	2.918		8.998	.000**	R = 504
Job stress	.106	.060	.120	1.775	.078	R^2 = 255
Psychological resilience	-.469	.076	-.419	-6.196	.000**	F = 20.825
Workplace friendships	-.075	.049	-.101	-1.519	.130	Durbin Watson=1.646

**p<0.001

Table 4 indicates that only psychological resilience emerges as a significant predictor of presenteeism in male health professionals (FReg=20.825, p<0.01). In the constructed regression model, the R2 value was determined to be 0.255. This implies that psychological resilience alone accounts for 26% of the total observed variance in presenteeism among male health professionals. However, job stress and workplace friendships did not emerge as significant predictors of presenteeism in male health professionals (β = .120, p>0.05 for job stress; β=-0.101, p>0.05 for workplace friendships).

DISCUSSION

In this study, we delved into the predictive capacity of job stress, psychological resilience, and workplace friendships concerning presenteeism among health professionals, examining these factors through the lens of gender. Presenteeism, which occurs due to either organizational or individual factors, poses significant risks to both individuals and organizations alike. Existing literature suggests that presenteeism is more prevalent among those working in the healthcare sector compared to other professions (Fiorini, Griffiths, & Houdmont, 2018; Ofili et al., 2018). Working in the healthcare field presents numerous challenges, including demanding working conditions, heavy workloads, the responsibility of caring for severely and terminally ill patients, sensitivity to the emotional well-being of patients and their families, and staff shortages. These challenges inherent to the healthcare sector may lead to various psychological, physiological, and behavioral adjustments among health professionals.

One of the challenges that can arise in the healthcare sector is presenteeism, where health professionals continue to work despite their health not being optimal. This phenomenon exposes them to various negative outcomes such as fatigue, stress, anxiety, increased physical health issues, and emotional burnout (Demerouti et al., 2009). Given that presenteeism is prevalent among healthcare professionals and impacts both employees and the patients they care for, it is imperative to explore this issue and its influencing factors for the well-being of society as a whole. In our study, we focused on job stress as the first variable examined in the context of gender regarding the prediction of presenteeism. Consistent with existing research findings, stress experienced in the workplace has been identified as one of the primary predictors of presenteeism (Aslan & Ulupınar, 2020; Baykal & Koc Tutuncu, 2021; Brborovi et al., 2017; El-Kurdy et al., 2022; Rainbow et al., 2021; Yang et al., 2017; Zhang et al., 2020).

Indeed, our study's findings revealed a noteworthy gender difference in the predictive role of job stress on presenteeism among healthcare professionals. While job stress emerged as a significant predictor of presenteeism in female health professionals, it did not demonstrate the same predictive power in male health professionals. This discrepancy might be attributed to various organizational factors. Previous research has indicated that women perceive higher levels of job stress compared to men due to factors such as feeling pressure, experiencing discrimination, and lacking control over the work environment (Tharenou and Conroy, 1994; Kocak & Tasdemir, 2022). Women often feel the need to prove themselves and excel in their roles, which can contribute to heightened stress levels. Additionally, the multiple roles that women often juggle, both at work and in their personal lives, can lead to increased pressure to perform exceptionally in all areas (Kucuksen & Kaya, 2016). The expectation for women to fulfill their responsibilities both inside and outside of the workplace while maintaining high productivity can create a significant amount of tension. Consequently, women may feel compelled to persist in working despite facing health challenges, leading to higher rates of presenteeism. Thus, it's plausible that women's job stress serves as a robust predictor of presenteeism, reflecting the organizational conditions and gender dynamics at play within the healthcare sector.

The results showed that psychological resilience was a significant predictor of presenteeism in both males and females. In other words, psychological resilience predicts presenteeism regardless of gender among health professionals. According to Coutu's approach, psychological resilience is a teachable and developable trait, with personality as its primary determining factor (Cetin & Hasdemir, 2021). Psychological resilience can be enhanced in both men and women through personal traits and educational support. Moreover, psychological resilience not only facilitates overcoming challenging situations but also enables individuals to emerge from them in a more empowered state (Coutu, 2004).

It is acknowledged that individuals with high psychological resilience possess skills in emotional regulation, relationship building, and cognitive abilities, and they tend to utilize functional coping strategies more effectively (Lee et al., 2019). Gender roles play a role in shaping women's personality traits, often associated with traits like being accommodating, compliant, and obedient in the workplace, which can influence their psychological resilience. A study found a negative correlation between agreeableness and psychological resilience among women, whereas other personality traits showed a positive and statistically significant relationship. Specifically, as agreeableness scores increased among working women, their psychological resilience scores decreased (Eroglu, 2022). It is suggested that the strong association between psychological resilience and personality traits may explain its predictive role in presenteeism among both genders in our study.

Within the scope of the fifth and sixth sub-problems in our study, the third variable examined in terms of predicting presenteeism in the context of gender is workplace friendship. The literature demonstrates that individuals' relationships with their colleagues impact presenteeism (Fiorini, et al., 2018; Kim et al., 2016). Szymczak et al. (2015) found that not wanting to receive negative reactions from colleagues at work was associated with presenteeism in the healthcare profession. According to the results of our study, workplace friendship was a significant predictor of presenteeism in female health professionals but not in male health professionals. The reason for this difference may be that male and female health professionals perceive workplace friendships differently.

Women are more affected by workplace stress and negative friendships compared to men. Research indicates that women are more likely to rely on workplace friendships as a coping mechanism during times of stress, to alleviate work-related frustrations, and to express their emotions. Conversely, men are less inclined to seek emotional support from their colleagues compared to women (Odden & Sias, 1997; Taylor et al., 2000). While women are directly impacted by workplace friendships, this is less pronounced among men. Moreover, gender differences in responses to distressing situations may have influenced the outcomes of our study. Men typically communicate less and receive less support than women when experiencing distress (Sun & Stuart, 2007). Women often rely on relational protective factors in times of difficulty, whereas men tend to prefer individual protective factors (Friborg et al., 2003). These gender-related perceptual and behavioral differences may explain why workplace friendships predicted presenteeism only among females, but not males.

CONCLUSION

Our study highlights the significant predictors of presenteeism among health professionals, particularly in relation to gender differences. For female health professionals, job stress, psychological resilience, and workplace friendships emerged as significant predictors of presenteeism, indicating the complex interplay of individual, interpersonal, and organizational factors in influencing work attendance behavior. Conversely, among male health professionals, psychological resilience was the sole significant predictor of presenteeism, suggesting potentially different mechanisms underlying presenteeism in this group. Given the unique challenges faced by health professionals, particularly in roles such as physicians and nurses, it is essential to prioritize strategies aimed at mitigating job stress and fostering positive workplace relationships. Creating a supportive organizational climate characterized by mutual trust and participatory management can enhance the efficiency and effectiveness of health services. Additionally, interventions aimed at enhancing psychological resilience among health professionals, irrespective of gender, can

contribute to reducing presenteeism and improving overall well-being. In conclusion, our findings underscore the importance of addressing gender-specific factors in understanding and addressing presenteeism among health professionals. By implementing targeted interventions that address job stress, foster psychological resilience, and promote positive workplace relationships, healthcare organizations can enhance the quality of care provided and support the well-being of their workforce.

Some suggestions developed considering the research results are as follows.

These suggestions, informed by our research findings, offer practical steps to address presenteeism among health professionals:

Policy Development: Implementing policies specifically targeting the reduction of work stress and the enhancement of workplace friendships can significantly alleviate presenteeism among female health professionals. By addressing these organizational factors, healthcare institutions can create a more supportive work environment conducive to employee well-being.

Intervention Studies: Designing and implementing intervention studies aimed at promoting psychological resilience and enhancing coping skills among all health professionals can effectively mitigate presenteeism. By providing resources and support for building resilience, healthcare organizations can empower their workforce to better manage stress and maintain optimal productivity.

Awareness Campaigns: Conducting awareness campaigns focused on fostering solidarity and social support networks among health professionals can help prevent presenteeism. By raising awareness about the importance of mutual support and collaboration, these initiatives can encourage a culture of openness and support within healthcare settings.

Communication Channels: Establishing open and transparent communication channels within health institutions is essential for preventing presenteeism. By facilitating communication and feedback mechanisms, healthcare organizations can address concerns and challenges proactively, fostering a supportive and inclusive work environment conducive to employee well-being.

By implementing these suggestions, healthcare institutions can effectively tackle presenteeism among their workforce, ultimately improving the quality of care provided and enhancing employee satisfaction and well-being.

LIMITATIONS

This study is subject to several limitations. Firstly, the reliance on self-reported data collection tools means that the findings are based solely on individuals' self-assessments, which may introduce bias. Additionally, because the data collection was conducted online, participation was restricted to health professionals with internet access, potentially excluding those without online connectivity. Consequently, the generalizability of the results is limited to health professionals who have access to the internet. Furthermore, the study exclusively focused on doctors and nurses, omitting other healthcare professions from the analysis, thereby restricting the applicability of the findings to these specific occupational groups.

Ethical Approvals

Ethical approval for this study was granted by the ethics committee of Necmettin Erbakan University, Health Sciences Scientific Research (Approval No: 2022/350). Participants who agreed to take part in the study provided written consent.

Conflict of Interest

Çıkar çatışması olup olmadığını yazınız.

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Author Contributions

Design: AÖ.S., KK, Data Collection or Processing: AÖ, S., K.K, Analysis or Interpretation: AÖ, S., K.K, Literature Search: AÖ, S., K.K, Writing: AÖ, S., K.K

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