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Research Article

Sickness Experiences of Korean Registered Nurses at Work: A Qualitative Study on Presenteeism

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SUMMARY

Purpose: Presenteeism is a relatively new concept in nursing describing the condition within which registered nurses (RNs) come to work while they are sick. The purpose of this study was to explore and describe presenteeism experiences among RNs in South Korea.

Methods: In this constructivist grounded theory study, a focus group interview (FGI) technique was utilized for data collection. A total of 20 RNs at one hospital in Chuncheon city joined in three different FGIs. Semistructured questions were asked in reference to their sickness experience in the workplace. Data analysis was conducted according to the constructivist grounded theory methodology.

Results: All participants had experiences of presenteeism. The overriding theme was “having no caring for nurses leads to losing one’s nursing mind”. The participants reported that due to either their personal preference or peer pressure they showed up to work, but they felt sad and their pride was hurt by the fact that there was no caring for them from other nurses. This emotional exhaustion often led to the loss of compassion and the resignation of nursing staff.

Conclusions: Care for nurses in the workplace is necessary for RNs to make their presenteeism experience positive and even effective.

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Introduction

Presenteeism is a relatively new concept that describes the act or phenomenon of coming to work while one is sick [1]. It has been introduced rapidly to the health-related literature, following its introduction to journals on occupational productivity in the field of management in the mid-1990s [1,2]. Presenteeism has become an important concept since it leads to an increase in the morbidity of workers and reduction in organizational productivity. It becomes a concept that needs to be understood and controlled in pursuit of organizational efficiency at various workplaces [3,4].

More than 70.0% of 12,935 Danish workers reported that they came to work while they were too sick to come to work more than once for the previous year [5]. Twenty percent of the workers saw presenteeism leading to absence from work, and 25.0% came back to work before they had recovered their health after their absence [6]. Presenteeism was found to reduce productivity by 16.0% [5].

Presenteeism was found to be related to personal situations and/or occupational factors; it was often found in those who had to work for a financial reason or who were temporary workers [7], those who were under time pressure [8], those who had a strong bond with colleagues or got pressure from them, and those who had to divide a fixed amount of work among a few workers [4,9].

Among 3,801 Swedish workers in diverse areas, presenteeism was more often found in care and welfare workers, particularly nurse practitioners, nursing administrators, doctors, and nursing assistants in geriatric hospitals, than in those with other general jobs [8]. Presenteeism is very common for nurses and reportedly

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deteriorates the quality of nursing and reduces organizational efficiency [10,11].

The 62.0% of 1,171 nurses in the state of North Carolina, United States reported that they experienced presenteeism more than once for the previous year [12]. The nurses in large public hospitals reported more frequent experiences of presenteeism than those in small-sized or medium-sized hospitals [13]. Among 296 Portuguese nurses, the most frequent type of disease for presenteeism was low back pain (46.0%), followed by upper airway infection (41.4%), headache (40.3%), stress (33.9%), and anxiety (28.5%) [14]. Other researchers reported that low back pain (71.0%) was the most frequent, followed by depression (18.0%) [12]. It was reported that presenteeism for nurses significantly correlated with patients' fall ($p = .004$; $\beta = .17$), wrong medication ($p < .001$; $\beta = .17$), and lower quality of nursing ($p < .001$; $\beta = -.15$), causing a reduction in productivity by 15,541 US dollars per nurse in the US, and by 22.6 billion dollars for the whole country on a yearly basis [12].

In South Korea, research on presenteeism has been conducted in workers from diverse occupational areas including recent research in nurses. Of 859 nurses at tertiary medical institutions, 95.2% reported that they were working with at least one physical symptom; the most frequently felt symptom was pain in shoulders, low back, and the neck (75.1%), followed by fatigue and edema in feet (61.4%) and gastrointestinal disorder (52.5%) [15]. Other researchers reported some of the most frequent symptoms, included pain in shoulders, low back, and the neck, gastrointestinal disorder, and headache [16,17]. Of 759 Korean and Japanese nurses, the Korean nurses who had more health problems, who were younger, who had more colleagues, who were working on three shifts, and who were less satisfied with their wage were more likely to show presenteeism, meaning that they came to work while they were sick [18]. Those, who were younger, who had less years of clinical experience, and who suffered from excessive workload, were more likely to experience lower performance than others due to presenteeism [19].

Since presenteeism was found to be significantly correlated with job stress for nurses [16,17,19], it is urgent to conduct research on the factors related to the phenomenon of presenteeism from more diverse perspectives with the objective of improving job satisfaction for nurses and enhancing efficiency in nursing organizations. However, qualitative research on presenteeism for nurses was hardly found in the existing literature and almost nothing of the contextual situations, motivations, or process have been known in terms of nurses who provide nursing to patients while they are sick. Noting that presenteeism for nurses was a phenomenon hard to explain with simple external factors alone, we tried to use qualitative research methodology to explore and describe presenteeism for nurses.

Thus, the purpose of this study was to use the constructivist grounded theory method to explore and describe nurses' experiences of coming to work while they were sick. For this purpose, the following questions were asked, "What did the nurses experience coming to work while they were sick?" "What were the social and contextual factors of their experiences?"

Methods

Study design

This qualitative study based on the constructivist grounded theory utilized a focus group interview (FGI) technique to examine nurses' experiences of coming to work while they were sick.

Setting and participants

The study participants included registered nurses (RNs) or nursing educators who had worked for 1 year or more at hospitals and who

had to come to work while they were sick. No restriction was given to their gender, age, career, and wards in charge so as to obtain diverse data on nurses' experiences of presenteeism. Convenience sampling and theoretical sampling methods were used to select the interviewees. For convenience sampling, we contacted possible participants via a hospital where one of the researcher was affiliated. For theoretical sampling, we tried to recruit as various as possible in terms of the participants' age, clinical years, current position, educational background, and other demographic characteristics with a presumed theory that more variety in those factors implies more experiences of presenteeism. As a result, a total of 20 RNs participated in interviews; all of them were women, with 13 college graduates (3-year diploma course) and 7 university graduates (4-year college course). Their mean age was 41 years, ranging from 25 years to 49 years; they had a clinical career of 12 years on average, ranging from a year and a half to 25 years. Fourteen were married, and the others were unmarried; 9 were Christian and 8 had no religion.

Data collection

This study was conducted in a tertiary hospital from October 2011 to August 2012 using convenience sampling and theoretical sampling. The nurses who took interest in the research were given detailed description of the research purpose and procedure, and those who gave written consent were finally selected. An FGI technique was used to collect data since the researchers believed that the nurses would be reminded of their experience by others and that there would be interactive effects among them although presenteeism for nurses is a personal experience [20]. FGI was performed with a group of six or seven participants. Each session of FGI was followed by analysis to draw a tentative theme and dimension before moving onto the next session in pursuit of circular data collection and analysis. Then, interviewees were selected to secure diversity in age, career, clinical wards, and so on. During the FGI, the interviewees were asked to talk freely about the theme according to the guidelines [20]. As a result, a total of 20 nurses participated in three different FGIs. The first and the second focus groups had seven participants each, and the last focus group consisted of six people. The mean ages and years of clinical experiences, and the educational background varied in each group, from 25 years to 49 years of age and from 2 years to 25 years of clinical experiences. Other demographic characteristics of each group were not discriminately different from each other.

FGI began with a comprehensive open-ended question, such as "Please describe any experience of coming to work while you were sick," and moved onto more detailed questions smoothly. While asking questions or taking notes, we tried not to lose the epistemological perspective of the constructivist grounded theory methodology—the interviewer and the interviewee interact with each other to reconstruct the past experiences—in this study [21].

All the FGIs were performed by a single professor at the nursing college. Assistant researchers also joined the interviews to make the FGIs more efficient by taking notes of the interviewees' statements, nonverbal behavior, interviewer-interviewee interactive expressions, and by making field notes, which were then analyzed along with interview data. An FGI lasted for 1.5–2.0 hours or so in a quiet meeting room; since no new story was drawn in the third FGI, and similar social and contextual factors of presenteeism were found in all of the three groups, data collection was stopped because of possible data saturation.

Ethical consideration

Upon the approval of the Institutional Review Board (approval no. 2011-036) at a tertiary hospital where one of the authors are

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