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Meaning creation and work engagement in home caregivers

Mette Strange Nielsen and Frances Jørgensen

Department of Business Administration, School of Business & Social Sciences, Aarhus University, Aarhus C, Denmark

The purpose of this study is to contribute to an understanding of how home caregivers experience engagement in their work, and specifically, how aspects of home healthcare work create meaning associated with work engagement. Although much research on engagement has been conducted, little has addressed how individual differences such as worker orientation influence engagement, or how engagement is experienced in a caregiving context. The study is based on a qualitative study in two home caregiving organizations in Denmark using a think-aloud data technique, interviews and observations. The analysis suggests that caregivers experience meaning in three relatively distinct ways, depending on their work orientation. Specifically, the nature of engagement varies across caregivers oriented towards being ‘nurturers’, ‘professionals’, or ‘workers’, and the sources of engagement differ for each of these types of caregivers. The article contributes by (i) advancing our theoretical understanding of work engagement by emphasizing meaning creation and (ii) identifying factors that influence meaning creation and engagement of home caregivers, which would consequently affect the quality of services provided home care patients.

Keywords: work engagement, home caregiving, meaning of work.

Introduction

Many European countries have implemented initiatives to enhance the efficiency of healthcare while striving to maintain service quality (Dahl, 2011). Although initiatives such as increased automation (Czaja and Sharit, 2009) have been relatively successful, Angermann and Eichhorst (2012) argue that service quality cannot be guaranteed by technology alone and that attention must also be given to the caregivers themselves. Work engagement, which is generally understood as a positive psychological state of presence in a work role (Kahn, 1990), is of particular relevance in

this context, as considerable research has demonstrated links between quality of work and work engagement (Albrecht, 2012). For instance, prior research suggests that engaged employees are more willing to ‘go the extra mile’ (Bakker, 2011) and are more passionate about their work (Attridge, 2009). Further, firms with an engaged workforce report higher customer satisfaction (Fleming and Asplund, 2007), lower turnover (Saks, 2006), improved overall performance (Gruman and Saks, 2011), and superior service quality in service and healthcare organizations (Fleming and Asplund, 2007; Granatino, Verkamp and Stephen, 2013). Granatino et al. (2013) posit that work engagement is integral to maintaining a successful healthcare organization. Similarly, Kanste (2011) argues for the relevance of engagement in healthcare organizations and calls for more empirical research on how this context influences employee and patient perceptions.

Ensuring work engagement in healthcare organizations may, however, be a challenge as cost saving measures can compound the stress often associated with the highly demanding jobs in healthcare (Tuft, 2013). While some research has investigated how job and organizational resources such as autonomy, social support and decision involvement can offset high levels of emotional labor characterizing healthcare jobs in general and homecare specifically (Schaufeli and Bakker, 2004), focus has not been directed on how differences amongst caregivers themselves may influence their engagement. We maintain that the nature of caregiving jobs can have a profound impact on work engagement, and caregivers will differ in terms of experienced engagement.

To gain an understanding of how employees experience engagement in this context, we focus on how caregivers create meaning in their work. Although the importance of meaning and meaning creation was emphasized in the original conceptualization of work engagement (Kahn, 1990), attention in recent years has been shifted to how managers can influence levels of engagement in their workforce (Harter, Schmidt and Hayes, 2002; Rich, Lepine and Crawford, 2010). Indeed, the predominant focus on practical application of tools and methods intended to enhance work engagement rather than further development of the theoretical underpinnings of the construct has led some researchers to refer to work on engagement as an ‘industry’ (Purcell, 2014; Welbourne, 2011). Similarly, Rich et al. (2010) argue that researchers should emphasize the psychological states of engagement and that future work should emphasize meaning and meaningfulness. In this study, we therefore seek to contribute to the development of work engagement theory relating to employees’ meaning creation, while at the same time aiming to provide practical implications for

an under-researched context. We address this aim by integrating constructs from the work engagement and meaning of work literature. After reviewing this literature, we present the methods and findings from our empirical study on employees in two homecare organizations in Denmark.

Theoretical background

The original conceptualization of work engagement as ‘simultaneous employment and expression of a person’s ‘preferred self’ in task behaviors that promote connections to work and to others, personal presence, and active full role performance’ (Kahn, 1990, p. 700) emphasized the existence of three primary psychological states. Specifically, engagement was viewed as encompassing: (i) a sense meaningfulness or a ‘sense of return on investments of self in role performance’; (ii) safety, or the ‘sense of being able to show and employ self without fear or negative consequences to self-image, status, or career’; and (iii) availability, which is defined as the ‘sense of possessing the physical, emotional, and psychological resources necessary’ (Kahn, 1990, p. 705). Later, Schaufeli, Salanova, González-Romá and Bakker (2002, p. 74) offered an alternative understanding of engagement as ‘a positive, fulfilling work-related state of mind that is characterized by vigor, dedication and absorption’. This understanding of work engagement served as the basis for the Job Demand–Resources (JD-R) model (Demerouti, Bakker, Nachreiner and Schaufeli, 2001), which illustrates relationships between the job demands and resources available to employees on the one hand, and burnout and (dis)engagement on the other. More specifically, the model depicts the job characteristics that provide opportunities for work engagement and emphasizes that employees only experience vigor, or high levels of energy and mental resilience, absorption and dedication when job demands (i.e. the physical, psychological, social and organizational elements of the job) are balanced with available resources (Bakker and Demerouti, 2007; Demerouti, Bakker and Fried, 2012). Burke, Ng and Fiksenbaum (2009) suggest that virtues may be a critical personal factor that can serve as a resource for nurses and perhaps other caregivers.

Although the more recent models of work engagement are well-recognized, Newman and Harrison (2008) have voiced concern that they do not sufficiently prioritize meaning creation. The lack of emphasis on meaning creation is also surprising considering its central role in explaining relationships between job satisfaction (Wrzesniewski, McCauley, Rozin and Schwartz, 1997),

individual performance and work motivation (Hackman and Oldham, 1980). In these studies, employees' experience of meaning and meaning creation (Hackman and Oldham, 1980; Pratt and Ashforth, 2008) are generally referred to as 'meaning of work' and 'meaningfulness', with the terms often being used interchangeably. Distinguishing between these concepts, Pratt and Ashforth (2008) suggest that meaningfulness relates to subjective evaluations of the amount of meaning something holds (Pratt and Ashforth, 2008), while 'meaning of work' refers to the type of meaning, or individuals' interpretation of the role work plays in their lives (e.g. salary, answering a response to a higher calling (Rosso, Dekas and Wrzesniewski, 2010). Nord, Brief, Atieh and Doherty (1990) maintain that meaning arises from four overall sources: the self, other persons, the context and spiritual life. In particular, they contend that meaning is psychological in nature and is derived from individual values, personal beliefs and attitudes. A central component of the self are beliefs, where the literature refers to the tripartite model of meaning concerning an individual's orientation towards work (Wrzesniewski et al., 1997). In particular, work may be viewed either as a job, with a focus on financial rewards, a career, with a focus on advancement, increased pay, prestige, and status, or a calling, where work is morally, socially and personally significant. Further, meaning is shaped by interaction and relationships with others, such as co-workers, teammates, leaders and family members, such that relationships at work shape how people think, feel and what they do. Thus, these relationships can affect meaningfulness if they provide the opportunity for reinforcing valued identities at work (Kahn, 2007).

A third source of meaning is work context, which can be defined from non-work domains, national culture, the organizational mission and the design of job tasks (Rosso et al., 2010). The design of job tasks is often understood from the Job Characteristics Model (Hackman and Oldham, 1976, 1980), where core job characteristics, including experienced feeling of meaning, affect different outcomes. Finally, the fourth main source of meaning, spiritual life, is based on spirituality and (sacred) calling. Spirituality in work is interpreted in relation to something outside of and larger than one's self (Lips-Wiersma and Morris, 2009) and is thereby closely related to work as a calling. Pratt and Ashforth (2008) contend that meaningfulness in work arises when a calling is nurtured.

In this study, we maintain that understanding the way in which employees create meaning from their work is critical in order to further advance theory on work engagement. We draw specifically from the literature that views work engagement as an expression of vigor, absorption and

dedication that can be influenced by the resources and demands of the job on the individual. Further, our study assumes that the way in which employees create meaning may (also) influence their experience of engagement. In the next Section of the study, we thus present the methods used in the empirical study aimed at gaining an understanding of how home caregivers experience meaning, and how this meaning is associated with engagement.

Method

Research design

The objective of this study is to extend the current knowledge of work engagement by emphasizing how caregivers experience meaning in their work. Given the lack of research with this focus on meaning creation as it relates to work engagement, a qualitative explorative study was planned. A central focus of the study was on individual actors' subjective experiences as documented through interviews and observations (Creswell, 2014).

Organization and participant selection

Data were collected in two homecare organizations in Denmark. The first organization was randomly selected from a list of homecare organizations provided online by the Danish Ministry of Health. To ensure relative consistency of the sample, a second organization that provides essentially the same services was contacted and invited to participate in the study. This approach to identifying the second organization falls within the category of purposeful sampling (Patton, 2002). Specifically, both of these homecare organizations provide services primarily to elderly or chronically ill patients who are living in their own homes, but who are unable to accomplish routine tasks such as taking a bath, meal preparation or household chores. Further, the work routines followed in the two organizations were similar in that employees rotated between morning (i.e. 7 am–3 pm) or afternoon shifts (3–11 pm) that were strictly organized and structured according to time schedules. For instance, a typical schedule would include directives such as: 7:10am Prepare breakfast for Mr. Jensen 7:22 am; Give Ms. Erickson a bath – note: attend to bandage; 7:47am: Clean at the Thomson's – not only vacuum, clean. While these schedule items varied slightly depending on patient needs, they were essentially the same for all of the caregivers in the two organizations. Finally, the demographics of the caregivers in the two organizations were quite

similar, with all being female (aged 24–50), having 1.5–3.3 years of formal training and 2–5 years of employment in homecare.

Data collection

Arrangements for data collection were made with the directors of the two organizations. As the researchers did not intend to have direct patient contact, the only formal agreement required was that the names of the caregivers and the patients remain anonymous (No ethics review or approval is required for noninvasive data collection in Denmark.). After being contacted by their respective directors, supervisors selected a list of caregivers to include in the sample based on availability. The first author/researcher contacted these caregivers personally, emphasizing that participation was voluntary and any data collected would remain confidential (i.e. names and identifying information would not be included).

Data were collected during a field study in which the first author participated in parts of 16 caregivers' regular workdays, resulting in 81 hours of observations and notes from morning/weekly meetings, visiting with patients and transportation between visits. By following the caregivers as they went about their work, it was possible to use the think-aloud technique (Ericsson and Simon, 1980) in which the caregivers were asked to explain actions while they took place. In addition, approximately one hour per caregiver was used to conduct a formal interview using a semi-structured interview guide developed on the basis of the literature on work engagement and meaning of work and meaningfulness. These interviews as well as all conversations between the researcher and the caregivers were recorded (total 14.5 hours) and transcribed to form the basis of the analysis.

Analysis

A thematic analysis (Braun and Clarke, 2006) was conducted to identify patterns related to how employees experience engagement in their daily work, and how their work influences meaning creation associated with work engagement. The initial analysis involved sorting the data into overall themes based on the literature: (i) expression of work engagement as they related to vigor, dedication and absorption (Schaufeli et al., 2002); and (ii) how meaning was experienced in relation to experienced engagement. Because some of the terminology used in the literature is not easily translatable from English to Danish and does not always reflect everyday vocabulary, data

were often sorted according to their relative association with the themes. For instance, the caregivers often referred to energy or enthusiasm rather than ‘vigor’. In addition, subcategories within each of these themes were derived to further guide the analysis. Once the initial analysis was complete, and second-order themes were identified by sorting the data according to similar and dissimilar characteristics. From this analysis, three primary orientations to work related to meaning creation were derived. These were termed ‘professionals’, ‘nurturers’ and ‘workers’ based on their most salient characteristics. The rationale for each of these categories is provided below.

Results and discussion

Generally, the majority of the caregivers described themselves as being engaged in their work, although the expression ‘engaged’ was rarely voiced. Instead, these caregivers often said that they were happy with their jobs, enjoyed most aspects of the work and looked forward to going to work. There were also numerous examples of behavioral expressions of the caregivers’ engagement when visiting the patients and discussing their work. For instance, the caregivers rarely checked their watches or mentioned how much time they had for the visit and instead took time to listen to the patient in spite of tight schedules when with a patient. During the think-aloud exercise, several caregivers explained how they took the time necessary with the patients and that the schedule would somehow work out. From an work engagement perspective, this behavior would represent work absorption. Further, most of the caregivers were able to provide examples of dedication to their work (Schaufeli et al., 2002) especially in terms of making sure they spent extra time with patients in their final stages of life. One caregiver related her feelings about spending time with dying patients: “You have to slow down and give yourself time and not run out the door” (CA13). Finally, examples of vigor were also quite prevalent, such as when a caregiver explained the joy she felt when a patient eventually learned to put on his socks using a special tool that did not require bending over or when another told a story about re-teaching an elderly patient how to shower safely.

Despite the finding that most of the caregivers seemed to experience engagement, the analysis revealed three relatively distinct patterns associated with how the caregivers experienced meaning in their work and engagement. The first type of caregiver was categorized as nurturer, with this

group exerting effort to get to know the patients closely, spend extra time socializing and acting much as they would if the patients were their own family members. Thus, their experience of engagement and meaningfulness related to caring for and nurturing their patients. One example of the nurturers identified in the study is provided by one such caregiver who offered to prepare a meal for a patient even though it was not on the list of tasks, explaining: “It must be the gene of caring that I have. If you do not have that, I think it will be difficult to be in a job like this” (CA16). The second type of caregivers was categorized as professional, where work was viewed more formally corresponding to homecare as a profession. For these caregivers, engagement and meaning were experienced when the work fulfilled their notion of professionalism. For instance, one of the caregivers explained: “I have to have the professional part of the job for it to be challenging. It is no challenge to me to dust. And work must be challenging for me. There are parts of the job that fulfil that need for me” (CA5). Finally, the third type was classified as worker, with work viewed as a means to a pay check and steady employment. As an example, one of the caregivers explained that she had previously lost her job in another field and that the minimal requirements for formal education and the stability of caregiver jobs in general provided sufficient grounds for her to experience engagement. Despite these differences, all of the caregivers included in the sample viewed caring as a part of their job, yet it seemed primarily related to experienced engagement and meaning for the nurturers. In the following Section, the different types of caregivers are discussed in more detail and the relation to the literature on work engagement and meaning creation.

The nurturers

The willingness to exert the extra effort was highly evident amongst the caretakers categorized as nurturers. For these caregivers, spending time attending to the patients’ social and psychological needs was as important to them as tasks related to the patient’s physical well-being. In addition, the nurturers often displayed emotions with their patients, such as giving them hugs when arriving or leaving, and engaging in conversation of a personal nature. With respect to these types of behaviors, they used the term ‘empathy’ and seemed to experience their jobs as a calling. Similarly, Thompson and Bunderson (2009) reported that zoo keepers described their job as a calling that represented a natural inborn talent and gift. In many ways, this caring gene some of the nurturers referred to can be associated with prosocial behavior (Buss, 1991). The notion that prosocial

tendencies may be inherited (Penner, Dovidio, Piliavin and Schroeder, 2005) is also supported in the data as some of these same caregivers mentioned that their parents had been caregivers. In the words of a caretaker characterized as a nurturer: “It gives me something. I do not go to work for the money. I need to feel that I am doing something good, that the work I do, actually matters” (CA13). Specifically, the caregivers categorized as nurturers highlighted specific parts of their jobs that were important for them to feel energized and enthusiastic about their work. In particular, this included the opportunity to spend more time with patients, to demonstrate empathy, have a cup of coffee with the patient, and be able to spend the last hours with a dying patient.

The professionals

Professionals also demonstrated vigor related to the ways they created meaning from their work. For instance, one noted that it would usually be much more efficient and make the patient happier if she simply did the laundry herself. However, she refrained and took the extra time to make sure the patient could perform the task because of the long-term goals of greater self-sufficiency. Thus, these caregivers were quite willing to exert extra effort when doing so was understood in terms of professionalism. Specifically, the professionals appeared to create meaning from their work when given the opportunity to engage in tasks perceived as professional and conducted in a structured and methodical manner: “I like it that I don’t have one hour wasted in my schedule. Other people do little things for patients and love it. I need more professionalism for it to be challenging”. (CA5). Several comments made by these caregivers suggest that they tend to maintain emotional and personal distance with the patients by restricting conversations and physical contact to tasks strictly associated with patient care. For instance, when explaining why she insisted on wearing gloves and a uniform, one caregiver stated: “It is important for me to separate work and private life, to come across as a professional” CA4).

Further, the professionals emphasized they did not become trained caregivers to clean and that their contributions came from providing healthcare. For this reason, these caregivers welcomed the introduction of technology that further increased the professionalism of their jobs:

It is more of a challenge today. It is not just about helping them take care of their personal hygiene and cleaning up after them. We have many tasks

and we are proud of what we do. Before, this kind of work was sneered at.

Now you are allowed to be smart and modern (CH14).

Findings reported by Apker, Ford and Fox (2003) indicate that nurses identified more with their work when they had more autonomy, co-worker support and when they sensed that their professional roles were central to their jobs. These findings may be applicable here, at least for those caregivers characterized as professionals. Moreover, several caregivers mentioned that patients with serious healthcare issues should be prioritized if economic reductions became necessary and that they experienced most meaning in their jobs when they were assigned patients with serious health problems. For these caregivers, improvement of especially seriously ill patients was considered highly reinforcing and contributed to the meaning experienced from the job.

The workers

Willingness to ‘go the extra mile’ was perhaps least evident in the caregivers categorized as workers. For these caregivers, engagement appeared to be derived from the job security associated with caregiver jobs, as they noted that employees in other types of jobs often worried about lay-offs, which were not a concern for caregivers in the public sector. Further, they seemed to appreciate working with people rather than having a factory job, and by being able to do work that gives back to society in some way. From a social exchange perspective, which has often been used to explain engagement (Robinson, Perryman and Hayday, 2004; Saks, 2006), this was thus a way for the workers to reciprocate job security and other benefits associated with the job (Mitchell and Cropanzano, 2005). On the other hand, the workers seemed to view the (low) pay as a form of negative feedback: “I want a higher salary showing that I am recognized by the public. You can’t just start working in homecare; you need training and there is a lot of responsibility” (CH11).

Risks to engagement

The analysis of the data also revealed some potential risks to engagement among some of the caregivers, including one caregiver (CA15) who explained how increasing time pressure made her count the minutes while visiting patients. As one caretaker explained: “we are experiencing too much pressure” (CH7). The caretakers also saw time pressure as increasing as a result of cost saving measures being implemented. For instance, one commented: “Before, we didn’t experience the same pressure. Today, we all feel the pressure for saving We used to be six assistants here,

but now we are down to four” (CA15). The caregiver further explained how these constraints created negative emotions: “I could have done more. That is the frustration we all have, I think. But you cannot approach management and vent this frustration” (CA15).

Moreover, one of the caregivers explained that the time constraints and the lack of passion she felt for the job at present impacted her performance and her professionalism, as she was no longer able to apply her skills to make a difference. Other caregivers also mentioned the pressure for increasing efficiency and lack of job security, as threats of downsizing were becoming increasingly common. For the most part, the caregivers citing increased time pressure as impacting their levels of engagement spanned all three of the categories identified in the analysis. Thus, these findings support other research suggesting that low engagement and even burnout may result when resources are greatly restricted for those with highly demanding jobs, and those with high emotional demands in particular (Granatino et al., 2013; Kanste, 2011).

Still, as mentioned previously, the caregivers included in the sample reported relatively high levels of engagement. The analysis suggests that in most cases, despite increasing pressure, the job allowed sufficient close patient contact and the autonomy to devote time to the tasks perceived as most important by each of the types of caregivers. Therefore, even though meaning creation was based on different aspects of the job, contributed to the caregivers’ engagement. In addition, whether meaning of work was rooted in providing social and emotional support or providing healthcare services, all types of caregivers noted that it was important that they could see that they made a difference. As one caregiver explained: “Had it not been for the patients or the fact that I’m successful, I would burn out since we are experiencing a lot of pressure. But the fact that you see that you’re doing good, makes you want to keep going” (CA5). The inherent sense that they made a difference may thus have contributed to sustained engagement despite experienced pressure.

Limitations

A recognized limitation of the study presented here relates to the size and homogeneity of the sample, as data were collected from a relatively small number of caregivers that were all involved in very similar tasks. Also, both of the case organizations are located in Denmark, where the nature

of home caregiving may differ substantially from that in other countries. Elements of the Scandinavian model of home healthcare may therefore have an impact on engagement. Generalization to other contexts is therefore impossible. In addition, the sample and the qualitative research design did not allow for testing the validity and reliability of the types of caregivers identified.

Conclusion

The purpose of this study was to investigate how home caregivers experience meaningfulness associated with work engagement. The findings suggest that work engagement is far more nuanced than current models suggest, as individuals with the same jobs create meaning in different ways. Although the notion that individuals differ according to how they perceive their professional or occupational identity and there has been considerable attention in the sociology literature (Kirpal, 2004), these differences have not yet been addressed in relation to work engagement. In addition to contributing to the development of work engagement theory by identifying the variations in how caregivers create meaning, our findings have practical implications. Specifically, on the basis of the findings of this study, we propose the following:

1. Professionals should be given the opportunity to assume a professional role and exploit their skills in a structured way that differs substantially from the way individuals normally care for family members. Thus, the job should be designed in such a way that these caregivers can use the skills they associate with healthcare rather than housekeeping alone. In addition, organizations may boost these caregivers' engagement by providing opportunities for skill and competency development and performance management that specifically recognizes superior skills. Lack of opportunities for career advancement could ostensibly lead to lower engagement over time, as suggested by the JD-R model. Further, failure to address professionals' career ambitions may lead to turnover, as these caregivers seek opportunities (e.g. pursue a nursing career) to apply their skills.
2. Nurturers view their work as a calling and thus the social aspects of the work support greater engagement. Consequently, they need more time to do their jobs so that they can integrate their tasks with more personal/social interaction with the patient and his/her family allowing emotional

connections to their work. Job designs that provide these caregivers with opportunities to interact meaningfully, whether these relate more to healthcare tasks, housekeeping or simply spending time with the patient, should therefore be prioritized. Also, the opportunities for working with patients with greater care requirements (e.g. critically or terminally ill patients) and those lacking a social network should be considered. Attention to the potential negative side of having a job orientation as a calling should also be given. According to Thompson and Bunderson (2009), experiencing work as a calling can create a sense of duty that in some cases leads to physically and psychologically damaging sacrifices. In terms of engagement, this might, for instance, result in burnout.

3. For workers, the main purpose of their work relates to the financial benefits, and therefore, job security is of particular importance and should be reinforced. In addition, these caregivers may be particularly receptive to performance-based pay that rewards exemplary performance.

Our study also has implications for future research: First, while the study did not focus directly on how caregivers respond to the increasing demands and resource limitations characterizing the healthcare industry today (Angermann and Eichhorst, 2012; Tufte, 2013), our data did suggest that optimization efforts may negatively influence work engagement over time. Thus, future research should include longitudinal studies to investigate how healthcare reforms may impact engagement among home caregivers. Secondly, our study suggests that individual differences, and job orientation in particular, should occupy more space in the work engagement literature, and that the notion of meaning creation as it influences work engagement should not be underestimated.

Finally, the findings in this study also have implications for the development and refinement of new models of work design in home caregiving. More specifically, while attention has thus far been on evaluating patients to determine their needs with respect to training and care, our study suggests that the caregivers themselves and their respective job orientations should be considered. For instance, in order to encourage greater engagement of caregivers characterized as professionals could be assigned patients with more serious health issues, while nurturers might be more engaged when working with patients with chronic illnesses that limit the patient's opportunities to interact with family and friends.

Author contributions

Mette Nielsen was responsible for the design of the study, data collection and analysis and writing approximately 70% of the literature review and the other Sections of the manuscript including the paper structuring and references; Frances Jørgensen was responsible for writing approximately 30% of the literature review and contributed approximately 30% effort to the discussion of the findings as well as the final editing of the manuscript.

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