

-RESEARCH ARTICLE-

**NURSES COMING TO WORK DESPITE ILLNESS: THE ROLE OF
ETHICAL LEADERSHIP BY NURSE MANAGERS**

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Abstract

Presenteeism, the act of coming to work while ill, is a prevalent issue among nurses, potentially affecting both nurse health and the quality of patient care. Ethical leadership by nurse managers may play a critical role in reducing presenteeism among nurses. However, studies investigating the impact of ethical leadership on presenteeism are limited, and there is a lack of clear understanding of this relationship in the existing literature. This study aimed to determine the extent to which nurses' perceptions of their managers' ethical leadership influence presenteeism behavior among nurses. Additionally, the study explored how these two concepts are affected by socio-demographic characteristics. A cross-sectional research design was employed, and 307 nurses from a public hospital participated in the study. Data were collected using a descriptive form, the Ethical Leadership Scale, and the Sickness Presenteeism Scale. Hierarchical regression analysis was conducted to determine the impact of ethical leadership on presenteeism. The findings indicated that ethical leadership was the only significant predictor of presenteeism, with higher levels of ethical leadership associated with lower levels of presenteeism. The study also found that other socio-demographic variables (gender, age, marital status, education level, years of service, working unit) did not have a significant impact on presenteeism. This study demonstrated that ethical leadership significantly reduces presenteeism among nurses. This finding contributes to a better understanding of the impact of ethical leadership on presenteeism, which has been underexplored in the literature. It is recommended that healthcare organizations consider ethical leadership practices to support nurse health and performance. Future research should examine the effects of ethical leadership in different healthcare settings and among various professional groups to validate these findings.

Keywords: *Ethical Leadership, Nurse Health, Nursing, Patient Care Quality, Presenteeism.*

JEL Codes: *I10, I12, I39*

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HASTALIKLARINA RAĞMEN İŞE GELEN HEMŞİRELER: HEMŞİRE YÖNETİCİLERİN ETİK LİDERLİĞİNİN ROLÜ³

Öz

Hemşireler arasında yaygın bir sorun olan hasta olarak işe gitme durumu (presenteeism), hem hemşire sağlığını hem de hasta bakım kalitesini olumsuz etkileyebilir. Hemşire yöneticilerinin etik liderliği, hemşireler arasında presenteeizmi azaltmada kritik bir rol oynayabilir. Ancak, etik liderliğin presenteeizm üzerindeki etkilerini araştırarak çalışmaları sınırlıdır ve mevcut literatürde bu ilişkiye dair net bir anlayış eksiktir. Bu çalışmada hemşirelerin, yöneticilerine ilişkin etik liderlik algılarının hemşireler arasındaki hastalık presenteeizmi davranışı üzerinde ne kadar etkili olduğunu belirlemek amaçlanmıştır. Aynı zamanda bu iki kavramın sosyo-demografik özelliklerden nasıl etkilendiği araştırılmıştır. Bu çalışmada kesitsel bir araştırma tasarımı kullanılmış ve çalışmaya bir kamu hastanesinden 307 hemşire katılmıştır. Veriler tanımlayıcı bir form, Etik Liderlik Ölçeği ve Hastalık Presenteeizm Ölçeği kullanılarak toplanmıştır. Etik liderliğin presenteeizm üzerindeki etkisini belirlemek amacıyla hiyerarşik regresyon analizi yapılmıştır. Bulgular, etik liderliğin presenteeizmi azaltmada tek anlamlı belirleyici olduğunu ve daha yüksek etik liderlik seviyelerinin daha düşük presenteeizm seviyeleri ile ilişkili olduğunu göstermiştir. Çalışmada ayrıca, diğer sosyo-demografik değişkenlerin (cinsiyet, yaş, medeni durum, eğitim seviyesi, hizmet yılı, çalışma birimi) presenteeizm üzerinde anlamlı bir etkisinin olmadığı saptanmıştır. Bu çalışma, etik liderliğin hemşireler arasında presenteeizmi önemli ölçüde azalttığını ortaya koymuştur. Bu bulgu, literatürde eksik olan etik liderliğin presenteeizm üzerindeki etkisinin daha iyi anlaşılmasına yardımcı olmaktadır. Sonuç olarak, sağlık kuruluşlarının hemşire sağlığını ve performansını desteklemek için etik liderlik uygulamalarını dikkate alması gerektiği önerilmektedir. Gelecekteki araştırmaların etik liderliğin etkilerini daha farklı sağlık ortamlarında ve farklı meslek gruplarında inceleyerek bu bulguları doğrulamalarının faydalı olacağı düşünülmektedir.

Anahtar Kelimeler: Etik Liderlik, Hasta Bakım Kalitesi, Hemşire Sağlığı, Hemşirelik, Presenteeizm.

JEL Kodları: I10, I12, I39

“Bu çalışma Araştırma ve Yayın Etiğine uygun olarak hazırlanmıştır.”

1. INTRODUCTION

Nursing is a cornerstone of the healthcare sector, characterized by both physical and emotional demands. Nurses often endure long working hours, prolonged standing, and exposure to infection risks, which can adversely affect their health. These conditions

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frequently lead to musculoskeletal disorders, including back, neck, and shoulder pain (Abdul Halim, Mohd Ripin, and Ridzwan, 2023; Sun et al., 2023; Yip, 2001). Additionally, vascular diseases and varicose veins are common among nurses (Abou-ElWafa, El-Metwaly, and El-Gilany, 2020; Tüchsen, Hamnerz, Burr, and Krause, 2005; Wang et al., 2022). Despite these health challenges, many nurses continue to work while ill, a behavior known as "presenteeism."

Presenteeism is particularly prevalent among healthcare workers. Aronsson et al. (2000) found that healthcare professionals and teachers exhibit presenteeism more frequently than individuals in other professions. This tendency not only jeopardizes nurses' health but also compromises patient care quality (Letvak, Ruhm, and Gupta, 2012; Shan, Wang, Wang, Guo, and Li, 2021). Thus, presenteeism is not merely an individual issue but a significant threat to the quality and continuity of healthcare services.

Various factors contribute to presenteeism among nurses, including professional commitment, economic concerns, and job security. Some nurses are reluctant to leave their duties to colleagues, leading them to work even when ill (Aslan and Ulupinar, 2020; Johns, 2010; Rainbow and Steege, 2017). Additionally, inadequate staffing and financial pressures are significant determinants of nurses' decisions to work while sick (Bergström, Bodin, Hagberg, Aronsson, and Josephson, 2009; Rainbow, Gilbreath, and Steege, 2019). These pressures can lead to the neglect of personal health, resulting in more severe long-term health issues (Demerouti, Le Blanc, Bakker, Schaufeli, and Hox, 2009; Shan et al., 2021).

The relationship between presenteeism and well-being is complex (Karanika-Murray et al., 2021; Skagen and Collins, 2016). While presenteeism refers to attending work despite illness, well-being encompasses a broader range of physical, mental, and emotional health factors. Ethical leadership plays a crucial role in promoting well-being by encouraging employees to prioritize their health, thereby reducing the incidence of presenteeism (Jia et al., 2022). Ethical leaders create a work environment that supports the well-being of employees, which is essential in mitigating presenteeism.

The leadership styles of nurse managers significantly influence nurses' presenteeism behaviors. Ethical leadership, which promotes ethical behavior among employees, is particularly relevant in nursing, where understanding and addressing ethical dilemmas is crucial (Aloustani et al., 2020; Brown and Treviño, 2006). Ethical leaders set an example through their actions and interactions, fostering an ethical work environment that supports nurse well-being and patient care quality (AlShehhi, Alshurideh, Kurdi, and Salloum, 2020; Dey, Bhattacharjee, Mahmood, Uddin, and Biswas, 2022; Treviño, Brown, and Hartman, 2003).

The impact of ethical leadership on employee behavior has been explored within the framework of social learning theory, which emphasizes the role of leaders as key sources of ethical guidance for their employees (Brown, Treviño, and Harrison, 2005). Ethical leaders create an environment of fairness, trust, and job satisfaction, which can reduce the likelihood of employees feeling compelled to work while ill, thereby

mitigating presenteeism (Den Hartog and Belschak, 2012). Moreover, ethical leadership positively influences organizational culture, promoting a healthier environment where employees prioritize well-being, further contributing to the reduction of presenteeism (Huhtala et al., 2013). Thus, ethical leadership emerges as a critical factor in safeguarding employee health and enhancing job performance.

This study addresses a significant gap in the literature by specifically exploring the impact of ethical leadership on presenteeism. While previous research has primarily focused on the broader effects of ethical leadership on employee behaviors, this study directly investigates its influence on presenteeism. Building on the work of Huhtala et al. (2013), which examined how ethical leadership shapes organizational culture, this study uniquely contributes by exploring how ethical leadership affects employee engagement and well-being, and how these effects shape decisions to work when unwell.

The primary objective of this study is to examine the impact of nurse managers' ethical leadership practices on nurses' tendencies to work despite health issues. The central research question is: "How do nurse managers' ethical leadership practices influence nurses' presenteeism behaviors?" This study will also consider various socio-demographic factors (gender, age, marital status, education level, working unit, and years of service) to provide a comprehensive understanding of how ethical leadership can protect nurses' health and enhance their professional performance. By addressing these questions, this research aims to contribute valuable insights into improving nursing management practices and optimizing job continuity by safeguarding nurses' health.

2. METHODOLOGY

2.1. Type of the Research

This study employs a cross-sectional and descriptive research design to examine the relationship between perceived ethical leadership and sickness presenteeism among nurses.

2.2. Place of the Research

The research was conducted at a public hospital providing healthcare services in Erzurum, Türkiye. Data collection was conducted from May 4, 2024, to June 14, 2024.

2.3. Universe/Sample of the Research

The study population consisted of nurses working in a public hospital providing healthcare services in Erzurum, Türkiye. According to information obtained from the institutions, as of May 1, 2023, there were 1384 nurses working in the hospital. Using the known sample size formula with a 95% confidence interval and a 0.05 error margin, the minimum sample size required was calculated to be 301 nurses, based on the following formula (Cochran, 1942):

$$N = \frac{N \cdot Z^2 \cdot p \cdot (1 - p)}{e^2 \cdot (N - 1) + Z^2 \cdot p \cdot (1 - p)}$$

where:

- N = 1384 (total population of nurses in public hospitals),
- Z = 1.96 (confidence level for 95% confidence interval),
- p = 0.5 (estimated proportion, for maximum sample size),
- e = 0.05 (margin of error).

To account for potential data loss, a total of 330 surveys were distributed. Ultimately, 307 valid surveys were collected and analyzed, exceeding the minimum required sample size. This approach ensured a robust representation of the study population, thereby enhancing the reliability and validity of the study findings.

2.4. Data Collection Instrument-Validity and Reliability Information

The data for this study were collected using a descriptive questionnaire developed by the researchers through a literature review, alongside the "Ethical Leadership Scale" and the "Sickness Presenteeism Scale." Initially, nurses were informed about the study and its significance. Those who agreed to participate were given the questionnaire and relevant scales. Written informed consent, which explained the use of the research data and indicated that participants could withdraw from the study at any time, was attached to the beginning of the questionnaire. The data collection instruments were personally distributed to the nurses by the researchers. To prevent data loss, all units were visited periodically, and the forms were collected on the same day.

2.4.1. Descriptive Information Form

This form included questions about socio-demographic information and working characteristics, such as gender, age, marital status, education level, length of employment, and the unit in which they worked.

2.4.2. Ethical Leadership Scale

The Ethical Leadership Scale developed by Brown et al. (2005) demonstrated robust psychometric properties. Specifically, the Cronbach's alpha at the individual level was reported as 0.90, indicating strong internal consistency. Additionally, the correlations for discriminant and nomological validity were reported as 0.93 and 0.94, respectively. These values highlight the scale's reliability and validity in distinguishing ethical leadership from related constructs and confirming its relevance to important leadership outcomes (Brown and Treviño, 2006; Brown, Treviño, and Harrison, 2005). The Turkish adaptation of the scale was conducted by Tuna et al. in 2012, yielding a Cronbach's alpha of 0.928 (Tuna, Bircan, and Yeşiltaş, 2012).

2.4.3. Sickness Presenteeism Scale

This scale was developed in Turkish by Barış, Seren İntepeler, and Ünal in 2022. The scale's validity was confirmed through exploratory and confirmatory factor analyses, verifying its four-factor structure, which explains 57.9% of the total variance. Convergent and discriminant validity were met, and concurrent validity showed a moderate correlation with the Perceived Stress Scale. Reliability was strong, with an overall Cronbach's alpha of 0.928 and subscale values ranging from 0.82 to 0.90, establishing it as a valid and reliable tool for this purpose. The scale does not have a cutoff point, and higher total scores suggest a greater negative impact of presenteeism on job performance.

2.5. Evaluation of the Data

The study findings were reported using mean, frequency, and percentage distribution. To compare the scale scores based on the socio-demographic and working characteristics of the nurses, an independent samples t-test was used for two groups, and one-way ANOVA was used for more than two groups. To determine the impact of ethical leadership on presenteeism, a hierarchical regression analysis was conducted in two steps: first, the control variables (gender, age, marital status, education level, working unit, and years of service) were entered into the model, and then the main predictor variable, ethical leadership, was added. The results indicated that only ethical leadership significantly contributed to the model, while the other independent variables did not significantly influence presenteeism and were excluded from the final model. The data were analyzed using IBM SPSS (Statistical Package for Social Sciences) version 21.0, with a significance level set at ≤ 0.05 .

2.6. Ethical Aspect of the Research

Permission was obtained from the scale owners via email before the ethics committee review. Approval for the study was obtained from the Research Ethics Committee of Erzurum Technical University (approved on April 4, 2024, during the 4th meeting, with decision number 19). Institutional permissions were also sought to conduct the study (approved on April 24, 2024, with reference number E-76614443-604.01-242877067). After completing the institutional permission processes, written and/or verbal informed consent was obtained from the participants before data collection. The research adhered to ethical standards and publication ethics, ensuring that all procedures and practices were conducted with integrity and transparency.

3. RESULTS

The descriptive characteristics of nurses and the comparison of Ethical Leadership Scale and Sickness Presenteeism Scale scores based on these characteristics were analyzed (Table 1). The mean score of the Ethical Leadership Scale for female nurses ($n = 210$, 68%) was 3.80 ± 0.88 , while for male nurses ($n = 97$, 32%) it was 3.55 ± 1.03 . This difference was statistically significant ($t = 2.118$, $p = 0.036$). In terms of the Sickness Presenteeism Scale, the mean score for female nurses was 2.63 ± 1.01 , and for male nurses, it was 2.75 ± 1.15 , but this difference was not statistically significant ($t = 0.849$, $p = 0.397$ [Table 1]).

Table 1. Distribution of nurses' descriptive characteristics and comparison of Ethical Leadership Scale (ELS) and Sickness Presenteeism Scale (SPS) scores (n= 307)

	n	%	ELS		Test	p	SPS		Test	p
			Mean ± SD				Mean ±SD			
Gender										
Famale	210	68%	3.80±0.88		t=2.118	p=0.036	2.63±1.01		t=0.849	p=0.397
Male	97	32%	3.55±1.03				2.75±1.15			
Age (years)										
Between 20-25	41	13%	3.45±0.97		F=3.215	p=0.023	2.58±1.04		F=0.374	p=0.771
Between 26-30	176	57%	3.67±0.93				2.72±1.06			
Between 31-35	56	19%	3.90±0.91				2.57±1.03			
36 years and above	34	11%	4.02±0.86 ^a				2.68±1.09			
Marital status										
Married	187	61%	3.82±0.92		t=2.362	p=0.019	2.71±1.05		t=0.767	p=0.443
Single	120	39%	3.57±0.95				2.61±1.07			
Education level										
High School and Associate's Degree	41	13%	3.78±0.91		F=0.242	p=0.785	2.71±1.04		F=0.085	p=0.918
Bachelor's Degree	233	76%	3.72±0.94				2.65±1.05			
Graduate Studies	33	11%	3.63±0.95				2.72±1.13			
Years of service										
1-5 years	153	50%	3.61±0.93		F=2.056	p=0.106	2.69±1.08		F=0.158	p=0.925
6-10 years	96	31%	3.80±0.88				2.63±0.99			
11-15 years	41	13%	3.78±1.15				2.62±1.10			
16 years and above	17	6%	4.12±0.47				2.77±1.12			
Working unit										
Service	176	57	3.66±0.97		F=1.106	p=0.332	2.70±1.05		F=0.292	p=0.747
Intensive Care Unit and Emergency Department	99	32	3.77±0.94				2.64±1.09			
Management	32	11	3.90±0.73				2.57±0.94			

For nurses aged 20-25 years ($n = 41, 13\%$), the mean score of the Ethical Leadership Scale was 3.45 ± 0.97 , for those aged 26-30 years ($n = 176, 57\%$) it was 3.67 ± 0.93 , for those aged 31-35 years ($n = 56, 19\%$) it was 3.90 ± 0.91 , and for those aged 36 years and above ($n = 34, 11\%$) it was 4.02 ± 0.86 . The differences among these age groups were statistically significant ($F = 3.215, p = 0.023$). However, there was no significant difference in the Sickness Presenteeism Scale scores among the age groups ($F = 0.374, p = 0.771$ [Table 1]).

Married nurses ($n = 187, 61\%$) had a mean Ethical Leadership Scale score of 3.82 ± 0.92 , while single nurses ($n = 120, 39\%$) had a mean score of 3.57 ± 0.95 . This difference was statistically significant ($t = 2.362, p = 0.019$). In terms of the Sickness Presenteeism Scale, the mean score for married nurses was 2.71 ± 1.05 , and for single nurses, it was 2.61 ± 1.07 , but this difference was not statistically significant ($t = 0.767, p = 0.443$). Nurses with high school and associate's degrees ($n = 41, 13\%$) had a mean Ethical Leadership Scale score of 3.78 ± 0.91 , those with a bachelor's degree ($n = 233, 76\%$) had a mean score of 3.72 ± 0.94 , and those with graduate studies ($n = 33, 11\%$) had a mean score of 3.63 ± 0.95 . There was no statistically significant difference in Ethical Leadership Scale scores based on education level ($F = 0.242, p = 0.785$). Similarly, there was no significant difference in the Sickness Presenteeism Scale scores based on education level ($F = 0.085, p = 0.918$ [Table 1]).

Nurses with 1-5 years of service ($n = 153, 50\%$) had a mean Ethical Leadership Scale score of 3.61 ± 0.93 , those with 6-10 years of service ($n = 96, 31\%$) had a mean score of 3.80 ± 0.88 , those with 11-15 years of service ($n = 41, 13\%$) had a mean score of 3.78 ± 1.15 , and those with 16 years and above ($n = 17, 6\%$) had a mean score of 4.12 ± 0.47 . There was no statistically significant difference in Ethical Leadership Scale scores based on years of service ($F = 2.056, p = 0.106$). Similarly, there was no significant difference in the Sickness Presenteeism Scale scores based on years of service ($F = 0.158, p = 0.925$ [Table 1]).

Nurses working in service units ($n = 176, 57\%$) had a mean Ethical Leadership Scale score of 3.66 ± 0.97 , those in intensive care units and emergency departments ($n = 99, 32\%$) had a mean score of 3.77 ± 0.94 , and those in management units ($n = 32, 11\%$) had a mean score of 3.90 ± 0.73 . There was no statistically significant difference in Ethical Leadership Scale scores based on the working unit ($F = 1.106, p = 0.332$). Similarly, there was no significant difference in the Sickness Presenteeism Scale scores based on the working unit ($F = 0.292, p = 0.747$ [Table 1]).

A stepwise linear regression analysis was conducted with presenteeism behavior as the dependent variable and ethical leadership, gender, marital status, education level, working unit, age, and years of service as independent variables (Table 2). In the first step of the regression, control variables (gender, age, marital status, education level, working unit, and years of service) were entered into the model, but none contributed significantly. In the second step, ethical leadership was added as the main predictor, and it was the only variable that significantly contributed to the model, leading to the exclusion of the other variables. To evaluate the overall validity of the regression model, an ANOVA analysis was performed. The results indicate that the model is

statistically significant ($F = 65.349, p < 0.001$). The model explains 17.6% of the total variance ($R^2 = 0.176$).

The effect of the ethical leadership variable on presenteeism behavior was examined in the regression model. The data show a significant negative relationship between ethical leadership and presenteeism behavior ($B = -0.472, t = -8.084, p < 0.001$). This finding suggests that as the level of ethical leadership increases, presenteeism behavior decreases (Table 2).

Model Equation

The obtained regression model equation is as follows:

$$\text{Presenteeism behavior (Y)} = 4.427 - 0.472 \times \text{Ethical Leadership (X)}$$

In this equation:

- Y represents presenteeism behavior.
- X represents the ethical leadership score.

Table 2. Hierarchical Regression Analysis of the Effects of Control Variables and Ethical Leadership on Presenteeism

Model	Variable	B	t	p	r	R ²
<i>Step 1</i>	Gender	-0.003	-0.049	0.961		
	Marital Status	-0.102	-1.965	0.062		
	Education Level	0.016	0.761	0.447		
	Working Unit	-0.080	-0.876	0.382		
	Age Group	0.010	0.170	0.865		
	Work Type	0.046	0.876	0.382		
<i>Step 2</i>	Ethical Leadership	-0.472	-8.084	<0.001**	0.420	0.176

4. DISCUSSION

This study primarily aimed to investigate the impact of nurse managers' ethical leadership on presenteeism among nurses. The findings reveal a strong negative relationship between ethical leadership and presenteeism, highlighting the pivotal role of ethical leadership in fostering a healthier work environment and improving nurse well-being. This significant finding suggests that ethical leadership directly contributes to reducing presenteeism, irrespective of demographic factors such as gender, age, marital status, or years of service. This study contributes to a relatively unexplored area in the existing literature, offering valuable insights for nursing management and policy development.

Aronsson et al. (2000) found that healthcare professionals, including nurses, are particularly prone to presenteeism due to the demanding nature of their work and the high responsibility they feel towards their patients (Aronsson et al., 2000). Similar findings were reported by Letvak et al. (2012), who emphasized that presenteeism not only affects the health of the nurses but also compromises patient care quality (Letvak et al., 2012). These studies align with our findings, which indicate that presenteeism is a pervasive issue among nurses, regardless of their demographic or professional backgrounds. Moreover, the work of Demerouti et al. (2009) suggests that job demands and personal dedication significantly contribute to presenteeism, further supporting the notion that systemic and organizational factors play a critical role (Demerouti et al., 2009). Addressing these factors through comprehensive organizational strategies and strong ethical leadership as suggested by our study, could be pivotal in mitigating the negative effects of presenteeism in the nursing profession.

Presenteeism among nurses is a significant concern due to its potential impact on both the health of the nurses and the quality of patient care. This study found that presenteeism was prevalent among nurses, with moderate levels of presenteeism behavior observed. Notably, our results did not reveal significant differences in presenteeism scores based on various demographic factors, including gender, age, marital status, education level, years of service, or working unit. Female nurses exhibited slightly lower levels of presenteeism compared to male nurses, but this difference was not substantial. Similarly, no significant variations were observed in presenteeism scores across different age groups, marital statuses, education levels, years of service, or working units. These findings further reinforce the notion that ethical leadership is a critical determinant of presenteeism behavior, overshadowing demographic influences. This widespread prevalence may be attributed to the inherent pressures of the nursing profession, including a strong sense of duty, fear of burdening colleagues, and concerns over job security and economic stability. The lack of significant demographic differences indicates that interventions to reduce presenteeism need to be broad and inclusive, targeting the organizational culture and systemic factors that contribute to this behavior.

Ethical leadership among nurse managers is a crucial aspect that has been explored in various studies, highlighting its significant impact on organizational outcomes and employee behavior. Brown and Treviño (2006) defined ethical leadership as the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, as well as the promotion of such conduct to followers (Brown and Treviño, 2006). This form of leadership has been shown to foster a positive work environment and enhance employee satisfaction and performance. In the context of nursing, ethical leadership is particularly important due to the ethical dilemmas and challenges that nurses frequently face. Studies have shown that ethical leadership can improve nurses' job satisfaction and reduce turnover intentions (Treviño et al., 2003). Our findings align with these studies, demonstrating that higher levels of perceived ethical leadership are consistently associated with lower levels of presenteeism among nurses, indicating that ethical leadership is a crucial factor in promoting nurse health and well-being. This suggests that when nurses perceive their

managers as ethical leaders, they are less likely to come to work while sick, which can improve both their health and the quality of patient care.

Moreover, a study by Walumbwa et al. (2012) found that ethical leadership is positively related to employees' willingness to exert extra effort and negatively related to unethical behavior in the workplace (Walumbwa, Morrison, and Christensen, 2012). This implies that ethical leaders can not only enhance the moral climate of an organization but also directly influence the health behaviors of their employees. In line with these findings, our study underscores the critical role of ethical leadership in mitigating presenteeism among nurses. Furthermore, Wong and Cummings (2007) emphasized that ethical leadership in nursing can lead to better patient outcomes by fostering a supportive and ethically sound work environment (Wong and Cummings, 2007). This is crucial in high-stress settings like hospitals, where ethical dilemmas are common, and the need for a strong ethical framework is paramount. Thus, our research significantly contributes to this body of literature by specifically demonstrating the vital impact of ethical leadership on reducing presenteeism, thereby promoting a healthier and more effective workforce.

The hierarchical regression analysis revealed that ethical leadership was the only significant predictor of presenteeism among the variables studied, including gender, marital status, education level, working unit, age, and years of service. This result underscores the unique and critical role of ethical leadership in influencing presenteeism behavior among nurses. As ethical leadership levels increased, presenteeism behavior significantly decreased, suggesting that ethical leadership practices are directly effective in reducing the likelihood of nurses working while ill. The regression model explained 17.6% of the variance in presenteeism behavior, indicating that while ethical leadership is a significant factor, there are also other contributing elements that need to be explored in future research. The strong negative relationship between ethical leadership and presenteeism found in our study aligns with existing literature, which highlights the role of ethical leadership in fostering a supportive and healthy work environment (Brown and Treviño, 2006; Walumbwa et al., 2012).

In conclusion, our findings emphasize the critical importance of ethical leadership in nursing management. Ethical leadership not only promotes a positive organizational climate but also significantly reduces presenteeism, thereby enhancing the overall health and well-being of nurses and improving patient care quality. These results highlight the need for healthcare organizations to prioritize the development and implementation of ethical leadership practices as a strategic approach to support their nursing staff and ensure high standards of care. Future research should continue to explore additional factors influencing presenteeism and further validate the pivotal role of ethical leadership in various healthcare settings.

4.1 Limitations

This study has several limitations that should be considered when interpreting the findings. First, the research was conducted in a single public hospital, which may limit the generalizability of the results to other healthcare settings or regions. The findings may not fully represent the experiences of nurses in different types of hospitals or healthcare systems, particularly those with varying organizational cultures or resources. Second, the study employed a cross-sectional design, capturing data at only one point in time. This design limits the ability to establish causal relationships between ethical leadership and sickness presenteeism, as well as to observe potential long-term effects of leadership practices on nurse behavior. Third, while the study controlled for key socio-demographic variables such as gender, age, marital status, education level, working unit, and years of service, other potential influencing factors were not examined. Variables such as organizational culture, individual stress levels, and job satisfaction, which could also impact sickness presenteeism, were not included in the analysis. Finally, the Ethical Leadership Scale and Sickness Presenteeism Scale used in this study, while validated tools, may not capture all aspects of ethical leadership or sickness presenteeism behavior relevant to the specific context of nursing. Future research should consider incorporating additional or alternative measures to provide a more comprehensive understanding of these concepts.

5. CONCLUSION

This study aimed to explore the impact of ethical leadership on sickness presenteeism among nurses, considering various socio-demographic variables. The findings revealed a significant negative relationship between ethical leadership and sickness presenteeism, indicating that higher levels of perceived ethical leadership are associated with lower levels of sickness presenteeism among nurses. Notably, ethical leadership was the only significant predictor of sickness presenteeism in our hierarchical regression analysis, highlighting its critical role in influencing nurses' decisions to work while ill. Our research underscores the importance of fostering ethical leadership within healthcare organizations to create supportive and healthy work environments. By reducing sickness presenteeism, ethical leadership can improve the well-being of nurses and enhance the quality of patient care. These findings provide valuable insights for nursing management and policy development, advocating for the implementation of ethical leadership development programs to support nurses and promote high standards of healthcare delivery. In conclusion, ethical leadership is a vital component of effective nursing management. Healthcare organizations should prioritize ethical leadership practices to reduce sickness presenteeism, support nurse health and well-being, and ensure the delivery of high-quality patient care. Future research should continue to investigate additional factors influencing sickness presenteeism and further explore the role of ethical leadership in various healthcare settings.

5.1. Implications for Practice

The findings of this study underscore the essential role of ethical leadership in reducing sickness presenteeism among nurses, offering valuable insights for nursing management and healthcare organizations. By fostering an ethical work environment, nurse managers can significantly enhance both staff well-being and the quality of patient care. Healthcare organizations should focus on developing and implementing ethical leadership training for nurse managers, emphasizing ethical decision-making, transparency, and support for nurse health and professional integrity. Regular assessment and monitoring of ethical leadership practices through feedback mechanisms like surveys can help sustain a positive work environment. Additionally, the relationship between ethical leadership and sickness presenteeism suggests that improved leadership practices may lead to better nurse retention and reduced burnout, contributing to a more stable and effective workforce. Ultimately, ethical leadership is not only crucial for nurse health but also for maintaining high standards of patient care, as it ensures that nurses are fully present and engaged in their work. This study provides compelling evidence that ethical leadership is a powerful tool in addressing sickness presenteeism, promoting healthier work environments, and enhancing overall care quality.

DISCLOSURE

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HASTALIKLARINA RAĞMEN İŞE GELEN HEMŞİRELER: HEMŞİRE YÖNETİCİLERİN ETİK LİDERLİĞİNİN ROLÜ (GENİŞLETİLMİŞ ÖZET)

1. GİRİŞ

Hemşireler uzun çalışma saatleri, sürekli ayakta durma ve enfeksiyon riskine maruz kalma gibi zorluklarla karşı karşıyadır, bu da sağlıklarını olumsuz etkileyebilir. Bu durumlar genellikle kas-iskelet sistemi bozukluklarına ve damar hastalıklarına yol açmaktadır. Buna rağmen, birçok hemşire hastayken bile çalışmaya devam etmektedir ki bu durum "presenteeizm" olarak adlandırılmaktadır. Presenteeizm, özellikle sağlık çalışanları arasında yaygındır ve hem hemşirelerin sağlığını riske atmakta hem de hasta bakım kalitesini düşürmektedir.

Etik liderliğin, çalışanların sağlıklarını önceliklendirmelerine ve dolayısıyla presenteeizmin azalmasına katkıda bulunabileceği düşünülmektedir. Aynı zamanda, etik liderliğin, örgütsel kültür üzerinde olumlu etkiler yaratarak, çalışanların genel sağlık ve iş performanslarını iyileştirebileceği öne sürülmektedir. Bu çalışma, hemşire yöneticilerinin etik liderlik uygulamalarının presenteeizm üzerindeki etkilerini inceleyerek, hemşire sağlığını koruma ve iş sürekliliğini optimize etme konularında değerli içgörüler sağlamayı amaçlamaktadır.

2. YÖNTEM

Bu araştırma, hemşireler arasında algılanan etik liderlik ile hastalık presenteeizmi arasındaki ilişkiyi incelemek amacıyla kesitsel ve tanımlayıcı bir araştırma tasarımı kullanmıştır. Araştırma, Erzurum ilinde bir kamu hastanesinde gerçekleştirilmiştir ve veri toplama süreci 4 Mayıs 2024 ile 14 Haziran 2024 tarihleri arasında yapılmıştır. Çalışma evreni, bu hastanede çalışan 1384 hemşireden oluşmuştur. Örneklem büyüklüğü formülü kullanılarak, %95 güven aralığı ve 0.05 hata payı ile minimum 301 hemşirelik bir örneklem hesaplanmıştır. Olası veri kayıplarını önlemek için 330 anket dağıtılmış ve nihayetinde 307 geçerli anket toplanmıştır.

Veriler, araştırmacılar tarafından geliştirilen bir tanımlayıcı anket formu, "Etik Liderlik Ölçeği" ve "Hastalık Presenteeizm Ölçeği" kullanılarak toplanmıştır. Katılımcılara çalışmanın amacı ve önemi hakkında bilgi verilmiş ve katılmayı kabul eden hemşirelere anketler dağıtılmıştır.

3. BULGULAR

Kadın hemşirelerin Etik Liderlik Ölçeği ortalama puanı erkeklere göre anlamlı derecede yüksek bulunmuştur. Yaş grupları arasında Etik Liderlik Ölçeği puanlarında istatistiksel olarak anlamlı farklılıklar gözlemlenmiştir, ancak Hastalık Presenteeizm Ölçeği puanlarında anlamlı bir fark bulunmamıştır. Benzer şekilde, medeni duruma göre de Etik Liderlik Ölçeği puanlarında anlamlı bir fark tespit edilmiştir, ancak presenteeizm puanlarında fark görülmemiştir. Eğitim düzeyi, hizmet yılı ve çalışılan

birime göre hem Etik Liderlik hem de Hastalık Presenteeizm ölçek puanlarında istatistiksel olarak anlamlı bir fark bulunmamıştır.

Ayrıca, adım adım yapılan regresyon analizi sonucunda, presenteeizm davranışı üzerinde sadece etik liderliğin anlamlı bir etkisi olduğu ve diğer kontrol değişkenlerinin modele katkı sağlamadığı tespit edilmiştir. Regresyon modeli, toplam varyansın %17.6'sını açıklamaktadır ve etik liderlik ile presenteeizm davranışı arasında anlamlı negatif bir ilişki olduğu gösterilmiştir.

4. TARTIŞMA

Bu çalışmanın temel amacı, hemşire yöneticilerinin etik liderliğinin hemşireler arasındaki presenteeizm üzerindeki etkisini araştırmaktır. Bulgular, etik liderlik ile presenteeizm arasında güçlü bir negatif ilişki olduğunu ortaya koymuştur, bu da etik liderliğin daha sağlıklı bir çalışma ortamı yaratmada ve hemşirelerin iyilik halini artırmada önemli bir rol oynadığını göstermektedir. Bu çalışma, demografik faktörlerden bağımsız olarak, etik liderliğin presenteeizmi azaltmada doğrudan etkili olduğunu öne sürmektedir. Ayrıca, literatürde nispeten az araştırılmış olan bu alana katkı sağlayarak, hemşirelik yönetimi ve politika geliştirme konularında değerli içgörüler sunmaktadır.

Presenteeizm, hemşireler için önemli bir sorun teşkil etmektedir çünkü hem hemşirelerin sağlığını hem de hasta bakım kalitesini olumsuz etkileyebilir. Bu çalışmada, hemşireler arasında orta düzeyde presenteeizm davranışı gözlenmiş olup, demografik faktörlere göre presenteeizm puanlarında anlamlı bir fark bulunmamıştır. Bu bulgu, etik liderliğin presenteeizm davranışını belirlemede kritik bir faktör olduğunu, demografik etkilerin ise daha az önemli olduğunu göstermektedir. Etik liderlik, hemşirelerin iş sağlığını ve hasta bakım kalitesini artırarak, daha sağlıklı ve etkili bir iş gücü oluşmasına katkıda bulunabilir.

5. SONUÇ

Bu çalışma, hemşireler arasında etik liderliğin hastalık presenteeizmi üzerindeki etkilerini incelemeyi amaçlamıştır. Bulgular, etik liderlik ile hastalık presenteeizmi arasında anlamlı bir negatif ilişki olduğunu göstermiştir; bu da yüksek algılanan etik liderlik seviyelerinin daha düşük hastalık presenteeizmi ile ilişkili olduğunu ortaya koymaktadır. Bu çalışma, sağlık kuruluşlarında etik liderliğin geliştirilmesinin hemşire sağlığını desteklemek hem de hasta bakım kalitesini artırmak için stratejik bir yaklaşım olarak benimsenmesi gerektiğini vurgulamaktadır.

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KATKI ORANI / CONTRIBUTION RATE	AÇIKLAMA / EXPLANATION	KATKIDA BULUNANLAR / CONTRIBUTORS
Fikir veya Kavram / <i>Idea or Notion</i>	Araştırma hipotezini veya fikrini oluşturmak / <i>Form the research hypothesis or idea</i>	Fadime Ulupınar, Furkan BOZDOĞAN
Tasarım / <i>Design</i>	Yöntemi, ölçeği ve deseni tasarlamak / <i>Designing method, scale and pattern</i>	Fadime Ulupınar, Furkan BOZDOĞAN
Veri Toplama ve İşleme / <i>Data Collecting and Processing</i>	Verileri toplamak, düzenlenmek ve raporlamak / <i>Collecting, organizing and reporting data</i>	Fadime Ulupınar, Furkan BOZDOĞAN
Tartışma ve Yorum / <i>Discussion and Interpretation</i>	Bulguların değerlendirilmesinde ve sonuçlandırılmasında sorumluluk almak / <i>Taking responsibility in evaluating and finalizing the findings</i>	Fadime Ulupınar,
Literatür Taraması / <i>Literature Review</i>	Çalışma için gerekli literatürü taramak / <i>Review the literature required for the study</i>	Fadime Ulupınar, Furkan BOZDOĞAN