ORIGINAL ARTICLE

A Study of Absenteeism, Presenteeism, and Common Mental Health Problems among Back-office Workers in a University Hospital

Phakanat Ritkarjorn, B.A., Panate Pukrittayakamee, M.D., Naratip Sanguanpanich, B.Sc., Kamonporn Wannarit, M.D.
Department of Psychiatry, Faculty of Medicine Siriraj Hospital, Mahidol University
Corresponding author: Kamonporn Wannarit (kamonporn.wan@mahidol.ac.th)
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ABSTRACT

BACKGROUND: Back-office workers provide critical support in healthcare settings. Given their various responsibilities, they are at risk for mental health issues that can negatively affect their work.

OBJECTIVES: To examine the factors associated with absenteeism, presenteeism and common mental health problems, including depression, anxiety, and stress, among back-office workers at a medical school.

METHODS: A cross-sectional study was conducted among 290 back-office employees at a medical school. Participants completed standardized questionnaires, including the Depression, Anxiety, and Stress Scale (DASS-21), and the absenteeism and presenteeism sections of the Health and Work Performance Questionnaire (HPQ). Test-retest reliability was assessed using intraclass correlation coefficients (ICC), and multivariable linear regression was applied to identify associated factors.

RESULTS: ICC values for absenteeism and presenteeism ranged from 0.471 to 0.814, indicating moderate to good reliability. Most participants were female (77.6%), with a mean age of 37.7 years. Depression was significantly associated with lower work performance, as measured by absolute (β=-0.53, p<0.001) and relative presenteeism (β=-0.25, p=0.044). Stress was also positively associated with relative presenteeism (β=0.24, p=0.020).

CONCLUSIONS: Depression appears to be a key mental health factor negatively impacting work performance, especially presenteeism, among back-office workers at a medical school. These findings highlight the importance of mental health support to improve productivity at academic institutions.

KEYWORDS: absenteeism, presenteeism, university hospitals, work performance, mental health

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INTRODUCTION

While work provides a sense of achievement, structured routine, and opportunities for healthy relationships, it can also expose employees to significant mental health risks. These include excessive workloads, unsafe working conditions, workplace bullying, and lack of support from leadership.[1] Work - related risk factors are closely linked to symptoms of depression and anxiety, which can affect job performance. Conversely, poor workability can also lead to psychological distress.[2] Previous studies have demonstrated that absenteeism and presenteeism are common signs of stress, burnout, anxiety, and depressive symptoms in the working-age population.[3-5] Absenteeism refers to not showing up for scheduled work or frequently being absent without reasonable explanation, whereas presenteeism generally refers to continuing to work despite being physically or mentally ill or exhausted.[4-6] Common mental health problems, especially depression, have been shown to have a significant relationship with both absenteeism and presenteeism, contributing to overall declines in work performance.[5]

Back-office workers have various responsibilities, such as administrative tasks, medical coding, billing, healthcare software management, and IT operations.[7] They often face expectations to work tidily, meet deadlines, and avoid mistakes,[7] which can contribute to mental health issues, similar to those experienced by medical personnel. A previous study conducted among Thai support workers in a medical school hospital found the prevalence of sickness absence and presenteeism to be 52.4% and 48.1%, respectively.[8] Both behaviours were significantly associated with poor work performance.[8] However, research focusing on the mental health, work-related behaviours, work performance, and common mental health problems (depression, anxiety, and stress) of non-medical staff remains limited. Therefore, the present study aims to examine the associations between absenteeism, presenteeism, and common mental health problems among non-healthcare professionals in a university hospital.

METHODS

Participants

Eligible participants were back-office workers working at various departments, service centers, and administrative offices within the Faculty of Medicine, Siriraj Hospital, Mahidol University during the recruiting period between June and August 2024. Participants were classified into three categories based on job function: 1. academic support personnel (assisting and supporting academic work, research activities, and academic services), 2. professional support personnel (supporting technical or specialized professional work based on their expertise, such as medical sciences or pharmacy), and 3. general support personnel (responsible for administrative operations, including finance, procurement, and general services). Participants were Thai nationals, aged 18 or older, and employed in a non-healthcare professional role. Incomplete questionnaires and individuals who declined participation were excluded.

Sample size calculation

The sample size was calculated using G*Power version 3.1.9.7, referencing previous studies (odds ratio=3.05, Pr(Y=1|X=1) under H0=0.5, α error probability=0.05, Power=0.8). According to the results, the minimum required sample size was 232 participants. To account for potential methodological deviations and a 20% data attrition rate, the total sample size was increased to 290 participants.[8]

Measurements

Absenteeism and presenteeism questions from the Health and Work Performance Questionnaire (HPQ)[9-11]

Permission to use and translate the absenteeism and presenteeism sections of the Health and Work Performance Questionnaire (HPQ) was granted by the Department of Health Care Policy, Harvard Medical School. Absenteeism is defined as the number (or the proportion) of lost workdays within a specific period, whereas presenteeism refers to a reduction in job performance (i.e. the quality of work). The HPQ includes the following metrics:

Absolute absenteeism (hours): This refers to the total number of work hours an employee was absent from work compared to expected working hours per month (over the course of four weeks). A higher score indicates more absenteeism. This metric is reported in raw hours, ranging from a negative lower bound (if a person works more than expected) to an upper bound equal to their scheduled hours. Assessments typically quantify attendance through targeted questions, such as: "In the past four weeks (28 days), how many full workdays did you miss due to physical or mental health problems?"

Relative absenteeism: This is the percentage difference between actual and expected working hours over a four-week period. It is expressed as a percentage, anging from negative values (indicating more hours worked than expected) to 1.0 (always absent).

Absolute presenteeism: This is a self-rated measure of work performance (i.e, how they perceive their quality of work), ranging from 0 (total lack of performance while on the job) to an upper bound of 100 (optimal performance while on the job). Surveyors often assess an individual's performance while working with health problems through questions such as "On a scale of 0 to 10, how would you rate your overall job performance on the days you worked during the past four weeks (28 days)?"

Relative presenteeism: This measures a respondent's self-rated performance compared to peers in similar roles. This is typically calculated as a ratio based on the question: "How would you compare your overall job performance over the past seven days with that off most other workers who have a similar type of job?". Scores range from 0.25 to 2.0, where 0.25 represents the lowest relative performance (200% or less of peers' performance) and 2.0 represents the best performance (200% or more of peers' performance).

Psychometric properties

Two bilingual translators, both fluent in English and native speakers of Thai, participated in the translation process. An expert panel reviewed the translated Thai version and compared it with the original to ensure cultural appropriateness for the target population. The questionnaire was sent to ten back-office workers to assess the questions. Two weeks later, the same participants completed the questionnaire again. Intraclass correlation coefficients (ICCs) showed good to excellent test-retest reliability for four-week relative absenteeism, seven-day absenteeism, absolute presenteeism, and relative presenteeism. Other measures of absenteeism and presenteeism showed acceptable reliability, confirming that the Thai version of the HPQ short form is reliable over a short period (Table 1), with the exception of seven-day absolute absenteeism.[12]

Table 1 Test-Retest Reliability

	ICC	95%CI		*p*-value
		Lower	Upper	
Absenteeism				
Absolute Absenteeism (4 weeks)	0.620	0.060	0.888	0.017
Relative Absenteeism (4 weeks)	0.811	0.434	0.949	<0.001
Absolute Absenteeism (7 days)	0.471	-0.152	0.834	0.06
Relative Absenteeism (7 days)	0.743	0.284	0.928	0.003
Presenteeism				
Absolute Presenteeism	0.717	0.233	0.920	0.005
Relative Presenteeism	0.814	0.443	0.950	<.001

Abbreviations: ICC=intraclass correlation; 95%CI=95% confidence intervals.

The Thai version of the Depression Anxiety Stress Scale-21 items (DASS-21)

The DASS-21 is a widely accepted self-report instrument used to assess symptoms of depression, anxiety, and stress.[13] It consists of 21 items rated on a four-point Likert scale, where higher scores represent greater emotional distress. The Thai version of the DASS-21 has demonstrated acceptable internal consistency, with Cronbach's alpha coefficients of 0.82 for depression, 0.78 for anxiety, and 0.69 for stress, respectively.[13] The Thai version was further modified by Buathong & Pityaratstian to ensure suitability for use in a community-based study.[14] Interpretation of the DASS-21 scores are as follows;

- Depression: 0-4=normal, 5-6=mild, 7-10=moderate, 11-13=severe, ≥14=extremely severe
- Anxiety: 0-3=normal, 4-5=mild, 6-7= moderate, 8-9=severe, ≥10=extremely severe
- Stress: 0-7=normal, 8-9=mild, 10-12= moderate, 13-16=severe, ≥17=extremely severe

Statistics analyses

Data were analyzed using descriptive statistics. The associations between demographic factors, absenteeism, and presenteeism were determined using multiple linear regression. Predictor variables included gender, age, position type, and the DASS-21 subscale scores for depression, anxiety, and stress. For the analysis of absenteeism and presenteeism, four-week estimates were used. Although the original HPQ asks participants to estimate their one-week and one-month working hours, the recommendation for scoring absenteeism is to use four-week estimates when available, as short-term fluctuations such as illness or other unexpected situations, may distort data.

RESULTS

As shown in Table 2, most respondents were female (77.6%), with a mean age of 37.7 years. Half of the participants (50.3%) were general support personnel, and most worked in departmental roles (41.0%). The mean absolute absenteeism was -9.74 hours, indicating that participants worked more than the standard expectation. Similarly, the relative absenteeism value of -0.09 suggested that respondents exceeded expected working hours over the past four weeks. The scores for absolute and relative presenteeism were 72.03 for work performance and 1.15, respectively. In terms of mental health assessment using the DASS-21, the mean scores were 3.58 for depression, 2.62 for anxiety, and 5.76 for stress. Most participants

reported normal levels of emotional distress, with 74.8% falling in the normal range for depression, 73.8% for anxiety, and 72.4% for stress.

Table 2 Baseline Characteristics of the Respondents (n=290)

Variables	Total n(%)
Gender	
Male	65 (22.4)
Female	225 (77.6)
Age (years, Mean±SD)	37.66 ± 8.77
Position Types	
Academic Support Personnel	91 (31.4)
Professional Support Personnel	53 (18.3)
General Support Personnel	146 (50.3)
Affiliated Unit	
Department	119 (41.0)
Dean's Office	72 (24.8)
Siriraj Hospital	77 (26.6)
Sub-departmental Unit	22 (7.6)
Absenteeism and presenteeism, Mean±SD	
Absolute Absenteeism (hours in 4 weeks)	-9.74 ± 74.6
Relative Absenteeism (4 weeks)	-0.09 ± 0.37
Absolute Absenteeism (hours in 7 days)	-1.71 ± 68.79
Relative Absenteeism (7 days)	-0.03 ± 0.36
Absolute Presenteeism (%)	72.03 ± 22.1
Relative Presenteeism (ratio)	1.15 ± 0.37
Depression, Mean±SD	3.58 ± 4.24
Normal	217 (74.8)
Mild	20 (6.9)
Moderate	30 (10.3)
Severe	8 (2.8)
Extremely Severe	15 (5.2)
Anxiety, Mean±SD	2.62 ± 3.55
Normal	214 (73.8)
Mild	24 (8.3)
Moderate	27 (9.3)
Severe	9 (3.1)
Extremely Severe	16 (5.5)
Stress, Mean±SD	5.76 ± 4.06
Normal	210 (72.4)
Mild	42 (14.5)
Moderate	16 (5.5)
Extremely Severe	7 (2.4)

Multiple linear regression analysis revealed that absolute presenteeism measure (work performance) was significantly and negatively associated with working as academic support personnel compared to general support personnel (β=-0.28, p=0.038). In addition, depression scores were negatively correlated with work productivity (β=-0.53, p<0.001) (Table 3).

Table 3 Multiple Linear Regression Analysis of Factors Associated with Absenteeism and Presenteeism in the Past Month

Variables	Absolute Absenteeism					Absolute Presenteeism				
	Beta	S.E.	Wald	Exp(B)	*p*-value	Beta	S.E.	Wald	Exp(B)	*p*-value
Gender: Female	0.06	0.16	0.13	1.06	0.72	0.02	0.14	0.01	1.02	0.92
Age (years)	0.02	0.07	0.06	1.02	0.80	-0.04	0.06	0.38	0.96	0.54
Position Types										
Academic Support Personnel	0.20	0.15	1.71	1.22	0.19	-0.28	0.14	4.30	0.75	0.038*
Professional Support Personnel	0.02	0.19	0.01	1.02	0.93	-0.13	0.17	0.61	0.88	0.44
General Support Personnel (Ref.)										
DASS-21										
Depression	-0.11	0.13	0.79	0.89	0.37	-0.53	0.11	21.15	0.59	<.001*
Anxiety	0.12	0.13	0.88	1.13	0.35	-0.02	0.12	0.04	0.98	0.83
Stress	0.13	0.11	1.38	1.13	0.24	0.16	0.10	2.68	1.17	0.10

Abbreviations: Ref.=Reference; DASS-21=The Depression Anxiety Stress Scale-21 items; *p-value<0.05

Table 4 showed that both academic and professional support personnel had significantly better work performance when compared to peers in similar roles. Moreover, depression remained negatively correlated with work performance (β= -0.25, p=0.044), whereas perceived stress was positively associated with relative presenteeism (β=0.24, p=0.020).

Table 4 Multiple Linear Regression Analysis of Factors Associated with Relative Absenteeism and Presenteeism in the Past Month

Variables	Relative Absenteeism					Relative Presenteeism				
	Beta	S.E.	Wald	Exp(B)	*p-value*	Beta	S.E.	Wald	Exp(B)	*p-value*
Gender: Female	0.02	0.16	0.01	1.02	0.92	-0.34	0.15	4.96	0.71	0.026
Age (years)	0.01	0.07	0.01	1.01	0.92	-0.03	0.06	0.16	0.97	0.69
Position Types										
Academic Support Personnel	0.18	0.15	1.43	1.20	0.23	0.35	0.15	5.48	1.42	0.019*
Professional Support Personnel	0.04	0.19	0.05	1.04	0.83	0.40	0.18	4.75	1.49	0.029*
General Support Personnel (Ref)										
DASS-21										
Depression	-0.19	0.13	2.28	0.83	0.13	-0.25	0.12	4.06	0.78	0.044*
Anxiety	0.17	0.13	1.74	1.19	0.19	0.01	0.13	0.00	1.01	0.97
Stress	0.11	0.11	1.12	1.12	0.29	0.24	0.10	5.38	1.27	0.020*

Abbreviations: Ref.=Reference; DASS-21=The Depression Anxiety Stress Scale-21 items; *p-value<0.05

DISCUSSION

This study aimed to investigate absenteeism, presenteeism, and common mental health problems among support workers in a Thai medical school. The findings of the present study reveal significant associations between work-related variables and mental health outcomes. Specifically, depression was found to be a significant predictor of lower work performance. Furthermore, academic support staff percieved their own job performance to be lower than that of colleagues in other roles. Key findings are discussed below.

Absenteeism

Over the past four weeks, participants reported working longer hours than expected. These results suggest that participants were unlikely to be absent from work and perceived themselves as working beyond expected hours. Previous studies have reported absenteeism prevalence rates among non-healthcare workers ranging from 40% - 54.2%.[4,8] However, our findings align with a study conducted in Japan, where employees consistently worked longer than the expected average.[10] Several factors may contribute to longer working hours and lower absenteeism rates. A previous study showed that non-tenured staff had a lower risk of absenteeism than tenured staff.[15] In addition, staffing shortages among support personnel may also cause difficulty in covering absences.8 According to a 2016 joint report, the Southeast Asia region had the highest exposure to long working hours (11.7% of the population), while Europe had the lowest (3.5% of the population).[16] Between 2010 and 2016, exposure to long working hours increased by 9.3%. The study found that this trend was particularly evident in Southeast Asia and the Western Pacific and often linked to economic downturns.[16]

Presenteeism/work performance

The absolute and relative presenteeism scores were positive, indicating that respondents generally perceived their performance better than that of others in similar. However, participants working as academic support personnel reported significantly lower work performance compared to general support personnel. Academic support personnel are responsible for ensuring efficient academic operation of the organization. Their roles often include tasks related to education administration, research coordination, and human resources. They also contribute to academic institutions' intellectual, emotional, and strategic functioning.[17] Given the multifaceted nature of their responsibilities, these workers may experience role conflict, which could affect their self-perceived work performance.

Previous studies have identified several factors associated with employees' perception of reduced job performance, including organizational climate, job environment, and managerial support, and individual-level factors such as adaptability, stress, burnout, and employees' knowledge and skills.[8] Illness perception has also been shown to influence work performance.[18] A previous study reported that if employees worked while unwell and considered presenteeism harmful to their health, they may perceive themselves as performing poorly.[18] Work performance and common mental health problems

Our study found that support staff who reported lower depression scores tended to report better work performance than those who had higher depression scores, aligning with previous research that showed individuals with more severe depressive symptoms reported significantly lower productivity and/or poorer performance than those without depressive symptoms.[19] This reduction in

performance may be due to symptoms of depression, including impaired concentration and self-criticism.[20] Existing literature suggests that pre-existing work conditions, such as irregular work schedules or job insecurity, can exacerbate depressive symptoms and reduce work performance both directly and indirectly.[20]

Office workers with higher stress scores reported better perceived work performance than others in similar roles. Our findings are consistent with other studies, which found that job stress can positively influence work performance.[21] However, the present study's findings differ from some previous research, which reported an association between higher stress scores and lower productivity.[22-23] This discrepancy suggests that additional factors may mediate the relationship between stress and work performance, such as leadership styles, job satisfaction, time management skills, and perceived support from co-workers and supervisors.[21-23]

Limitations and suggestions for further studies

This study has several limitations that should be noted. First, its cross-sectional design and use of a convenience sample limit the ability to draw conclusions about the causal relationships between factors. Second, the findings may lack generalizability due to the specific sample of back-office workers from a single medical school and the fact that it only included participants willing to use the online questionnaire. Future studies should integrate both self-reported measures and objective workplace metrics to enhance accuracy. Additionally, future research should examine other organizational factors (e.g., workplace demands and culture) and individual factors (e.g., coping skills, job satisfaction, and perceived value at work) that may influence or moderate the mental health and well-being of employees.

CONCLUSIONS

The findings provide valuable insights into how mental health issues affect employee performance and workplace behaviours. Back-office workers demonstrated a low rate of sickness absence; however, those experiencing potential role ambiguity or role conflict were more likely to perceive reduced job performance. The findings also highlight that depression is a common mental health problem that significantly affects the work performance of support personnel.

Ethics Approval

This study was conducted after receiving ethical approval from the Siriraj Institutional Review Board (SIRB), Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok, Thailand (COA no. Si 384/2024 on 15 May 2024). All participants were volunteers and anonymous.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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ORIGINAL ARTICLE

การศึกษาการขาดงาน การมาทำงานทั้งที่เจ็บป่วย และปัญหาสุขภาพจิตในเจ้าหน้าที่สายสนับสนุนของโรงพยาบาลมหาวิทยาลัย

ภคณัท ฤทธิ์ขจร, อ.บ., ปเนต ผู้กฤตยาคามี, พ.บ., นราทิพย์ สงวนพานิช, วท.บ., กมลพร วรรณฤทธิ์ พ.บ.
ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล

บทคัดย่อ

ที่มาของปัญหา: เจ้าหน้าที่สายสนับสนุนมีบทบาทช่วยสนับสนุนการดำเนินงานของบุคลากรทางการแพทย์ ภาระงานดังกล่าวอาจส่งผลต่อสุขภาพจิต ซึ่งอาจสะท้อนผ่านพฤติกรรมการมาทำงานได้

วัตถุประสงค์: ศึกษาปัจจัยที่สัมพันธ์กับการขาดงานโดยไม่มีเหตุอันควร (Absenteeism) การฝืนมาทำงานทั้งที่ร่างกายหรือจิตใจไม่พร้อม (Presenteeism) และปัญหาสุขภาพจิต ได้แก่ ภาวะซึมเศร้า วิตกกังวล และความเครียดในเจ้าหน้าที่สายสนับสนุนของโรงพยาบาลมหาวิทยาลัย

วิธีการศึกษา: การวิจัยเชิงพรรณนาแบบตัดขวางในเจ้าหน้าที่ 290 คน ผู้เข้าร่วมวิจัยตอบแบบสอบถาม ประกอบด้วย Depression, Anxiety, and Stress Scale (DASS-21) ฉบับภาษาไทย และ Absenteeism and Presenteeism Sections of the Health and Work Performance Questionnaire (HPQ) ฉบับภาษาไทยซึ่งได้รับการแปลและตรวจสอบคุณสมบัติเครื่องมือ วิเคราะห์ข้อมูลโดยใช้ค่าสัมประสิทธิ์สหสัมพันธ์ภายในชั้น เพื่อประเมินผลความน่าเชื่อถือโดยการทดสอบและทดสอบซ้ำ (Test-Retest Reliability) และใช้ Multivariable Linear Regression เพื่อศึกษาความสัมพันธ์กับตัวแปรต่าง ๆ

ผลการศึกษา: ค่าสัมประสิทธิ์สหสัมพันธ์ภายในชั้นของ Absenteeism และ Presenteeism อยู่ระหว่าง 0.471-0.814 แสดงถึงความน่าเชื่อถือระดับปานกลางถึงดี ผู้เข้าร่วมวิจัยส่วนใหญ่เป็นเพศหญิง (ร้อยละ 77.6) อายุเฉลี่ย 37.7 ปี การศึกษาพบว่า ภาวะซึมเศร้าสัมพันธ์กับประสิทธิภาพในการทำงานที่ลดลง ประเมินโดย absolute (β=-0.53, p<0.001) และ Relative Presenteeism (β=-0.25, p=0.044) นอกจากนี้ การศึกษาพบความสัมพันธ์เชิงบวกระหว่างความเครียดและ Relative Presenteeism (β=0.24, p=0.020)

สรุป: ภาวะซึมเศร้าเป็นปัจจัยสำคัญ ซึ่งส่งผลเชิงลบต่อประสิทธิภาพการทำงาน หากต้องฝืนมาทำงานทั้งที่จิตใจไม่พร้อม การศึกษานี้ชี้ให้เห็นความสำคัญของการให้ความช่วยเหลือทางจิตใจแก่เจ้าหน้าที่ในสถาบันทางการแพทย์ เพื่อส่งเสริมให้มีประสิทธิภาพในการทำงานที่ดีขึ้น

คำสำคัญ: การขาดงาน, การฝืนมาทำงาน, โรงพยาบาลมหาวิทยาลัย, เจ้าหน้าที่สายสนับสนุน, สุขภาพจิต