International Journal of Nursing Studies 48 (2011) 838–846

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Self-rated coping styles and registered sickness absence among nurses working in hospital care: A prospective 1-year cohort study

J.A.H. Schreuder [a,*], N. Plat [b], N. Magerøy [c], B.E. Moen [d], J.J.L. van der Klink [a], J.W. Groothoff [a], C.A.M. Roelen [a,e]

[a] Department of Health Sciences, University Medical Center Groningen, University of Groningen, PO Box 196, 9700 AD Groningen, The Netherlands
[b] ArboNed Occupational Health Services, PO Box 2503, 1000 CM Amsterdam, The Netherlands
[c] Department of Occupational Medicine, Haukeland University Hospital, Jonas Lies vei 65, N-5053 Bergen, Norway
[d] Department of Public Health and Primary Health Care, University of Bergen, Kalfarveien 31, N-5018 Bergen, Norway
[e] ArboNed Occupational Health Services, PO Box 158, 8000 AD Zwolle, The Netherlands

ARTICLE INFO

Article history:
Received 20 June 2010
Received in revised form 4 December 2010
Accepted 24 December 2010

Keywords:
Absenteeism
Coping styles
Healthcare
Sickness absence
Sick leave

ABSTRACT

Background: Sickness absence is an important problem in healthcare that affects the quality of care. Sickness absence has been related to coping strategies. Problem-focused coping was shown to be associated with low sickness absence and emotion-focused coping with high sickness absence among postal workers.
Objectives: This study investigated the relationship between coping styles and sickness absence in healthcare.
Design: Prospective study linking self-rated coping styles at baseline with the number of episodes of sickness absence during one year of follow-up.
Setting: Somatic hospital employing 1153 persons.
Participants: Convenience sample of 566 female nurses working in the hospital's clinical wards and outpatient clinic. Of these, 386 (68%) nurses had complete data for analysis.
Methods: The nurses completed a questionnaire at baseline with items on health, work, and coping styles. Three styles of coping were defined: problem-solving coping (i.e., looking for opportunities to solve a problem), social coping (i.e., seeking social support in solving a problem), and palliative avoidant coping (i.e., seeking distraction and avoiding problems). Sickness absence data were retrieved from the hospital's register in the following year. The association between the coping styles and the number of both short (1–7 days) and long (>7 days) episodes of sickness absence was assessed by Poisson regression analyses with age, work hours per week, general health, mental health, and effort–reward [ER] ratio as covariates.
Results: Problem-solving coping was negatively associated with the number of long episodes of sickness absence (rate ratio [RR] = 0.78, 95% confidence interval [CI] = 0.64–0.95). Social coping was negatively associated with the number of both short episodes (RR = 0.88, 95% CI = 0.79–0.97) and long episodes (RR = 0.79, 95% CI = 0.64–0.97) of sickness absence. After adjustment for the ER-ratio, the associations of coping with short episodes of sickness absence strengthened and associations with long episodes weakened, however, significance was lost for both types of sickness absence. Palliative avoidant coping was not associated with sickness absence among female hospital nurses.
Conclusion: Problem-solving coping and social coping styles were associated with less sickness absence among female nurses working in hospital care. Nurse managers may use this knowledge and reduce sickness absence and understaffing by stimulating problem-solving strategies and social support within nursing teams.

* Corresponding author. Tel.: +31 624948755.
E-mail address: info@schreuderarbo.nl (J.A.H. Schreuder).

0020-7489/$ – see front matter © 2011 Elsevier Ltd. All rights reserved.
doi:10.1016/j.ijnurstu.2010.12.008

What is already known about the topic?

- Absence from work due to sickness is high in healthcare and leads to understaffing resulting in an increase in workload and a decrease in the efficiency of care.
- The reasons for sickness absence in healthcare are still poorly understood.
- Sickness absence, especially short-term sickness absence, was found to be related to individual coping.

What this paper adds

- Problem-solving coping was associated with fewer long (>7 consecutive days) episodes of sickness absence.
- Social coping was associated with fewer short (1–7 consecutive days) episodes and fewer long episodes of sickness absence.
- More research is required to disentangle the pathways between work stress, coping and sickness absence all the more because effort–reward imbalance, which is a recognised work stress parameter, had differential effects on the associations of coping with sickness absence.

1. Introduction

Absenteeism is a major problem in the healthcare sector of many countries, leading to nursing staff shortages that result in an increase in the nursing workload and interfere with the efficiency and quality of nursing care (Buchan and Aiken, 2008; Hurst, 2008). The reasons for absenteeism among nurses are still poorly understood. Davey et al. (2009) recently reviewed the factors associated with absenteeism among nurses and reported that prior individual absence was the best predictor of absenteeism. The systematic review reported inconclusive results for individual factors, work attitudes and organization as predictors of absenteeism among nurses. It has been reported that taking time off and the quitting of jobs increased with higher nursing stress (McGowan, 2001). Nurses are subject to general work stressors such as heavy workload, shift work, role conflicts, role ambiguity and environmental hazards. The fact that stress is higher in healthcare than in other sectors may be due to the emotional demands and responsibility of patient care. Nursing stress is associated with sickness absence, but it is difficult to explain the quantitative relationships between stress and stress responses. Even when the level of stress is the same, there are large individual differences in stress responses (Lazarus, 1990; Yamazaki, 1999).

Individual stress coping resources act as an intermediary factor between stressors and stress responses. Ida et al. (2009) investigated nursing stress and stress coping abilities in relation to sickness absence as a response to stress. They assessed coping abilities with a 29-item sense of coherence (SOC) scale that measures the extent to which one has the confidence and resources to meet environmental demands (Antonovsky, 1993; Yamazaki, 1999). A high SOC allows one to cope with stressors more appropriately (Richardson and Ratner, 2005; Hogh and Mikkelsen, 2005; Surtees et al., 2006). The authors found that high SOC stress coping ability was associated with fewer days of sickness absence among female nurses working in a Japanese University Hospital (Ida et al., 2009). However, SOC represents an ability to choose appropriate approaches to stressful events rather than a personal coping style.

1.1. Coping with stressful situations

Coping refers to the thoughts and actions people use to deal with stress (Moos et al., 2003). Some researchers have defined coping as habitual thoughts and actions that are stable across a wide variety of stressful situations (Vollrath et al., 1995; Vollrath and Torgerson, 2000; Vollrath, 2001). These ideas were supported by strong correlations between personality and coping (Kato and Pedersen, 2005; Connor-Smith and Flachsbart, 2007). However, the dispositional concept does not predict the strategies people actually use in stressful encounters (Moos et al., 2003). For this reason, some researchers consider coping to be a transactional phenomenon with changing skills to meet the evolving demands of a stressful situation (Lazarus and Folkman, 1984; Lazarus, 1993).

Coping skills are divided into problem-focused strategies, purposively targeted at solving the problem at hand, and emotion-focused strategies that minimize negative emotions by emotional expression, seeking distraction, and avoiding problems (Lazarus, 1993). People use both types of strategies to cope with stressful events. The predominance of one strategy over another is determined by personal style and the appraisal of the stressful event (Moos and Holahan, 2003). People typically employ problem-focused coping when they perceive control over stressful events. Emotion-focused coping predominates when people feel that the stressful event is something that must be endured (Lazarus and Folkman, 1984). Emotion-focused coping has been related to poor general health (Penley et al., 2002) and depressive symptoms (Wadsworth et al., 2004). Therefore, it is likely that emotion-focused coping will also be associated with sickness absence.

1.2. Coping and sickness absence

Sickness absence, defined as not coming to work due to illness, is divided into two types. Long-term sickness absence, lasting longer than 7 days, is likely to be related to diseases with physical or mental impairments resulting in work disability (Marmot et al., 1995). Short-term sickness absence, lasting several days, was found to be related to personal well-being and individual factors (Marmot et al., 1995; Beemsterboer et al., 2009). Short-term sickness absence has been regarded as a type of voluntary absenteeism in the sense that individuals decide whether or not to call in sick. The decision to report sick is assumed to be associated with the appraisal of illness (Mechanic, 1995; Petrie and Weinman, 1997), especially when symptoms are poorly defined (Theorell et al., 2005). Voluntary sickness absence without clear medical impairments usually manifests itself in frequent short absences (Hammer and Landau, 1981; Hackett and Bycio, 1996;