

3-19-2023

Sources of Stress, Burnout, and Career Decisions of Male Health and Nursing Professionals: A Qualitative Inquiry of the Challenges During the COVID-19 Pandemic

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Recommended APA Citation

Dos Santos, L. (2023). Sources of Stress, Burnout, and Career Decisions of Male Health and Nursing Professionals: A Qualitative Inquiry of the Challenges During the COVID-19 Pandemic. *The Qualitative Report*, 28(3), 886-905. <https://doi.org/10.46743/2160-3715/2023.5837>

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Abstract

The human resources and workforce shortage of registered health and nursing professionals has been a long-term problem in health systems internationally, particularly during the COVID-19 pandemic. Many health and nursing professionals face stress and burnout, which may influence their career decisions and long-term human resources development. The purpose of this study is to investigate and understand the relationship(s) between sources of stress and the reasons why male health and nursing professionals decide to leave the profession within the next six months. With the employment of the social cognitive career and motivation theory and general inductive approach with 40 male health and nursing professionals, the results outlined personal considerations: my physical and mental health conditions, surrounding environments and individuals: pressure from my co-workers, and political considerations: unsupportive government policies, were categorized. The study provides recommendations to healthcare leadership, government agencies, human resources planners, and researchers to establish sustainable human resources strategies to solve the ongoing and long-term workforce shortage internationally.

Keywords

burnout, career decision, general inductive approach, health professional, human resources management, medical worker shortage, social cognitive career theory, social cognitive career and motivation theory, stress

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Sources of Stress, Burnout, and Career Decisions of Male Health and Nursing Professionals: A Qualitative Inquiry of the Challenges During the COVID-19 Pandemic

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The human resources and workforce shortage of registered health and nursing professionals has been a long-term problem in health systems internationally, particularly during the COVID-19 pandemic. Many health and nursing professionals face stress and burnout, which may influence their career decisions and long-term human resources development. The purpose of this study is to investigate and understand the relationship(s) between sources of stress and the reasons why male health and nursing professionals decide to leave the profession within the next six months. With the employment of the social cognitive career and motivation theory and general inductive approach with 40 male health and nursing professionals, the results outlined personal considerations: my physical and mental health conditions, surrounding environments and individuals: pressure from my co-workers, and political considerations: unsupportive government policies, were categorized. The study provides recommendations to healthcare leadership, government agencies, human resources planners, and researchers to establish sustainable human resources strategies to solve the ongoing and long-term workforce shortage internationally.

Keywords: burnout, career decision, general inductive approach, health professional, human resources management, medical worker shortage, social cognitive career theory, social cognitive career and motivation theory, stress

Introduction

Background of the Study

Health and nursing professionals face stress, burnout, and mental disorder daily due to unbalanced work conditions and busy environments, particularly during the COVID-19 pandemic (Murat et al., 2021; Shen et al., 2020; Wang et al., 2021). Although health and nursing professionals are responsible for helping patients and minorities overcome their health problems, many health and nursing professionals face the same mental illnesses and disorders (Sampaio et al., 2021). Besides the overloaded workloads in clinical environments (e.g., a high number of patients and inadequate workplace conditions), health and nursing professionals face internal pressure from peers and co-workers, such as gender discrimination (Kim & Choi, 2020; Ramaci et al., 2020). As health and nursing professionals face internal and external pressures, some leave the profession and join other industries after years of service (Labrague et al., 2021).

First, high vacancy rates are a significant problem in healthcare, as all clinical environments need health and nursing professionals (Ghafoor et al., 2021; Zhou et al., 2018). Due to aging, retirement, stress, turnover, and personal career decisions, many experienced nurses leave the profession after decades of service (Herd et al., 2019). Although government

departments have established plans and schemes for pre-service nursing training, the gaps in human resources and workforce management cannot be filled immediately; the gaps will continue in the coming decades (Ghafoor et al., 2021).

Second, gender orientation, social stigma, and social bias exist in the health and nursing profession, particularly among male nurses and nursing profession, that many general public members believe the profession is exclusively for women (Abrahamsen, 2004; Chen et al., 2020; Kronsberg et al., 2017). It is not uncommon that male health and nursing professionals to face challenges and problems due to their gender roles in the clinical environment. During the COVID-19 pandemic, male health and nursing professionals may face additional challenges and problems due to gender roles. However, there are only a few studies focused on the problems of these groups of male professionals, particularly during the COVID-19 pandemic (Al-Mansour, 2021; Labrague et al., 2021; Mirzaei et al., 2021).

Purpose of the Study

As researchers in health and social care, it is important to ensure adequate human resources and workforce management for all health and nursing professionals, regardless of the health crisis. The purpose of this study is to investigate and understand the relationship(s) between sources of stress and the reasons why male health and nursing professionals decide to leave the profession within the next six months. Based on the social cognitive career and motivation theory, two research questions guide this study: (1) What are the sources of stress in male health and nursing professionals in South Korea, particularly during the COVID-19 pandemic? Why and how? (2) Why do male health and nursing professionals decide to leave the health and social care profession during and after the COVID-19 pandemic, particularly those who tend to leave the profession within six months?

Significance of the Study

First, the COVID-19 pandemic continues to influence human resources and workforce in the public health sector internationally. However, not many studies and academic research projects were conducted. Although some studies have been conducted, the health system in South Korea is unique due to the internal and external elements (Diliberti et al., 2021; Labrague et al., 2021; Murat et al., 2021; Shen et al., 2020). Unlike Australia, Canada, the United States, and the United Kingdom, the government agencies established a series of immigration plans and skilled immigration schemes for skilled workers, such as health and social care workers, who want to move to their countries and regions. However, South Korea does not have a long-term immigration plan to attract skilled workers, particularly health and social care workers and professionals, to their region (Dos Santos, 2022; Thomsen, 2020). Although some international students and university graduates from nursing schools may want to stay in South Korea for post-university experiences and career opportunities, no clear immigration plans, and settlement schemes are offered. As a result, skilled workers, such as health and social care workers and professionals, tend to move to other countries and regions where career opportunities are available for international graduates (Kwee, 2020, 2023).

Second, this is one of the first studies employing the theoretical framework: Social cognitive career and motivation theory. In fact, the social cognitive career and motivation theory is one of the latest theories for investigating stress, motivation, and career decision for individuals and groups (Dos Santos, 2021a, 2021b; Lent et al., 1994). The results of this study will provide new aspects and understanding of health and nursing professionals' situations and problems in South Korea and other related regions in the East Asian environment. Therefore, this study will fill the research gaps in human resources shortages during the COVID-19

pandemic and long-term and sustainable solutions in health and nursing professionals' career development and decisions.

Role of the Researcher

The researcher is concerned with adult learning, gender issues, human resources management, workforce shortage, health and social care professionals' behaviors, stress and turnover, and training and development in the Asia Pacific region. Due to the COVID-19 pandemic, many health and social care professionals and staff face challenges, stress, burnout, and turnover issues for various reasons. Before the COVID-19 pandemic, some studies (Al-Mansour, 2021; Lambert et al., 2004; Mohamed, 2019) were conducted to understand the human resources, psychological, and well-being issues of health and social care professionals and staff. However, only a few studies focused on the problems of male health and social care professionals, nurses, and staff, particularly during the COVID-19 pandemic in South Korea. Therefore, as a researcher in this given area, the researcher decided to conduct a study to fill the research and practice gaps. As the COVID-19 pandemic will be over soon, it is important to gather and capture this group of participants' qualitative stories and voices.

Theoretical Framework and Brief Literature Review

Social cognitive career and motivation theory (Dos Santos, 2021a, 2021b; Lent et al., 1994) was employed as the theoretical framework to explore and understand the relationship between stress and the career decisions of health and nursing professionals in the South Korean health system. The social cognitive career and motivation theory (Dos Santos, 2021a, 2021b; Lent et al., 1994) was developed based on the guidelines from the social cognitive career theory (Lent et al., 1994) and self-efficacy approach (Bandura, 1986). The social cognitive career and motivation theory was useful in investigating the internal and external factors which may influence people and groups' motivations, human resources and workforce problems, and decision-making processes. First, the psychological and internal factors with self-efficacy impact (Dos Santos, 2021a, 2021b; Lent et al., 1994) played significant roles:

- Academic interests
- Personal consideration
- Achievements of education and career goals

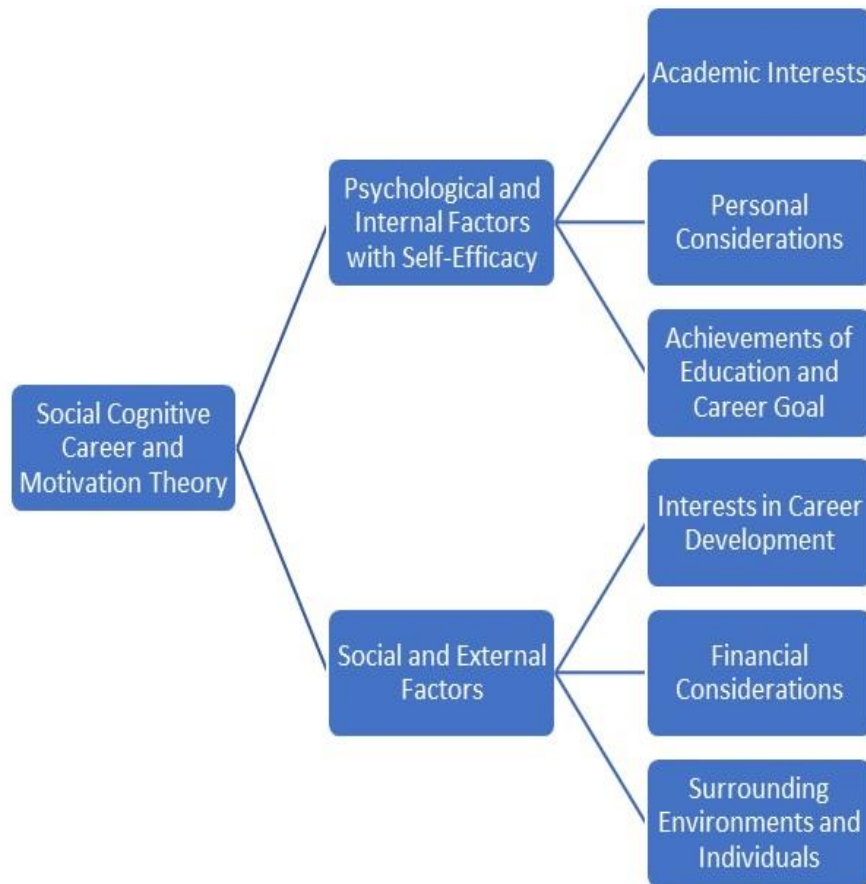
Second, the social external factors impact:

- Interests in career development
- Financial considerations
- Surrounding environments and individuals

Figure 1 outlines the social cognitive career and motivation theory.

Figure 1

Social Cognitive Career and Motivation Theory (Dos Santos, 2021a, 2021b; Lent et al., 1994)



Stress, Burnout, and Career Decisions of Male Health and Nursing Professionals

The social cognitive career and motivation theory (Dos Santos, 2021a, 2021b; Lent et al., 1994) is helpful to the relationship between stress and working professionals' career decisions. Workplace stress and burnout problems are common in different industries and sectors. According to Tatum (2018), due to the managerial style and work satisfaction, individuals' stress level might overweight their retention decision (i.e., staying in the same company). Although some might continue to stay in the same company, many will eventually leave the office after receiving offers from other opportunities (Tatum, 2018). Well-being and psychological health also play significant roles in individuals' career decision-making processes. Lent and Brown (2008) argued that professional workers often considered the relationship between well-being and job satisfaction in their career development. If individuals could not ensure their psychological well-being, many would consider other opportunities (Lent & Brown, 2008). Recently, the COVID-19 pandemic impacted many employees' well-being and psychological health internationally. Lee et al. (2021) also argued that employees' self-efficacy and well-being impacted the career decision-making processes as employees could select their career developments and pathways with positive working environments. If the working environment cannot satisfy their needs and expectations, employees will resign based on their expertise and backgrounds, regardless of the financial concerns (Lee et al., 2021).

Unlike other occupations with daily routines, nursing professionals must go to their workplace without the traditional day off (Abrahamsen, 2004; Cottingham, 2019; Herakova, 2012). Especially during a national crisis, nursing professionals must work for weeks without breaks. In other words, nursing is a stressful profession that requires intensive and overloaded responsibilities. Stress and burnout are not uncommon in healthcare, including the nursing profession (Shen et al., 2020). Because of the COVID-19 Pandemic, healthcare professionals are always experiencing high levels of mental and physical stress (Murat et al., 2021; Wang et al., 2021). The stress from both internal and external channels may eventually lead to increased levels of dissatisfaction, low self-esteem, low self-efficacy, low morale, and career questioning that have been categorized as burnout (Murat et al., 2021). Nursing professionals in South Korea during the COVID-19 pandemic were assigned to serve in one of the specialized hospitals for patients with coronavirus. Although healthcare professionals are expected to provide care to all patients regardless of their social status and illness, many did not expect to serve in these hospitals (Eisenberg et al., 2009).

Another recent study (Ramaci et al., 2020) indicated that social stigma, workplace bullying, and discrimination are not uncommon in many clinical environments, particularly during the COVID-19 pandemic (Fukuti et al., 2020; Ramaci et al., 2020). Some of the unfairness and negative factors include bad mental health, stigma from co-workers, misunderstanding from family members, loneliness due to the isolated environment, and burnout. If the government does not make improvements to this situation, then serious attrition will occur during and after the COVID-19 pandemic in the form of resignations and retirements (Kwaghe et al., 2021).

Unlike other specializations, professionals working in the coronavirus units require targeted training and procedures (Smereka et al., 2020). Although some volunteers may join the coronavirus units, other specializations and departments are thirsty for nursing professionals, too. Some people may argue that fresh nursing graduates and junior-level nursing professionals may take the opportunity to join the coronavirus units. In a recent study (Dos Santos, 2020), a researcher conducted a qualitative study about the sense-making process and career decisions of a group of pre-service nursing students (N=58) in South Korea during the COVID-19 pandemic. Almost all the nursing students expressed concern about the dangerous workplace environment and personal sacrifices, along with financial considerations. A large group of participants indicated that they would not join the nursing profession after university graduation due to the risks and low level of social status entailed. Although another recent study (Ramaci et al., 2020) argued that sense of belonging and sense of nationalism might play important roles in nursing students' career decisions, negative workplace conditions and stigma would impact human resources and workforce management due to stress and burnout.

Besides concerns about safety and personal development, nursing professionals face extraordinary workplace conditions, discrimination, and bullying due to the COVID-19 pandemic and unfair policies of government agencies. In August 2021, the Korean Health and Medical Workers' Union indicated that more than 80,000 members would begin a strike to fight for improved human resources and workforce management and improve their overloaded clinical environments (Yi, 2021). Yi's report further indicated that the government set no regulations or supports between the general hospitals and hospitals for COVID-19 patients. After months of negotiation, the government took no action to answer the needs of the health and nursing professionals. Recently, another report (Cha, 2021) further indicated that although the Korean Health and Medical Workers' Union had reached agreements with government departments, such as the building of at least four public hospitals for special diseases by 2024, the publishing of a guideline or handbook for COVID-19 patients by October 2021, and the expansion of funding for special disease patients to go into effect by January 2022, the South

Korean government did not answer the demand for an improved health and nursing professional-patient ratio (e.g., recommended ratio of 1:5 for the United States and 1:7 for Japan), as South Korea has no recommended ratio.

Materials and Methods

The general inductive approach (Thomas, 2006) with interpretivism (Burrell & Morgan, 1979) guided this study. In fact, health and nursing professionals' human resources shortage and workforce problems are chronic issues that impact healthcare leadership, the health system, and government departments. The research sites and designs should not only limit to a single site or location. Therefore, the general inductive approach (Thomas, 2006) was appropriate for collecting comments and opinions from different individuals and groups in South Korea.

The general inductive approach (Thomas, 2006) is a basic qualitative inductive method that allows qualitative researchers to study the massive qualitative data and materials in a summary direction, establish the connections and ideas between different stories and data, and link the themes and subthemes for the findings and discussion sections. In this study, the general inductive approach is useful because the researcher wanted to categorize the massive data into meaningful themes and subthemes for the research questions. Therefore, the researcher believed employing the general inductive approach is appropriate.

Also, based on the recruitment strategies and the nature of the problems, the health system in South Korea faces the same situations and problems. Therefore, larger and wider perspectives should be covered. As a result, the general inductive approach (Thomas, 2006) with interpretivism (Burrell & Morgan, 1979) was useful and appropriate.

Participants and Recruitment

The researcher employed purposive and snowball sampling techniques (Merriam, 2009). First, based on the personal network (i.e., purposive sampling technique), the researcher invited six health and nursing professionals who are currently working in one of the health facilities in South Korea (Merriam, 2009). Once the participants decided to join the study, the researcher sent the invitation letter with detailed information, unsigned agreement form, information about the potential risk, and the data collection procedure with the interview protocol via email. After the participants joined and shared their information after the first interview session, they should refer at least one potential participant who met the following criteria. After several rounds of referrals and invitations (i.e., snowball sampling technique) (Merriam, 2009), 40 participants agreed to participate in the research. In other words, a total of 40 participants joined this study and shared their qualitative data with the researcher. Based on the nature and purpose of this study, particularly focused on the challenges and problems of male health and nursing professionals in South Korea, the participants must meet all the following criteria:

- Currently registered as a health and nursing professional
- Currently working as a health and nursing professional
- Must work in one of the mid-size or large-size health facilities
- Face stress due to their position
- Decide to leave the health and nursing profession within the next six months
- South Korean citizen
- Male professional

- The breadwinner of their family
- At least 18 years old and willing to share their stories

Data Collection

According to Seidman (2013), three sessions of semi-structured, one-on-one, and private interviews and member-checking interviews were employed to collect in-depth data. Seidman (2013) indicated that the comprehensive interview sessions should contain not less than three interview sessions. Qualitative researcher(s) would use these interview sessions to build up relationships. If only one interview session per participant is conducted, the participants may not want to share personal and sensitive stories and ideas with the researcher(s). Therefore, three interview sessions per participant should be conducted.

First, according to Merriam (2009) the interview tool may be employed in qualitative and human resources studies, particularly the in-depth understanding of the participants. With the guidelines from the protocol and arrangement, the participants were invited to participate in three semi-structured, one-on-one, and private interview sessions (Merriam, 2009; Seidman, 2013; Tang & Dos Santos, 2017). As for the interview sessions, the researcher asked the participants about the source of stress, burnout, and career decision of their current position. Each interview session lasted from 86 to 128 minutes.

Second, after the participants of the study completely shared their stories, the researcher needed to confirm the data for the data analysis procedure. Therefore, the researcher arranged the member-checking interview sessions to confirm the trustworthiness. The member-checking interview sessions were conducted from 43 to 61 minutes. The participants confirmed their stories and agreed with their results. Please note the data analysis procedure could not be started before all participants confirmed their data and materials. In this case, all participants agreed on their data and materials.

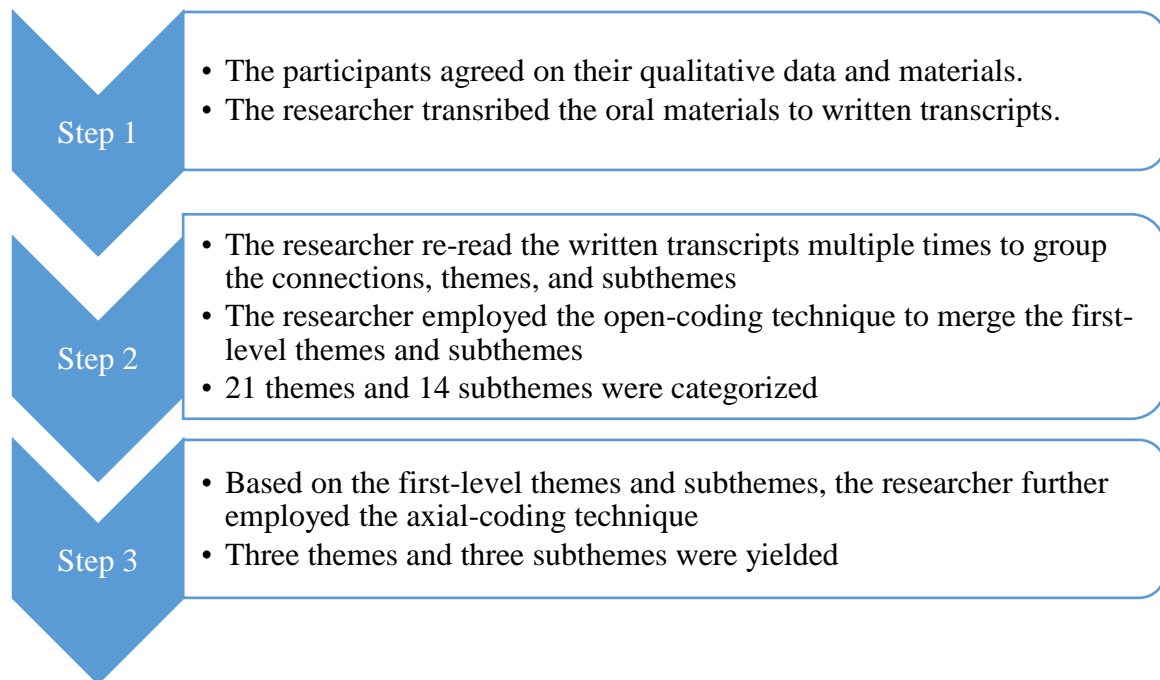
The researcher employed a digital recorder to record the conversations between the researcher and the participants. The participants agreed to the recording and signed their willingness to the agreement.

Data Analysis

After the data collection sessions were completely finished, the researcher transcribed the oral information into written transcripts for the data analysis (Kwee, 2021). The researcher revisited the data a few times to group the connections, themes, and sub-themes. First, the researcher employed open-coding to merge the first-level themes and subthemes (e.g., body condition, anger, insomnia, etc.). As a result, 21 themes and 14 subthemes were merged.

However, some qualitative scholars (Merriam, 2009; Seidman, 2013; Strauss & Corbin, 1990) indicated that further analysis should be conducted. Therefore, based on the first-level themes and subthemes from the above step, the researcher used the axial-coding to narrow the data (Strauss & Corbin, 1990). As a result, three themes and three subthemes were yielded for the results and discussions. For details, please refer to Figure 2.

Figure 2
Data Analysis Procedure



Human Subject Protection

Privacy is the most important factor of this study. After completing this study, the researcher deleted and destroyed the interview protocols, signed agreements, oral materials, written transcripts, personal information, and contact information. All the above-mentioned materials and computers were locked in the passport-protected cabinet. No third parties can read and re-use the materials because of the concern of privacy. Written informed consent has been obtained from the patient(s) to publish this paper. The current study received support from the Woosong University Academic Research Funding 2022.

Results and Discussions

Due to their willingness to share their stories with the researcher, and despite their busy schedules, 40 participants joined and shared their stories for this study. To collect in-depth and rich information from the participants, three interview sessions were conducted for each participant, with 120 interview sessions in total. Although the participants worked in different departments, clinical environments, and specializations, many shared their stories and challenges as health and nursing professionals during the COVID-19 pandemic. All decided to leave the health and social care profession within the next six months of their employment. To protect the personal information and background of the participants, the researcher masked the identity of all parties, including their names, nicknames, locations, and backgrounds, for the results. Table 1 outlines the themes and subthemes of the study. Please note the researcher combined the results and discussion sections together as a whole section. It is not uncommon in many social sciences studies as readers could compare the current findings with previous literature.

Table 1*Themes From the Participants' Lived Stories*

Themes from the Participants' Lived Stories
Personal Considerations: My Physical and Mental Health Conditions Family Issues
Surrounding Environments and Individuals: Pressure from my Co-Workers Stress from the Chaotic and Unsupportive Workplace Environment Unbalanced Health and Nursing Professional-Patient Ratio
Political Considerations: Unsupportive Government Policies

Personal Considerations: My Physical and Mental Health Conditions

...the government did not pay any attention to our [health and nursing professionals] health and mental issues...we are taking our lives for the best interests of our residents...what about us...many social workers, psychologists, and counsellors are angry already...who can provide counselling services to these stressed and upset counsellors?... (Adam)

Stress and burnout of health and nursing professionals are not uncommon in many countries and regions, particularly during the COVID-19 pandemic (Murat et al., 2021; Windarwati et al., 2021). A recent study (Kwaghe et al., 2021) indicated that frontline health care workers face stigmatization as well as psychological and emotional trauma because of the chaotic and challenging clinical environments. Because the COVID-19 pandemic and the coronavirus are a new health crisis and illness, which most health and nursing professionals have no knowledge about, many frontline healthcare workers expressed confusion, upset, concern, and mental stress due to the global health situation.

First, in this case, all participants agreed that they had the interest and energy to deal with the COVID-19 pandemic and upset patients because of their passion and interest in their profession. However, overloaded responsibilities and unforeseen situations drove the physical problems of all participants. In this case, many participants (who need to stand and walk during their duty) indicated that more than 80% of their co-workers suffer from varicose veins due to workplace conditions. Two stories were captured:

...all of us need to stand and walk in the station...we have to check the information of our patients...we have to stand next to the patients and other medical workers...we also need to walk all across the hospital...I don't want to have this illness because we know the problem...but the hospital has no medical workers anymore...we can only do that because we have no choice... (Gavin)

...I worked in the cardiology department and work with patients with varicose veins...but I have varicose veins illness...I told my patients they have to do more exercises and have a good lifestyle...but many doctors, nurses, and medical workers cannot have a good lifestyle because of the workload...during the COVID-19 pandemic, the human resources shortage is more serious...how can we relax?...look at the workers in the COVID-19 checkpoint...how can we relax?... (Terry)

A recent study (Filina et al., 2021) indicated that pharmacy workers face different types of chronic illness due to workplace conditions, such as vascular pathology (29.4%), musculoskeletal pathology (28.4%), gastrointestinal tract pathology (27.5%), and visual

impairment (27.5%). Chronic illnesses and physical disorders were mainly caused by unbalanced working schedules, such as having no breaks for rest and meals (20.6%) and no opportunity to warm their meals at work (13.7%). Since many health and nursing professionals, particularly in hospitals, usually need to work on shift (i.e., for 24 hours), the unbalanced working schedule creates many illnesses and physical health problems (Murat et al., 2021).

Second, besides the development of chronic venous insufficiency, health and nursing professionals are at risk of mental health disorders because of their workplace environment and career nature (i.e., they must deal with patients with illness). In this case, participants face an increased and intensive medical situation, particularly during the COVID-19 pandemic (Bhanot et al., 2021; Lyons et al., 2020; Usher et al., 2020). Although medical workers may seek help from psychological services and counselling, counsellors also face the same mental disorders and problems during this global health crisis. Two stories were captured:

...I called the mental health department for counselling or just for a talk...but the appointments were not available until four months later...I am sure that the psychiatrists and counsellors need to face a lot of stress as well...they also need to have some rooms...for mental releases...I don't want to bother the counsellors...but I have no rooms to be relaxed...I don't want to go back to my treatment rooms tomorrow...this is the worst time in my career... (Nick)

...we have a counselling department and psychology department in our hospital...they were not extremely full...but during the COVID-19 pandemic...the front desk stopped any further appointments...because the waiting time is more than six months already...I want to seek some help from the community counsellors...but I don't have time after work...I will just go to sleep... (Kevin)

In short, according to a recent study (Cires-Drouet et al., 2020), health and nursing professionals who need to spend time standing are at risk of developing chronic venous insufficiency and mental health disorders. Another recent study (Fukuti et al., 2020) also argues that institutions, hospitals, and government leaders should pay special attention to protecting health and nursing professionals' mental health and well-being during the COVID-19 pandemic. Due to anxiety, depression, and sleep illness, around 50% of health and nursing professionals face mental disorders. Therefore, it is important to establish short-term and long-term solutions (Labrague & Santos, 2021).

Family Issue

Collectivism and Confucianism are the dominant social values and norms in the East Asian region, particularly in the South Korean communities (Campion & Wang, 2019; Han, 2017; Im, 2019). In other words, South Korean people always believe family and family members are the most important factors in their lives. However, due to the unforeseen COVID-19 pandemic, unbalanced working schedules, overloaded responsibilities, and stress and burnout from their work, many participants needed to give up their personal and family time for their position. A recent study (Ghislieri et al., 2021) indicated that although some administrative and technical staff in healthcare worked remotely during the lockdown and COVID-19 pandemic, the stress and burnout rates were similar to those of their co-workers in clinical environments. A group of health and nursing professionals who need to deal with both clinical and administrative duties shared the following story:

...many of the patients' information and files...could not be taken away from the hospital...I still needed to go back to the hospital...although the government recommended us to stay at home...after I finished my duty in the hospital...I had to bring some non-patient files back home...I needed to work dually...without any breaks...it was as bad as what you could imagine... (Calvin)

Despite take-home duties and tasks due to the lockdown and social distancing recommendations, many participants with clinical responsibilities could not or did not want to go home because of their high-risk status (i.e., being in close contact with COVID-19 patients). Regular self-isolation due to employment responsibilities also significantly impacted their sources of stress and career decisions. A story was captured:

...my son is still in elementary school...I could not talk to my son and provide care to my son as a parent...after careful consideration...it is the right time for me to leave the job and seek for other positions...in health or social work or others...I don't have an answer yet...but as a parent, I have to step down from my position soon... (Jason)

In short, in line with the social cognitive career and motivation theory (Dos Santos, 2021a, 2021b; Lent et al., 1994), personal consideration, health conditions, and family issues significantly affected the stress and career decisions of health and nursing professionals during the COVID-19 pandemic in South Korea. A recent study (Hidayati et al., 2019) also advocated that health workers face stress due to work-family conflicts and imbalances. Therefore, with these considerations, the participants decided to leave the profession, particularly male health, and nursing professionals in South Korea during the COVID-19 pandemic, soon after balancing all factors.

Surrounding Environments and Individuals: Pressure from my Co-Workers

Effective and balanced management and managerial styles play important roles in the health and nursing profession, particularly during the COVID-19 pandemic (Demirović Bajrami et al., 2021; Liu et al., 2020). The East Asian region is known as an area characterized by collectivism, wherein individuals should give up their own interests to satisfy the groups' common interests. Although South Korean workers are allowed to have sick leave from their employers, many health and social care professionals may need to work as long as they are recovered (Kim et al., 2016). More importantly, during the COVID-19 pandemic, health and nursing professionals were expected to give up some of their personal lives and spare time to help patients and the public health system (Campion & Wang, 2019; Li et al., 2018; Triandis, 1995). However, long-term sacrifice should not be exercised as health and nursing professionals need to handle their own family and personal issues after work. A participant from a long-term care facility expressed the following:

...not all health professionals have the same level of training and standard...even during the COVID-19 pandemic, hospitals and clinical environments still need to provide internships and training to university students and junior-level staff...but the upper leadership and managers do not allocate additional manpower to our department...how can we take care of the patients, students, junior-level staff, and government policies at the same time?... (Roger)

Another group of participants also expressed their concern about the coordination and communication between departments and managers. According to a recent study (Yau et al., 2021), communication and coordination between the upper and frontline workers play an important role, as health and nursing professionals cannot receive accurate and updated standards and information, such as updated statistics and reports, from the government and the parliament immediately, particularly during the COVID-19 pandemic. The researcher captured a story related to concerns regarding coordination and communication:

...we [frontline workers] did not know when should we go outside to the station...sometimes we needed to work in the clinics...but sometimes the stations need some staff immediately...but when we entered the station...we could not see the break times and lunchtimes...we needed to use the restroom, but we could not leave the station...but when we reported this issue to the upper management...the leadership told us that they did not release such information [no break time and no restroom issues]... (Ivan)

Stress from the Chaotic and Unsupportive Workplace Environment

Many complained that the hardware and software were not enough in the chaotic workplace environment (Ramaci et al., 2020). When working with infectious diseases, effective protection tools play important roles in the clinical environment. A recent study (MacIntyre & Wang, 2020) advocated that physical distancing, face masks, and eye protection might protect and isolate health and nursing professionals from the virus. However, during the early stage of the COVID-19 pandemic, health and nursing professionals were not provided with enough tools to provide adequate physical protection. As a result, many participants needed to bring their own tools to the clinical environment, such as N-95 masks. Two stories were captured:

...many governments in Asian regions recommended us the use of mask...I agreed with the recommendation...but the hospitals and management teams had no masks for us...we had to bring the masks from home...but we did not have the N95 level masks...we could not buy it in the pharmacy and shops...we needed to work in an at-risk environment, but the hospitals provided us nothing... (Quincy)

...other people don't care about their health but I care...there were not enough tools and gear for the protection...our department required a lot of facial masks...but we only had two days...what about the third and the fourth day?...we needed to bring ours to the clinics...it was not fair to us...we should not bring money and gear to the office...the office should provide to us...we all could not stand... (Danny)

In addition to the fact that the shortage of medical tools and gear in their clinical environments (i.e., workplace conditions) could not be rectified, many further indicated the facilities for employees were not supportive. For example, all the microwaves and water drinking machines were withdrawn from the employees' breakrooms due to concerns regarding infection, and no employee cafeterias or restaurants were available as alternatives, so the employees could not enjoy their breaks at all. As the participants could not balance their high-pressured workplace conditions without any breaks, many decided to leave their positions after their complaints had not been addressed. A story was captured:

...I don't see the hospital is going to make any changes...we all [hospital staff] complained and expressed our wants...we needed to have useful break rooms with food and water...we can pay for the food and for the restaurant...but the leadership is not listening...how can people work without any food?...the leadership has their own food machine and water machine in their office...the frontline workers have nothing but responsibilities...they are testing our limits... (Lawrence)

Another participant shared about problems regarding break time and annual leave. Although health and nursing professionals should pay special attention during the global health crisis, they still have the right to enjoy their break time and annual leave according to government policies and regulations. However, many expressed their concerns about overtime hours and the cancellation of their annual leave due to human resources shortages. A story was captured:

...we are all human beings...we are not machines...even if we are machines, machines also need to take rests and breaks...but the upper management thinks we are machines, which do not need any breaks and batteries...I understood that we should spend our time in the hospital...but I want to have the meal break and restroom breaks too...but the upper management did not listen...and forced us to continue... (Oscar)

Unbalanced Health and Nursing Professional-Patient Ratio

All participants expressed their concern about the unbalanced health and nursing professional-patient ratio in the current health system, regardless of the global health crisis. A recent report (Cha, 2021) indicated that the recommended ratio should be 1:5 (American standard) or 1:7 (Japanese standard). However, there is no recommended ratio in South Korea. Therefore, without any protective policies, the government and the upper management may arrange overloaded responsibilities and duties of health and nursing professionals. Although all participants accepted the facts due to the current COVID-19 pandemic, this is not a long-term solution for the rights of health and nursing professionals in South Korea. A story was captured:

...we have to handle dozens of patients per medical worker...we could not provide any help and treatment to each patient effectively...the patients fear about their illness, and we [health and nursing professionals] also fear about our health and safety...we also cared about our health condition too...this is a long-term problem...but just during the COVID-19 pandemic...it is not acceptable...and some medical workers are planning to leave soon... (Frank)

In short, workplace conditions, stress, burnout, and pressure from clinical and office environments played an important role in the career decision-making process of the participants (Murat et al., 2021; Windarwati et al., 2021). A recent study (Windarwati et al., 2021) indicated that significant stress and burnout always influence the motivation and career decisions of health workers, particularly during the COVID-19 pandemic. According to the comments from this study, unsupportive management significantly impacted the career decisions of the health and nursing professionals. In line with the social cognitive career and motivation theory (Dos Santos, 2021a, 2021b; Lent et al., 1994), the surrounding environments and individuals were important for sustainable human resources and workforce developments.

Political Considerations: Unsupportive Government Policies

The COVID-19 pandemic was a sudden global health crisis in which many government departments and leaders could not immediately answer the rapidly changing domestic and international situations (Abidin et al., 2021). During the early stage of the COVID-19 pandemic, the South Korean government required all high-risk individuals and groups to take coronavirus tests to prevent infections. In early 2020, several hundred churchgoers at the Shincheonji Church of Jesus in Daegu were infected due to religious activities (Grisafi, 2021; Lee & Oh, 2021). As a result, nearly 200,000 residents received the coronavirus test per day. However, the human resources and workforce did not increase based on the increased demands from the government. Based on the unbalanced demands for the coronavirus tests for the residents, the researcher captured two stories:

...the government called many health and nursing professionals for the testing station...but how can the hospitals and clinics transfer the limited human resources to the station?...we don't have enough workers in the hospitals anymore...the government still needed to take the workers to the station...but the numbers of patients kept increasing in the hospital...in all specializations and departments... (Benson)

...I knew many hospitals in all provinces and cities had more than 100% occupancy...but the government continued to take our workers and workforces to other useless stations and departments...it is important to increase the numbers of medical workers and increase the enrolment for doctors and nurses' programs and courses at the universities...otherwise, no effective solutions can be done... (Michael)

In short, political considerations form one of the newest findings beyond the current theoretical framework. Although the COVID-19 pandemic was a global health crisis, political issues and governmental management also played important roles in this situation (Labrague & Santos, 2021; Liu et al., 2020; Ramaci et al., 2020). Also, the actions and policies of the government significantly influenced the stress, burnout, and career decisions of health and nursing professionals, as well as the human resources management of the health system. In line with the social cognitive career and motivation theory (Dos Santos, 2021a, 2021b; Lent et al., 1994), in order to solve the long-term and ongoing human resources and workforce management issues, the government should reform and upgrade the emergency policies and management of the health system. Otherwise, the human resources and workforce problems will not be solved.

Limitations of the Study and Directions for Future Research

First, the current study focused on human resources and workforce issues for health and nursing professionals who work in hospital environments. Although the voices of these participants may cover many problems and challenges, the comments of employees of small clinics may be useful at the family-care level. Therefore, future research studies could collect data from health and nursing professionals who work in small and mid-sized clinics to create a holistic picture of the health system in South Korea.

Second, although the COVID-19 pandemic offered opportunities for human resources and workforce development and improvement, long-term and on-going human resources development is necessary to overcome the workforce shortage in health and nursing

professionals. Therefore, after the COVID-19 pandemic, government departments should establish new plans to meet the demands of human resources and workforce challenges.

Third, the current study focused on comments from frontline health and nursing professionals. However, comments from the upper leadership and government officials may be useful to expand interest in the issue. Therefore, future research studies may collect data from these groups for a broader understanding.

Fourth, based on the current findings, the participants tended to leave their profession, particularly during the COVID-19 pandemic. However, the situations and issues can be changed during the late-stage or after the COVID-19 pandemic. Therefore, future research studies may use this study as a reference for the comparison, particularly the situations before, during, and after the COVID-19 pandemic.

Conclusions and Contributions to the Practices

The results of this study will benefit several groups of individuals. First, many health and nursing professionals face stress, burnout, and physical and mental disorders due to demanding and overloaded responsibilities, regardless of the global health crisis. The COVID-19 pandemic further increased the overloaded duties for all medical workers. However, no up-to-date studies, considering the pandemic's impact, have highlighted this situation in the South Korean health system and clinical environments. Therefore, union workers, non-profit organizations, and health department leaders may use these findings to advocate and/or enact reform and fight for the rights of health and nursing professionals.

Second, government leaders and policymakers should consider this study's findings in reforming the current health system in South Korea. Although the COVID-19 pandemic will eventually be over, the human resources and workforce shortage will continue if no actions are taken. The unbalanced ratios between health and nursing professionals and patients were significantly commented on. Therefore, using the voices and suggestions from this study, appropriate leaders should reform and upgrade current policies and regulations to improve the current situation.

Third, many participants expressed that expanded enrolment of physicians, nursing professionals, and medical professionals is significantly needed. Government leaders, university leaders, school department heads, university lecturers, and researchers should use this study as a blueprint to reform curricula, admission requirements, enrolment plans, and program capacities to meet the long-term and on-going human resources and workforce shortages in the health system.

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Article Citation

Dos Santos, L. M. (2023). Sources of stress, burnout, and career decisions of male health and nursing professionals: A qualitative inquiry of the challenges during the COVID-19 pandemic. *The Qualitative Report*, 28(3), 886-905. <https://doi.org/10.46743/2160-3715/2023.5837>
