

Dealing with self-management of chronic illness at work: predictors for self-disclosure

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Abstract

This paper explores the role of self-management of chronic illness at work, as a predictor for self-disclosure. The study reports findings from a survey sent to all staff at a UK university, of which 610 employees reported managing a chronic illness: arthritis, musculoskeletal pain, diabetes, asthma, migraine, heart disease, irritable bowel syndrome and depression. The study found that discrete self-management factors predicted different levels of disclosure: partial self-disclosure (employees informing line managers about the presence of a chronic illness) and full self-disclosure (employees informing line managers how that chronic illness affected them at work). For partial disclosure, a greater reported experience of chronic illness by employees was positively associated with self-disclosure. For full-disclosure, employees were more likely to report disclosure to line managers if they had already disclosed to colleagues, and if they perceived receiving support from their line managers in relation to their chronic illness as important. Except for academics who were least likely to disclose, occupational groups did not emerge as significant predictors for either partial or full disclosure. Except for diabetes, chronic illness itself was not a significant predictor or barrier to self-disclosure. Our findings suggest that chronically ill employees adopt a disclosure strategy specifically related to different self-management needs of chronic illness at work.

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Introduction

The impact of chronic illnesses on labour force participation has received much attention in recent years. Part of this can be attributed to the 1992 World Health Organization report in which chronic illnesses are recognised as one of the most expensive health problems in modern industrialised countries (WHO,

1992). At least a third of the workforce by the age of 50, is likely to be managing a chronic illness, usually a cardiovascular or musculoskeletal disorder (Ilmarinen, 1994). In this respect, much of the attention has been given to the work-related causes of chronic illness (e.g. back pain), the impact of chronic illness on work productivity or to work adjustments provided (Baanders, Andries, Rijken, & Dekker, 2001; Burton, Conti, Chen, Schultz, & Edington, 1999; Gulick, Yam, & Touw, 1989; Gulick, 1992; Kessler, Greenberg, Mickelson, & Wang, 2001; Lerner et al., 2003; Lerner, Amick, Malspeis, & Rogers, 2000; Roessler & Rumrill, 1998). Less attention has been paid to the management of

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chronic illness from the employees' perspective. Self-management includes recognising and responding to symptoms, managing acute episodes, use of medication, managing relations and obtaining support from significant others, and is influenced by contextual factors such as social networks, family support, health care providers, and the physical environment (Clark, Becker, Janz, Lorig, Rakowski, & Anderson, 1991; Gallant, 2003). Whilst a significant minority of those managing a chronic illness are likely to be working, there is little evidence as to how work impacts on self-management.

It is suggested that the work context may have received limited attention from researchers, due to issues associated with disclosure. Self-disclosure was defined by Collins and Miller (1994) as the 'act of revealing personal information about oneself to another' (p. 457). As a large number of chronic illnesses are hidden and not perceptible to others, receiving appropriate support from line managers and colleagues requires their knowledge and understanding of an employee's illness. Unless employees choose to inform significant others at work as to the nature of their illness, such support may be lacking. However, the choice to disclose a chronic illness is complex, and influenced by a host of factors such as stigma, type and severity of illness, and access to support (Greene, 2000; Vickers, 1997). There are perceived risks to the employee in disclosing a chronic illness. These include potential rejection, discrimination, loss of social support and loss of employment. Conversely, the benefits to disclosure may include access to practical and social support, social integration (e.g. Dilorio, Hennessy, & Manteuffel, 1996), ensuring as far as possible that the illness does not affect task effectiveness or performance, and re-affirming professional and work identity (Adams, Pill, & Jones, 1997; Beatty, 2001). There is currently a lack of research on self-disclosure of chronic illness at work. The purpose of the present study was to explore the self-management of chronic illness as predictors for self-disclosure of illness to line managers.

Self-disclosure at work

The extent to which an organisation is perceived to be supportive plays an extremely important role in disclosure. The existence of workplace policies and practices in supporting employees with disabilities or with an illness, such as policies on workplace diversity and equal opportunities, can positively influence self-disclosure. In addition to supportive workplace policies, other factors associated with the self-management of illness have been proposed to influence self-disclosure.

For example, self-disclosure may be necessary for the effective management of illness regimens at work

(Beatty, 2001; Clark et al., 1991). In certain situations, the management of chronic illness may involve illness-specific (e.g. measuring blood glucose for diabetes) or regimen specific (e.g. keeping illness under control) activities that would be difficult to conceal. Some illnesses may necessitate regular visits to specialists or hospitals for treatment. Frequent workplace absences require an explanation and may precipitate disclosure, as would the use of medication or special equipment (Beatty, 2001; Clark et al., 1991). Self-disclosure may also enable employers to provide for example, tangible support that directly or indirectly facilitates self-management. Thus, an important influential factor of self-disclosure may be associated with accessing practical support. Evidence suggests that where employees do disclose, appropriate and facilitative changes in their work arrangements are more likely to occur. These include reduced working hours, decreased work pace, reduced workload, or adjustments to the physical work environment (Baanders et al., 2001; Daly & Bound, 1996; Lerner et al., 2000). However, not all self-disclosures result in receiving practical support (Daly & Bound, 1996) and, equally, not all self-disclosures are related to seeking work adjustments. It is therefore not clear to what extent work adjustments alone are an influential factor for self-disclosure.

Other factors influencing the disclosure of chronic illness at work include social support. Social support is considered an important aspect of psychological adjustment for many individuals managing a chronic illness (Kalichman, DiMarco, Austin, Luke, & DiFonzo, 2003; Petrak, Doyle, Smith, Skinner, & Hedge, 2001; Vickers, 1997). It can buffer the stress associated with living with a chronic illness and can promote a sense of emotional well-being. Evidence from the health literature on social support suggests that in the case of chronic illness self-management, illness-specific or regimen-specific support has a stronger influence on self-management behaviour than more global types of support (Aalto, Uutela, & Aro, 1997; Gallant, 2003). Given what is known about social support in this context, we can hypothesise that there may be a similar occurrence for disclosing a chronic illness at work. Disclosing an illness may elicit social support from colleagues and line managers by increasing their understanding of the effects of the illness. Further, prior disclosures may decrease fear of disclosure and increase the practice and confidence of disclosing. For example, studies have shown that self-disclosure of personal information to family members, friends or partners, increases the likelihood of self-disclosure in other contexts such as the workplace (Griffith, & Hebl, 2002; Lewis, 1984). Thus, the willingness to disclose a chronic illness to line management is perhaps more likely if disclosure has already occurred elsewhere, such as with colleagues.

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