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FAMILY HEALTH CENTRES

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THE MEDIATING ROLE OF JOB SATISFACTION AND PRESENTEEISM IN THE RELATIONSHIP BETWEEN JOB STRESS AND TURNOVER INTENTION: AN APPLICATION IN FAMILY HEALTH CENTRES

İŞ STRESİ İLE İŞTEN AYRILMA NİYETİ ARASINDAKİ İLİŞKİDE İŞ TATMİNİ VE İŞTE VAR OLAMAMANIN ARACI ROLÜ: AİLE SAĞLIĞI MERKEZLERİNDE BİR UYGULAMA

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ABSTRACT

ÖZ

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In this study, it was aimed to examine the relationship between job stress and turnover intention and the mediating effects of presenteeism and job satisfaction in this relationship. The research was conducted on healthcare professionals working in family health centres in Erzincan province and a total of 163 people, including 68 physicians, 34 nurses, 37 midwives and 24 other healthcare professionals (laboratory, emergency medical technician, etc.) were reached. The questionnaire method was used as a data collection tool in the study. The data were analysed using SPSS 25.0 program with PROCESS Macro 4.1 plug-in and the SPSS 24.0 AMOS program. Mediation analysis was performed using the Bootstrap method at 95% confidence interval. As a result of the analysis, it was determined that job stress has a significant positive effect on turnover intention and presenteeism variables and a significant negative effect on the job satisfaction variable. In addition, it was found that presenteeism had a positive effect on turnover intention and job satisfaction had a negative effect on turnover intention. Finally, it was concluded that the relationship between job stress and turnover intention is mediated by presenteeism and job satisfaction.

Bu çalışmada iş stresi ve işten ayrılma niyeti arasındaki ilişki ile bu ilişkide işte var olamamanın ve iş tatmininin aracılık etkilerinin incelenmesi amaçlanmıştır. Araştırma Erzincan ili aile sağlığı merkezlerinde görev yapan sağlık çalışanları üzerinde gerçekleştirilmiş ve 68 hekim, 34 hemşire, 37 ebe ve 24 diğer sağlık çalışanları (laborant, acil tıp teknisyeni gibi) olmak üzere toplamda 163 kişiye ulaşılmıştır. Araştırmada veri toplama aracı olarak anket yöntemi kullanılmıştır. Veriler PROCESS Macro 4.1 eklentili SPSS 25.0 programı ve SPSS 24.0 AMOS programı kullanılarak analiz edilmiştir. Aracılık analizi, %95 güven aralığında Bootstrap yöntemi kullanılarak gerçekleştirilmiştir. Analiz sonucunda iş stresinin işten ayrılma niyeti ve işte var olamama değişkenleri üzerinde pozitif yönde, iş tatmini değişkeni üzerinde ise negatif yönde anlamlı bir etkisinin olduğu tespit edilmiştir. Bununla birlikte işte var olamamanın işten ayrılma niyeti üzerinde pozitif yönde, iş tatmininin işten ayrılma niyeti üzerinde ise negatif yönde anlamlı etkilerinin olduğu saptanmıştır. Son olarak iş stresi ile işten ayrılma niyeti arasındaki ilişkide işte var olamama ve iş tatmininin aracılık etkilerinin olduğu sonucuna ulaşılmıştır.

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Introduction

Institutions providing primary healthcare services are of great importance in increasing accessibility to health services, improving health outcomes, and ensuring equal service delivery to all segments of society. Family health centres are undoubtedly the most important of these institutions. It is stated that health professionals working in these centres have increased turnover intentions due to factors in the workplace environment such as increased workload, time pressure, diversity of patient expectations, inability to cope with professional responsibilities, and communication deficiencies. (Gregov et al., 2011).

Although there are many factors that cause turnover intention, one of the most important reasons is undoubtedly job stress (Liu et al., 2019). Ning et al. (2023), state that the stress levels of healthcare workers increase due to reasons such as intense workload, long working hours, disruption of work-life balance, interpersonal conflicts, and insecurity in the work environment, and therefore they tend to leave their jobs. According to Kuusio et al. (2013), in most countries, the levels of job stress of healthcare professionals working in primary care services are quite high and this situation paves the way for many problems that may negatively affect the quality of service as well as increasing the turnover intention. Further, in some studies, it is stated that the negative working conditions in primary care services increase the stress levels of healthcare workers and therefore the job satisfaction levels of the employees are low (Linzer et al., 2015), and the levels of presenteeism and turnover intention are high (Ning et al., 2023).

Another important reason for turnover intention is job satisfaction and presenteeism (Shader et al., 2001; Aronsson et al., 2000). Job satisfaction and presenteeism are seen as the most important organisational factors that affect both the formation and the outcome of many organisational concepts. For example, while high levels of job satisfaction may positively affect the motivation and performance of employees in an organisation, high levels of presenteeism may negatively affect them (Koinis et al., 2015). Based on this, it is thought that employees with high levels of job satisfaction will have low levels of turnover intention, while employees with high levels of presenteeism will have high levels of turnover intention. In addition, it is expected that employees' job satisfaction levels will decrease with an increase in job stress levels and their levels of presenteeism will increase. The association between job stress and turnover intention is finally predicted to be mediated by presenteeism and job satisfaction. In this context, the relationship between job stress and turnover intention and the mediating roles of presenteeism and job satisfaction in this relationship were examined in this study conducted on healthcare professionals working in family health centres located in the centre, towns, and districts of Erzincan province. When the national literature is examined, it is seen that the studies addressing the relationship between job stress and turnover intention in the health sector are generally conducted within the scope of secondary or tertiary health institutions (Karabay, 2015; Tekingündüz et al., 2015; Aydoğmuş, 2017; Çankaya, 2020; Aydın et al., 2021; Özkan & Kantek, 2021), and there are a limited number of studies evaluating these two variables within the scope of primary healthcare workers (Teleş, 2023). Regarding the association between job stress and turnover intention, no research has examined the potential mediation roles of presenteeism and job satisfaction. Therefore, it is thought that this study will contribute to the related gap in the literature and will be a source for future studies on this subject.

Conceptual Framework

Job Stress

The concept of stress is derived from the word “*estricitia*” and means “strain, regression, and pressure” (Teleş, 2023). According to another definition, stress is defined as the physical and mental involuntary reactions of the individual as a result of events that excite, frighten and create a perception of danger (Akçakaya & Erden, 2014). Job stress is defined as all of the physical and emotional reactions that an employee experiences when faced with problems such as increased work demands and time pressure, which are difficult to cope with (Starc, 2018).

Although there are many factors that cause job stress, organisational factors are among the leading causes of potential stress for employees. Poor working conditions, role conflict, and role ambiguity, increased workload, long working hours, lack of management support or the presence of incompetent managers, imbalances in the harmony between work and family life are among the stress factors that an individual may experience while

working in an organisation (Lundberg & Cooper, 2010). These factors may be related to the natural structure of the job, as well as the structure of the organisation, physical working conditions, policies, and bilateral relations (Çankaya, 2020).

Work-related stress causes many negative situations both individually and organisationally. From an individual point of view, employees with increased stress levels physically experience fatigue and illness, cardiovascular disorders such as headache, high blood pressure, and stomach problems, psychologically problems such as forgetfulness, depression, fear, anxiety, and irritability, and behaviourally active and passive behaviours to cope with or escape from these problems (Örnek & Aydın, 2008). From an organisational point of view, employees whose stress level increases due to work decreases their job satisfaction (Iqbal et al., 2014; Liu et al., 2019), job performance (Veloutsou & Panigyrakis, 2004) and commitment to the organisation (Uzun & Yiğit, 2011) decrease and turnover intentions increase (Shader et al., 2001; Bonenberger et al., 2014; Linzer et al., 2005).

Turnover Intention

According to Lambert (2006), turnover intention is a cognitive process that develops in the form of idea, planning, and intention to leave the job. Employees who plan to leave their jobs in the future turn this idea into action and may search for alternative new jobs. The reasons why employees want to leave their jobs include the desire to work in a better job where they can use their existing knowledge and experience or dissatisfaction with the wages they receive (Teoman, 2007). According to Cotton and Tuttle (1986), who categorise the factors that cause turnover under three headings as individual, organisational, and environmental factors, the age, gender, current position in the organisation, educational level, and marital status, ability, intelligence, and the number of dependents are the individual factors that cause turnover. Factors such as wage, organisational communication, whether there is an opportunity for promotion or self-development within the organisation, subordinate-superior relationship, physical conditions related to the working environment, and job stress level are organisational factors that cause turnover. Economic conditions, the presence of trade unions, the unemployment rate, or variety of employment opportunities are environmental factors that cause turnover.

With the increase in employees' turnover intention, there are consequences that may negatively affect the organisation such as the increase in training and training costs, decrease in organisational performance, loss of productivity, deterioration of the social structure of the organisation, conflicts in bilateral relations and these conflicts reduce the morale and motivation of employees, increase in workload and work slowdown (Sabuncuoğlu, 2012; Yücel & Demirel, 2013; Özdevecioğlu, 2004; Eren, 2004; Yang, 2008; Acaray, 2014). Factors such as material and moral damage to the family and social environment of the employees, loss of image, loss of personal rights such as seniority, promotion and retirement, and interruption of their careers are expressed as the negative aspects caused by the turnover intention (Özyer, 2010; Köse, 2020).

The Relationship Between Job Stress and Turnover Intention

According to "Effort-Reward Imbalance Model", job stress is caused by the low reward that the person receives in return for his/her high effort at work. In other words, when employees exert intense effort to fulfil the requirements of the job, they want to be rewarded with mechanisms such as promotion and wage increases as a result of this effort. In employees whose expectations are not met in this direction, the level of stress increases, and situations such as decreased loyalty to the organisation or increased tendency to turnover intention arise (Siegrist, 1996).

In the literature, it is seen that research on the turnover intention among healthcare workers largely focus on the effect of job stress (Jia et al., 2022). For example, a study on Iranian healthcare professionals revealed a strong positive correlation between workplace stress and the intention to leave (Mosadeghrad, 2013). A different study on medical staff in Egypt's triage hospitals found that workers who reported feeling under a lot of physical and mental strain were more likely to resign from their positions (Said & El-Shafei, 2021).

Mediating Effect of Job Satisfaction and Presenteeism

Job satisfaction refers to the satisfaction of employees with their jobs (Yong et al., 2017). Since it is related to employees' personal preferences, values, and expectations, the factors affecting each employee's job satisfaction may vary. Some of the factors affecting job satisfaction are the characteristics of the job, meeting employee expectations about the job, the wage received, the adequacy of the rewards given, personal rights, career and training opportunities, relations with colleagues and senior management, trust in the organisation and a suitable working environment with physical conditions (Zhang et al., 2020).

Numerous studies in the literature have concluded that there are significant negative relationships between job satisfaction and turnover intention, and that job satisfaction is an important antecedent variable affecting the intention of healthcare workers to leave their jobs (Ali Jadoo et al., 2015; Yong et al., 2017; Tett & Meyer, 1993). Furthermore, job stress plays a significant role in determining job satisfaction (Kuo et al., 2014), and job satisfaction plays the role of a moderator in the association between work stress and turnover intention. This association states that job satisfaction declines with increasing job stress, and that turnover intention rise with declining job satisfaction (Ning et al., 2023; Kuo et al., 2014; Liu et al., 2019).

Presenteeism is defined as the employee having to go to work when he/she should stay at home and rest due to his/her physical illness, experiencing a decrease in work performance as a result of not being able to fully devote himself/herself to his/her work due to his/her illness, infecting his/her illness to other colleagues and reducing the morale and motivation of the employees of the organisation (Monojit & Tilley, 2002). According to Kang and Lee (2022), presenteeism is defined as the employee having to continue working not only because of physical ailments but also because of organisational problems or mental distress.

The "Conservation of Resources Theory" is used in the literature to explain the relationship between turnover intention and presenteeism. According to this theory, when people offer valuable personal resources like "knowledge, time, and energy" yet get less in return, they are more likely to absent from work. Sick employees must make efforts to use their individual resources such as time, knowledge, and skills more to increase the quality of the service provided and to maximise their performance. However, if the rewards received in return for this effort are insufficient and even more losses are experienced in terms of individual resources, employees may resort to situations such as considering leaving the job to reduce resource losses (Hobfoll et al., 2018).

Presenteeism is a common problem among healthcare professionals (Yang et al., 2016) and job stress is one of the important determinants of presenteeism. Studies conducted on healthcare professionals in the literature suggest that there is a significant positive relationship between job stress and presenteeism (Baek et al., 2022; Yang et al., 2017; Chun & Song, 2020). In addition, job stress is one of the important determinants of presenteeism and there is a mediating effect of presenteeism in the relationship between job stress and turnover intention. According to this relationship, as job stress increases, employees' level of presenteeism increases, and as the level of presenteeism increases, turnover intention also increases (Chun & Song, 2020; Ning et al., 2023).

Methodology

Aim and Hypotheses of the Study

The purpose of this study is to investigate how job satisfaction and presenteeism mediate the association between job stress and turnover intention. Rather than the dependent and independent variables having a direct causal link, a mediation model proposes that the independent variable influences the mediating variable, and the mediating variable impacts the dependent variable (VanderWeele, 2016). Accordingly, the study model schematised in Figure 1 was developed for the purpose of the study and hypotheses were developed to test whether the model is valid or not.

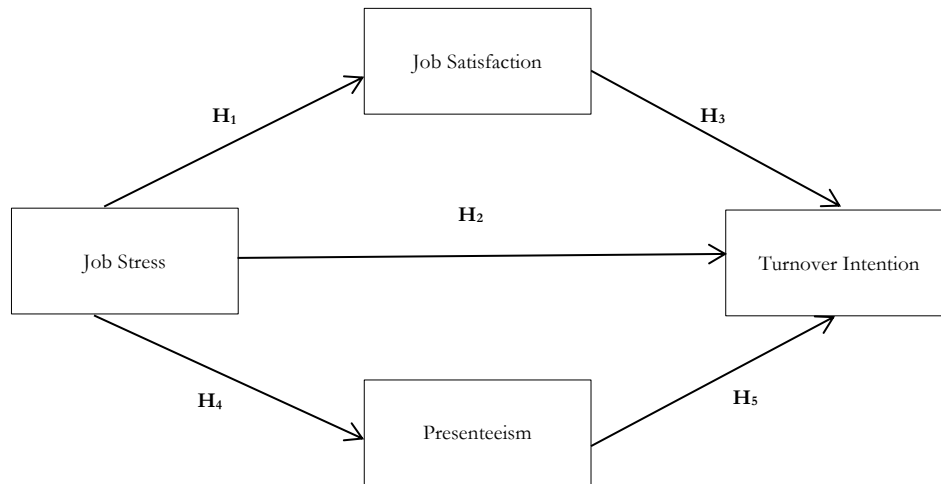


Figure 1. Study Model

H₁: Job stress has a significant negative effect on job satisfaction of healthcare workers.

H₂: Job stress has a significant positive effect on turnover intentions of healthcare workers.

H₃: Job satisfaction has a significant negative effect on turnover intentions of healthcare workers.

H₄: Job stress has a significant positive effect on health workers' presenteeism.

H₅: Presenteeism has a significant positive effect on turnover intentions of healthcare workers.

H₆: Job satisfaction has a mediating effect on the relationship between job stress and turnover intention.

H₇: Presenteeism has a mediating effect on the relationship between job stress and turnover intention.

Population and Sample of the Study

The population of the study consisted of family physicians, nurses, midwives, and other health workers (such as emergency medical technicians, laboratorians) working in family health centres operating in the centre, towns, and districts of Erzincan province between 4 December 2023 and 29 December 2023. At the time of the study, a total of 189 employees, including 79 family physicians, 75 midwives-nurses, and 35 other health workers, were working in family health centres. Within the scope of the study, no sample selection was made, and it was tried to reach the entire population. The questionnaire method was used as the data collection method. The questionnaires were sent via e-mail to the participants who voluntarily agreed to participate in the study and were collected back in the same way. After the data collection process, 163 usable questionnaires were obtained and approximately 86% of the population was reached.

Data Collection Tools

The study's method for gathering data on participants was the questionnaire method. The survey is divided into 5 components overall. The first section includes "Personal Information Form", the second section includes "Job Stress Scale", the third section includes "Turnover Intention Scale", the fourth section includes "Stanford Presenteeism Scale (SPS 6)" and finally the fifth section includes "Job Satisfaction Scale". In the questionnaire form, except for the Personal Information Form containing socio-demographic information, Job Stress, Turnover Intention, and Stanford Presenteeism Scales are 5-point Likert-type scales with values between "1=Strongly Disagree" and "5=Strongly Agree" and Job Satisfaction Scale between "1=Not Satisfied at All" and "5=Very Satisfied".

Personal Information Form consists of a total of 6 questions to determine the socio-demographic characteristics of the participants such as "age, gender, marital status, educational status, occupation, total working time".

The Job Stress Scale is a measurement tool consisting of 2 sub-dimensions, “time pressure and workload” and “work environment”, and 9 items in total. There are four statements in the time pressure and workload sub-dimension of the scale (1, 2, 3, 7) and five statements in the work environment sub-dimension (4, 5, 6, 8, 9). The scale was developed by Parker and Decotiis (1983) and adapted into Turkish by Aydın (2018). The Cronbach’s Alpha coefficient of the scale were calculated as 0.89 for the total scale, 0.79 for the time pressure and workload sub-dimension, and 0.83 for the work environment sub-dimension.

Turnover Intention Scale is a one-dimensional measurement tool consisting of 5 statements in total and has no sub-dimensions. The scale developed by Wayne et al. (1997) and adapted into Turkish by Demirci (2017). The Cronbach’s Alpha coefficient of the scale was calculated as 0.90.

The Stanford Presenteeism Scale (SPS 6) is a one-dimensional measurement tool consisting of 6 statements in total and has no sub-dimensions. The scale was developed by Koopman et al. (2002) and adapted into Turkish by Moç (2018). The Cronbach’s Alpha coefficient of the scale was calculated as 0.88.

Minnesota Job Satisfaction Scale consists of two sub-dimensions: intrinsic and extrinsic satisfaction. There are a total of 20 items on the scale and the arithmetic mean of the score obtained from the total of these items determines the general level of satisfaction with the job. The scale developed by Weiss et al. (1967) and adapted into Turkish by Baycan (1985). The Cronbach’s Alpha coefficient of the scale was calculated as 0.77.

Data Analysis

The data were analysed using SPSS 25.0 program with PROCESS Macro 4.1 plug-in and SPSS 24.0 AMOS program. The study’s descriptive data about the sociodemographic and occupational traits of the health professionals who took part were presented using frequency and percentage values. Skewness and kurtosis levels and Cronbach’s Alpha internal consistency coefficient were used to test the normal distribution assumptions and reliability of the scales. Confirmatory factor analysis was used to assess the scales’ structural validity. The associations between the variables in the study model were ascertained using Pearson correlation analysis, and the PROCESS Macro 4 model developed by Hayes (2017) was used to determine the effects and mediation effects of the variables on each other. Mediation analysis was performed using the Bootstrap method at 95% confidence interval. The indirect effect was calculated by selecting very different samples from the sample analysed in the Bootstrap method. Then, the lower and upper limits of the indirect effect were determined at 95% confidence interval. Hayes (2017) claims that the effect at zero (0) between the assumed lower and upper values is significant.

Ethical Statement

In order to conduct the study, the necessary ethics committee permission was obtained from “Erzincan Binali Yıldırım University Human Research Health and Sports Sciences Ethics Committee” (protocol number 10/03 dated 27.10.2023) and the necessary application permission was obtained from “Erzincan Public Health Directorate”.

Findings

Table 1 shows the findings related to the descriptive characteristics of the healthcare professionals who participated in the study. In terms of gender, 72.4% of the 163 healthcare workers were female and 27.6% were male. In terms of age groups, 60.1% of the participants were between 31-45 years old, 20.9% were 30 years old or younger, and 19% were 46 years old or older. When analysed according to educational status, it is seen that most of the participants have bachelor’s degree (66.9%), followed by associate degree (15.3%) and doctorate (8%). In addition, according to marital status, married participants constituted the majority with a rate of 79.8%, while physicians (41.8%) and midwives (22.6%) constituted the largest groups in the occupational distribution. Further, 39.3% of the participants have been working for less than 10 years, 38.7% for 11-20 years, and 22.1% for 21 years or more.

Table 1. Descriptive Characteristics of the Participants

Variables		N	%
Gender	Woman	118	72.4
	Man	45	27.6
Age	≤ 30	34	20.9
	31-45	98	60.1
	≥ 46	31	19.0
Educational Status	High School	9	5.5
	Associate Degree	25	15.3
	Bachelor's Degree	109	66.9
	Master's Degree	7	4.3
	Doctorate	13	8.0
Marital Status	Married	130	79.8
	Single	33	20.2
Occupation	Physician	68	41.8
	Nurse	34	20.9
	Midwife	37	22.6
	Other (laboratory, emergency medical technician, etc.)	24	14.7
Working Time	≤ 10	64	39.3
	11-20	63	38.7
	≥ 21	36	22.1
Total		163	100.0

The validity and reliability test findings for the scales used as data collection instruments in the study are showed in Table 2. Accordingly, Cronbach's Alpha coefficients for the job stress scale were calculated as 0.89 for the total scale, 0.80 for the time pressure and workload dimension and 0.82 for the work environment dimension. In addition, Cronbach's Alpha coefficient for the turnover intention scale was 0.93, Cronbach's Alpha coefficient for the presenteeism scale was 0.92 and Cronbach's Alpha coefficients for the job satisfaction scale were calculated as 0.89 for the total scale, 0.85 for the intrinsic job satisfaction sub-dimension and 0.84 for the extrinsic internal satisfaction sub-dimension. Altunışık et al. (2005) Cronbach's Alpha value is required to be at least 0.70 and above in social sciences. These levels indicate that the scales are reliable at good and excellent levels.

The factors that are commonly used in confirmatory factor analysis to test the structural validity of the scales used in the study were taken into account: "chi-square (χ^2), chi-square/degree of freedom (χ^2 /df), Root Mean Square Error of Approximation (RMSEA), Goodness of Fit Index (GFI), Normed Fit Index (NFI), and Comparative Fit Indices (CFI)". The cut-off points indicating that the confirmatory factor analysis criteria are acceptable indices differ from each other. In this context, RMSEA value takes a value between "0 and 1" and in this index, "0" indicates perfect fit and "1" indicates no fit. In addition, a value less than "0.5" corresponds to good fit, a value between "0.5 and 0.8" corresponds to acceptable fit, and a value higher than 0.1 corresponds to poor fit (Browne & Cudeck, 1992). GFI, NFI, and CFI values also vary between "0 and 1", but unlike the RMSEA value, "0" means no fit, and "1" means perfect fit (Schermelleh-Engel et al., 2003; Shadfar & Malekmohammadi, 2013). A value greater than "0.90" corresponds to acceptable fit, and a value greater than "0.95" corresponds to good fit (Xia & Yang, 2019). The findings that the measurements have an acceptable fit with the original scale structures for some indices and an excellent fit for others.

Table 2. Statistical Values Related to the Validity and Reliability of the Scales in the Study Model

Scales and Subscales	Cronbach's Alpha	χ^2	χ^2 / df	p	RMSEA	GFI	NFI	CFI
Time Pressure and Workload	0.80							
Work Environment	0.82	47.90	1.996	0.003	0.07	0.940	0.958	0.979
Job Stress	0.89							
Turnover Intention	0.93	10.24	3.416	0.017	0.09	0.976	0.986	0.990
Presenteeism	0.92	16.41	2.052	0.037	0.08	0.968	0.979	0.989
Intrinsic Job Satisfaction	0.85							
Extrinsic Job Satisfaction	0.84	156.5	1.437	0.002	0.05	0.917	0.902	0.966
Job Satisfaction	0.89							

Tabachnick and Fidell (2013) state that the ideal range for skewness and kurtosis values is “-1.5 and +1.5”. When the normality test results of the data obtained from the scales and sub-dimensions in Table 3 is taken into account, it can be seen that the data are normally distributed and that the skewness and kurtosis values are within the specified ranges. Based on this finding, it is concluded that parametric tests such as correlation and regression can be performed between variables.

Table 3. Normality Test Results

Scales and Subscales	Skewness	Kurtosis
Time Pressure and Workload	-0.740	-0.866
Work Environment	-0.272	-1.205
Job Stress	-0.521	-1.218
Turnover Intention	-0.485	-1.272
Presenteeism	-0.555	-1.348
Intrinsic Job Satisfaction	-0.175	-0.566
Extrinsic Job Satisfaction	0.593	-0.940
Job Satisfaction	0.342	-1.009

Table 4 shows the average, standard deviation values, and correlation analysis findings between variables for the scales and dimensions in the study model. According to the data obtained, it was determined that the job stress levels of healthcare workers were above the average ($\bar{x}=3.46\pm1.17$). When analysed in terms of job stress sub-dimensions, it is seen that time pressure and workload-related stress are higher ($\bar{x}=3.93\pm1.14$). Similarly, health workers' levels of presenteeism ($\bar{x}=3.56\pm1.29$) and turnover intention ($\bar{x}=3.37\pm1.40$) are also above the medium level. Job satisfaction levels of healthcare workers are below the medium level ($\bar{x}=2.84\pm0.82$). Extrinsic job satisfaction has a greater role in low job satisfaction ($\bar{x}=2.15\pm0.95$).

When the correlation analysis results in Table 4 are analysed, it is seen that there are high and above medium level relationships between the variables in the study model. When these relationships are analysed in detail, it is found that job satisfaction has high level and negative significant relationships with job stress ($r=-0.838$, $p<0.001$), turnover intention ($r=-0.766$, $p<0.001$) and presenteeism ($r=-0.809$, $p<0.001$). In addition, it was found that turnover intention has high positive correlations with job stress ($r=0.718$, $p<0.001$) and presenteeism ($r=0.731$, $p<0.001$), and presenteeism has high positive correlations with job stress ($r=0.815$, $p<0.001$).

Table 4. Average, Standard Deviation, and Correlation Analysis Findings Related to Variables

Variables	Avg. (\bar{x})	SD	1	2	3	4	5	6	7
1. Time Pressure and Workload	3.93	1.14	1						
2. Work Environment	3.08	1.29	0.820*	1					
3. Job Stress	3.46	1.17	0.936*	0.968*	1				
4. Turnover Intention	3.37	1.40	0.713*	0.667*	0.718*	1			
5. Presenteeism	3.56	1.29	0.838*	0.737*	0.815*	0.731*	1		
6. Intrinsic Job Satisfaction	3.15	0.89	-0.719*	-0.734*	-0.762*	-0.700*	-0.704*	1	
7. Extrinsic Job Satisfaction	2.15	0.95	-0.781*	-0.673*	-0.752*	-0.683*	-0.771*	0.626*	1
8. Job Satisfaction	2.84	0.82	-0.823*	-0.784*	-0.838*	-0.766*	-0.809*	0.934*	0.864*

Note. * $p<0.01$

Before proceeding to the analysis methods for testing the hypotheses, the assumptions of the analysis methods used were first questioned. For talking about the existence of a mediating effect, there should be a significant effect between all variables. According to the approach of Baron and Kenny (1986; pp. 1176-1177), this effect statistically consists of three stages: “first, the independent variable should have a significant effect on the mediator variable; second, the independent variable should have a significant effect on the dependent variable; thirdly, the regression coefficient of the independent variable on the dependent variable should decrease with the mediating variable included in the regression analysis in the second step and the mediating variable should have a significant effect on the dependent variable”. If the mediator variable explains the entire relationship between the dependent and independent variables, it is referred to as full mediation, and if it explains a part of it, it is referred to as partial mediation.

PROCESS Macro 4 model developed by Hayes (2017) was preferred in the analysis of the hypotheses. Since it is stated in the literature that the Bootstrap method is more reliable than the method used by Baron and Kenny (Preacher & Hayes, 2004), the Bootstrap method was used at 95% confidence level to analyse whether job satisfaction and presenteeism have a mediating effect on the relationship between job stress and turnover intention. The regression analysis results of the hypotheses are given in Table 5.

Table 5. Regression Analysis Results for the Study Model and Mediation Analysis

Predictors	Presenteeism			Job Satisfaction			Turnover Intention			Turnover Intention		
	β	LLCI	ULCI	β	LLCI	ULCI	β	LLCI	ULCI	β	LLCI	ULCI
Job Stress	0.898*	0.79	0.99	-0.592*	-0.65	-0.53	0.858*	0.72	0.98	0.156**	-0.07	0.87
Presenteeism										0.293*	0.09	0.48
Job Satisfaction										-0.741*	-1.06	-0.41
R ² = 0.66			R ² =0.70			R ² =0.51			R ² =0.62			
Job Stress – Turnover Intention	Unstan. E (β)			BootLLCI			BootULCI			Stand. E (β)		
Direct impact	0.156**			-0.075			0.387			0.130		
Indirect impact (Job Satisfaction)	0.439*			0.236			0.686			0.367		
Indirect impact (Presenteeism)	0.263*			0.067			0.456			0.220		
Total impact	0.858*			0.729			0.988			0.587		

Note. *p<0.001; **p=0.185, LLCI-ULCI: Lower Limit Confidence Interval-Upper Limit Confidence Interval

Table 5 presents the regression-based mediation analysis findings for testing the study model. In line with the findings in the table, the job stress variable has significant effects on the variables of presenteeism ($\beta=0.898$; $p<0.001$) and job satisfaction ($\beta=-0.592$, $p<0.001$). Accordingly, it can be stated that as job stress increases, presenteeism increases and job satisfaction decreases. However, job satisfaction ($\beta=-0.741$, $p<0.001$) and presenteeism ($\beta=0.293$, $p<0.001$), which are the mediating variables in the model, have significant effects on the dependent variable, turnover intention. According to this finding, it can be inferred that as the level of job satisfaction increases, turnover intention decreases, and as the level of job presenteeism increases, turnover intention increases. In line with the positive effect of job stress, which is the independent variable in the model, on turnover intention ($\beta=0.858$, $p<0.001$), it is seen that the assumptions of Baron and Kenny (1986) for mediation analysis are met. These results support the acceptance of hypothesis “H₁, H₂, H₃, H₄, and H₅”.

When the mediating effects of job satisfaction and presenteeism in the relationship between job stress and turnover intention are considered, it is seen that the mediating effect of both variables is significant. In the mediation effect analysis applied with the Bootstrap method, the confidence interval values at 95% confidence level should not be zero (0) in order for the hypotheses to be supported (Mallinckrodt et al., 2006). In the analysis, the Bootstrap confidence interval values for job satisfaction and presenteeism variables do not exceed 0 and are confirmed by the SOBEL test ($p=0.001$). Accordingly, the high level effect of job stress on turnover intention (total effect: $\beta=0.858$, $p<0.001$) becomes insignificant when job satisfaction (indirect effect: $\beta=0.439$, $p<0.001$) and presenteeism (indirect effect: $\beta=0.263$, $p<0.001$) variables are included in the model (direct effect: $\beta=0.156$, $p=0.185$). In this case, it can be stated that job satisfaction and presenteeism variables have a full mediating effect. In other words, as employees' job stress levels increase, their job satisfaction levels decrease, and as job satisfaction levels decrease, employees' turnover intentions increase. In addition, as the level of job stress increases, the level of presenteeism increases, and the level of turnover intention of employees whose level of presenteeism increases also increases. When the effects of mediating variables on turnover intention were analysed separately, it was found that the effect of job satisfaction was higher as stated above. Accordingly, hypotheses “H₆ and H₇”, which propose that job satisfaction and presenteeism mediate the relationship between job stress and turnover intention, are accepted.

Conclusion, Discussion and Suggestions

This study was conducted to examine the relationship between job stress and turnover intention and the mediating effects of this context, data were obtained from presenteeism and job satisfaction on this relationship in primary healthcare workers. In this context, data were obtained from a total of 163 health workers working in family health centres operating in the centre, towns, and districts of Erzincan province by questionnaire method. These data were analysed with appropriate statistical methods and the results obtained were discussed with the studies in the literature.

In the study, it was concluded that job stress has a significant negative effect on job satisfaction. According to this finding, it can be claimed that the job satisfaction of healthcare workers decreases with the increase in job stress. This outcome is consistent with earlier research findings found in the literature (Riklikienė et al., 2015; Chao et al., 2015; Ning et al., 2023). This situation, which indicates avoiding making efforts in line with the goals of the organisation and taking responsibility for work, may have led to a decrease in the motivation and thus job satisfaction levels of healthcare workers.

The study found that the turnover intention is significantly positively effected by job stress. According to this finding, it can be claimed that the turnover intention of healthcare workers increases with the increase in job stress. The studies on the subject in the literature are similar to this finding (Ning et al., 2023; Al-Mansour, 2021; Said and El-Shafei, 2020). Primary healthcare organisations face resource constraints more than secondary and tertiary healthcare organisations (Ning et al., 2023). From this point of view, it is thought that health workers whose workloads increase due to lack of resources will experience role ambiguity, healthcare workers who work with high performance will naturally have high job expectations such as promotion and wage increase, and employees whose expectations are not met will increase their turnover intention due to increased job stress.

In the study, it was determined that job satisfaction has a significant negative effect on turnover intention. According to this finding, it can be stated that turnover intention will increase with decreasing job satisfaction. The results of the studies conducted in the literature are similar to this finding (Gu et al., 2019; Wang et al., 2020; Ab Rahman et al., 2019). Furthermore, it was found that the association between job stress and turnover intention is fully mediated by job satisfaction. According to this finding, it can be claimed that job satisfaction will decrease with the increase in job stress and turnover intention will increase with the decrease in job satisfaction. When the studies in the literature are examined, it is seen that the number of studies on the mediating effect of job satisfaction on the relationship between job stress and turnover intention is quite limited (Kuo et al., 2014; Ning et al., 2023; Liu et al., 2019). The suggestion to be brought for these relations will be to realise some arrangements to increase the job satisfaction levels of health workers. In this context, it can be suggested to determine the factors that cause the decrease in job satisfaction levels of healthcare workers and to take measures against these factors. For example, health institution managers can increase their employees' job satisfaction and reduce their tendency to leave their jobs by ensuring their participation in the decision-making process and meeting their needs in terms of individual resources such as time, knowledge, and skills.

Within the parameters of the study, another finding was that presenteeism is positively and significantly effected by job stress. According to this result, it is possible to say that as the level of job stress increases, the level of employees' presenteeism also increases. These results are corroborated by studies on the topic published in the literature (Yang et al., 2020; Deng et al., 2019; Ning et al., 2023). One significant factor that has a detrimental impact on workers' physical and mental health as well as raising presenteeism rates is job stress. According to Aronsson et al. (2000), job stress paves the way for increased presenteeism by causing psychological disorders such as depression, tension, and burnout, as well as physical disorders such as head and neck pain, stomach upsets, and fatigue. Further, job stress can also reduce enthusiasm and motivation for the work done and increase presenteeism (Deng et al., 2019).

In the study, it was concluded that presenteeism has a significant positive effect on turnover intention. According to this finding, it can be stated that as the level of presenteeism increases, turnover intention also increases. This finding is consistent with the findings of the research reported in the literature (Ning et al., 2023; Olasupo, 2023; Wynen et al., 2022). In addition, it was determined that presenteeism has a full mediating effect on the relationship between job stress and turnover intention. According to this finding, it can be

claimed that with the increase in job stress, the level of presenteeism increases, and with the increase in the level of presenteeism, turnover intention also increases. This finding is similar to the results of the studies conducted in the literature (Chun & Song, 2020; Ning et al., 2023). It can be suggested to determine the factors that cause healthcare workers' presenteeism and to take measures against these factors. Illness is an important health problem that affects human functioning and performance. When healthcare workers feel psychologically or physiologically ill, it paves the way for the disruption and decrease in the quality of the health service provided, a decrease in productivity, an increase in work-related errors due to impaired concentration, and more importantly, the emergence of some negative situations that threaten patient safety (Wezyk & Czarnecka, 2019). It is possible to say that when healthcare workers get sick for any reason, they have difficulty in completing their tasks at the workplace, they cannot focus on fulfilling their duties and they do not feel energetic about completing their work. Considering that one of the most important determinants of presenteeism is job stress, it is thought that it is very important for health institution managers to make arrangements for reducing the job stress of employees and motivating them. In addition, monitoring the reasons for health workers' presenteeism and making improvements to address the existing problems in this area is of vital importance, especially in terms of health service delivery.

This study has some limitations. The first one is that the study was conducted only in Erzincan province and included only primary healthcare workers. Therefore, the results obtained are valid only for this sample. Future studies can be conducted in different provinces, on employees of private or public hospitals, or more comprehensive studies can be conducted by addressing public and private hospital employees together. Another limitation of the study is that the data were obtained based on a pre-prepared questionnaire form and cross-sectional data method. Therefore, these data reflect the psychological state or perception of the participants at that moment. In the future, qualitative or longitudinal studies that address the relationship between these variables in more depth can be conducted.

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GENİŞLETİLMİŞ ÖZET

Sağlık hizmetlerine erişilebilirliği artırmak, sağlık sonuçlarını iyileştirmek ve toplumun her kesimine eşit hizmet sunumunu sağlayabilme konusunda birinci basamak sağlık hizmeti veren kurumların önemi büyüktür. Bu kuruluşların başında hiç şüphesiz aile sağlığı merkezleri gelmektedir. Bu merkezlerde görev yapan sağlık çalışanlarının iş yüklerinin artması, zaman baskısı, hasta beklentilerinin çeşitlilik göstermesi, mesleki sorumluluklarla baş edememe ve iletişim eksiklikleri gibi iş yeri ortamındaki faktörlere bağlı olarak işten ayrılma niyetlerinin arttığı belirtilmektedir (Gregov vd., 2011). İşten ayrılma niyetine neden olan birçok faktör bulunmakla birlikte, en önemli nedenlerinden biri hiç şüphesiz iş stresidir (Liu vd., 2019). Ning vd. (2023) sağlık çalışanlarının iş ortamında yoğun iş yükü, uzun çalışma saatleri, iş-yaşam dengesinin bozulması, kişiler arası yaşanan çatışmalar ve güvensizlik gibi nedenlerle stres düzeylerinin arttığını ve bu nedenle işlerinden ayrılmaya yönelik eğilim gösterdiklerini belirtmektedirler. İşten ayrılma niyetinin önemli nedenlerinden bir diğeri ise, iş tatmini ve işte var olamama (presenteeism)'dir (Shader vd., 2001; Aronsson vd., 2000). Koinis vd. (2015)'ne göre bir kurumda çalışanların motivasyon ve performanslarını iş tatmin düzeylerinin yüksek olması olumlu yönde etkilerken, işte var olamama düzeylerinin yüksek olması olumsuz yönde etkileyebilmektedir. Dolayısıyla bu çalışmada iş stresi ile işten ayrılma niyeti arasında işte var olamamanın ve iş tatminin aracı rolü olup olmadığı incelenmiştir.

Ulusal literatür incelendiğinde sağlık sektöründe iş stresi ile işten ayrılma niyeti arasındaki ilişkiyi ele alan çalışmaların genellikle ikinci basamak ya da üçüncü basamak sağlık kuruluşlarında yürütüldüğü, birinci basamak sağlık çalışanları kapsamında bu iki değişkeni ele alarak değerlendiren çalışmaların ise sınırlı sayıda olduğu görülmektedir. İş stresi ile işten ayrılma niyeti arasında işte var olamamanın ve iş tatminin aracı rolü olup olmadığını inceleyen herhangi bir çalışmaya ise rastlanmamıştır. Dolayısıyla bu çalışmanın literatürdeki boşluğa katkı sağlayacağı ve bu konu ile ilgili gelecekte yapılacak olan çalışmalara kaynak teşkil edileceği düşünülmektedir.

Araştırmanın evrenini Erzincan ili merkez, belde ve ilçelerde faaliyette bulunan aile sağlığı merkezlerinde 4 Aralık 2023-29 Aralık 2023 tarihlerinde görev yapan 79 aile hekimi, 75 ebe-hemşire ve 35 diğer sağlık çalışanları (acil tıp teknisyeni, laborant gibi) olmak üzere toplam 189 kişi oluşturmuş, çalışmaya gönüllü olarak katılmayı kabul eden toplam 163 kişiye (evrenin yaklaşık %86'sı) ulaşılarak veri toplama süreci sonlandırılmıştır.

Araştırma verilerini toplamak için kullanılan ve 5 ayrı bölümden oluşan anket formunun birinci bölümünde "Kişisel Bilgi Formu", ikinci bölümünde "İş Stresi Ölçeği", üçüncü bölümünde "İşten Ayrılma Niyeti Ölçeği", dördüncü bölümünde "Stanford Presenteeism Ölçeği (SPS 6)" ve son olarak beşinci bölümünde "İş Tatmini Ölçeği" bulunmaktadır. Kişisel Bilgi Formu hariç, İş Stresi, İşten Ayrılma Niyeti ve Stanford Presenteeism Ölçekleri "1=Kesinlikle Katılmıyorum" ve "5=Kesinlikle Katılıyorum" ile İş Tatmini Ölçeği "1=Hiç Memnun Değilim" ve "5=Çok Memnunum" arasında derecelendirilen 5'li Likert tipi özellikte olan ölçeklerdir.

Anketlerden elde edilen veriler PROCESS Macro 4.1 eklentili SPSS 25.0 programı ve SPSS 24.0 AMOS programı kullanılarak analiz edilmiştir. Araştırmada tanımlayıcı bulguları ortaya koymak için frekans ve yüzdelik değerlerden, ölçeklerin normal dağılım varsayımlarını ve güvenirliklerini test etmek için çarpıklık-basıklık düzeyleri ile Cronbach Alpha iç tutarlılık katsayısından yararlanılmıştır. Ölçeklerin yapısal geçerliliği ise doğrulayıcı faktör analizi ile test edilmiştir. Araştırma modelindeki değişkenlerin birbirleriyle olan ilişkilerini ortaya koymak için korelasyon analizi yapılmış, değişkenlerin birbirleri üzerindeki etkilerini ve aracılık etkilerini belirlemek için ise Hayes (2017) tarafından geliştirilen PROCESS Macro 4 modelinden yararlanılmıştır. Aracılık analizi, %95 güven aralığında Bootstrap yöntemi kullanılarak gerçekleştirilmiştir.

Araştırmada iş stresinin artmasıyla sağlık çalışanlarının iş tatminlerinin azaldığı tespit edilmiştir. Ayrıca iş stresinin artmasıyla işten ayrılma niyetinin de artış gösterdiği elde edilen bir diğer bulgudur. Birinci basamak sağlık kurumları, ikinci ve üçüncü basamak sağlık kurumlarına göre kaynak kısıtlamalarıyla daha fazla karşı karşıya kalmaktadır (Ning vd., 2023). Buradan hareketle kaynak yetersizliğine bağlı olarak iş yükleri artış gösteren sağlık çalışanlarının rol belirsizliği yaşayacakları, ayrıca yüksek performans ile çalışan sağlık çalışanlarının doğal olarak terfi, ücrette artış gibi yüksek iş beklentilerine girecekleri, beklentileri karşılanmayan çalışanların ise iş streslerinin artmasına bağlı olarak işten ayrılma niyetlerinin de artacağı düşünülmektedir.

Araştırmada iş tatmininin azalmasıyla işten ayrılma niyetinin arttığı sonucuna ulaşılmıştır. Ayrıca iş tatmininin iş stresi ile işten ayrılma niyeti arasındaki ilişkide tam aracılık etkisinin olduğu tespit edilmiştir. Bu bulguya göre iş stresinin artmasıyla iş tatmininin azalacağı, iş tatmininin azalmasıyla beraber işten ayrılma niyetinin artacağı söylenebilir. Bu ilişkilere yönelik getirilecek olan öneri sağlık çalışanlarının iş tatmini düzeylerinin artırılmasına yönelik birtakım düzenlemelerin gerçekleştirilmesi olacaktır. Bu kapsamda sağlık kurumları yöneticileri çalışanlarının karar alma sürecine katılımlarını sağlayarak ve zaman, bilgi ve yetenek gibi bireysel kaynaklar açısından ihtiyaçlarını gidererek iş tatminlerini artırabilirler ve işten ayrılmaya yönelik eğilimlerini azaltabilirler.

Araştırmada sağlık çalışanlarının iş stresi düzeylerinin artmasıyla işte var olamama düzeylerinin de arttığı belirlenmiştir. Ayrıca işte var olamama düzeyi arttıkça işten ayrılma niyeti düzeyinin de arttığı araştırma kapsamında elde edilen bir diğer bulgudur. Son olarak işte var olamamanın iş stresi ile işten ayrılma niyeti arasındaki ilişkide tam aracılık etkisi söz konusudur. Bu bulguya göre iş stresinin artmasıyla işte var olamama düzeyinin arttığı, işte var olamama düzeyinin artmasıyla beraber işten ayrılma niyetinin de arttığı söylenebilir. Hastalık, insan işleyişini ve performansını etkileyen önemli bir sağlık sorunudur. Sağlık çalışanlarının psikolojik ya da fizyolojik açıdan kendilerini hasta hissetmeleri verilen sağlık hizmetinin aksamasına ve kalitesinin düşmesine, üretkenliğin azalmasına, konsantrasyonda bozulmalara bağlı olarak işe yönelik yapılan hatalarda artışa ve daha da önemlisi hasta güvenliğini tehdit edecek bazı olumsuz durumların ortaya çıkmasına zemin hazırlamaktadır (Wezyk & Czarnecka, 2019). Kendilerini hasta hisseden sağlık çalışanlarının hastalık sürecine bağlı olarak işlerine odaklanamadıklarını ve dolayısıyla iş yerindeki sorumluluklarını yerine getirememeye bağlı olarak motivasyon kaybı yaşadıklarını söylemek mümkündür. İşte var olamamanın en önemli belirleyicilerinden birinin iş stresi olduğu düşünüldüğünde; sağlık kurumları yöneticilerinin çalışanlarının iş stresini azaltacak yönde düzenlemeler yapmalarının, bununla birlikte işte var olamama nedenlerini gözlemlerinin ve tespit edilen sorunlara yönelik iyileştirmeler yapmalarının sağlık hizmetlerinin kalite, sürdürülebilirlik ve çalışan katılımını dikkate alan amaç ve hedeflerine hizmet edeceği düşünülmektedir.