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Work engagement among caregivers: Exploring the interplay between the individual and their context

PhD dissertation

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PREFACE

The study presented in this dissertation was developed out of curiosity regarding how individuals become engaged in work. With the majority of our waking hours spent at work, it is disconcerting to think if these hours are filled with feelings of cynicism and exhaustion. The construct of work engagement supports the opposites of these feelings, by emphasizing feelings of enthusiasm, dedication, absorption and energy in work. By understanding how caregivers experience engagement, it may not only be possible to improve the working life of the caregiver, but it will also be reflected in their interactions with patients, colleagues and life outside of work.

An example from a typical caregiving visit is illustrated below, and provides a glimpse of caregiving work and the role of the caregiver.

A handwritten signature in black ink, reading "Jette Noesgaard". The signature is written in a cursive style with a large initial "J".

Aarhus, 11 October 2016

Information of the PDA: 7:51-8:25: Visit at Edith¹. Bathe Edith, remember to check her wounds on her shin, get her dressed and prepare breakfast.

The caregiver² arrives at Edith's house at 7:52, knocks on the door and with a friendly voice, she announces: "Hi Edith, the caregiver is here." Susan enters the home, takes off her black jacket with "caregiving" printed on the back, and walks into the living room. Edith is sitting there in her robe waiting. On first impression, Edith appears to be a fragile woman, but she smiles and brightens up when she sees Susan enter the living room. Susan approaches Edith with a smile, and reaches for her arm. She squeezes it gently and asks how Edith is doing. Edith happily replies that she is feeling brilliant, and she begins telling Susan about the visitor she is expecting at three in the afternoon. Without interrupting her story, Susan helps Edith to the bathroom to get undressed and into the bathing chair. Still smiling, she continues her story, shifting to the topic of her 100th birthday. Edith explains with excitement how people from the newspaper came to her home to take her photograph. Susan listens patiently and asks follow up questions as if this was the first time she had heard the story. All the while, Susan gently washes Edith's hair with gloved hands, constantly making sure Edith does not get cold or lose her balance and fall off the chair. When finished bathing her, Susan checks the wounds on Edith's shin, gets her dressed and finishes by gently styling her hair. Edith looks at the caregiver peacefully through the mirror and with gratitude in her voice she expresses how much she likes when she having her hair done: "It makes me feel pretty when the curls – or what is left of them – are nicely styled." Susan smiles back at Edith and goes over her hair to ensure the styling is perfect, responding, "I know exactly what you mean, I love when I have just left the hairdresser and my haircut looks smart". When Edith is nicely dressed, Susan follows her back to the living room where Edith sits down at the dining table. Edith begins going through a pile of newspapers while Susan prepares her food in the kitchen. Edith exclaims, "Here it is," and holds up a newspaper article with a picture of Edith and a big birthday cake, surrounded by people. Susan briefly pops out of the kitchen to say, "Yes, that is from your 100th birthday, Edith." For Edith, this is a cue to continue the story of her big day, as she starts listing all the visitors who came to her party.

¹ The patient's name has been changed to ensure anonymity

² The caregiver's name has been changed to ensure anonymity

Susan returns with coffee and breakfast and places it at the table in front of Edith. Edith frowns at the porridge Susan has prepared for her. Susan notices the look on Edith's face and explains once again that the porridge is good for her as it is very healthy and will make her feel full. Edith nods, accepting Susan's explanation, and begins to eat the porridge. Edith then invites Susan to join her for a cup of coffee. Susan looks at her watch to see check the time and sees that is already 8:27. Knowing she should have already left Edith's house minutes ago, she replies in a sympathetic yet firm tone that she must unfortunately go. Edith nods and returns her gaze to her newspaper with a slight smile. Susan waves goodbye to Edith saying, "Have a nice day; see you tomorrow". As she closes the door and begins thinking of the next visit and tasks on her schedule, Susan feels a twinge of regret for not having more time to spend with Edith. Still, remembering the smile on Edith's face when she saw her hair in the mirror, and when she proudly showed the newspaper story about her birthday, Susan feels good about the difference she believes she makes in her patient's lives and it makes her feel enthusiastic to jump into the car and head for the next patient (Field notes, CH11).

EXECUTIVE SUMMARY

The dissertation addresses the topic of the individual level perception of work engagement in caregiving organizations. Engaged employees are described as highly energetic individuals who are enthusiastic about their work, and are able to completely immerse themselves in their work activities. Engagement is thus of particular interest in caregiving organizations, which rely on high quality service and personal investment on the part of the caregivers. Although a vast amount of research has been aimed at defining and refining our understanding of work engagement, limited knowledge exists regarding the process in which engagement is experienced, and how this experience is influenced by context. To address this gap, the overall research question guiding this dissertation is formulated accordingly: “How do caregivers’ perceptions of their work context influence their experience of work engagement?” With this question, the dissertation aims to provide an in-depth understanding of how engagement is experienced. In doing so, the study goes beyond the typical engagement research, which often explains engagement through the lens of the resources and demands of work.

The dissertation consists of a collection of three empirical papers that are based on qualitative data primarily consisting of observations and interviews collected in three home caregiving organizations. Each paper was guided by its own research question, and these combine to address the overall research question. The aim and contribution of each are briefly described:

The *first paper* is an empirical study of how meaning and meaning creation influence the experience of work engagement. The study found that caregivers experience meaning in distinct ways depending on their job orientation. Specifically, caregivers’ experiences of engagement appeared to differ across their orientation toward being ‘nurturers’, ‘professionals’ and ‘workers’. Based on these job orientations, the sources from which caregivers experience engagement differed. The study contributes to the engagement literature by emphasizing how meaning varies between individuals within the same type of job, and that the ways individuals create meaning in work influence the way they experience work engagement.

The *second paper* explores the increasing professionalism of caregiving that is occurring due to increasing demands for education, knowledge and skill advancement. The study explores how caregivers perceive professionalism and how this perception influences their experience of work engagement. The study identified three overall themes that reflect how perceptions of professionalisms influence experienced work engagement, namely: ‘work identity’,

‘psychological safety’ and ‘insecurity’. Based on these themes, it was found that caregivers’ perceptions of professionalism influence their experienced work engagement both positively and negatively. The study contributes by considering how professionalism influences work engagement and provides empirical evidence of a link between professionalism and work engagement. Additionally, by considering professionalism among individuals with minimal education, professionalism challenges the perception of caregiving as a job rather than a career.

The *third paper* explores the perception of job characteristics in a public service context. The public service context is characterized by inherent characteristics and challenges, some of which are considered in the third paper. Additionally, the Job Demands-Resource (JD-R) model is challenged by questioning the traditional categorization of job resources and demands as positive and negative respectively. The study identified three themes that described the dual role of job characteristics: ‘optimization’, ‘helping others’ and ‘emotional work’. These themes show how job characteristics in the JD-R model play a more nuanced role of demands and resources than is often conceptualized. Further, the study highlights how consideration of the context-dependent individual level characteristics of Public Service Motivation (PSM) sheds light on these nuances. The study contributes by extending the JD-R model to include an individual level perspective in order to understand the dual role of job characteristics. Additionally, the study suggests the existence of a link between the construct of PSM and work engagement. Finally, the study emphasizes the need to consider the importance of context in engagement research.

As a whole, this dissertation contributes to the existing engagement literature by emphasizing the process in which individuals experience engagement. Engagement cannot be understood solely by considering resources and demands, as certain unobservable processes occur in the interplay between the individual and the context. This interplay includes processes that influence the way individuals experience work engagement. Through considerations of employee perceptions, the role of meaning creation and context, these processes are illuminated. Consequently, the theoretical implications of this study are i) the individual level perspective of work engagement ii) the role of context; and iii) an extension of the JD-R model to emphasize the importance of individual level perception and the dual role of job characteristics.

DANSK RESUMÉ

Denne afhandling undersøger, hvordan engagement opfattes på individniveau i organisationer i hjemmeplejen. Engagerede medarbejdere udviser ofte stor energi og entusiasme omkring deres arbejde som de bliver fuldstændig opslugt af. Derfor er det særlig vigtigt at have engagerede medarbejdere i hjemmeplejen, som er en organisation, der skal levere et højt serviceniveau, og som samtidig er afhængig af de ansattes lyst til at investere sig selv i arbejdet. Selvom en del forskning har forsøgt at definere og raffinere forståelsen af engagement, så er vores viden om selve processerne, hvori engagement udøves, begrænset. Denne forståelse er yderligere begrænset ved en manglende viden om kontekstens betydning for oplevelsen af engagement. For at imødekomme den manglende viden i den eksisterende litteratur er denne afhandling centreret om det overordnede forskningsspørgsmål: ”Hvordan influerer hjemmeplejerens forståelse af deres arbejdskontekst deres oplevelse af engagement?” Med dette spørgsmål forsøger afhandlingen at skabe en dybtgående forståelse af, hvordan engagement opleves. Studiet går hermed ud over den typiske forskning inden for engagement, som ofte forklarer engagement ved at fokusere på arbejdets ressourcer og krav.

Denne afhandling består af tre empiriske artikler, der er baseret på kvalitative data. De primære data består af observationer og interviews, som er indsamlet i tre organisationer i hjemmeplejen. Artiklerne besvarer hver deres forskningsspørgsmål. Formålet med hver enkelt artikel beskrives kort her sammen artiklens bidrag:

Den *første artikel* undersøger hvordan mening og meningsdannelse har betydning for oplevelsen af engagement. I studiet viste det sig, at hjemmeplejerne oplever og skaber mening i deres arbejde forskelligt, afhængig af deres joborientering. Ved at forstå denne joborientering var det muligt at skabe en bedre forståelse af oplevelsen af engagement. Hjemmeplejernes joborienteringer var henholdsvis: ‘plejere’, ‘professionelle’ og ‘arbejdere’, og måden hvorpå de oplevede engagement, varierede baseret på disse joborienteringer. Dette studie bidrager til litteraturen om engagement ved at fremhæve, hvordan mening opleves forskelligt på tværs af individer inden for det samme job. Desuden viste studiet, at individets meningsdannelse og joborientering har indflydelse på hjemmeplejernes oplevelse af engagement.

Den *anden artikel* undersøger den stigende professionalisering af hjemmeplejen, som er et resultat af de stigende krav til medarbejdernes uddannelse, viden og udvikling. Studiet undersøger, hvordan hjemmeplejerne oplever professionaliseringen, og hvordan denne

oplevelse influerer deres oplevelse af engagement. Studiet identificerede tre overordnede temaer, der afspejler, hvordan oplevelserne af professionalisering influerer deres oplevelse af engagement. De tre temaer der udsprang af analysen, omfattede 'arbejdsidentitet', 'psykologisk tryghed' og 'usikkerhed'. Baseret på disse tre temaer viste studiet, at hjemmeplejerne oplevede professionalisering både positivt og negativt i forhold til deres engagement. Studiet bidrager til litteraturen ved at undersøge, hvordan professionalisering influerer engagement. Desuden giver studiet et empirisk bevis for sammenhængen mellem professionalisering og engagement. Derudover blev opfattelsen af hjemmepleje som et job fremfor en karriere udfordret ved fokus på professionalisering.

Den *tredje artikel* undersøger oplevelsen af jobkarakteristika i en offentlig service-kontekst. Den offentlige service-kontekst er kendetegnet ved nogle specifikke karakteristika og udfordringer, som undersøges i den tredje artikel. Desuden udfordrer dette studie Job Demands-Ressource (JD-R) modellen ved at sætte spørgsmålstegn ved den traditionelle kategorisering af jobressourcer og -krav som henholdsvis positive og negative. Studiet identificerede tre temaer, der beskriver, hvordan jobkarakteristika er dobbeltsidet når jobkrav og ressourcer overlapper. Temaerne var henholdsvis: 'optimering', 'at hjælpe andre' og 'emotionelt arbejde'. Temaerne viste, at en mere nuanceret forståelse af jobkrav og -ressourcer er nødvendig og Public Service Motivation (PSM) bidrager med at skabe en forståelse af disse nuancer. Studiets bidrag er en udvidelse af JD-R modellen, da der ved fokus på individets opfattelse af jobkarakteristika skabes en forståelse for den dobbeltsidede rolle, jobkarakteristika spiller. Derudover fremhæver studiet en eventuel sammenhæng med PSM. Endelig fremhæver studiet, hvordan forskning inden for engagement skal være opmærksom på konteksten.

Afhandlingen som helhed bidrager til den eksisterende litteratur om engagement ved at fremhæve processen, hvori individer oplever engagement. Engagement kan ikke forstås udelukkende ved at undersøge jobressourcer og -krav, da visse underliggende processer sker i det interplay, der eksisterer mellem individet og dets kontekst. I dette interplay sker nogle processer, der influerer individets oplevelse af engagement. Ved at undersøge individets opfattelse, og den rolle meningsdannelse og kontekst spiller, er det muligt at belyse disse processer. Derfor er de teoretiske implikationer af dette studie i) en forståelse af engagement på individniveau, ii) betydningen af kontekst; og iii) en udvidelse af JD-R modellen hvor vigtigheden af individets opfattelse og den dobbeltsidede rolle, jobkarakteristika spiller, fremhæves.

TABLE OF CONTENTS

PART I.....1

CHAPTER 1 INTRODUCTION3

1 BACKGROUND AND MOTIVATION OF THE STUDY5

2 STRUCTURE OF THE DISSERTATION 10

CHAPTER 2 POSITIONING THE STUDY IN THE LITERATURE.....13

1 WORK ENGAGEMENT..... 15

1.1 The development of engagement research 16

1.2 Research streams within engagement 17

1.3 Distinguishing engagement from other attitudinal constructs..... 23

1.4 The JD-R model and emerging trends.....26

2 HOME CAREGIVING CONTEXT 31

2.1 Home caregiving in Denmark 32

2.2 Challenges in caregiving..... 36

3 RESEARCH QUESTION..... 39

CHAPTER 3 METHODOLOGY41

1 RESEARCH DESIGN..... 43

1.1 Philosophy of science – critical realism 43

2 CASE STUDY 47

2.1 Case selection..... 48

2.2 The selected caregiving organizations 49

3 DATA COLLECTION AND SAMPLE..... 50

3.1 Data sources..... 52

4 ANALYSIS..... 56

5 QUALITY OF CONCLUSIONS..... 57

5.1 Confirmability 58

5.2. Dependability 58

5.3 Credibility..... 59

5.4 Transferability..... 59

REFERENCES (PART I).....61

PART II.....	73
CHAPTER 4 RESEARCH PAPER I	75
<i>MEANING CREATION AND WORK ENGAGEMENT IN HOME CAREGIVERS</i>	<i>75</i>
CHAPTER 5 RESEARCH PAPER II.....	95
<i>FROM JOB TO CAREER: HOW PROFESSIONALISM INFLUENCES WORK ENGAGEMENT</i>	<i>95</i>
CHAPTER 6 RESEARCH PAPER III.....	121
<i>WORK ENGAGEMENT IN THE PUBLIC SERVICE CONTEXT: THE DUALITY OF JOB CHARACTERISTICS</i>	<i>121</i>
PART III	151
CHAPTER 7 CONCLUSION	153
<i>1 OVERALL CONTRIBUTION</i>	<i>155</i>
<i>1.1 Contribution of each paper to the research question.....</i>	<i>157</i>
<i>2 THEORETICAL, PRACTICAL AND SOCIAL IMPLICATIONS.....</i>	<i>159</i>
<i>3 CRITICAL REFLECTIONS AND FUTURE RESEARCH AGENDAS</i>	<i>160</i>
<i>REFERENCES.....</i>	<i>163</i>
APPENDIX	165

LIST OF TABLES

Tables in Chapter 1:

Table 1: Dissertation structure and contributions.....	12
--	----

Tables in Chapter 2

Table 1: Dimensions of psychological dimensions.....	18
--	----

Table 2: Dimensions of work engagement.....	20
---	----

Table 3: Primary academic contributions within engagement research.....	22
---	----

Table 4: Overview of resources and demands.....	27
---	----

Table 5: Typical home caregiving tasks.....	35
---	----

Tables in Chapter 3

Table 1: The three domains of reality.....	46
--	----

Table 2: Informant descriptive data.....	51
--	----

Table 3: Data of the study.....	53
---------------------------------	----

Table 4: Overview of empirical data.....	56
--	----

Table 5: Quality criteria in qualitative research.....	58
--	----

Tables in Chapter 5

Table 1: Expressions of professionalism in caregiving jobs.....	107
---	-----

Tables in Chapter 6

Table 1: Overview of data.....	133
--------------------------------	-----

LIST OF FIGURS

Figures in Chapter 2

Figure 1: Interest in work engagement research and positive psychology between 2000-2015.....	17
---	----

Figure 2: Public caregiving employment in home caregiving organizations.....34

Figures in Chapter 6

Figure 1: Data structure overview.....133

APPENDIX

Table A1.1: Status of papers.....165

Figure A.1.1: Extract of PDA.....166

Figure A1.2: Field notes.....167

Table A1.2: Interview guide.....168

PART I

Chapter 1

Introduction

Background

Research objective

Structure of the dissertation

In this chapter, the background and motivation behind the study are presented in order to provide the foundation for the overall research question. Further, the empirical papers included in the dissertation are presented, where their individual contributions to the overall research question are highlighted (the status of the papers is presented in table A1.1 in appendix). Finally, the structure of the dissertation is illustrated.

1 Background and motivation of the study

This dissertation is a study on work engagement with the primary purpose of gaining an understanding how home caregivers experience engagement, and how this experience is influenced by their context. The construct of work engagement evolved in the light of the positive psychology and an emphasis on human strengths and capabilities (Linley, Joseph, Harrington and Wood, 2006). Positive psychology reflects a change in paradigms from traditional research in psychology where the focus was often on finding cures for mental illness rather than supporting human well-being (Sheldon and King, 2001). More specifically, the focus of positive psychology shifted to “the science of positive subjective experience, positive individual traits, and positive institutions promises to improve quality of life and [to] prevent the pathologies that arise when life is barren and meaningless” (Seligman and Csikszentmihalyi, 2000, p. 5). This positive change made its way into organizational psychology, where the positive aspects of work could no longer be ignored (Bakker, Schaufeli, Leiter and Taris, 2008; Turner, Barling and Zacharatos, 2002).

This paradigm shift was reflected in the work by Kahn (1990) who introduced the construct of engagement. Kahn describes an engaged employee as an individual who brings their physical, emotional and cognitive resources to work in order to perform their role to the best of their ability (Kahn, 1990). Schaufeli, Salanova, González-Romá and Bakker (2002) later expanded on Kahn’s work to describe engagement as “a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption” (Schaufeli et al., 2002, p. 74). The foundation of each of these definitions builds on a positive view of human beings as strong and resourceful individuals who want to flourish and be engaged. Eventually, the individual and organizational level benefits of adopting this view became the defining factor in the growing interest of work engagement throughout the early 21st century.

Research has demonstrated that engaged employees tend to exhibit high levels of energy, show enthusiasm about their work, and feel absorbed in their work activities (Schaufeli and Bakker,

2004). Further, engagement has been associated with various beneficial outcomes at both an individual and organizational level. At the individual level, engaged employees appear to be more passionate about their work (Attridge, 2009), willing to “go the extra mile” (Bakker, 2011) and find meaning and challenge from their work (Macey and Schneider, 2008). At the organizational level, having engaged employees is generally reflected in lower turnover intentions (Maslach, Schaufeli and Leiter, 2001; Saks, 2006; Schaufeli and Bakker, 2004), better business-unit performance (Harter, Schmidt and Hayes, 2002), improved customer satisfaction (Fleming and Asplund, 2007), organizational citizenship behavior (Rich, Lepine and Crawford, 2010) and higher levels of profit (Xanthopoulou, Bakker, Demerouti and Schaufeli, 2009b). While these outcomes may be important in any given organization, they are especially critical in a caregiving context, where there is a need for high quality service delivery and high levels of personal investment on the part of the caregiver.

As suppliers of public healthcare services, caregiving organizations are however currently faced with a number of challenges that can potentially impact on engagement, including demographic changes (NFA, 2007c), an increasing need for efficiency (Andersson, 2008; Tufte, 2013), recent implementation of New Public Management (NPM) practices (Rostgaard, 2015), and issues with retention, absenteeism and turnover (Borg et al., 2007; NFA, 2007c). Moreover, caregiving is experiencing consequences of increased professionalization (Hjort, 2005; Kamp and Hvid, 2012a) that may intensify work that is already associated with high emotional labor (Hochschild, 2004). Although recent engagement literature has begun to address more context dependent research (e.g. Bakker and Demerouti, 2011; Mauno, Kinnunen, Mäkikangas and Feldt, 2010) that would take many of these issues into consideration, there is limited research that specifically explores work engagement in public caregiving organizations, and how the public service context influences caregivers’ experiences of engagement (Demerouti, Bakker, Nachreiner and Schaufeli, 2001; Schaufeli and Taris, 2014).

Moreover, although considerable research has been conducted in the field of engagement throughout the last two decades, the majority of empirical studies have been aimed at identifying antecedents of engagement such as autonomy, supervisory support, and feedback. Recently, these types of studies have been criticized for considering work engagement as a result of job characteristics alone (Wildermuth, 2010). Responding to this criticism, researchers (Holman, Axtell, Sprigg, Totterdell and Wall, 2010; Tims, Bakker and Derks, 2013) have begun acknowledging the importance of considering individual level perceptions of their jobs,

and how these perceptions influence engagement. From this perspective, it is questioned whether it is the job characteristics or the perception of them that impacts employee attitudes and behaviors such as engagement. This suggests that there may be yet another layer to understanding engagement that emphasizes individual level perceptions. This other layer may challenge the way engagement is experienced, since the way job characteristics are perceived and the influence of the context may be more nuanced than currently described. Indeed, Bakker and Sanz-Vergel (2013) found that a job characteristic could be experienced one way in one context and differently in another. Consequently, there has been a call for more research on the influence of context on engagement research. In particular, Bakker, Albrecht and Leiter (2011) and Albrecht (2010) note that engagement would be impacted by how employees view contextual factors and job characteristics.

There is also growing evidence that the public service context can influence engagement. Lavigna (2015) emphasizes that public organizations differ from private organizations in important ways, and that some of these differences can present barriers to work engagement. More specifically, antecedents of work engagement such as autonomy, transparency, and feedback may be less evident in public organizations (Pollitt and Bouckaert, 2011). Additionally, considerable research (e.g. Bullock, Stritch and Rainey, 2015; Vandenaabeele, 2007) has demonstrated that employees within the public sector are often motivated by the social impact of their jobs, which is generally referred to as Public Service Motivation (PSM) (Perry, 1996). Bakker (2015a) proposes that PSM may have a positive influence on work engagement. To date, little research has addressed how characteristics of the public service context and PSM influence work engagement.

The research presented in this dissertation addresses two overall gaps in the recent engagement literature. First, by focusing on home caregivers' perceptions, the research presented emphasizes the importance of an individual level perspective to understanding how employees experience engagement. Secondly, the research investigates the influence of context on experienced engagement, and more specifically, how caregivers' perceptions of characteristics of the public service and caregiving context influence experienced engagement. In doing so, this research aims to contribute to the literature by emphasizing how individuals' own perceptions of their work context influence the experience of work engagement.

Given these gaps in the existing literature, the overall research question has been formulated as:

How do caregivers' perceptions of their work context influence their experience of work engagement?

According to Santos, Garcia and Gonzalez (2012), the term perception refers to the mental representations individuals create on the basis of external stimuli in a given context. Scholars (e.g. Barreto, 2012; Tang, Kacmar and Busenitz, 2012) argue that perceptions vary across individuals due to different ways of attending to, interpreting and processing external stimuli. Thus, perceptions are highly subjective and not necessarily rational (Santos and García, 2008), and are context dependent (Singh, 2010). As stated, the public service and caregiving context is central to the study presented in this dissertation. Still, the focus is on the limited aspects of the context as perceived by the caregivers, and no attempt is made to identify or address all characteristics of that context. In addition, the study will not seek to measure the level of engagement experienced by caregivers nor the causal connections between potential antecedents and engagement.

In order to address the research question, a critical realism perspective was adopted. This perspective considers reality to exist on different levels, and assumes that knowledge is not only found at the observable and measurable level. Instead, knowledge can emerge from multiple levels, and therefore reality is not dependent on the criteria of observability (Danermark, 2002). The study presented in the dissertation involved collection of qualitative data in three home caregiving organizations situated within the public service context. This approach provided the opportunity to gain an in-depth understanding of caregivers' perceptions of their work context and experienced engagement through interviews and observational data collected by following caregivers during their regular workdays. These data served as the basis for the three papers included in this dissertation. While the papers were guided by their own research questions, they combine to address complimentary aspects of the overall research question.

The first paper in this dissertation addresses how meaning and meaning creation influence the experiences of work engagement. The importance of meaning and meaningful work has often been considered within positive psychology (Seligman and Csikszentmihalyi, 2000; Sheldon and King, 2001) and work engagement research (Kahn, 1990), but the ways in which employees

create meaning in their work has received little attention. Consequently, this study emphasizes the influence of meaning and meaning creation in order to understand individuals' experiences of work engagement. The study found that the nature of work engagement varied across caregivers' orientation to their work, and that three overall types of job orientations, namely that of 'nurturer', 'professional', or 'worker', appeared to have an influence on the caregivers' experiences of work engagement. The study contributes to the engagement literature by emphasizing how meaning and meaning creation vary across individuals with the same jobs, and how individual level perceptions of the work influence how employees experience work engagement. The paper also includes practical implications related to how jobs can be designed to accommodate different job orientations to enhance engagement.

The second paper in this dissertation investigates how the increasing professionalism in the context of caregiving influences caregivers' experienced engagement. The term professionalism is used to describe the process by which an occupation develops into a profession (Evetts, 2008), parallel to an increasing focus on upgrading knowledge and skills (Kubicek, Korunka and Ulferts, 2013). In recent years, the European Union has been encouraging member countries to upgrade knowledge and skills to address the need for lifelong learning and career development across all occupations (European Parliament, 2000; Evers, van der Heijden, Kreijns and Vermeulen, 2015). An assumption underlying the second paper is that professionalism may influence caregivers' experienced engagement and also challenges the perceptions of caregiving as merely a job as opposed to a career. The basis for this assumption can be found in the existing work engagement research, where opportunities for skill development, learning, and knowledge expansion have often been positively associated with work engagement (Shuck, 2011). Still, professionalism has not been considered in the engagement literature. By exploring the way in which caregivers perceive professionalism and how their perceptions influence their experienced engagement, three themes emerged, including: 'work identity', 'psychological safety' and 'insecurity'. Further, the study revealed how caregivers' perception of professionalism both positively and negatively influenced their experienced engagement. The study contributes to the literature by providing an empirical link between professionalism and work engagement. Additionally, by focusing on employees with minimal education, professionalism challenges the perception of caregiving as a job rather than a career. The study also highlights the importance of follow-up evaluations of engagement, as it is not a static construct. Finally, the study emphasizes the importance of communication

between management and employees in order to understand the meaning and value behind the increasing professionalism.

The third paper explores how individuals perceive job characteristics as described in the Job Demands-Resource (JD-R) model. The JD-R model considers how job demands and job resources influence work engagement (Demerouti et al., 2001). Recently, it has been proposed that the categorization of demands and resources may not be as clear-cut as it may seem at first glance (Schaufeli and Taris, 2014); thus a more nuanced perspective is needed. In order to understand this nuanced perspective of job characteristics, the third paper explores individual level perceptions of public service characteristics. The three themes that emerged from the study were: ‘optimization’, ‘helping others’ and ‘emotional work’. These themes revealed how demands and resources overlap. For instance, a demand typically considered negative to experienced engagement was positively perceived by the caregivers and thus enhanced their experienced engagement. The primary explanation discussed regarding this overlap was Public Service Motivation (PSM) (Perry, 1996; Vandenberghe, 2007), as PSM may provide a way for employees to rationalize or justify the negative aspects of some demands. Also, PSM accounts for some individual level characteristics (e.g. a need for showing compassion) that may help understand the duality of job characteristics. The study contributes to the engagement literature by taking an individual level perspective to challenge the traditional conceptualization of job demands and resources as relatively distinct and necessarily negative and positive, respectively. In addition, the study emphasizes the need for understanding the context of work, as PSM may help understand the overlap between resources and demands. Finally, the study emphasizes the importance of considering employees’ PSM needs, as they influence the perception of job characteristics and eventually the experienced engagement.

2 Structure of the dissertation

The structure of the dissertation and its contributions are presented in Table 1. Chapter 1 provided an introduction to the research topic of the dissertation including the overall research question and the three constituting papers. Next, in Chapter 2, the study is positioned in the existing literature by introducing the theory of work engagement and the public service context. Chapter 3 presents the research methodology by elaborating on the philosophical considerations of critical realism, the research design, data collection, sampling, analytical techniques and quality criteria. In Chapter 4, the first paper that explores how meaning and

meaning creation influence the experience of work engagement is presented. The paper in Chapter 5 investigates the ways in which increasing professionalism in caregiving influences experienced work engagement. Chapter 6 investigates the impact of public service demands, where the overlap of demands and resources is explored. Finally, Chapter 7 summarizes the dissertation by highlighting the theoretical contributions and practical implications of the study and proposes future research agendas.

Table 1: Dissertation structure and contributions

Chapter	Content
Chapter 1	Introduction <i>Objective:</i> Presents the motivation behind the study, introduces the overall research question, the included papers and the structure of the dissertation.
Chapter 2	Positioning the study in the literature <i>Objective:</i> Introduces work engagement theory, the public caregiving context and the research question.
Chapter 3	Research methodology <i>Objective:</i> Presents the philosophy of science, research method, data selection and analysis, and quality criteria.
Chapter 4	Paper 1: Meaning creation and employee engagement in home health caregivers <i>Research question:</i> How do home health caregivers experience meaning, and how does meaning creation influence their perception of work engagement? <i>Contributions:</i> 1) Advances the theoretical understanding of work engagement by emphasizing meaning creation; 2) Proposes how caregivers experience engagement 2) The nature of engagement varied based on the way caregivers created meaning in work; 3) The job should be designed in order to fulfil their specific needs led by the different job orientations
Chapter 5	Paper 2: From job to career: How professionalism influences work engagement <i>Research Questions:</i> How do caregivers' perceptions of the increasing professionalism of their jobs influence their experienced work engagement? <i>Contribution:</i> 1) Provides empirical evidence for a link between professionalism and the experience of work engagement; 2) By focusing on relatively low-educated employees, the paper highlights how professionalism challenges the perception of caregiving as a job rather than a career; 3) The paper stresses the importance of communication between management and employees in order to enhance meaning and value behind the increasing professionalism; 4) The study emphasizes how work engagement is not a static construct and therefore follow-up evaluation on engagement levels are recommended.
Chapter 6	Paper 3: Work engagement in the public service context – the duality of job characteristics <i>Research questions:</i> How do individuals' perceptions of public service job characteristics influence their experience of work engagement? <i>Contribution:</i> 1) Extend the JD-R model by challenging the traditional conceptualizations of job demands and resources as respectively negative and positive; 2) Stresses the importance of considering context in engagement research and in particular to consider PSM; 3) Proposes how public service demands are not necessarily negatively associated with employee attitudes and behavior
Chapter 7	Conclusion <i>Objective:</i> Summarizes the overall contribution of the study, managerial and empirical implications, critical reflections of the study and potential future research avenues

Chapter 2

Positioning the study in the literature

Work engagement

Public caregiving context

The research gap

The intent of this chapter is to contextualize the empirical study within the existing literature by first introducing the theoretical construct of work engagement research and its development over time, based on a review of the literature drawn from a search of the Business Source Complete and psychINFO databases. To achieve an extensive array of results, the search strings “work engagement”, “employee engagement”, “job engagement”, “organizational engagement” and “personal engagement” were used. Comprehensive literature reviews by Simpson (2009) and Shuck (2011) frequently referred to in current studies were also accessed and reviewed. The summary of current research is followed by an overview of the different perspectives within engagement research, which is summarized in Table 2. Then, the distinction between engagement and other related concepts are addressed. Finally, the first part of Chapter 2 briefly presents the existing research aimed at identifying ways to enhance work engagement, including a presentation of the Job Demands-Resource model, and summarizes recent trends in engagement research. In the second part of this chapter, the public caregiving context is described, as the dissertation is aimed at understanding how aspects of context influences work engagement. The chapter then concludes by identifying the research gap that serves as the basis for the empirical study presented in Chapter 3.

1 Work engagement³

Interest in work engagement research has increased significantly during the last three decades, beginning in the 1990’s largely due to the interest of practitioners (Schaufeli, 2014). This interest continued as the concept gained recognition within academia at the start of the 21st century (Macey and Schneider, 2008). During this time, engagement has been conceptualized in many different ways and influenced by various definitions, antecedent models and outcomes. As a result, there has been considerable confusion concerning the construct of engagement (Saks, 2006). As an example, the terms “employee engagement” and “work engagement” are often used interchangeably in the literature. Technically, the term work engagement is intended to be used to understand an employee’s relationship with his or her work, whereas employee engagement may also relate to the employee’s relationship with their organizations (Schaufeli and Bakker, 2010). However, this distinction has resulted in overlap and lack of clarity between

³ This chapter draws upon an earlier working paper by Noesgaard (2013) presented at Det Danske Ledelsesakademi

the term employee engagement and related constructs like commitment (see Section 1.3). Consequently, the term work engagement is used in this dissertation.

1.1 The development of engagement research

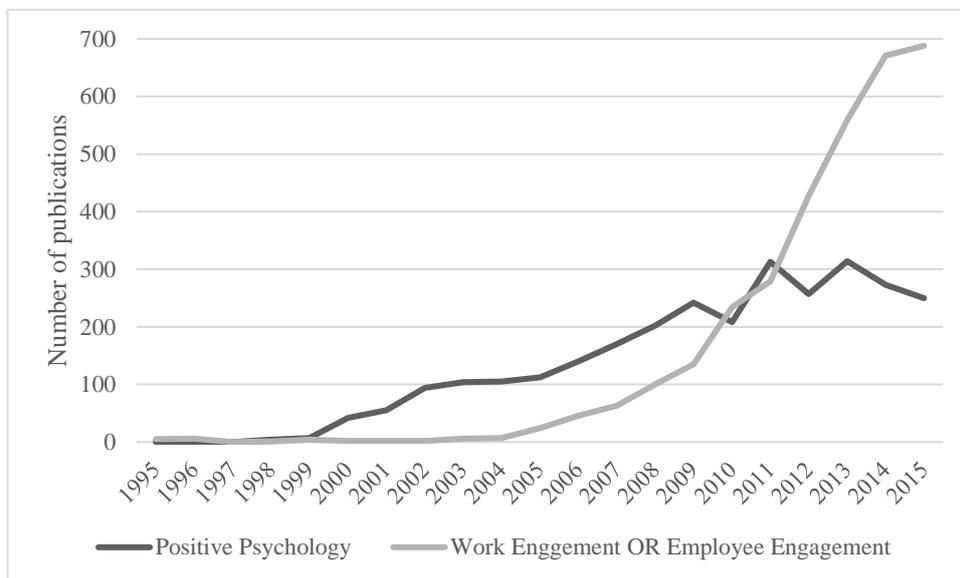
In their best-selling book “First break all rules”, Buckingham and Coffman (1999) urged business managers to defy conventional notions regarding the need to control employees. Instead they suggested that managers should focus on the strengths of their employees as opposed to their weaknesses. They based this advice on survey results from the Gallup Organization that were collected from more than 10,000 employees in various workplaces since 1988 (Fleming and Asplund, 2007; Harter, Schmidt and Keyes, 2003). On the basis of the Gallup Workplace Audit (The Gallup Organization, 1992-1999), they demonstrated positive relationships between an engaged workforce and superior customer and financial outcomes, better staff retention, lower absenteeism, and fewer accidents (Fleming and Asplund, 2007).

It was not long before other consultancies followed suit and claimed they knew how to improve the level of engagement in a company’s employees to achieve higher productivity, customer satisfaction and retention (e.g. MacLeod and Clarke, 2009; The employee engagement group). While appealing, scholars argued that these results lacked academic support (Macey and Schneider, 2008), and that the definitions of engagement being used were ambiguous. More specifically, there was growing criticism that the understanding of engagement used by consultants merely combined and relabeled definitions of existing affective constructs such as commitment, involvement and satisfaction (Schaufeli, 2014). As a result, those referring to engagement were often accused of putting old wine in new bottles (Bakker and Leiter, 2010).

Concurrent, although perhaps not recognized for many years to come, Kahn (1990) conceptualized the construct of employee engagement to focus on the ways in which individuals employ themselves physically, emotionally and cognitively in their work roles. According to Kahn (1990), engaged employees are able to express their authentic selves in the workplace, which ultimately has a positive influence on their performance and well-being. Eventually academics within the fields of organizational psychology and Human Resource Management (HRM) began to recognize the potential for researching engagement. This burgeoning interest in engagement paralleled the increasing interest in positive psychology. The primary assumption underpinning positive psychology is a focus on human strengths and qualities rather than weaknesses, which provides enriched opportunities for individuals to

flourish (Seligman, 1970; Seligman and Csikszentmihalyi, 2014). Thus, engagement became a central theory in terms of how positive psychology could be understood within organizations (e.g. Bakker and Leiter, 2010; Bakker et al., 2008). Indeed, Schaufeli (2014, p. 17) explained that: “the positive psychology movement created the fertile soil that made engagement research blossom in the academia”. Since then, the research field of work engagement has flourished, and as of June 2016 a Google Scholar search reveals more than 5,100 publications with “employee engagement,” and/or “work engagement” in the title. The graph in Figure 1 illustrates this progression depicting the additional publications each year between 1995-2015, and is contrasted by the publications containing “positive psychology” from the same period.

Figure 1: Interest in work engagement research and positive psychology between 2000-2015



google.scholar.com (June 2016)

1.2 Research streams within engagement

The research that began with Kahn (1990) was developed as a critique of existing organizational behavior concepts such as motivation. Motivation was traditionally viewed as a static construct in which individuals were either motivated or not based on external rewards or intrinsic factors (e.g. Hackman and Oldham, 1976; Locke and Laslett, 1988; Maslow, Frager, Fadiman, McReynolds and Cox, 1970). Instead, Kahn (1990, 1992) suggested that individuals contribute different degrees of their true selves in their work role. He based this assumption on Goffman’s (1972) work on role theory that explained how individuals’ attachment and detachment to and from their role varies, depending on psychological processes. More specifically, this research used games as a way of understanding how individuals perform a

role. By focusing on role playing, Goffman explained how individuals attempt to make an impression compatible with the role-appropriate input available to the individual (Goffman, 1972). For instance, a cashier in a supermarket would be provided with input that he should be friendly to customers, and a caregiver would receive input that she should be caring and passionate when providing service to the sick or elderly. Inspired by this research on role theory, Kahn (1990) conducted two ethnographic studies and explored the psychological states of engagement to develop the understanding of personal engagement:

The harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances (1990, p. 694)

Moreover, on the basis of existing motivation theory (e.g. Hackman and Oldham, 1976; Herzberg, 1972; Maslow et al., 1970), Kahn (1990) conceptualized engagement as the individual's expression of his or her preferred self in terms of psychological presence. Psychological presence was described as being dependent on three psychological conditions that influenced employees' conscious and unconscious rationale of investing themselves in their work. These psychological conditions are shown in Table 1.

Table 1 Dimensions of psychological dimensions

Psychological state of:	Definitions	Influenced by
Meaningfulness	Sense of return on investments of self in role performances	Work elements that create incentives or disincentives for investments of self.
Safety	Sense of being able to show and employ self without fear of negative consequences to self-image, status, or career	Elements of social systems that create situations that are more or less predictable, consistent, and nonthreatening.
Availability	Sense of possessing the physical, emotional, and psychological resources necessary for investing self in role performances.	Individual distractions that are more or less preoccupying in role performance situations

Adaption of Kahn (1990, p. 705)

Together, these psychological conditions determine the extent to which the employee is psychologically present and therefore engaged in work. This conceptualization has been applied and tested in later research (Rich et al., 2010; Rothbard, 2001), where the psychological

states of engagement have been supported. In particular, the state of meaningfulness has been found to be a strong predictor of engagement (May, Gilson and Harter, 2004). While the majority of later engagement research is clearly rooted in this perspective, more recent studies have evolved to focus less on engagement as these internal psychological states in order to emphasize the work aspect (Schaufeli, 2014; Shuck, 2011).

Some of the first researchers to move beyond Kahn's (1990) conceptualization of engagement were Maslach et al. (2001), who emphasized a behavioural perspective to engagement. Grounded in the research on burnout, Maslach et al. (2001) described how work could transition from being meaningful, important and challenging to unpleasant, unfulfilling and meaningless. Thus, again with inspiration from positive psychology, Maslach et al. (2001) defined engagement as the positive antithesis to burnout. Burnout is considered an unpleasant and dysfunctional condition, often characterized by exhaustion, cynicism and inefficacy, and has often been reported in employees in human service organizations, such as healthcare delivery (Schaufeli et al., 2002). By considering engagement as the antipode to burnout, they subsequently characterized engagement as a reflection of energy, involvement and efficacy (Maslach and Leiter, 2008; Maslach et al., 2001). Shortly thereafter, they reformulated the Maslach Burnout Inventory (MBI) to include measurements of engagement according to these dimensions (Schaufeli, Leiter, Maslach and Jackson, 1996), as it originally only aimed to assess burnout (Maslach and Jackson, 1981).

There has, however, been some criticism of Maslach et al.'s (2001) conceptualization of engagement as the antithesis to burnout, or using opposite ends of the same scales to measure both constructs. For instance, Simpson (2009) suggests that this way of viewing the constructs means that individuals experiencing high levels of engagement are necessarily low on burnout, and vice versa. Schaufeli et al. (2002) addressed this critique specifically by testing the model, and derived a slightly different approach in which engagement is defined in its own right. While they do still view engagement as the antipode to burnout, engagement and burnout are presented as two distinct constructs. Their definition of engagement is formulated accordingly: "A positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption" (2002, p. 74). The characteristics of engagement are presented in Table 2.

Table 2: Dimensions of work engagement

Dimension of work engagement	Definitions
Vigor	Is characterized by high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence also in the face of difficulties
Dedication	Is characterized by a sense of significance, enthusiasm, inspiration, pride, and challenge a sense of meaningfulness, significance and enthusiasm
Absorption	Is characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work.

(Schaufeli et al., 2002, p. 74-75)

Schaufeli et al. (2002) went on to argue that absorption is distinct from efficacy, which further distinguished the two constructs. Therefore, Schaufeli and Bakker (2003) developed the Utrecht Work Engagement Scale (UWES) to measure engagement as a construct distinct from burnout. This perspective to engagement and the UWES measurement tool has since dominated the academic research on engagement (Albrecht, 2013; Bakker, 2011; Schaufeli, 2014; Shuck, 2011).

While not entering into the discussion as to whether engagement and burnout are opposites, other research has sought to link the individual level construct of engagement and well-being—often viewed as a positive outcome of engagement—with organizational level performance (Schaufeli, Taris and Van Rhenen, 2008). For instance, Harter et al. (2002) defined engagement as “the individual’s involvement and satisfaction as well as enthusiasm for work,” (p. 269) and adopted a business level perspective in their study of employee engagement. They—as well as the practitioners—drew on the positive findings the Gallup Organization, and used the Gallup Q¹² to measure engagement. The Gallup Q¹² is based on 12 questions that measure the level of engagement by tying it to performance measurements, and has been conducted annually for more than a decade (The Gallup Organization, 2016). Using data collected with the Gallup Q¹², Harter et al. (2002) conducted a meta-analysis based on 7,939 units in 36 companies to examine the relationship between employee satisfaction and engagement and business unit outcomes. They found that positive links between employee satisfaction and engagement were related to higher customer satisfaction, productivity, profit, employee turnover, and fewer accidents. In addition, they found that the work units with the most engaged employees were those in which the employees were doing what they do best, with people they liked, and with a strong sense of ownership of the job.

The work of Harter et al. (2002) has, however, been rather harshly criticized for simply measuring job satisfaction, since the measurements based on Q¹² correlate almost perfectly with the satisfaction measurements (Schaufeli, 2014). The similarities between their conceptualization of engagement and satisfaction may have been anticipated, as Q¹² was developed by practitioners to provide management a tool for measuring employees' satisfaction and perceptions of work characteristics. Still, the research included in this study was largely based on Kahn's (1990, 1992) framework of engagement, and the proposed links between engagement and organizational performance that had been referred to in much of the academic literature in the intervening years. Other researchers such as Luthans and Peterson (2002) built on Harter's (2002) findings by demonstrating that managers' perceptions of their own self-efficacy have a direct and indirect effect on engagement.

The link between individual level engagement and organizational performance was further implied in Saks' (2006) theoretical model of engagement. More specifically, he expanded the definition of engagement to: "a distinct and unique construct consisting of cognitive, emotional, and behavioural components ... associated with the individual role performance" (Saks, 2006, p. 602). An underlying assumption of this model is that superior individual role performance across an organization would have a positive impact on various organizational outcomes. Consistent with earlier work in the field (e.g. Harter et al., 2002; Kahn, 1990; Schaufeli et al., 2002) which emphasizes how employees must possess the physical, emotional and psychological resources to perform the work, Saks (2006) suggests that engagement is experienced emotionally and cognitively, and is manifested behaviourally (Shuck, 2011). However from this perspective, which is sometimes referred to as the multidimensional stream of employee engagement (Shuck, Ghosh, Zigarmi and Nimon, 2013), job engagement and organizational engagement are separated. Critics maintain that by attempting to incorporate different strands of previous research and accommodate both the individual and organizational level perspectives, that this model is overly broad. Nonetheless, the multidimensional perspective has been featured in many recent studies (e.g. Macey and Schneider, 2008; Wollard and Shuck, 2011).

An overview of the various streams of engagement research and associated conceptualizations is provided in Table 3.

Table 3: Primary academic contributions within engagement research

Contribution	Definition	Main focus	Study	Related studies
Kahn (1990)	The harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role	Role theory Psychological conditions-meaningfulness, safety, and availability	Ethnographic studies of summer camp counselors and architecture firms. 16 participants in each study	(Kahn, 1990, 1992, 2010; May et al., 2004; Rich et al., 2010; Shuck, Rocco and Albornoz, 2011)
Maslach et al. (2001)	The antipode to burnout, characterized by the dimensions of energy, involvement and efficacy	The positive states of human functioning in occupational health	Conceptual model Development of the MBI (Schaufeli et al., 1996)	(Laschinger and Finegan, 2005; Laschinger, Finegan and Wilk, 2009; Laschinger and Leiter, 2006; Maslach
Schaufeli et al. (2002)	A positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption (p. 74)	Resources and demands interact	Sample of 314 Spanish university students and 619 Spanish employees	(Bakker and Demerouti, 2008; Hakanen, Schaufeli and Ahola, 2008; Schaufeli and Bakker, 2003;
Harter et al. (2002)	The individual's involvement and satisfaction as well as enthusiasm for work (p. 269)	Business-unit performance	Builds on Gallup survey data Sample of 7,939 business units	(Harter et al., 2003; Luthans and Peterson, 2002)
Saks (2006)	A distinct and unique construct consisting of cognitive, emotional, and behavioral components ... associated with the individual role performance (p. 602)	Multidimensional construct that distinguishes between employee- and organizational	Sample of 102 employees in various positions	(Macey and Schneider, 2008; Wollard and Shuck, 2011)

As illustrated in Table 2, the field of work engagement has been enriched by various contributions. On the one hand, these contributions increase the knowledge and understanding of the engagement; on the other hand, the various perspectives have resulted in considerable confusion as to how work engagement differs from related attitudinal constructs (Macey and Schneider, 2008)

1.3 Distinguishing engagement from other attitudinal constructs

It has been questioned whether engagement represents a distinct construct, or is merely “old wine in new bottles” (Macey and Schneider, 2008; Newman and Harrison, 2008; Saks, 2008) and suffers from what has been called the jangle fallacy (Shuck et al., 2013) where similar constructs are labelled uniquely from each other (Kelley, 1927). In particular, attitudinal constructs such as job satisfaction, commitment, involvement, empowerment, and flow have been used interchangeably with personal, job, employee, and work engagement. Moreover, some have questioned whether highly engaged individuals are not simply workaholics.

Admittedly, some of this criticism appears to be warranted as some of the early definitions of engagement (e.g. Buckingham and Coffman, 1999; Harter et al., 2002) were certainly inspired by long traditions of research in the area of job and employee satisfaction (Schaufeli and Bakker, 2010). As mentioned, items from the Q¹² used by the Gallup Organization to measure engagement strongly, if not perfectly, correlated with measures of job satisfaction (Schaufeli, 2014) and the studies by Harter et al. (2002) were based on these data. However, while job satisfaction relates to employees’ emotional evaluations and description of ones’ work roles (Brief and Weiss, 2002; Smith, Kendall and Hulin, 1969), it does not provide insight into their expression of themselves in those roles (Shuck et al., 2013). Therefore, while job satisfaction describes employees’ evaluations of their work, it does not relate to their performance or the energy they exert in their work. Further, Erickson (2005) makes a clear distinction between the two concepts, by defining engagement as forward moving state, and satisfaction as a stationary condition of fulfilment. He argues:

Engagement is above and beyond simple satisfaction with the employment arrangement or basic loyalty to the employer—characteristics that most companies have measured for many years. Engagement, in contrast, is

about passion and commitment—the willingness to invest oneself and expend one’s discretionary effort to help the employer succeed (p. 14).

The energetic component that characterizes work engagement and not satisfaction means that employees may be satisfied and even motivated without there being any observable consequences, whereas engagement on the other hand is expressed through employees’ actions. Consequently, satisfaction may be considered to be an outcome of engagement (Salanova, Agut and Peiró, 2005).

Engagement has also been compared to employee commitment (e.g. Maslach and Leiter, 2008). Employee commitment is defined as the emotional attachment employees form with their organizations (Meyer and Herscovitch, 2001), such that the stronger bond the employee creates with the organization, the higher the motivation to remain. Therefore, commitment reflects an employee’s attitude towards work, whereas work engagement is related to behaviour (Saks, 2006) and also encompasses an employee’s observable energy (Brown, 1996). Moreover, Kahn (1990) argued that engagement levels may fluctuate, while commitment is viewed as relatively stable (Meyer and Herscovitch, 2001). As a result, an employee may be engaged at times, but not at others, and situations may exist in which employees are engaged in their jobs, yet not necessarily committed to the organization. Similarly, situations may arise where employees experience commitment to their organization in the absence of work engagement.

Another construct often confused with work engagement is job involvement (Hallberg and Schaufeli, 2006). Job involvement is defined by Kanungo (1982, p. 342) as “an individual’s psychological identification with a particular job (or with work in general)”. Therefore, involvement refers to the degree to which an employee relates to his or her job, which indeed resembles the conceptualization of dedication by Schaufeli and Bakker (2004), which emphasizes the enthusiasm and inspiration one can feel toward the job (Hallberg and Schaufeli, 2006; Maslach and Leiter, 1997). Still, in the original conceptualization of engagement, Kahn (1990) distinguished engagement from involvement (as well as commitment) by considering the latter a more generalized state that is obtained over time. On the other hand, as previously stated, engagement is a psychological state that may fluctuate in different situations (Kahn, 1990; Rich et al., 2010). Additionally, Christian, Garza and Slaughter (2011) argue that job involvement is a cognitive construct, and thus should be considered a facet of engagement.

Empowerment has also been associated with engagement, as it is conceived as a psychological state arising from four cognitions: meaning, competence, self-determination, and impact (Spreitzer, 1995). Quinn and Spreitzer (1997) argue that when employees experience empowerment, it increases their feeling of control, which then motivates them to engage in their work. According to this argument, empowerment might therefore serve as an antecedent to engagement, which is supported by other studies that found that empowerment was positively associated with but not synonymous with work engagement (e.g. Albrecht and Andreetta, 2011; Laschinger and Leiter, 2006). Stander and Rothmann (2010) reason that the cognitions aspects of empowerment can be related to the psychological states of engagement described by Kahn (1990) in that they promote a sense of control, meaning and competences. Specifically, they argued that if individuals feel they have the skills, as well as the ability to influence the system they are a part of, they will become more engaged. Again, this suggests that empowerment may contribute to engagement while still being conceptually distinct.

With its evolution in positive psychology and focus on well-being, engagement has also been compared with the construct of flow. According to Csikszentmihalyi (1990), flow is considered the optimal experience where individuals have a clear mind, focused attention, concentration, a sense of control and where individuals will do a task even at great cost simply because the task is enjoyable. This definition of flow shares similarities with the engagement construct, especially in relation to absorption, which occurs when an individual experiences the feeling of time flying due to being totally immersed in his or her work (Schaufeli and Bakker, 2004). Still, Hallberg and Schaufeli (2006) argue that flow tends to be experienced as short-term peak-experiences, whereas engagement is more stable and longer lasting. Additionally, flow often happens outside the work context (Mauno, Kinnunen and Ruokolainen, 2007; Schaufeli, Bakker and Van Rhenen, 2009) and work engagement is embedded in the work context. Introducing the distinction between individuals' experiences within or outside the context of work has led to yet another question about work engagement, namely whether highly engaged employees are simply just workaholics.

This question is given merit as workaholics and highly engaged employees tend to exhibit high levels of energy and dedication, and invest substantially in their work (Harpaz and Snir, 2003). However, according to Porter (1996), a workaholics' approach to work should be understood as an addiction with harmful consequences. Schaufeli et al. (2008) maintain that engaged workers

have interests outside of their work and are able to detach themselves psychologically from their work to recover, which allows them to store their energetic resources (Bakker, 2015a). Consequently, scholars (e.g. Bakker, 2015b; Schaufeli et al., 2008) insist that work engagement is an affective state in its own right, and it should not be equated with workaholism.

To summarize, although there are overlaps between the term engagement and terms used for other attitudinal constructs, the majority of engagement research argues that engagement is a conceptually distinct construct (e.g. Maslach et al., 2001; Schaufeli and Bakker, 2010). Thus, while acknowledging engagement as a construct in its own right, a great amount of research has been conducted in order to understand how to improve work engagement.

1.4 The JD-R model and emerging trends

Research on work engagement has increased significantly in order to better understand engagement. The majority of these studies include the Job Demand-Resource (JD-R) model developed by (Demerouti et al., 2001) to predict work engagement from job demands and resources (e.g. Schaufeli and Taris, 2014). The Job Demand-Resources (JD-R) model was developed on the basis of burnout literature (Karasek, 1979), where it was initially used to predict stress and burnout according to the allocation of demands and resources associated with various characteristics of a job. As Schaufeli et al. (2002) were beginning to develop their understanding of work engagement to include the dimensions of vigor, dedication and absorption, they extended the JD-R model to include work engagement in addition to burnout. This extension of the model reflected a positive twist, as the original had been developed to predict employee illness (i.e. burnout) (Maslach et al., 2001).

Underpinning the revised JD-R model is the assumption that all types of work environments encompass both job demands and job resources. Job demands are defined as:

...those physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs (e.g., exhaustion) (Demerouti et al., 2001, p. 501).

Traditionally, job demands, which include bureaucracy, control downsizing, job insecurity and time pressure (Bakker, 2015b; Schaufeli and Taris, 2014), have been considered negative in nature as they pull from and drain an individual's resources.

Job resources, on the other hand, are defined as:

... those physical, psychological, social, or organizational aspects of the job that may do any of the following: (a) be functional in achieving work goals; (b) reduce job demands at the associated physiological and psychological costs; (c) stimulate personal growth and development (Demerouti et al., 2001, p. 501).

The job resources then act to minimize the effect of high demands and as a motivational lever to increase engagement. Table 4 provides an overview of typical resources and demands considered in engagement research

Table 4 Overview of resources and demands

Demands	Resources
Centralization	Advancement
Cognitive demands	Appreciation
Complexity	Autonomy
Computer problems	Craftsmanship
Demanding contact with patients	Financial rewards
Downsizing	Goal clarity
Emotional demands	Information
Emotional dissonance	Innovative climate
Interpersonal conflict	Job challenges
Job insecurity	Knowledge
Negative spillover from family to work	Leadership
Harassment by patients	Opportunities for professional development
Performance demands	Participation in decision making
Physical demands	Performance feedback
Problems planning	Positive spillover from family to work
Pupils' misbehavior	Professional pride
Qualitative workload	Procedural fairness
Reorganization	Positive patient contacts
Remuneration	Quality of the relationship with the supervisor
Responsibility	Safety climate
Risks and hazards	Safety routine violations

Role ambiguity	Social climate
Role conflict	Social support from colleagues
Sexual harassment	Social support from supervisor
Time pressure	Skill utilization
Unfavorable shift work schedule	Strategic planning
Unfavorable work conditions	Supervisory coaching
Work pressure	Task variety
Work-home conflict	Team cohesion
Work overload	

(Schaufeli and Taris, 2014, p. 64)

These resources and demands have often been investigated in engagement studies to understand work engagement, yet recent studies have questioned the strict distinction between them. Specifically, recently, research has suggested that demands that are challenging, might boost the positive impact of resources on engagement (Bakker, 2015b; Schaufeli, 2014). Typical examples of challenging demands that may be experienced positively, and thus have a positive influence on work engagement, include workload and time pressures. Still, Bakker (2015a) warns that even challenging demands can have a negative impact on engagement when they are constantly high (Bakker, 2015a).

Building upon the JD-R model, many studies have been conducted in order to understand which resources or antecedents are needed to ensure engagement. In particular, detailed literature reviews have been conducted which summarize the existing knowledge on engagement (for an elaborated overview, see e.g. Simpson, 2009; Wollard and Shuck, 2011). A main focus of these reviews has been to identify the various antecedents of work engagement. As proposed by the reviews and the theoretical models and empirical studies on which they are based, the identification of these antecedents supports theory development and provides organizations with insights as to how they can, for example, redesign jobs or training and development initiatives to achieve an engaged workforce.

Recently however, there has been a call to pay additional attention to the role of the individual within engagement research (e.g. Albrecht, 2010; Bakker, 2015b; Kim, Shin and Swanger, 2009; Macey and Schneider, 2008; Saks, 2006; Wildermuth, 2010; Wingerden, Bakker, Derks, Tetrick and Tetrick, 2016; Woerkom, Bakker and Nishii, 2015; Xanthopoulou, Baker, Heuven, Demerouti

and Schaufeli, 2008). Specifically, Wildermuth (2010) criticizes current studies on engagement for focusing too heavily on job characteristics, while virtually ignoring the impact of personal resources and differences on the experience of engagement. She maintains that research focusing primarily on the identification of antecedents and the organizational resources needed to encourage engagement, provides an incomplete understanding of engagement, and minimizes the importance of the individual in the equation.

Research on individual level characteristics and individual differences has long been considered in positive psychology and well-being research (Compton, 2005), yet it has not received much attention in work engagement studies (Mäkikangas, Feldt, Kinnunen, Mauno and Bakker, 2013). In their review of the literature, Mäkikangas et al. (2013) found just 28 studies related to personal characteristics and work engagement. These studies mainly considered the importance of self-efficacy (Heuven, Bakker, Schaufeli and Huisman, 2006; Karatepe and Olugbade, 2009; Salanova, Llorens and Schaufeli, 2011; Xanthopoulou et al., 2008; Xanthopoulou, Bakker, Demerouti and Schaufeli, 2009a; Xanthopoulou et al., 2009b); the big five traits, and in particular extraversion (Gudbergsson, Fosså and Dahl, 2008; Mostert and Rothmann, 2006); optimism (Hakanen and Lindbohm, 2008); and temperament (Langelaan, Bakker, van Doornen and Schaufeli, 2006). Additional studies focused on the individual by exploring how engagement is influenced by emotional intelligence (Durán, Extremera and Rey, 2010) and psychological capital (PsyCap) (Luthans, Norman, Avolio and Avey, 2008; Wingerden et al., 2016).

Schaufeli and Taris (2014, p. 55) also emphasize the importance of moving beyond simple detection of the organizational resources needed to support engagement, arguing:

JD-R model specifies *what kind* of job and personal characteristics lead to *what kind* of psychological states and outcomes but does not tell us *why* this would be so. The fact that the model only provides limited insight into the psychological mechanisms involved might be considered an important limitation (p.55).

Similarly, Xanthopoulou et al. (2009a) add that underlying psychological processes influence the way individuals perceive resources and demands and therefore, the resources and demands cannot be understood in isolation of individual perceptions. For instance, people who feel optimistic and

valuable might create a resourceful environment and thus experience resources differently than those who tend to be pessimistic. Bakker, Demerouti and Sanz-Vergel (2014) proposes that due to specific individual level characteristics, some individuals might be better at mobilizing their job resources to deal with organizational demands than others. As Mäkikangas et al. (2013, p. 134) explain: "...in many cases, it is not the objective situation per se, but the way people deal with it that determines the outcome". Along these same lines, Holman et al. (2010) raised questions as to whether it is in fact the job characteristics, or employees' perceptions of those job characteristics, that influence individuals' attitudes towards their work.

To understand the role of the individual and individual perceptions in engagement research, Wildermuth (2010) argues that more qualitative studies are needed. In particular, she calls for qualitative studies that focus on the process in which engagement is experienced. Similar calls for qualitative studies aimed at gaining an understanding of individual perceptions and their influence on organizational outcomes can be found in other fields today. For instance, within HRM, Bowen and Ostroff (2004) propose that in order to really understand HR practices, the focus should not solely be the physical or actual situation per se (e.g. HR practices), but rather the way individuals perceive those practices and the way they are implemented. Further, while the majority of recent publications on engagement have been quantitative (Wildermuth, 2010), the original conceptualization of engagement was based on qualitative studies. Indeed, Kahn (1990) emphasized the individuals' perceptions and the subjective psychological processes that occur as employees experience engagement.

One of the central subjective psychological processes investigated by Kahn (1990) relates to how employees perceive and experience meaning in work. Kahn (1990) defined meaning as a critical psychological mechanism leading to the feeling of engagement, and more recent research suggests that: "...people who are in jobs that are personally meaningful are more engaged than those who are not" (Stairs and Galpin, 2010, pp. 161-162). Further, Rich et al. (2010) argue that although the UWES, which is the most widely used tool for measuring engagement, includes items that consider employees' experience of meaningfulness, research on engagement has not focused sufficiently on the psychological state of meaning as described by Kahn (1990).

Duckworth, Steen and Seligman (2005) also support the need for studies aimed at understanding meaning, and argue that individuals perceive meaning in work in distinct ways. For instance, some individuals find meaning from working with others, while others experience working alone on intense tasks quite meaningful (Baumeister and Vohs, 2002). Moreover, according to the tripartite model (Wrzesniewski, McCauley, Rozin and Schwartz, 1997), individuals' orientation to work is based on whether they view their job as a career, a job or a calling. Their job orientation would then impact where they find meaning in work: for individuals who perceive work as a career, their focus would likely be on achievement and advancement through occupational structure, and activities that supported achievement and advancement would be meaningful to them (Wrzesniewski et al., 1997). Those with a career orientation would also be more likely to find development and learning more meaningful than someone who viewed his or her work as merely a job.

This focus on individual level perceptions and how meaning of work is created emphasizes the need to understand the context of work, and how that context potentially influences experienced work engagement. The home caregiving context is described in the next Section of this chapter.

2 Home caregiving context

Scholars (e.g. Mauno et al., 2010) have begun to emphasize the importance of considering the context of work in relation to engagement. For instance, Bakker et al. (2011, p. 23) argue that broader contextual factors and characteristics of the organization would be expected to impact engagement. Similarly, Albrecht (2010) notes that contextual factors included in the JD-R model must be investigated as they influence the way in which employees experience job and personal demands, and resources that impact engagement. The study presented in this dissertation is situated within the context of home caregiving, and as such, the public service environment. According to Lavigna (2015), there are inherent characteristics of public organizations that can represent barriers to work engagement. In particular, Pollitt and Bouckaert (2011) contend that public organizations are often characterized by political leadership, less decision-making autonomy, bureaucratic structures, difficulties in measuring goals and lack of transparency. Given that the literature identifies autonomy, transparency of work, and feedback as critical antecedents of engagement

(e.g. Xanthopoulou et al., 2009a), these characteristics would be expected to have a detrimental influence on caregivers' experienced work engagement.

On the other hand, research has also demonstrated that public sector employees may be motivated by other factors than employees in private organizations (Bakker, 2015a). More specifically, in their extensive review of the literature, Baarspul and Wilderom (2011) reported that public service employees tend to demonstrate a higher sense of community service, preference for intrinsic over extrinsic rewards and a greater emphasis on job security than private sector employees. Similarly, Bullock et al. (2015) concluded that public sector employees are motivated by providing public service and value the social impact of their jobs. This phenomenon, traditionally referred to as Public Service Motivation (PSM) or the individual level need to serve others in the name of public interest (Perry, 1996; Vandenabeele, 2007), has previously been linked to positive employee attitudes such as job satisfaction (Bright, 2008), commitment (Moynihan and Pandey, 2007) and recently, work engagement (Bakker, 2015a)

2.1 Home caregiving in Denmark

The empirical basis of this dissertation is home caregiving organizations in Denmark. Although home caregiving in Denmark is performed in both the private and public sector (in 2014, 37% of all caregiving was provided by private organizations) (Statistics Denmark, 2014) the context of this dissertation is solely public home caregiving organizations, and more specifically, home caregivers employed in public home caregiving organizations.

Public home caregiving in Denmark is considered relatively comparable to that in other Scandinavian countries (Szebehely, 2003) and outside of Europe in other social welfare countries such as New Zealand (Ravenswood, Douglas and Teo, 2014). As part of the welfare system, public home caregiving was introduced in Denmark in the 1950's (Kamp and Hvid, 2012b; Szebehely, 2003) with the goal of supporting individuals in need with remaining in their own homes for as long as possible (Dahl and Rasmussen, 2012). The services were publicly funded on the principles of universal social security (Esping-Andersen, 2013) and are therefore free of charge to all citizens eligible to receive care. This includes those who are in need of temporary help due to illness or surgery, or the elderly or people with disabilities who need permanent assistance.

Public home caregiving was widely and popularly received by all social groups in Denmark, as it allowed patients⁴ to be relatively independent of their families, and provided patients the option to remain in their own homes while receiving care (Dahl and Rasmussen, 2012). The popularity of the system has resulted in Denmark being ranked as the country with broadest home health and caregiving provisions, with approximately 22% of individuals over the age of 65 receiving some form of home caregiving services (Dahl and Rasmussen, 2012).

The work encompassed by caregiving evolved from traditional homemaking tasks such as cooking, cleaning, and caretaking, to include services previously performed informally by relatives of those in need. As a result, caregiving jobs were most often held by housewives or individuals with practical skills in housekeeping who had time to spare to help residents of their own neighborhoods. At that time, caregiving did not require any professional qualifications (Szebehely, 2003). In 1991, training of caregivers was introduced in vocational schools, with educational guidelines established by the Danish Parliament (Ministry for Education, 2006) that consisted of a combination of practical training and schooling. Two types of educational programs exist, referred to as *helper* and *assistant* educations. The *helper* education lasts two years and two months and the *assistant* education lasts four years and seven months⁵ (Uddannelsesguiden.dk, 2014). The structure and organization of the practical training, courses, electives, and evaluation of the education are determined by the individual educational institutions (Ministry for Education, 2006, §50). Since 1991, this training has been compulsory, and all municipalities encourage caregivers to acquire a minimum of a *helper* education (FOA, 2014b).

Increasingly, more caregiving organizations offer and encourage caregivers to pursue further education or courses (FOA, 2014a; Hvid and Kamp, 2012). These developments in the Danish caregiving system are consistent with an overall trend in Western countries, which encourages higher levels of education for public health care service providers, in order to address increasing demands of service delivery quality. The focus on requiring a more formal education for jobs that

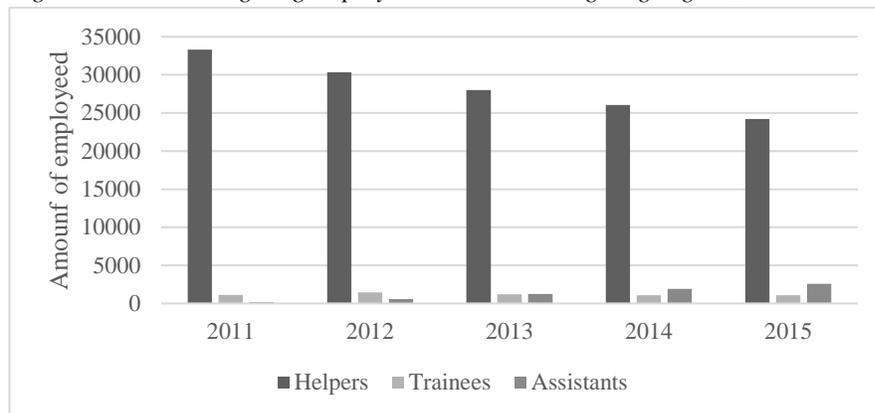
⁴ Although those receiving caregiving services are not necessarily ill, the term “patient” will be used throughout this dissertation.

⁵ The term caregiver is used from this point forward to refer to those with both the “helper” and “assistant” educations.

were previously performed by individuals with limited education and skills, has led to a discussion on the increasing professionalism of caregiving (Fejes, 2012; Hjort, 2005).

The graph below illustrates the changes in the number of caregivers employed and their educational levels, including those enrolled in one of the educational programs in the public service domain in Denmark.

Figure 2: Public caregiving employment in home caregiving organizations



(KRL, 2013b)

As shown, the total number of caregivers has been decreasing in recent years, from 33,449 educated caregivers in 2011 to 26,765 in 2015. Furthermore, the amount of caregivers with an *assistant* education is increasing, while the number of caregivers with a *helper* education is falling. This progression supports the notion of increasing professionalization of caregiving.

The notion of increasing professionalism is also supported by the expansion of tasks caregivers currently provide to patients in their own homes or in residential facilities (Uddannelsesguiden.dk, 2014). As shown in Table 5, typical tasks in home health caregiving include house work, and personal and social assistance.

Table 5: Typical home health caregiving tasks:

- Personal hygiene (e.g. showering, catheter, change of diaper, assistant going to the lavatory)
- Getting dressed
- Prepare food
- Health promoting conversations
- Practical assistant (e.g. voting for parliamentary election, ordering food, medicine)
- Emotional and psychological support
- Doing the laundry
- Cleaning
- Person lifting and moving
- Minor “nursing-tasks” (e.g. eye drops, changing bandage)

Tasks only performed by assistants:

- Wound handling
- Dispense medicine
- Attend an eye infection

Description of caregiving work (case 2), extract from PDA see figure A1.1 in appendix

The overview also illustrates how some tasks are only performed by assistants, as they have obtained more specialized knowledge during their *assistant* education (Ministry for Education, 2006). The organization of duties and tasks caregivers perform in the patients’ own homes is based on what is referred to as the purchaser-provider-model (Fejes, 2012; Tufté, 2013). The model implies a fragmentation between the assessments of caregiving needs and the actual caregiving performed. In practice this means that nurses or managers plan caregiving services according to predefined and standardized procedures and schedules for each visitation. An excerpt of a schedule from a caregiver’s personal digital assistant (PDA) is shown in Figure A1.1 in the appendix.

Twigg (2000) maintains that there are two main characteristics of caregiving work: 1) *to recognizing declining physical capacities* and 2) *the interactional aspects of human care work*. More specifically, he explains that recognizing declining physical capacity is the main object of caregiving work, as patients are no longer fully in control of their bodies and therefore not able to

perform regular tasks like getting out of bed, getting dressed, preparing food, doing the laundry and cleaning. While caregivers take part in these everyday tasks and provide assistance, Tufte (2013) argues that the boundary of interactions are interrupted as caregivers enter the private sphere of other people. The second characteristic of caregiving work is the interactional aspect, since caregiving does not take place in isolation, but is instead based on interactions with a patient. For instance, providing caregiving services may require the caregiver to show patient empathy and sympathy through talking and touching, sharing of personal history and displays of respect. Consequently, one aspect of caregiving is the tangible, predefined and measurable services that must comply with the predefined standards, and the other aspect is the often unobservable and intangible actions that require some level of personal investment on the part of the caregiver as she or he interacts with the patient. These characteristics of caregiving combine with a host of other challenges within the overall environment of caregiving.

2.2 Challenges in caregiving

One of the major challenges facing caregiving organizations today involves changing demographics. Indeed, welfare states in Europe are considered particularly vulnerable to the demographic changes (NFA, 2007c), where the overall population is expected to remain constant while the number of individuals aged 65 and older will increase by approximately 65 percent until the year 2050 (Chaston, 2011). The development has led the Danish National Research Centre for the Working Environment (NFA) to describe the Danish caregiving field as a “ticking bomb” (2007c, p. 5). Therefore, the challenges have led to a restructuring of the caregiving organizations based around health promoting practices aimed at maintaining quality while improving the efficiency of caregiving (Albertsen, Wiegman, Limborg, Thörnfeldt and Bjørner, 2014). Eventually, this restructuring is expected to better meet the more complex needs of patients, for example when patients are discharged from hospitals far earlier than previously, and often when not completely well (Kjellberg, Ibsen and Kjellberg, 2011).

According to Rostgaard (2015), it appears that attempts to optimize caregiving have been successful, as the caregiving expenditures between 2008 and 2015 have actually been decreasing. She further asserts that Denmark is a champion in New Public Management (NPM) restructuring of the public caregiving amongst the Nordic countries. Specifically, Rostgaard (2015) highlights

how the introduction of NPM has provided the foundation for freedom of choice, where patients can choose freely between private and public providers of caregiving services, a more competitive service delivery market, enhanced quality control mechanisms and the purchase-provider-model that has characterized caregiving organizations throughout the last decade.

On the other hand, the focus on improved efficiency and adoption of the purchaser-provider model in particular has resulted in increased time pressures when delivering caregiving services (Andersson, 2008). Time pressure has been negatively associated with employee well-being, and a study by FOA (2005) reported that 44% of their members associate the increased demands for time measurements with a decrease in the quality of service provided patients and clients. Additionally, the study reported that these members perceived a link between time measurement initiatives and low satisfaction with their work environment.

Even in the absence of NPM initiatives, the caregiving context imposes challenges on employees, especially in terms of their well-being and opportunities to experience engagement. In particular, the very interactions that characterize caregiving may create pressure for some caregivers (Fleming and Asplund, 2007), which has inspired considerable research on what has been termed emotional labor (Hochschild, 20014) and the impact jobs with high emotional labor has on employees in service jobs (Brotheridge and Grandey, 2002; Grandey, 2000). Emotional labor is defined as “the management of feeling to create a publicly observable facial and bodily display; emotional labor is sold for a wage and therefore has exchange value” (Hochschild, 1983, p. 7). Central to her perspective is that managing feelings requires an effort on the part of the employee that the organization has the power to control, for example when an employee feels sad but feels pressure to act happy to please the customer or patient. When employees are explicitly required to or even perceive that they must act in ways incongruent to their authentic feelings, these interactions may be experienced as demands with a strong potential impact on their well-being.

Indeed Hochschild (2004), who originally coined the term emotional labor, conducted studies focused on caregivers and found that caregivers in particular must seek to soothe, empower, and encourage patients in a process of emotional attunement (i.e. aligning own behaviors with the needs of others) that may contribute to the emotional labor of the job. Further, she identified elements of caregiving jobs that can increase emotional labor, including *appreciation starvation*

from being generally underappreciated and is reflected in the pay and status of such jobs, *pressure to speed up* due to the time pressure, restructuring, and downsizing of healthcare to focus on efficiency and profit, and *displacement* from the caregiver to patient, as caregivers may experience envy towards the patients under their care for receiving attention they do not receive themselves. Hochschild (2004) explained that these elements of emotional labor may drive the caregiver to tune out when there is insufficient time to deliver the emotional care generally associated with the job, and where there is a lack of recognition for performing the job well. Lack of recognition has also been the focus in other studies with caregivers where caregiving work has been described as having low status, consisting primarily of duties such as patient hygiene and housekeeping, or “dirty work” (Twigg, 2000) performed by unskilled maids (Bartoldus, Gillery and Sturges, 1989; Nielsen and Glasdam, 2013; Twigg, 2000).

The negative connotation of caregiving as having low status is further reinforced by the relatively low wages paid to caregivers (Ravenswood et al., 2014; Twigg, 2000), which Barron and West (2013) refer to as “wage penalties”. According to (Barron and West, 2013) the term wage penalties among caring personnel (e.g. in caregiving, teaching and child caring) refers to employees who receive lower salary than their peers, taking into account the level of education and work experience. In Denmark, public caregivers’ salaries are regulated by collective agreement, where they receive a base salary and pay supplement for their level of experience (FOA, 2016; KL, 2016). As wages are publicly regulated, caregiving organizations do not have high flexibility in motivating and rewarding employees through salary.

Finally, caregiving organizations in Denmark also report challenges with retention and recruitment (NFA, 2007a, 2007b), which have led to attempts to present caregiving as an attractive career (KL and FOA, 2007). Although such efforts are generally considered relatively successful, recruitment and retention of healthcare personnel has become a high-priority policy issue worldwide, as it is closely related to the quality and sustainability of the healthcare system (Cho, Laschinger and Wong, 2006). Moreover, absenteeism is a major challenge for caregiving organizations in Denmark. Recently, a study conducted among the 15 largest employee groups (KRL, 2013a) showed that caregivers were the occupational group with the highest rate of absenteeism, with 15.6 days of sick leave per year.

3 Research question

The review of the engagement literature in Section 1 of this chapter, and the overview of the caregiving context in Section 2, highlight gaps which will be addressed in the study presented in this dissertation. In particular, the study presented in this dissertation adopts an individual level perspective, which is focused on moving beyond the identification of antecedents and outcomes of engagement (e.g. Schaufeli and Taris, 2014; Wildermuth, 2010) and emphasizes subjective experiences of caregivers. More specifically, the primary focus of the empirical study is on individual level perceptions of caregivers and how they experience work engagement. Secondly, the study emphasizes meaning as a critical aspect of engagement as originally conceptualized by Kahn (1990), by investigating how caregivers create meaning in their work, how meaning is influenced by the caregivers' job orientation, and how meaning creation and job orientation influence the caregivers' experienced work engagement. The third and fourth gaps addressed in this dissertation relate to context, and specifically to how the caregivers' perceptions of the demands and resources inherent to the public service and caregiving context influence experienced work engagement. As previously mentioned, the literature recognizes the critical importance of context to work engagement (e.g. Albrecht, 2010; Bakker and Sanz-Vergel, 2013) yet there are few empirical studies on engagement in a public service context and even fewer on caregivers. Given the positive outcomes related to service quality identified in the engagement literature (e.g. Fleming and Asplund, 2007; Harter et al., 2002), as well as the challenges facing caregiving and to a lesser extent the public service sector, it is important to gain an understanding of individual level perceptions of the context and their influence on work engagement.

The overarching research question that addresses these gaps is thus formulated as follows:

How do caregivers' perceptions of their work context influence their experience of work engagement?

The research methodology designed and used to address this question is presented in the next chapter.

Chapter 3

Methodology

Philosophy of science

Research strategy

Analytic technique

Quality criteria

This chapter introduces the methodology applied in this study. First, the background for adopting a qualitative research design and a critical realism perspective are presented. Secondly, the methodological considerations for data collection and selection of cases and participants are outlined. Next, the analytical technique and processes involved in coding and organizing the data are explained. Finally, an overview of the quality criteria applied during the empirical study is provided.

1 Research design

This research was guided and inspired by recent work engagement research (e.g. Schaufeli and Taris, 2014; Wildermuth, 2010) that calls for studies exploring the role of the individual in engagement research and an understanding of the process in which individuals experience engagement. To respond to these calls, a qualitative research design was adopted. Qualitative research enables the creation of information-rich data by getting close to an object, which in turn provides opportunities to genuinely understand the world from the perspective of the object. Rather than being guided by the researcher's own interests, qualitative research is thus guided by the objects of interest (Bryman, 2015; Patton, 2002). A qualitative method applied in this study will therefore provide insight into caregivers' subjective experiences of their context and experienced engagement. Specifically, this will contribute to an understanding of individual level perceptions in engagement research. Additionally, as qualitative research is especially interested in the process in which events take place (Huberman and Miles, 2002), it is possible to understand how engagement is actually experienced and which potential nuances are associated with this experience.

1.1 Philosophy of science – critical realism

The philosophical paradigm guiding the study presented in this dissertation is critical realism. Critical realism evolved as a critique of the positivist approach that had dominated social science since the 1930s and it has increasingly been associated with the work by Harré (1970) and his student Bhaskar (1986). Harré (1970) argued that in order to understand the social world in terms of cause and effect, there had to be some mechanisms underlying the phenomena; according to Bhaskar (1986) the primary focus of science should therefore be the detection of these mechanisms

and structures. With an example from neurophysiology, the worldview behind critical realism is illustrated:

So I might say to someone, could you raise your arm, and the raising of the arm is in response to my request, and it is not done in response to a neuro-physiological determination going on within the body... So, it turns out that you can't really give adequate explanations of what people do in the human and social worlds by reference to their neuro-physiology. Their neuro-physiology is such that they can do it, but whether they do it and how they do it and when they do it depends on social and human causes, causes which can't be reduced in practice, and, I would argue, in principle to any neurophysiological level. So we need to talk in terms of motives, reasons, social rules, social conventions and social structures and mechanisms (Scott and Bhaskar, 2015, p. 23).

In terms of the overall objective of this dissertation, critical realism thus focused on the underlying mechanisms and structures that help understand how individuals experience work engagement. Specifically, these underlying mechanisms and structures provide a more in-depth understanding of how engagement is actually experienced, rather than merely focusing on the observable and measurable dimensions of engagement, such as resources which lead to engagement.

1.1.1 Ontology and epistemology

The essential element of critical realism is that the world and our knowledge are independent of each other, which relates to the distinction made by Bhaskar (2008 [1978]) between the transitive (e.g. the models, theories, paradigms, techniques based on recent science) and intransitive (i.e. the objects which science provides knowledge about) dimensions of knowledge. Sayer (2000) argues that when theories (the transitive) change, there is no reason to believe that the phenomena which the knowledge is about (the intransitive) will necessarily change too. For instance, he explains that when it was found that the earth was not flat but round, it did not change the shape of the earth itself. Although the social world is a little more complex than the natural world, Sayer (2000) still maintains that researchers changing their mind will most likely not produce a change in the phenomena under study. With the sharp separation between transitive and intransitive knowledge,

critical realism breaks with empirical realists, as the transitive dimension is prioritized over intransitive knowledge. Therefore, critical realism does not depend solely on observable and measurable results. Critical realism resolves this epistemic fallacy by insisting on ontological realism.

With ontological realism, it is assumed that an objective reality exists, but that this reality can only be accessed through our minds and cognitive skills (Danermark, 2002). Therefore, on the one hand, critical realists assume that an objective reality does indeed exist, but on the other hand they build epistemology where knowledge of the world is socially produced (Miller and Tsang, 2011). As Danermark (2002, p. 5) states: “Critical realism involves a switch from epistemology to ontology, and within ontology a switch from events to mechanisms”. The switch to mechanisms involves what is described as stratified ontology.

1.1.2 Stratified ontology

Critical realism departs from other forms of realism based on an objective reality to perceive reality according to three domains: the *empirical*, the *actual* and the *real* domain. The *empirical* domain is based on what we experience directly and indirectly dependent on existing knowledge. In a scientific context, this is often based on data or facts. The *actual* domain includes all incidences that can take place, even when they are not experienced. Together, these two domains show the objectively observable world. In other words, they illustrate the “flat” worldviews of the empirical realists (Danermark, 2002). Bhaskar (1986) added another domain, which he referred to as the *real* domain, to consider the structures and mechanisms that support and lead to the events and experiences described by the empirical and actual domains. The mechanisms are described as “the ways of acting of things” (Bhaskar, 2008 [1978], p. 14); by enabling or preventing change, mechanisms influence the events and phenomena in the actual domain (Miller and Tsang, 2011).

The table below illustrates the three domains:

Table 1: The three domains of reality

	Domain of real	Domain of actual	Domain of empirical
Mechanisms	X		
Events	X	X	
Experiences	X	X	X

Bhaskar (2008 [1978], p. 13)

These three domains encompass three overlapping domains of reality, where the mechanisms and structures at the real domain support and create causal potentials in the other domains. Accordingly, Corson (1991, p. 231) describes Bhaskar’s ontology of critical realism as:

It incorporates the social world as an intrinsic part of the scientific world; it allows for the existence of knowable structures that are at work in the human domain which are partly analogous but irreducible to (although dependent upon) those discovered in nature; and it urges that we study the two worlds in parallel ways.

Critical realism therefore illustrates a world based on both observable events and experiences and a deeper and not directly observable domain. Consequently, observations and events are only the top of the iceberg (Buch-Hansen and Nielsen, 2012). As the real domain is not directly observable, and cannot be directly observed or accessed by the researcher, science depends on personal and social processes. Thus, the chance of finding the truth is not guaranteed (Miller, 2005), which leads Miller and Tsang (2011, p. 144) to argue that “A critical realist perspective affirms the possibility of truthful knowing, but acknowledges that human limitations undermine claims to indubitable or objective knowledge”. Easton (1995) illustrates this metaphorically by considering critical realism like looking through dark glass: although the glass is dark, there is still something to see. Similarly, Sayer (2000, p. 10) noted: “Observability may make us more confident about what we think exists, but existence itself is not dependent on it”. Therefore, within critical realism science does not limit itself to observable phenomena and empirical outcomes but seeks to explain the contingent relations (Miller and Tsang, 2011). An assumption underpinning this study of the dissertation was that focusing on these contingent relations would provide greater understanding of how individuals experience work engagement, and how mechanisms related to the context of the individual’s work influence the experience of work engagement.

1.1.3 Critical realism applied

From a critical realism perspective, research should depart from the traditional approach that, for example, focuses on how to measure engagement quantitatively or to provide statistical evidence of the existence (or lack) of engagement levels within an organization but rather acknowledge the world as stratified, changing, structured and differentiated (Danermark, 2002). Consequently, the research in this dissertation emphasizes that individual level perceptions of work engagement are not easily measured, and are dependent on unobservable mechanisms. The focus of the research was therefore to explore the unobservable level, namely the domain of the real, to understand the mechanisms that support and create the experience of engagement. Obtaining this knowledge must take place through our minds with the support of our cognitive skills; therefore, we must accept that the knowledge obtained is not necessarily the whole truth, but perhaps a fragment of it. Instead, by illuminating the mechanisms that influence the events in the observable domains, this dissertation provides pieces of the puzzle of understanding work engagement, which is also the ontological assumption associated with critical realism.

2 Case study

Although several qualitative research strategies exist, including longitudinal, comparative and cross-sectional designs, this study was based on a case study strategy to allow for understanding of the dynamics within a single type of setting (Huberman and Miles, 2002). The purpose of a case study is to create in-depth knowledge of social actions (Eisenhardt, 1989; Thomas, 2011); this makes case studies particularly relevant for studying the dynamics that unfold in a particular setting or type of setting (Stake, 1995). That case studies emphasize dynamics and their embeddedness in a singular or particular case means that their primary goal is to create in-depth knowledge where generalizability is not the goal. Case studies are conducted within a real-life context to explore and explain contemporary phenomena in depth (Yin, 2009). The explorative characteristics of case studies make them especially relevant to enhance understandings of under-researched areas where limited, conflicting, or ambiguous knowledge exists (Eisenhardt, 2002; Eisenhardt and Graebner, 2007). Thus, case studies are often used when dealing with poorly defined phenomena and when there is limited knowledge about the mechanisms which influence the phenomena (Maaløe, 1996; Yin, 2009). Thomas (2011) describes case studies as a way of looking at something from many angles in order to obtain a rich picture and analytical insight:

Case studies are analyses of persons, events, decisions, periods, projects, policies, institutions or other systems which are studied holistically by an instance of a class of phenomena that provides an analytical frame – an object – within which the study is conducted and which the case illuminates and explicates (p. 23).

Although there is an abundance of research on employee and work engagement, a case study strategy was deemed relevant and appropriate for the present study given its unique focus on how individuals experience work engagement and the mechanisms that influence those perceptions rather than the predominant focus of engagement research on quantifying levels of engagement or identifying antecedents and outcomes of engagement.

2.1 Case selection

According to Stake (2000) and Thomas (2011), case studies can be defined either as *intrinsic* or *instrumental*. Intrinsic case studies are undertaken when the researcher is interested in a specific case and its particularity and ordinariness. The case is not chosen to represent other cases but because of an intrinsic interest in a particular case such as a company, team or person. Instrumental case studies, on the other hand, are used when a researcher wants to obtain insight into an issue. The case is of secondary interest, but it facilitates the understanding of something else and plays a supportive role in obtaining the understanding. No matter if the interest in a case is intrinsic or instrumental, research is still guided by obtaining depth, yet with instrumental case studies research is pursued with external interest.

As Thomas (2011, p. 98) explains: “With an instrumental case study, the inquiry is serving a particular purpose. So the case study is acting as an instrument – a tool.” In this dissertation, three home caregiving organizations were chosen as instrumental case studies as the objective to explore the underlying mechanisms that influence individual perceptions of work engagement was established prior to case selection. Thus, the three caregiving organizations simply function as a way to provide insight into the experience of work engagement. Consequently, the particularity and ordinariness of the cases are not central to the study. Further, the method of selecting cases was based on purposeful sampling (Patton, 2002). Purposeful sampling emphasize in-depth understandings by selecting information-rich cases. Patton (2002, p. 46) described information

rich cases as: “those from which one can learn a great deal about issues of central importance to the purpose of the research”.

The first organization included in the present study was randomly selected from an online⁶ list of Danish municipal health caregiving organizations. After an initial screening over the phone, the case appeared to represent a typical public caregiving organization that provides services to chronically or temporarily ill patients and elderlies living in their own homes but who were unable to perform everyday tasks (e.g. showering, cleaning, preparing food). Documentation (e.g. home page of the caregiving organization and newspaper articles) confirmed the types of services provided by the first case organization, and also its relative representativeness as compared to other Danish home caregiving organizations. The other two cases, also identified from the above-mentioned list, conducted essentially the same type of services and were selected to ensure relative consistency between the cases. This method of identifying cases falls within the purposeful sampling strategy (Patton, 2002).

Although the cases themselves are of secondary importance, including three cases represents a holistic multiple-case design (Yin, 2009). By using multiple cases it is possible to repeat a procedure in different cases, eliminating random accordance between theory and cases (Neergaard, 2001). By defining the multiple cases as holistic, the results obtained from each case can be pooled across cases, which means that the results from each case are not considered separately but together to provide an overall insight into the research question (Yin, 2009). Thus, the purpose of including multiple cases is not to make comparisons between the cases, but instead to provide a holistic understanding of engagement across the organizations.

2.2 The selected caregiving organizations

The three caregiving organizations⁷ included in the study all represent Danish public caregiving organizations that provide services to the elderly and temporarily or chronically ill citizens⁸. These

⁶ E.g. see contact information, caregiving organizations in Northern Jutland: (www.rn.dk)

⁷ The caregiving organizations remain anonymous throughout the study. The anonymity is not expected to be critical to the results of the study as the cases are selected as instrumental cases.

⁸ As described in the Chapter 2, these citizens will be referred to as “patients” throughout the dissertation although they might not be considered patients in the traditional sense as they live in their own home and are not necessarily sick.

services included tasks like personal hygiene, house cleaning and laundry, or preparation of food. They were structured based on predefined assessments that were communicated via their Personal Digital Assistant (PDA). For instance, the PDA would include a work schedule consistent with this: 7:05-7:27: *bathe Mrs. Jensen*, 7:32-7:40: 7:44- 7:55: *Get Mr. Jensen dressed – remember to check his eye infection; Prepare the Thomson’s breakfast* (see Table A1.1 in appendix for an extract of PDA). The tasks varied from day to day, between morning and afternoon shifts, and from patient to patient, but were essentially identical in all three organizations. Further, the work routines in the three organizations were comparable and were structured as dayshifts from 7:00 to 15:00 and 15:00 to 23:00. Additionally, there was a night shift, but the tasks performed in these hours were minimal and included mainly assisting emergent issues and check-ups. Similarly, weekend teams performed only essential tasks which excluded tasks such as administering showers and cleaning. As for the caregivers, their training background was either a short *helper* education (based on a combination of two years schooling and two months’ practical experience) or a longer *assistant* education (based on four years of schooling and seven months of practical experience). Finally, the demographics of the caregivers were quite similar across the cases, all within the 18-58 age range and all female but one. More information on the caregiving context is presented in Chapter 2.

3 Data collection and sample

According to critical realism, data can be found at multiple levels in a society or an organization (Danermark, 2002). While some data (e.g. background information, information concerning scheduling) were collected at the organizational level in the case organizations, the predominant focus was at the individual level of the caregiver. The emphasis on the individual level is consistent with the overall research question guiding this research that aimed at gaining an understanding of the individuals’ subjective perceptions of work engagement. In each organization, caregivers were selected for participation in the study via contact with the manager of each organization, each of which would be considered a gate keeper (Creswell, 2014). In collaboration and according to scheduling, a number of caregivers were selected and contacted personally. As part of this initial contact, the objective of the study was explained (i.e. to understand individual experiences of work

engagement). Further it was stressed that participation was entirely voluntary, and that all data collected would remain confidential (i.e. names and identifying information would not be included). The individuals' participation in the study was therefore based on their availability and their consent to participate. According to the manager, none of the caregivers rejected participation.

The table below provides detailed information about the data collection and sample.

Table 2: Informant descriptive data

Participant	Education	Years of experience	Gender	Organization	Interview	Field observation
CA1	Assistant	7	Female	1	x	x
CA2	Assistant	15	Female	1	x	x
CH3	Helper	7	Female	1	x	x
CA4	Assistant	3	Female	1	x	x
CA5	Assistant	11	Female	1	x	x
CA6	Assistant	5	Female	2	x	x
CH7	Helper	13	Female	2	x	x
CA8	Assistant	15	Female	2	x	x
CH9	Helper	14	Female	2	x	x
CH10	Helper	1	Female	2	x	
CH11	Helper	20	Female	2	x	x
CH12	Helper	3	Male	3	x	x
CA13	Assistant	25	Female	3	x	x
CH14	Helper	20	Female	3	x	x
CA15	Assistant	11	Female	3	x	x
CA16	Assistant	17	Female	3	x	x
CH17	Helper	15	Female	3	x	x
CH18	Helper	1	Female	1	x	
CH19	Helper	11	Female	1	x	
CH20	Assistant	5	Female	1	x	
CA21	Helper	28	Female	1	x	
IM1	Assistant		Female	1	x	
IM2	Assistant		Female	2	x	
IM3	Assistant		Female	3	x	

Data were collected from 2012-2015⁹ and began with field observations to provide insight into the caregiving work, including the objectively observable resources and demands characterizing caregiving work. During field observations, 16 caregivers were followed separately during their regular workdays, resulting in 86 hours of observations and notes from morning/weekly meetings, visiting with patients, field notes and transportation between visits. Moreover, by following the caregivers as they performed 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. On concluding the field observations, the caregivers were interviewed. An additional five caregivers were interviewed without prior field observation. These interviews were primarily used to follow up or verify data collected via other means.

3.1 Data sources

With the use of different sources, it is possible to increase the trustworthiness of the findings through triangulation (Huberman and Miles, 2002; Yin, 2009). This study includes multiple data sources. Specifically, interviews, observations, the think-aloud technique and documents. The author collected all of the data personally. According to Wolcott (1994), the data collected from these different sources represent three categories of data based on the inquiry of experiencing, enquiring and examining.

An overview of the types of data collected in this study is summarized in the table below.

⁹ When the first paper was published, the data collection was not complete. Additional interviews and observations were conducted after its publication.

Table 3: Data of the Study

Level of analysis	Inquiry	Data	Sources
Individual level	Experiencing	Observation	Field observation from participation in regular workday, during interviews, during lunch breaks
	Enquiring	Interviews, think-aloud	Semi-structured interviews (about 1 hour each), think-aloud technique applied alongside observation
	Examining	Archival documents	Newspaper articles, online reports, governmental regulation, political documents, interest groups (e.g. FOA), internal documents
Organizational level	Experiencing	Observation	Observation from lunch breaks, morning meetings
	Enquiring	Interviews	Open interviews with management
	Examining	Archival documents	Newspaper articles, online reports, governmental regulation, political documents, interest groups (e.g. FOA ¹⁰), internal documents

Inspired by Gibson and Brown (2009, p. 54)

As shown, interviews were the primary source of data and whenever possible, triangulation with other data was used to provide stronger substantiation of results (Huberman and Miles, 2002). This substantiation occurred through both observation and the think-aloud protocol.

3.1.1 Observation

Patton (2002) states the purpose of observation as describing the setting, the activities taking place in the setting, the people participating in the activities and the meaning of the observed from the perspective of the individuals observed. Consequently, observation (not to be confused with participant observation) takes place while watching without interfering or participating. Observation was applied in the current study mainly following the caregivers around on a regular day while they performed their assigned tasks, but also during morning meetings and lunch breaks. During observations, field notes (examples of these field notes are shown in Figure A3.1 in the Appendix) were hand recorded in an unstructured manner (Creswell, 2014).

¹⁰ FOA (Fag Og Arbejde) is a trade union with 186,000 members and 39 branches around the country and include social and health care workers, social and health care assistants, day care workers, cleaning staff, kindergarten assistants and nursery school assistants

3.1.2 The think-aloud protocol

The think-aloud protocol enables eliciting inner thoughts or cognitive processes to understand what is going on in the individual's mind while performing a task (Ericsson and Simon, 1980; Patton, 2002). For instance, while a caregiver is performing a specific task, she could be asked questions and probes that make her think of the tasks she is performing. In this way, think-aloud encourages the caregiver to verbalize thoughts and feelings while performing a task. One example from the current study involved the use of gloves, which some of the caregivers wore when attending to a patient. In this situation, a caregiver put on gloves before bathing a patient, and it was possible to ask why she did this. The question prompted her to consider her actions and the underlying reasons. The think-aloud protocol corresponds well with the critical realism paradigm as it seeks to understand the unobservable mechanisms causing an event in the more observable domain.

3.1.3 Interviews

Interviews were conducted with a total of 21 caregivers in the three caregiving organizations; one additional interview was conducted with the manager in each of the organizations. The 24 interviews served as the main element of the empirical data as they provided a way to gain insight into the caregivers' perspectives. An assumption underpinning the qualitative interview is that the perspective of others is a meaningful way to obtain knowledge (Patton, 2002). Further, interviews are consistent with critical realism, where the goal is to provide insight into the unobservable mechanisms and structures that influence a phenomenon (Danermark, 2002). Specifically, the interviews sought to understand how the caregivers experienced work engagement and how it was influenced by contextual mechanisms in the workplace. Interviews lasted on average one hour and were carried out at the workplace (i.e. patient homes or the offices of the organization) or when traveling between sites.

A semi-structured interview was applied in the study, as this approach combines structured interviews with the flexibility of open-ended interviews. With semi-structured interviews, structure is enhanced by a list of issues versus specific questions associated with structured interviews, which allows for follow-up questions (Thomas, 2011). An interview guide provides direction to the interview and contains the issues that are to be explored in the interview. The guide contains topics and subject areas that serve as the point of departure for the interview, and within

these topics and areas it is possible to explore, probe and ask follow-up questions (Creswell, 2014; Patton, 2002). The interview guide used in this study was divided into four overall parts: Section one related to background information on the caregivers; Section two related to the caregivers' own descriptions of their jobs, including their perceptions of job demands and resources, and mechanisms they perceived to influence their work; the third Section related to perceptions of changes to their work environment; the final Section related to the caregivers' perceptions of work engagement, and any mechanisms they perceived to influence their experience of work engagement. The themes associated with each of the Sections of the interview guide were derived from the work engagement literature (Demerouti et al., 2001; Schaufeli and Bakker, 2003) (the interview guide is provided in Table A3.1 in Appendix).

Interviews conducted with the three managers were informal conversational interviews (also referred to as unstructured interviews) in order to ensure maximum of flexibility. Managers were interviewed after the semi-structured interviews with and observations of caregivers. As Patton (2002, p. 342) explains, the informal interview “offers maximum flexibility to pursue information in whatever direction appears to be appropriate, depending on what emerges from observing a particular setting or from talking with one or more individuals in that setting”. For the most part, these interviews were used to obtain additional data on topics that emerged from the interviews. For instance, many of the caregivers mentioned an intensified time pressure on performing their tasks, and these interviews with the managers provided the opportunity to obtain organizational level data on policy changes.

All interviews were audio recorded and transcribed. Transcription is essential to the analysis as it is considered to increase access considerably (Shopes, 2011). All transcription was done by the author shortly after data collection, which is considered beneficial in terms of recalling the situation and expression of participants during the interviews (Tinggaard and Brinkmann, 2010). Transcription can be done at different levels of detail (Kvale and Brinkmann, 2009; Miles, Huberman and Saldaña, 2014); the transcription of data in the current study was done word for word, yet leaving out empty words (e.g. uhs, er). The empirical data retrieved in the three organizations is summarized in Table 4.

Table 4: Overview of empirical data

Data	Amount
Interviews	21, total number of hours 27
Informal interviews	3, total number of hours 2.75
Observation	85 hours
Field notes	Approximately 95 pages
Internal documents	Approximately 170 pages
Archival documents	Approximately 420 pages

4 Analysis

Coding has been considered the main aspect of doing qualitative analysis as it is a way to transform data into manageable pieces that can help understand the phenomena of interest (Miles et al., 2014). Since qualitative data provide dense and rich material, Creswell (2014) argues that when doing analysis, it is necessary to focus on some data, disregarding others. He further maintains that this process allows for aggregation of data into smaller numbers of themes, one approach being thematic analysis. As Boyatzis (1998, p. 1) states: “Thematic analysis is a way of seeing” and encompasses a process that can be used to encode qualitative information. Braun and Clarke (2006, p. 79) further write: “Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail”. The level of detail is dependent on the focus and purpose of the study, and whether it seeks to provide a rich thematic description of the entire dataset, or a more detailed and nuanced understanding of a particular theme or group of themes (Braun and Clarke, 2006). This dissertation will seek to provide a detailed and nuanced understanding of the experience of work engagement, by focusing on specific themes within the data.

As the overall research question of the dissertation aims to understand the individuals’ perceptions of their work context and how it influences their experienced work engagement, a thematic analysis is especially relevant as it can be used to address individual level experiences (Braun, Clarke and Terry, 2015). Thematic analysis has been used throughout in all three of the papers included in the dissertation. More specifically, the analysis followed a process that included: (a) discovering initial codes, (b) sorting codes into potential themes and gathering all relevant data for

each potential theme, (c) checking if themes work in relation to the data set, and (d) ongoing analysis to refine the specifics of each theme (Braun and Clarke, 2006).

The themes that develop through the process can be driven by theory, data or a combination of both (Boyatzis, 1998; Braun and Clarke, 2006). The analysis in this dissertation was a combination of both. The themes developed in the analysis of the first two papers included in this dissertation were both theoretical and data-driven themes. In paper one, the themes were derived from the data collected specific to that study, and on the work engagement ((Schaufeli and Bakker, 2004)and meaning creation literature; for paper two, the themes were derived from a combination of theory of work engagement and professionalism and the data collected for that study. The coding was done by hand by highlighting the initial codes and later grouping these into themes. In paper three, the thematic analysis was conducted using the framework of Gioia, Corley and Hamilton (2013), which is an inductive approach to create qualitative rigor. Although the analysis was inductive, the approach allowed for applying theory to better understand the themes. In particular, the analysis in paper three was initiated by seeking an understanding of how caregivers perceive job demands in their work, and through the analysis, themes emerged that were further understood from the application of theory. The analysis of the third paper was conducted using the Nvivo10 software package, yet the process of analysis followed the same procedure throughout the papers. While coding, notes were taken to ensure transparency throughout the analysis. For instance, notes were taken to help remember the reasoning for aggregating themes when returning to the data sometime after the initial process.

5 Quality of conclusions

Historically, qualitative research has been criticized for its lack of methodological rigor. However, the perceived limitations in qualitative research have been addressed at length, and numerous scholars (e.g. Miles et al., 2014; Patton, 2002; Yin, 2009) have proposed principles and points to ensure the quality of qualitative conclusions. In particular, Lincoln and Guba (1985) and Miles et al. (2014) have proposed five overall criteria concerning the quality of qualitative studies that are well-recognized and are also coherent with the critical realist paradigm adopted in this dissertation. These five criteria include: confirmability, dependability, credibility and transferability. These will be presented and discussed in relation to the study of the dissertation.

Table 5: Quality criteria in qualitative research

Qualitative research	As an alternative to the quantitative criteria of
Confirmability	Objectivity
Dependability	Reliability
Credibility	Internal validity
Transferability	External validity

Adapted from Miles et al. (2014, p. 310-315)

5.1 Confirmability

With confirmability the quality of the results is considered in relation to how well they are supported by the participants of the study and by events independent of the research. For instance, credibility can be enhanced by keeping a record of methods and procedures, description of data collected and data analysis so that the development of results is explicit to an outsider (Lincoln and Guba, 1985; Miles et al., 2014). In the current study, efforts to enhance confirmability have been made by providing methodological details of the data collection and analysis; also audiotapes were saved to allow rechecking of data to ensure confirmability. Additionally, throughout the study, the researcher has sought to be self-aware of personal assumptions during observation and interviews and has engaged in discussions of findings with other researchers in the field. Moreover, triangulation of data across observations, the think-aloud protocol, and interviews have aided in reinforcing the credibility of the findings. Still, there is the limitation of keeping data available for re-analysis by others (Miles et al., 2014) as the data are anonymous. Therefore, double check of findings is not possible in this study. However, themes and results have been discussed with co-authors, which has increased the confirmability of the data.

5.2. Dependability

Dependability is associated with consistency over time. To ensure dependability, Miles et al. (2014) recommend that research questions be clear and congruent with the study design. Attempts were made to increase dependability by having a clear research focus that was used as the basis for the various studies included in the dissertation. Nevertheless, adaptations to the starting point were made, which is typical in qualitative research and within the critical realism paradigm in which data drive the research agenda (Bhaskar, 2008 [1978]). Still, despite minor adaptations, the

overall research agenda was clear and consistent throughout the study as it sought to gain a deeper understanding of work engagement and the underlying mechanisms that influence individual perceptions of those experiences. Additionally, Miles et al. (2014) recommend that findings demonstrate parallelism across data sources; this was achieved through the analysis of the three papers included in the dissertation. Still, the dependability of the study can be questioned in that data were only collected by one researcher and therefore did not allow for multiple observers, which is otherwise suggested to ensure dependability (Boyatzis, 1998).

5.3 Credibility

With credibility, findings must make sense and be convincing to critical readers. In order to raise credibility, Lincoln and Guba (1985) recommend prolonged engagement with research subjects, for instance the researcher must be present long enough to build trust. This condition was at least partially satisfied, as 16 of the interviews were conducted after spending 2-4 hours together with the caregiver. Additionally, the credibility of interviews was improved through triangulation (Miles et al., 2014). Triangulation was applied throughout the analysis, for instance, by triangulating interviews with observations (e.g. ascertaining that caregivers were actually doing what they said they would do), and statements about the developments in caregiving were triangulated with newspapers and newsletters from interest organizations. Finally, endeavors to increase credibility were made through presenting the findings to the managers of the organizations. In all cases, the managers were able to recognize the findings. A point of criticism as regards credibility is the sampling technique of participants. In this research, the caregivers were not selected randomly, and thus there could be a bias if they had been selected due to some characteristic (e.g. only those with high levels of engagement, as perceived by the managers). However, as the scheduling offices were also included in the selection of the subjects for this study, there is no reason to suspect that the selection process would limit the quality of the results.

5.4 Transferability

Transferability is concerned with the degree to which findings are transferable to other contexts, or the expected generalizability of the findings. Generalizability of findings was never an objective of the study. Instead, the data provide in-depth knowledge of how caregivers experience work engagement in this particular context and therefore are not intended to be representative of all

caregivers in home caregiving organizations. Consequently, the study relies on analytic and not statistical generalization (Yin, 2009), where findings can potentially be generalized to a broader theory. Specifically, this means that findings can be generalized when a new case is studied and the results are generalized to the new case (Creswell, 2014).

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PART II

Chapter 4

Research paper I

*Meaning creation and work engagement in home
caregivers*

Meaning creation and work engagement in home caregivers¹¹

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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

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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 layoffs, 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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Chapter 5

Research paper II

From job to career:

How professionalism influences work engagement

From job to career – How professionalism influences work engagement¹²

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Abstract

This study was conducted to explore how the increasing professionalism of caregiving influences home health caregivers' experienced work engagement. A qualitative study including 24 interviews, 85 hours of observations, and the think aloud-technique was applied in three Danish caregiving organizations. Analyses of the data suggest that professionalism of caregiving influences caregivers' engagement in three distinct ways, namely, through work identity, psychological safety and insecurity. Whereas it was expected that professionalism would positively influence caregivers' engagement, an adverse influence was also found due to experienced insecurity, uncertainty, and failure to find meaning in work, which were highly dependent on the individual caregiver's perceptions of professionalism. This paper contributes by emphasizing an individual perspective of work engagement and by providing empirical evidence of links between professionalism and engagement. Additionally, by focusing on relatively low-educated employees, the paper highlights how professionalism challenges the perception of caregiving as a job rather than a career.

Keywords: Work engagement, professionalism, caregiving, healthcare.

Introduction

Continuous learning and development has become a necessity in today's world. Indeed, increased education and training has been on the agenda for the European Union since the acceptance of the

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Lisbon agreement (European Parliament, 2000). This demands for upgrading skills are seen in all occupational sectors (Evers, van der Heijden, Kreijns and Vermeulen, 2015). Within healthcare, caregiving organizations in particular are faced with the need for upgrading education and skills to become more effective and efficient as they strive to balance meeting the increasingly diverse needs of patients due to demographic changes and more extensive use of technology (Fläckman, Hansebo and Kihlgren, 2009; Randall and Williams, 2006) with high quality standards (Kamp and Hvid, 2012a). Scholars (Nielsen and Glasdam, 2013; Urban and Dalli, 2008) note that achieving these dual goals necessitates professionalism of jobs previously filled by unskilled or semi-skilled workers

Generally, the term professionalism is used to describe the process by which an occupation or job begins to assume characteristics and standards of a profession Evetts (2008). A critical component of this process involves upgrading of knowledge and skills (Kubicek, Korunka and Ulferts, 2013). By focusing on upgrading of knowledge and skills, the professionalism within home healthcare is thus radically changing the nature of caregivers' jobs from being considered low status and consisting primarily of duties such as patient hygiene and housekeeping (Nielsen and Glasdam, 2013) to ones with far higher degrees of responsibility. As one of the critical antecedents of employee engagement identified in the literature is the opportunity for skill development and knowledge expansion (e.g. Bakker and Demerouti, 2008; Shuck, 2011). An assumption underlying this study is that these changes to the scope and nature of caregiving will have an influence on caregivers' attitudes and their perceptions of their work. In particular, this paper aims to gain an understanding of how caregivers' perceptions of the increasing professionalism of their jobs influences their experienced work engagement.

Work engagement refers to an emotional, cognitive and psychological attachment to work that is associated with employees exhibiting high levels of energy, enthusiasm for, and absorption in their work (Schaufeli, 2014). Links with higher service quality (Harter, Schmidt and Hayes, 2002), lower levels of long-term sickness resulting from stress (Schaufeli and Bakker, 2004) and increased loyalty and organizational commitment (Hakanen, Bakker and Schaufeli, 2006) emphasizes the importance of engagement in service organizations. Specifically, Wingerden, Bakker, Derks, Tetrick and Tetrick (2016) argues that engagement among healthcare professionals is vital to the quality of care since the employees are in direct contact to the patients. Therefore it

is critical to understand caregivers' perception of engagement and how it is influenced by various factors, including the increasing professionalism within the field of home healthcare.

There is basis for the notion that professionalism of caregiving should positively impact on work engagement. Specifically, Kamp and Hvid (2012b) argues that professionalism can elicit feelings of pride amongst caregivers and may make their work more meaningful to them. On the other hand, Fläckman et al. (2009) argue that the changes occurring to caregiving may negatively influence caregivers' performance since their relationship to the patient is disrupted and they often feel threatened by the changing work environment. We maintain that these differing perspectives may be related to the how caregivers perceive their work. For this reason, the study presented in this paper adopts an individual perspective on work engagement, and focuses specifically on how caregivers' perceptions of professionalism influence their work engagement.

This paper contributes to the development of work engagement theory in several ways. First, the relevance of context to experienced work engagement is highlighted, which has been emphasized by engagement scholars (e.g. Bakker and Demerouti, 2011; Mauno, Kinnunen, Mäkikangas and Feldt, 2010) but not been fully addressed in empirical studies. Second the direction of recent research is described, where the focus is on the individual perspective on work engagement and how experienced engagement is influenced by individual level factors such as job crafting, personality and personal strengths (Cotter and Fouad, 2013). Thereby respond to the call for studies that seek to understand the process by which individuals experience engagement (Wildermuth, 2010).

Moreover, the findings from this paper have practical implications, as it draws attention to how the focus on learning and development accompanying professionalism may support the transition of caregiving from a job to a career. Dahl (2000) notes this progression from viewing caregiving as a job that could be accomplished by an experienced housewife without specific competences to work requiring a specific education, and its potential practical and social implications. In particular, caregiving has traditionally not required extensive education, nor has the caregiving job been viewed as an especially attractive job (Nielsen and Glasdam, 2013). It is therefore plausible that professionalism may enhance the reputation of caregiving, which may in turn have a positive influence on the recruitment challenges and high levels of absenteeism and turnover reported by

caregiving organizations (Borg et al., 2007). Finally, given the links between work engagement and superior customer service (Salanova, Agut and Peiró, 2005), a better understanding of how professionalism influences work engagement may present managers of home healthcare organizations with additional opportunities for how they can meet public demands and expectations of high quality care.

The paper is structured as follow: First, a brief overview of the transitioning context of caregiving is provided, followed by summaries of the professionalism and engagement literature. Then the empirical study in three home healthcare organizations is presented, analyzed and discussed. The paper then concludes with a discussion of the theoretical and practical implications of the findings, and directions for further research.

From job and occupation to career

Home caregiving was introduced in the 1950s in Denmark as part of the public welfare program that had the overall goal of keeping patients in their own homes as long as possible (Dahl and Rasmussen, 2012). Services were often performed by housewives or individuals with practical skills in housekeeping and did not require any professional qualifications (Szebehely, 2003). In 1991, training of caregivers was introduced in vocational schools; since then, educational requirements have increased, and caregivers are increasingly encouraged to seek further education (Ministry for Education, 2006). Recently, Danish labor unions have also demanded that the public healthcare system provides professional development for caregivers (FOA, 2014). Consequently, although not professional in a traditional sense (Weber, 1921), caregiving is shifting from being an experience-based occupation anyone could do (i.e. caring for the elderly) to a career requiring a specific knowledge base (Dahl and Rasmussen, 2012). This transition to a more skilled workforce guided by a professional body of knowledge has led to a discourse on professionalism, which is summarized below.

Theoretical framework

Professionalism

Evetts (2013) proposes that professionalism is related to two similar constructs: Profession and professionalization, the former being used to create a generic category of occupational work and the latter referring to the process of achieving the status of a given profession. Professionalism is

understood as an occupational normative status worth perusing that occur as the knowledge and skills of workers within an occupation become more specialized (Freidson, 2003). Thus, occupational status is constantly being reconstructed through professionalism, which in turn results in changes in how employees perceive their work (Urban and Dalli, 2008).

Scholars have investigated employees' perceptions about their work and how their work roles relate to their professional identity, which shifts through the process of professionalism (McGillivray, 2008; Urban and Dalli, 2008). Britzman (1992) maintains that identity never reaches a permanently fixed status, instead it is constantly subject to social negotiation constructed on the basis of enduring perceptions influenced by history, society, ideologies and discourses as well as more individual level factors such as disposition, emotions, training, education, everyday lives and relationships (McGillivray, 2008). In addition, Kirpal (2004) argues that individuals co-shape their own professional identity and career paths. This participatory, subjective and individually constructed approach to professionalism resembles career research (e.g. Broadbridge and Parsons, 2005; Christensen and Johnston, 2003; Santos, Jawahar and Al Ariss, 2016), where there are arguments that career, career path or career success should not be evaluated objectively and externally but rather as subjective and social constructions acknowledging that career is not a static, uniform concept.

Although there is some research that suggests that the professionalism of a job or occupation may be viewed as positively (Evetts, 2003) and negatively (Fläckman et al., 2009), little research has focused on how employees perceive the increasing professionalism of their jobs. In the following, a briefly summary of the literature on work engagement is presented, where the potential links between the increasing professionalism within the caregiving occupation and caregivers' experience of work engagement are emphasized.

Work engagement

Work engagement is defined as “a positive, fulfilling work related state of mind that is characterized by vigor, dedication and absorption” (Schaufeli, Salanova, González-Romá and Bakker, 2002, p. 74). Vigor is described as persistence, a high level of energy, and willingness to invest effort in one's work, dedication as a sense of significance, enthusiasm, pride and inspiration, and absorption or being fully engrossed in one's work. Engagement is often associated with

passionate employees (Ouweneel, Blanc and Schaufeli, 2012) who invest more of themselves in the job, find meaning and challenges in the work (Kahn, 1990) and demonstrate a willingness to “go the extra mile” (Schaufeli and Bakker, 2004). Engagement has been linked to lower turnover (Saks, 2006), competitive advantage (Bates, 2004), higher customer satisfaction (Harter et al., 2002) and organizational performance improvement (Bakker and Demerouti, 2008).

Much of the literature focuses on identifying the antecedents of engagement such as skill variety, opportunities for growth, competency development and learning (Bakker, 2011; Bakker and Demerouti, 2007). For instance, Shuck (2011) found that opportunities for learning something new every day were important for employees to maintain a high level of engagement. The learning opportunity not only renders the work more rewarding, it also serves to balance work demands as employees gain new knowledge and skills to successfully perform their work. Further, opportunities for expansion of the work role made possible through training and development have been associated with engagement (Bakker and Demerouti, 2011; Shuck, 2011). Additionally, Abdelhadi and Drach-Zahavy (2012) proposed that changes in job design associated with professionalism impact on work engagement. For example, they reported that strengthening nurses’ communication skills as an element of professionalism positively influences service climate through engagement.

While there are clear overlaps between these antecedents of work engagement and aspects of professionalism, very limited research has specifically explored relationships between the two constructs. The present study seeks to contribute to the literature by adopting an employee perspective to understand relationships between professionalism and work engagement. According to Kahn (1990), employee perceptions should account for variations in engagement amongst employees, and they argue that employee attitudes and perceptions of the work environment impact their engagement. Still, the majority of studies on engagement focus primarily on further refinement of the construct and identifying its antecedents rather than on employees’ perceptions.

Method

A qualitative explorative study was adopted to gain an understanding of the relationship between engagement and professionalism among home health caregivers. The aim was to provide an in-depth understanding of the process by which professionalism influences caregivers’ perception of

work engagement. Data were collected in three home caregiving organizations in Denmark. Initially, one organization was selected from a list of homecare organizations in Denmark. To ensure consistency between the cases, two more cases were selected according to purposeful sampling (Patton, 2002) to reduce variation between the three. The organizations all provided essentially the same type of services to elderly or chronically sick patients. Indeed, the caregivers' work routines were essentially the same across all organizations: employees rotate between shifts according to highly structured work schedules with instructions (e.g. when to give patients a bath or what type of cleaning to do). Additionally, caregivers with appropriate training had tasks such as dispensing medicine and changing bandages or providing IT support (e.g. emailing and the use of iPad).

Data collection

Each of the organizations employed 20-30 caregivers divided according to their having either a short or a longer education, referred to in Denmark as *helpers* and *assistants*, respectively. The helpers' education is based on 24 weeks of classroom education and 30 weeks of internship in various homecare organizations; assistants have an additional 20 months of education (Ministry for Education, 2006). The demographics of the caregivers across the three organizations were quite similar, with all aged 20-60; the majority was female. The managers were contacted and given a brief explanation of the purpose of the study; subsequently the managers invited caregivers to consent to participate in the study according to availability. The participants approximated the demographics of the caregivers across all organizations, with all but one female, and with the majority having a short education.

Data collection was conducted through a combination of observations, interviews, and the think aloud technique, which allows the caregivers to explain their actions while they are taking place (Ericsson and Simon, 1980; Patton, 2002). For example, the author asked a caregiver to explain why she wore gloves while visiting a patient or why she spent additional time in a home to ensure the patient put on his socks properly. Observations supported this technique as it was possible to note behaviors associated with engagement as the caregivers performed their daily activities. Thirdly, semi-structured interviews were conducted to allow the caregivers to explain how they experience engagement and how elements of professionalism influenced their experiences.

A total of 85 hours of observational data were collected by the author participating in the regular workday of the caregivers (e.g. participation in meetings, patient visits, transportation time between visits) at regular intervals between 2012 and 2015. During transportation time it was possible to discuss the caregiving work and related topics. Further, 24 approximately one-hour interviews were conducted (three managers, 21 caregivers) to gather data on the work processes and experience with work engagement and professionalism. Interviews were recorded, transcribed and coded, with quotations used to emphasize the main findings. The quotations are presented in the analysis and referenced according to the interviewees' education and source of quotation (e.g. CA3 to indicate caregiver assistant "3", CH11 to indicate caregiver helper 11, and M1 for manager "1").

Analysis

A thematic analysis (Braun and Clarke, 2006) was used to identify analyze and report patterns of themes in the data to understand the meaning and realities of the participants. The thematic analysis was theoretically driven by the theory of work engagement (e.g. Kahn, 1990; Schaufeli and Bakker, 2004) and professionalism (e.g. Evetts, 2003; McGillivray, 2008) to provide a detailed analysis across the data set to find repeated patterns between engagement and professionalism. Thematic analysis was conducted in two steps. First initiate codes were identified from open coding (Miles, Huberman and Saldaña, 2014) describing how professionalism and engagement was experienced in caregiving. The initial codes were grouped into overall codes based on their similarities (see Table 1 for the coding of professionalism). For instance, initial codes such as uniforms and standardization of procedures were grouped into one code named standardization. Secondly, themes were created linking professionalism and work engagement. To ensure trustworthiness of the analysis (Miles et al., 2014), themes were double checked by an external researcher to show substantial communality. The few disagreements that appeared in the formation of themes were resolved through discussion, which resulted in some minor reframing of the themes. The analysis provided three overall themes, work identity, psychological safety and insecurity, which provided insights into how perceptions of professionalism influenced the caregivers' experienced engagement and are discussed below.

Results

As shown in Table 1, the analysis identified several indicators that the caregivers perceived increasing professionalism in their work. For instance, most of the caregivers experienced an increased demand for upgrading of skills, which is associated with professionalism (Evetts, 2009; Freidson, 2003). The following quotations illustrate typical perceptions shared by all caregivers:

Once, everyone could work in caregiving. Basically, it was just cleaning, but today very few caregivers actually clean... We perform other tasks such as preventive care, which requires a lot more knowledge (CA20).

Today, caregiving is so much more than “just” caring... Before, caregiving was more practical, but today we must have a broad knowledge and be specialized in different areas. We are expected to monitor patients’ mental state and to look out for signs that there may be unidentified problems... For that I need more education” (CA5).

The increasing demands for education were further expressed by changing characteristics of the caregiving role. Many of the caregivers described how their role was developing and some expressed sentiments indicating how today caregiving was perceived more and more as a career opposed to an occupation. Specifically, several caregivers explained that more was expected of them, and that their work required more specialized knowledge to the point that their work had begun to resemble that of nurses’ years ago. One caregiver explained: “Work is shifting down and the helper education will eventually disappear, too. In 10 years’ time, cleaning will likely not be a part of homecare” (CA4). A manager shared this perspective: “There is no doubt that assistants’ expertise and knowledge will be needed more in the future and we should choose [when recruiting] assistants who want to continue their studies” (IM1). One caregiver reflected on the development in caregiving saying that perceiving caregiving as an unskilled profession is simply no longer correct: “More and more tasks are being added to the caregiving job. You basically have to be aware of everything from sickness to medicine... Caregiving is no longer traditional housewife tasks that an unskilled worker could perform!” (CA6). Another caregiver supplemented her by arguing:

I often tell people about my work. I try to get young people attracted to the caregiving career, but they often think that it is just about bathing old people and I constantly explain that it is so much more. I perform new tasks almost every day and maybe only once per month I deal with personal hygiene... The caregiving role is very different from people's prejudices since it has changed a lot from the old-fashioned job it used to be (CA20).

The caregivers also seemed to associate increased requirements for record keeping and documentation with professionalism. For instance, a caregiver (CA2) explained how she felt the use of documentation created transparency and opportunities for monitoring patient progress and sharing information with colleagues. Similarly, new regulations required caregivers to compile reports on the number of re-hospitalizations, accidents, and changes to nutritional plans, as top management had introduced analyses aimed at increased efficiency and quality enhancement (M1 & M2). One manager (M3) explained that part of these initiatives aimed at reducing hospitalizations by 25%, and the reports helped track their progress in reaching this goal. Moreover, she noted that the focus on reducing hospitalizations required the caregivers to pay more attention to the patients' everyday health (e.g. exercise, nutrition, smoking), which in turn required more knowledge and skills. Similarly, the focus on efficiency led to increased standardization, in particular from the use of a Personal Digital Assistant (PDA). The PDA provided the caregiver with the exact procedure to be completed and the time and length of visits. Additionally, standardization was expressed physically by the use of uniforms, which were intended to reflect that professionals rather than a layman were fulfilling the caregiving tasks. According to Evetts (2003), attempts to standardize and control tasks reflect the need for accountability to various stakeholders and are thus often associated with professionalism.

From the table below, the main indicators of professionalism are summarized.

Table 1: Expressions of professionalism in caregiving jobs

Indicators of professionalism	Examples
Use of new tools	Personal Digital Assistant (PDA) containing the schedule of the day, information and progress of the patient, messages and a mobile devices Technological tools (e.g. robot vacuum cleaner, electronic toilets, iPads, sock tool).
Standardization	Changes in job design (e.g. roles and tasks being clearly defined) Uniforms Standardized procedures for processes such as cleaning and preparing food Procedures for responding to emergencies (e.g. what to do and who to call first)
Control and documentation	Extensive use of PDAs Documentation for stakeholders (e.g. political actors, family members of patients) Target numbers to reach (e.g. limits to number of patients to be returned to hospital)
Advanced skills	Focus on mental health Need for being creative and out-of-the-box thinking Explicit associations with the nursing profession
Education and courses	Primarily hiring assistants (i.e. those with higher education) Urging of caregivers to pursue further education Tests, mandatory courses and advancements and maintenance of skills
New work procedures	Addressing patient issues (e.g. alcohol abuse, exercise, smoking, diet) Design of nutrition plans Efforts to support patients independence (i.e. being able to stay in their own home as long as possible to avoid hospitalization)
Specialization	New job roles such as expert in conflict handling, specialist in working with demented, safety (e.g. to avoid patients falling), or ambassador of technology
Less time for “nurturing”	On the schedule, time is only given to tasks such as cleaning, doing the laundry etc. Less time for socializing (e.g. drinking a cup of coffee or having an informal chat)

Work engagement and professionalism

In addition to the indicators of professionalism experienced by the caregivers, three overall themes emerged from the analysis of the empirical data suggesting how engagement was influenced by the increasing professionalism of caregiving. These themes were work identity, psychological

safety and uncertainty. *Work identity* emphasizes the process in which identity is constantly being reconstructed and created by the caregivers (Urban and Dalli, 2008). Starting from the early conceptualizations of engagement, Kahn (1992) argued that when engaged workers experience psychological presence in their work, work becomes integrated in their identity. Further, De Braine and Roodt (2011) argued that engaged workers have a strong identification with their work, which in turn increases their engagement.

The majority of the caregivers related how they felt that the increasing professionalism of their jobs served to build and maintain a professional identity, and that the professional identity had a positive influence on their engagement. They explained, for instance, how the additional skills obtained from education gave them a feeling of pride of being a caregiver as they increasingly perceived themselves as belonging to a profession rather than simply having a job. One caregiver explained:

Caregiving requires you to obtain a broad knowledge of medication, sickness and IT... It makes me proud that one can't just walk in from the street and become a caregiver anymore. I would say that it definitely makes me feel more engaged (CH14).

Additionally, several caregivers emphasized how caregiving is increasingly being associated with the nursing profession with the skill set becoming more advanced, which has enhanced their engagement. A caregiver expressed her enthusiasm of this development: "The nursing tasks... I'm passionate about changing bandages and managing patients' medicine... That's where I get my energy to work" (CA20). This passion and energetic feeling is a central element of feeling engaged (Schaufeli and Taris, 2014).

The pride from developing a professional work identity was further strengthened by a feeling of meaning and significance due to more challenging tasks being added to caregivers' jobs. For instance, a caregiver remarked: "I feel happy and engaged in the work that I do when I can get the patient to say 'now I don't need you'... It makes me feel that I'm making a difference" (CA5). Another described re-teaching a patient to shower on his own as "her work of art" (CH7). While performing these tasks, caregivers were challenged to use their strengths, which has been positively associated with engagement (Lavy and Littman-Ovadia, 2016). Additionally,

caregivers' expressions reflected a feeling of pride from teaching patients skills instead of simply servicing patients' needs. The experience of pride plays a central position in the conceptualization of engagement as it enhances employees' devotion to their work (Hakanen et al., 2006).

Psychological safety was the second theme that emerged from the analysis. The experience of psychological safety is described as the belief that one's environment is safe from risks (Gong, Cheung, Wang and Huang, 2012) and one in which barriers of fear and defensiveness from learning are removed (Bunderson and Reagans, 2011). In particular, Kahn (1990) argued that psychological safety is a central element of engagement that enables confidence and self-consciousness, which eventually gives room for investment of self in role performance and consequently contributes to engagement. The way in which psychological safety was experienced differed somewhat among the caregivers, however. Specifically, some caregivers described the opportunities for developing their skills through various courses as very rewarding due to the self-confidence they felt when dealing with patients: "I feel more confident... I have more control of the situation. I feel like I can do more tasks; that is exciting" (CH18). Another caregiver displayed how the more demanding tasks of today's caregiving encouraged her to exert extra effort to understand new practices or to obtain specialist knowledge. Specifically, before visiting a new patient, it was observed (field notes: case 1) how the caregiver found a tablet started searching, and when she was asked to explain her actions, she explained:

We have a tablet, and if I'm visiting a new patient with a disease I don't know anything about, I want to spend some time learning about it [the disease]. Otherwise I would feel like a fool when I'm attending to this patient... it wouldn't be very professional then (field notes, think a loud: CA20).

Thus professionalization appeared to encourage the caregivers to advance their knowledge, which enhanced their confidence and created a feeling of psychological safety. This feeling of safety is highly important to the experience of engagement since the caregivers might otherwise withdraw from their work and become disengaged (May, Gilson and Harter, 2004). Additionally, the extra effort made by the caregiver is understood as extra-role performance and thus relates to the experience of engagement (Schaufeli and Bakker, 2004).

On the other hand, some of the caregivers seemed less enthused about the increased focus on education and development, or had initially not viewed these changes positively. For instance, some of the caregivers indicated how the minimal educational requirements had been attractive to them when they chose their occupation:

I was one of those school- tired pupils and when I was told that it only took six months of schooling to become a helper [with the remainder as an internship], I was like “yes that’s me”... But I quickly realized how necessary it was for me to get some knowledge about what I was doing. So it didn’t take long until I continued my studies to become an assistant (CA16).

The ambivalence of professionalism expressed by some of the caregivers led to the third theme, namely insecurity. *Insecurity* is conceived as an overall concern about the future of one’s job (Hartley, 1991), which has become more widespread across Europe due to endeavors to increase efficiency and performance optimization (Stander and Rothmann, 2010). Evetts (2003) noted that professionalism is often associated with financial constraints, budgetary devolution and staff reductions to emphasize a disciplined and more highly trained work force. Maslach and Leiter (2008) argue that these justifications for professionalism can trigger insecurity and emotional pressure that can threaten engagement. Indeed, the majority of caregivers with the shorter helper education expressed some anxiety and insecurity concerning their future prospects. Specifically, this was observed (field notes, case 2) during a morning meeting, where the manager were reminding the caregivers that two more caregivers were to be terminated (a few months earlier, two helpers were terminated) and they would be told later that day. The caregivers reacted by grouping up talking quietly together both after the meeting but also when they were meeting up during the day. After observing and listening in to one of the conversations, a caregiver were asked to describe her actions and she explained her thoughts toward the terminations:

Yesterday we had some layoffs, and we had some a few months ago. I think it affected all of us. Before, we thought that as long as you did a good job, you would have a job for many years to come... It makes me think:

should I continue my studies to become an assistant? (Think aloud-a-loud:
CH7)

Additionally, one caregiver explained how the increasing use of courses and testing negatively influenced employee wellbeing: “We shouldn’t be told that we have to pass all those test, because some of my colleagues are panicking” (CH19). Thus, the analysis suggests that the lack of security the caregivers attributed to professionalization can create a threatening, unpredictable and ambiguous environment which might eventually lead them to become disengaged (May et al., 2004). According to the Job-Demands Resource model (Demerouti, Bakker, Nachreiner and Schaufeli, 2001), these concerns could negatively impact on engagement as employees may perceive demands to be greater than resources (Demerouti, Bakker and Fried, 2012). Moreover, Mauno, Kinnunen and Ruokolainen (2007) argued that job insecurity is a job demand likely to enhance stress and impair wellbeing if management fails to provide the resources needed to offset those demands.

The findings thus proposed how caregivers’ understanding of professionalism promoted different reactions in their experience of engagement. These reactions were further understood from their perception of work identity, psychological safety and insecurity, and indicated how individuals perceived the changing caregiving job in diverse ways promoting different reactions in perception of engagement.

Discussion

In addition to providing empirical evidence that increasing professionalism can have an impact on employee engagement, the analysis highlighted other relevant links between the two constructs. Specifically, the changes in experienced engagement by some of the caregivers emphasize that engagement is not a static construct, but rather that it can vary in degree and change over time. This finding departs from some of the literature depicting engagement as static, which is likely derived from the use of various engagement measurement tools (e.g. Schaufeli and Bakker (2003)) that provide organizations with a number for benchmarking their employees’ level of engagement. Researchers are however starting to acknowledge engagement as dynamic construct that can vary during the day (Rich, Lepine and Crawford, 2010) and flourish or fade in a longer term perspective (Cooper-Thomas, Leighton, Xu and Knight-Turvey, 2010). This new perspective on the temporal

qualities of engagement is also signified by the increasing number of longitudinal studies of engagement (Mauno et al., 2007) that examine how changes in jobs lead to variance in levels of engagement.

While the majority of the caregivers expressed positive attitudes and heightened engagement they attributed to the increasing professionalism in their jobs, the current study also showed that reactions to professionalism are not always positive. Instead, the feelings of insecurity from the increasing professionalism may have a detrimental influence on engagement. Specifically, in a study by Cotter and Fouad (2013) insecurity was considered in relation to career adaptability. It was found that individuals with high career adaptability were better able to cope with unpredictable changes to one's work life. Consequently, career adaptability were considered a resources positively connected to work engagement and the lack of it may led to burnout due to individuals' feelings of insecurity. In current study the professionalization happening to the caregiving role promoted feelings of insecurity, thus it might be expected that the career adaptability among the caregivers was rather low. A low career adaptability appears coherent with the history of the caregiving occupations, where it has not always been necessary to adapt to high demands for upgrading skills and education since caregiving used to be mainly a practice and experienced occupation.

Today, the caregiving occupation must keep up with society's demands for continuous upgrading of skills and knowledge due to the demands for efficiency and performance improvement. Stander and Rothmann (2010) investigated how these demands negatively correlated with employee wellbeing and engagement as they exacerbated employees' insecurity arising from the prospect of losing their jobs. Further, they proposed that job insecurity was closely linked to the perceived lack of psychological empowerment (Stander and Rothmann, 2010), which is the experience of not feeling in control of one's work life (Spreitzer, 1995). Consequently, Stander and Rothmann (2010) proposed that when job insecurity is high, it is necessary to attend to psychological empowerment by focusing on three dimensions, namely meaning, competences and impact. Thus, it can be reasoned that when caregivers feel insecure, organizational attempts to strengthen the feeling of empowerment among caregivers are needed, for example by providing more opportunities for meaningful work and competency development. In the current study, it can be argued that attempts to improve competences were already in progress as enhanced opportunities

for development of capabilities, knowledge and skills were inherent to the increasing professionalism. Still, as the present analysis showed, whether or not the enhancement of capabilities increased the experience of engagement may depend on the caregivers' perception of professionalism and the meaning attached to it. In particular, some caregivers found meaning in the professionalization of their work role, which positively influenced their engagement, whereas others instead experienced insecurity that consequently influenced engagement negatively

According to Nielsen and Jørgensen (2016) differences in meaning creation and job orientation among caregivers might explain variations in engagement. Specifically, their study showed that some caregivers were engaged by opportunities for learning and development while others were engaged by the nurturing aspects of caregiving. Individual level differences have additionally been connected to differences in reactions to development opportunities among nurses by Armstrong-Stassen and Stassen (2013), stating that individual's attitudes toward professional development determine if they will engage in the opportunities.

Implications

The findings from this study have both theoretical and practical implications. First, although studies on engagement highlight the importance of learning and development, few have focused on how the upgrading of knowledge and skills associated with professionalism may influence experienced engagement. Professionalism is driven by socio-economic and political factors external to the direct work environment (Evetts, 2009) and these factors have not been included in most research on engagement. The study thus contributes to the theoretical development of the engagement stream by addressing the potential influence of such factors on experienced engagement. Additionally, the study seeks to understand the process in which the individual experiences work engagement in relation to professionalism. Consequently, these findings provide a more nuanced picture of work engagement and how individual level differences and perceptions are crucial in the understanding of engagement.

Practically, the findings that engagement can be negatively influenced by professionalism highlights the importance of communication between organizational leaders and employees so that caregivers understand the meaning and value behind increasing requirements for knowledge and skills. Further, the finding that engagement is far from static emphasizes the need for follow-up

evaluation on engagement levels, and for managers to be aware that there are contextual variables that can influence an individual's experience of engagement over time. More research aimed at identifying additional variables that might result in changes in employees' experienced work engagement are however still needed.

Similarly, little attention has been devoted to the transitioning of caregiving from job to career, which has important practical and societal consequences as the elderly population grows and deserves to receive high quality healthcare service (Dahl and Rasmussen, 2012). It is certainly possible that the challenges confronting caregiving organizations related to recruitment, absenteeism, and turnover can be largely alleviated as caregivers begin to view their work as a career and see opportunities for career development.

Limitations

Although this study offers a number of new insights concerning the relationship between professionalism and work engagement among caregivers, there are also some limitations to be mentioned. In particular, data were collected only in Danish caregiving organizations, where differences between the Scandinavian model of caregiving and the changes to the model and models used in other countries would prevent generalizations to other contexts. Additionally, quantitative assessments of the caregivers' level of engagement were not included as the focus was on the caregivers' perceptions and experience.

Conclusion

This explorative study investigated how work engagement is influenced by the increasing professionalism of caregiving. There were clear indicators that the caregiving profession in Denmark is undergoing a change from an experience-based and low-skilled job to a knowledge-based profession requiring advanced knowledge and skills. This progression towards a career through professionalism elicited different reactions from the caregivers and appeared to influence the caregivers' engagement as expressed in three overall themes: work identity, psychological safety and insecurity. Specifically, a positive influence on engagement occurred when caregivers experienced meaning, pride, significance and confidence associated with their career development, which enhanced their feelings of professional identity and safety. Surprisingly, however, the study indicated that some of the caregivers experienced insecurity stemming from the professionalism

of their jobs. This insecurity appeared to arise due to uncertainty about future job opportunities, demands for increasing levels of education and a new approach to caregiving. For some, the negative influence of professionalism on engagement was temporary, which suggests that engagement is not a static construct but subject for change. Still, the variations in experienced engagement associated with increasing professionalism suggest that professionalism cannot be understood solely as a positive promoter of engagement in spite of its emphasis on learning and development. Instead, it is necessary to acknowledge that individual level differences influence feelings such as pride, meaning, significance and security that can eventually influence the perception of work engagement. Thus further studies must consider employee perception and individual level differences while looking into how increasing professionalism influences work engagement.

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Chapter 6

Research paper III

Work engagement in the public service context:

The duality of job characteristics

Work engagement in the public service context: The duality of job characteristics¹³

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Abstract

Interest in work engagement research has increased significantly throughout the last two decades due to its positive impact on employee level outcome, and overall organizational performance. Indeed, studies have consistently shown how engagement is described through job characteristics in the Job Demands-Resource (JD-R) model, where demands and resources found in jobs interact to predict engagement. However, a more nuanced approach to these job characteristics has been proposed. In this paper, a qualitative study is presented that investigates perceptions of job characteristics among home caregivers, where work engagement is especially important due to the service aspect of the caregiving job. A series of semi-structured interviews and observations revealed three main themes that indicated the dual role of job characteristics in predicting engagement among caregivers. The themes were (i) optimization, (ii) helping others and (iii) emotional work. The theoretical implication of the study is an extension of the JD-R model, in which the individual level perspective is included in order to understand the dual role of job characteristics. Additionally, the study suggests that Public Service Motivation has an influence on the perception of job characteristics and thereby the experience of work engagement.

Key words: work engagement, job characteristics, Job Demand-Resources (JD-R) Model, Public Service Motivation

¹³ A previous version of the paper was presented at the 14th International Conference of Human Resource Management, Victoria BC, Canada, June 2016. A revised version of this paper was presented at The Annual Conference of the European Group of Public Administration, August 2016.

Introduction

Research suggests that engaged employees tend to express high levels of energy, enthusiasm and willingness to invest themselves in their work (Schaufeli, 2014). Consequently, engagement has been shown to have a positive impact on important organizational outcomes such as employee performance (Maslach, Leiter and Jackson, 2012), employee turnover (Hallberg and Schaufeli, 2006), long term sick leave, customer satisfaction (Salanova, Agut and Peiró, 2005) and quality of work (Schaufeli and Taris, 2014). Compared to other organizational behavior constructs like job satisfaction and commitment, engagement encompasses a more ‘energetic’ component (Bakker, 2015a); therefore, engagement is often viewed as a more robust predictor of work performance than purely attitudinal measures (Meyer and Maltin, 2010; Salanova et al., 2005).

As work engagement has been consistently associated with positive individual and organizational level outcomes, it is considered a strategic imperative to organizational success in all types of organizations (Shuck, 2011). Pritchard (2008) specifically argues that engagement in public organizations may be especially important due to public sector characteristics such as bureaucratic structures and perceived red tape, (Pollitt and Bouckaert, 2011) which may challenge work engagement. Further, public service organizations are often challenged by demands for efficacy, emotional work, cost-saving strategies and optimization (Christensen and Lægheid, 2011; Hochschild, 2004) that may negatively impact on organizational performance. Still, relatively few studies on engagement have been conducted in public service organizations (Vigoda-Gadot, Eldor and Schohat, 2013)

In this paper, the Job Demand-Resources (JD-R) Model (Demerouti, Bakker, Nachreiner and Schaufeli, 2001) is used to develop a better understanding of work engagement among caregivers. The JD-R model describes work engagement through an understanding of the job characteristics that define various jobs (Schaufeli and Taris, 2014) and these characteristics include job demands and resources. Job demands require energy and are associated with physiological and psychological costs that negatively affect engagement (Bakker, Hakanen, Demerouti and Xanthopoulou, 2007). Conversely, job resources are the aspects of a job that help when dealing with job demands. However, recently Schaufeli and Taris (2014) argued that the distinction between resources and demands as positive and negative respectively is perhaps not as clear-cut as described by the JD-R model, as a demand may not solely be negative to the experience of

engagement. This duality of job characteristics has also been considered by other scholars, where it has been suggested that focus be put on the individuals' perceptions of job characteristics, rather than the job characteristics themselves in order to further a better understanding of engagement (Crawford, LePine and Rich, 2010; Holman, Axtell, Sprigg, Totterdell and Wall, 2010). Bakker and Sanz-Vergel (2013) further questioned whether demands are understood differently across occupations or between individuals. Despite this, little is known regarding the way in which the individual level perceptions of job characteristics influence work engagement, and more research has been requested on individual perceptions (Schaufeli and Taris, 2014; Wildermuth, 2010) and the role of context (Albrecht, 2010) to understand how they influences engagement.

On this basis, this research investigates how public service workers perceive job characteristics and how their perceptions influence their experience of work engagement. Job characteristics are explored at the individual level in a public caregiving organization. Caregiving organizations represent an example of public service context in which employees must deal with high demands such as efficiency (Tuftte, 2013), high quality and regulation (Kamp and Hvid, 2012), while being subject to high rates of absenteeism, turnover and burnout (Nielsen and Glasdam, 2013). Knowledge gained from the study on how individual level perceptions and context influence work engagement contributes to the work engagement literature and more specifically to the JD-R model by exploring the potential overlap between demands and resources. Additionally, the study contributes to the public service literature by exploring perceptions of job characteristics in a specific public service context, and how these influence the experienced engagement.

The remainder of the paper is structured as follows: In the following section, the theory on (i) work engagement and (ii) its importance in the public service context are reviewed. Next (iii), a presentation of the qualitative research methods applied in the empirical study is provided. Then (iii) findings are presented and followed by a discussion.

Theory

This section provides insights into the existing literature on work engagement and presents characteristics that are often associated with public service organizations to highlight the importance of understanding individuals' perception of work engagement and the public service context.

Work engagement

Work engagement is defined as “a positive, fulfilling work related state of mind that is characterized by vigor, dedication and absorption” (Schaufeli, Salanova, González-Romá and Bakker, 2002, p. 74). Engaged workers therefore tend to exhibit high levels of energy and persistence, experience enthusiasm and pride in their work and feel as times as if flies due to their complete immersion in the work. This positive attitude is often reflected in excellent performance, with employees being willing to dedicate their physical, cognitive and emotional resources to their work (Kahn, 1990; Macey and Schneider, 2008). Additionally, engaged workers tend to invest a high level of their ‘personal self’ in their work for the good of the organization (Christian, Garza and Slaughter, 2011). Engagement has been compared with other attitudinal constructs like job satisfaction. Job satisfaction is a low-arousal positive experience and therefore, it has been argued that engagement has a greater influence on performance than job satisfaction. Furthermore, empowerment has also been associated with engagement, with an emphasis on meaning and self-determination (Spreitzer, 1995). When an employee experiences empowerment through feelings of capability and the feeling of being in control of their work, they are more likely to be more engaged (Kahn, 1990); thus, empowerment may act as an antecedent to engagement (Laschinger and Finegan, 2005). Engagement has also been compared with commitment, but this concept refers to an attitudinal and affective state, indicating attachment to the organization (Meyer and Maltin, 2010). Consequently, workers are often committed or dedicated but do not necessarily exhibit the energetic element. The energetic component of engagement is of particular importance to service organizations, since value is created in the service interaction (Fleming and Asplund, 2007).

Due to the potential positive influence of work engagement on organizational outcomes, there has been considerable interest in the concept and in particular, on how organizations can work to enhance engagement. Most often, the Job Demand-Resources (JD-R) model by Demerouti et al. (2001) has been applied (Bakker, 2015a; Schaufeli and Taris, 2014) to understand the specific job characteristics that promote engagement. The JD-R model is considered a relatively flexible model that encompass the most important predictors of work engagement, namely job demands and resources (Schaufeli and Taris, 2014). Job resources are defined as “those physical, psychological, social, or organizational aspects of the job that may do any of the following: (a) be functional in achieving work goals; (b) reduce job demands at the associated physiological and psychological

costs; (c) stimulate personal growth and development.” (Demerouti et al., 2001, p. 501). For instance, job resources include autonomy, supervisor support and feedback. Job demands are considered to be “those physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs (e.g., exhaustion)” (Demerouti et al., 2001, p. 501). Examples of demands often include efficiency and regulation. Consequently, demands are often perceived as negative in nature, and may have a potentially devastating effect on work engagement.

Recent research suggests that the difference between demands and resources may not be as clear-cut as originally depicted (Schaufeli and Taris, 2014). Specifically, studies have investigated the different perceptions of job demands and found that job demands are not necessarily perceived negatively (Bakker and Sanz-Vergel, 2013; Crawford et al., 2010). Researchers propose that demands could be experienced as either a hindrance (negative) or challenge (positive) depending on individual perceptions. Therefore, Schaufeli and Taris (2014) challenge the JD-R model by arguing that if a job demand is experienced positively, it should be considered a resource. Consequently, they emphasize the importance of considering individual level perceptions of job demands and their impact on engagement.

Furthermore, it has been suggested that occupational or contextual factors may influence the perception of job demands. Specifically, Bakker and Sanz-Vergel (2013) investigated work engagement among home-health nurses and found workload to be a job demand that drains personal resources and therefore negatively influenced their engagement. On the other hand, emotional demands were often perceived as a challenging demand that positively strengthened the effect of personal resources, and thereby contributed positively to the feeling of engagement. Their findings suggest that occupational settings can influence whether job demands are perceived as having a positive or negative impact on work engagement. Consequently, the understanding of context may help better understand engagement (e.g. Bakker and Demerouti, 2011; Mauno, Kinnunen, Mäkikangas and Feldt, 2010) and how job characteristics (both resources and demands) influence work engagement in the public service context.

Work engagement in the public service context

Lavigna (2015) argues that public organizations have inherent characteristics that can create a barrier to work engagement. For instance, Pollitt and Bouckaert (2011) described how public organizations are often associated with less decision-making autonomy, bureaucratic structures, political leadership and difficulties measuring goals. The perception of these characteristics of work may be expected to negatively influence engagement, as resources often associated with engagement include autonomy, control, feedback and transparency of work. Additionally, public service employees find themselves in a context that is often criticized for being inefficient. In response to this criticism, New Public Management (NPM) was introduced and over the past three decades, has led to a global wave of administrative reforms (Christensen and Lægreid, 2011) in order to meet increasing fiscal and social pressures on public service delivery (Bach and Kessler, 2007). These pressures have mainly been due to demographic changes, as a growing population requires more efficient work and optimization of processes. Hence, these changes have led to cost-reduction policies (Pierson, 1996). In the Nordic countries, these changes have forced caregiving organizations to implement work processes aimed at making patients more independent (Swane, 2003) to reduce the need for caregiving services. Moreover, many cost-savings procedures have resulted in increased time pressures (Tufté, 2013). These pressures are often associated with negative employee attitudes, and in particular work engagement among health personal (e.g. Laschinger and Finegan, 2005).

Along with these socio-economic pressures aimed at reducing the costs of health care delivery, the majority of public service work is associated with high levels of emotional labor, due to frequent and often intense interactions with users, which places higher demands on employees than in non-service jobs (Ashforth and Humphrey, 1993; Hochschild, 2004). Specifically, Hochschild (1983, p. 7) defined emotional labor as: “the management of feelings to create a publicly observable facial and bodily display”. Hochschild (2004) investigated caregiving jobs to identify job specific characteristics that increased emotional labor. These characteristics included what she referred to as appreciation starvation, from being generally underappreciated for the effort made, and pressure to speed up due to the time pressures that occur as a result of the restructuring and downsizing of healthcare.

Although these characteristics of public service work are generally viewed as having a negative impact on employees, it has also been argued that public sector employees may be motivated by other factors than private sector employees. In particular, in an extensive literature review, Baarspul and Wilderom (2011) showed significant individual level differences in motivation between public and private sector employees, with the former demonstrating a higher sense of community service, preference for intrinsic over extrinsic rewards and an emphasis on job security. Bullock, Stritch and Rainey (2015) concluded that public sector employees are motivated by providing public service, and they value the social impact of their jobs. This is defined through the concept of PSM, which describes the individual's need to show commitment to serving others and society, social justice, altruistic behavior, compassion, self-sacrifice and public interest (Perry, 1996; Vandenabeele, 2007). PSM has also been positively associated with employee attitudes like job satisfaction (Bright, 2008), commitment (Moynihan and Pandey, 2007) and recently, work engagement (Bakker, 2015a) thus, PSM may actually influence how individuals' perceive their job characteristics. Still, little research has actually considered the influence of PSM on work engagement. Furthermore, there has been a call for research that explores the link between JD-R and PSM (Vandenabeele, Brewer and Ritz, 2014).

The overall aim of this paper is to understand work engagement among public service employees by emphasizing public caregiving organizations as an example of public service organization. Especially, the study takes into consideration the way in which caregivers perceive job characteristics (demands and resources) and how these characteristics influence their experienced work engagement. Therefore, this study will simultaneously seek to respond to the demand for more research on context (e.g. Albrecht, 2010; Bakker and Demerouti, 2011; Mauno et al., 2010), as well as the need to understand how individual level perceptions influence the experience of work engagement (Bakker and Sanz-Vergel, 2013; Gubman, 2004; Schaufeli and Taris, 2014; Wildermuth, 2010).

Methodology

A qualitative approach was chosen for the study presented in this paper as it provides access to the individual's subjective perception of job characteristics (Miles, Huberman and Saldaña, 2014; Patton, 2002). This subjective perception of job characteristics is central to gaining an

understanding of how caregivers perceive job characteristics (demands and resources) in their work, and how these perceptions influence their engagement.

Home health caregiving

Home caregiving organizations are illustrative examples of public service organizations, as these organizations encounter many of the key challenges facing public service organizations today. Specifically, caregiving organizations have a highly rationalized structure, frequently experiencing financial cutbacks (Tuft, 2013) and they have been heavily influenced by New Public Management (NPM) principles that have resulted in increased standardization of work processes (Dahl, 2009). Home health caregiving has increased the focus on efficiency by, for example, introducing IT devices and in Denmark, competition and free choice has been introduced (Kamp and Hvid, 2012). These aspects are often described as key components of NPM (Hood, 1991). Boselie (2010) emphasizes the importance of research on engagement in the caregiving profession in particular, as the care provided to loved ones is important at both the societal and individual level. He goes on to argue that a healthy workforce within this context is critical, due to the growing market pressure and focus on service quality that may require employees to perform additional tasks. These pressures are further enhanced by the high levels of emotional labor Hochschild (2004) has associated with caregiving organizations. Additionally, caregiving is an occupation known for having major challenges with absenteeism, turnover and burnout (Nielsen and Glasdam, 2013). Thus, investigating the understanding of job characteristics in home health caregiving is of particular interest.

Three cases were selected to provide insights into the perceptions of public service job characteristics and the experience of engagement. The cases were selected to represent typical public caregiving organizations that provided services primarily to elderly and temporarily or chronically ill patients living in their own homes, who were unable to perform everyday tasks such as bathing, preparing food or cleaning.

Data collection

Data was collected from 2012 to 2015 by the first author, who visited the cases on a regular basis to conduct field observation and interviews. Arrangements for data collection were made with each of the three managers and scheduling offices. Participants were subsequently contacted to arrange

observation and interviews. Emphasis was put on the fact that participation was voluntary and any data collection would be confidential. All identified individuals agreed to participate.

Observation was used for the data collection, where the first author observed a portion of each of the sixteen caregivers' regular workdays (over a period of 2-4 hours), which included morning meetings, patient visits and transportation time between visits. This resulted in 85 hours of observations, where both the individual and organizational levels were experienced. While following the caregivers, a think-aloud technique was employed (Ericsson and Simon, 1980), where each caregiver was asked to explain their actions as they took place. After conducting the field observations, interviews were held with all participants.

Developed on the basis of a literature review on the theory of work engagement, a semi-structured interview guide was created and used to conduct semi-structured interviews (Schaufeli and Bakker, 2004b). These interviews were carried out among 21 caregivers in order to gain insight into individual level experiences of engagement, and the perceptions of public service job demands and resources. Each interview had an average length of 1 hour. Additionally, open interviews were conducted with the three managers, in order to gather background information on the organizational level. The interviews were recorded and transcribed and subsequently used as the basis of the analysis.

Additionally, archival documents such as newspaper articles, political documents and information from interest groups were used. The data that were used in the study are displayed in the table, which shows the sources of the data and which level of analysis they fall under.

The data used in the study are displayed in Table 1:

Table 1: Overview of data

Level of analysis	Inquiry	Data	Sources
Individual level	Experiencing	Observation	Field observations from participation in regular workdays, during interviews, during lunch breaks
	Enquiring	Interviews, think-a-loud	Semi-structured interviews (about 1 hour each), think-aloud technique applied alongside observations
	Examining	Archival documents	Newspaper articles, online reports, governmental regulation, political documents, interest groups (e.g. FOA), internal documents
Organizational level	Experiencing	Observation	Observations from lunch breaks, morning meetings
	Enquiring	Interviews	Open interviews with management
	Examining	Archival documents	Newspaper articles, online reports, governmental regulation, political documents, interest groups (e.g. FOA), internal documents

Data Analysis

The analysis followed the framework developed by Gioia, Corley and Hamilton (2013) to ensure qualitative rigor, and involved an inductive approach to describing the process in which caregivers experienced job characteristics and how these experiences influenced work engagement. The analysis was carried out following three overall steps and included (i) first-order codes, (ii) theoretical categories and finally (iii) aggregated theoretical dimensions. First, open coding (Locke and Golden-Biddle, 1997) was applied where segments of interviews, observation notes and think-a-loud transcripts were coded to describe expressions of job characteristics, focusing on job demands and resources. In the first-order coding, NVivo 10 was used to organize and analyze data (e.g. open codes were identified and highlighted and later summarized based on similarities). Gradually, the first order codes were developed from identifying issues that arose consistently, using a constant comparison method (Glaser and Strauss, 1967). The first-order codes were reread and recoded several times to ensure consistency and to ensure all relevant data were included. After naming first-order codes, data were sorted into categories and finally summarized into aggregated theoretical dimensions that enhance the understanding of how job characteristics (demands and resources) interfere and overlap when influencing work engagement. This analysis is visualized in the data structure Figure 1.

Figure 1: Data structure overview

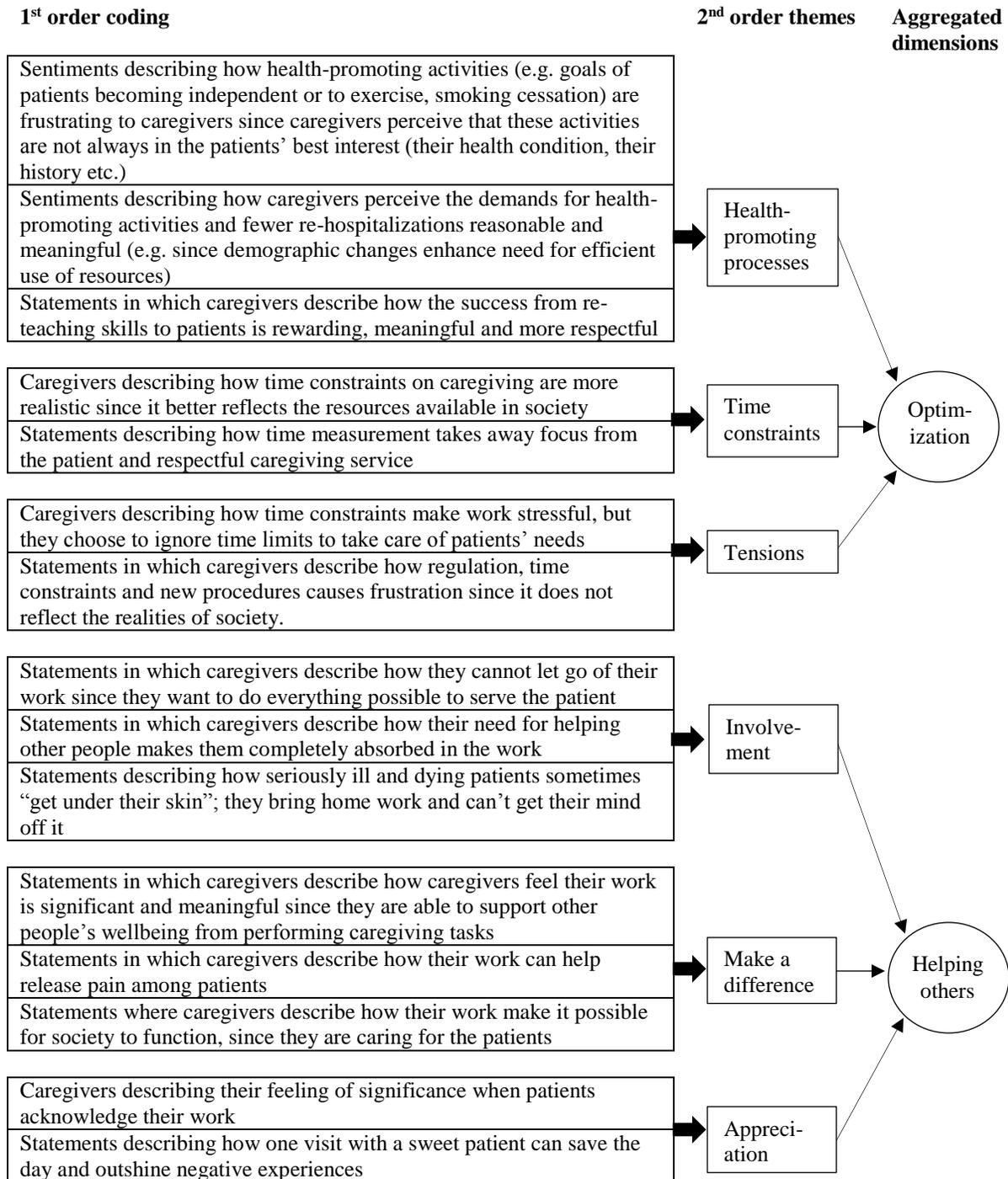
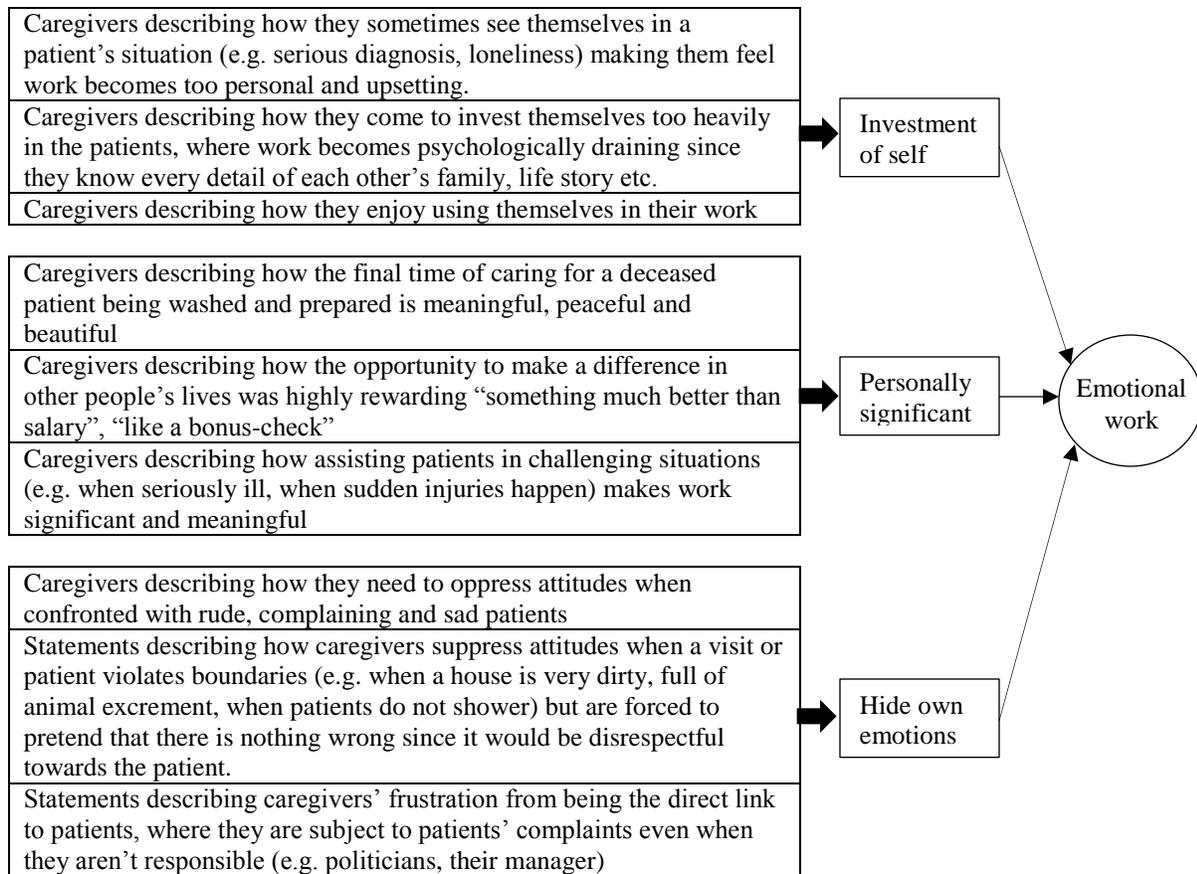


Figure 1 continues on the next page



Analysis

Based on the analysis described above, three overall themes emerged from caregivers' description of job characteristics (based on their perceptions of job demands and resources). These themes were *optimization*, *helping others* and *emotional work*, which influenced the way in which caregivers experienced work engagement based on the perception of job demands and resources.

Optimization

The first theme that emerged from the analysis was optimization. Several caregivers described how they experienced optimization as a result of the increased focus on cost-efficient processes, time pressures and measurement, regulations, health-promoting activities and efficiency attempts.

For instance, during a visit where a patient was still lying in bed in the middle of the day, the caregiver (CA15) passed the patient and quickly walked into the living room without looking back.

When asked by the first author why she did not tend to the patient to ensure everything was okay, the caregiver explained with frustration in her voice:

I do not have time. I am here to dose her medicine and we are actually supposed to be in a new patient's home already... These incidents make me feel I am leaving the [patient's] home where I could have done so much more... Maybe there is something wrong with this patient, but I could not find time to care for her. That is frustrating and it really makes me feel disengaged! (CA15)

The caregiver was referring to the time pressure she experienced in caregiving. Another caregiver shared her frustration, while describing the way she experienced the attempts to optimize caregiving through health promoting activities. The goal of these activities was to make patients more self-dependent. One caregiver expressed her attitude toward the optimizations:

It was forced upon them [patients] from above. Then some patients chose private caregiving instead and my colleagues said that it was only because they were lazy and wanted more help. I do not think that was the reason. I am sure they simply wanted to be treated with respect... It really was demotivating to work in that way [with the health-promoting processes] and I have to admit, I sometimes wrote that a patient performed the task himself even if I did it. (CA4).

The majority of the caregivers described optimization with feelings of frustration as they felt the rules, regulations and changes did not reflect the realities of society, but that the decisions makers (like politicians and their own manager) made unreasonable decisions. According to Maslach, Schaufeli and Leiter (2001) perceived fairness is positively associated with the experience of work engagement.

On the other hand, some caregivers experienced the attempts for optimizations as challenging. Specifically, they explained how optimization allowed them to explore and advance their skills, as optimization required them to work and think differently. These opportunities for knowledge and skill development have been considered as positively influencing work engagement in engagement

research (Bakker and Demerouti, 2008; Wollard and Shuck, 2011). These caregivers described these particular work methods as more significant and meaningful as it was easier for them to treat patients with respect and dignity by focusing on their capabilities instead of weaknesses (CH7; CA8). They emphasized feelings of enthusiasm and dedication due to the optimizations, as more caregivers explained how “this is the way I want to be treated when I get old” (CA8; CH10), indicating the way in which they could relate to the optimized practices and identify with their purpose. This identification and dedication has been strongly connected to work engagement (Bakker, Schaufeli, Leiter and Taris, 2008; Rich, Lepine and Crawford, 2010), since employees must feel coherent with the organization and its goals in order to feel engaged

The theme *optimization* enhanced the different reactions among the caregivers and their experienced work engagement, as it not only increased feelings of frustration, unfairness and demotivation, but also feelings of challenge, significance and meaningfulness.

Helping others

Throughout the analysis, the opportunities to help patients in need were described as a central theme in understanding the nuances of job characteristics. For instance, these opportunities were based on the tasks of cleaning, personal hygiene, preparation of food, putting on supportive socks, tending to a wound or the final care when a patient was dying. This work yields different reactions among the caregivers, since several of them did experience the tasks as physically, psychologically and mentally demanding. For instance, a caregiver described her feelings while seeking to help a patient from her pain:

I once had a patient who was seriously ill and one day when I was with her, she could not breathe. I gave her sleeping medicine and she did not wake up... I knew it was for the best, but I was the one giving her the pills and I could not let go of the thought about her death... I often woke up during the night thinking about this patient (CA4).

The caregiver expressed how in an attempt to help a patient, she became personally involved in the work to an extent where she was not able to let go of the situation. Another caregiver shared her experiences: “I was so busy all the time making sure I had done everything possible to ensure the patient was being helped in the best possible way... I almost got suffocated from it” (CH14).

These caregivers expressed how the need to provide perfect help almost became too demanding, as it made them ignore and sacrifice their own feelings for the good of others. This act of self-sacrifice has been considered in the public service literature, where employees ignore own needs on the account of other's wellbeing (Perry and Hondeghem, 2008). However, from ignoring own feelings and attitudes, employees are likely to be overextended from their emotional resources and therefore in risk of burnout (Maslach and Leiter, 2008), which is considered the opposite of feeling engaged (Schaufeli et al., 2002)

However, other caregivers described how the opportunity to help others gave them the opportunity to make a difference in someone else's life. For instance, a caregiver described her experience of helping patients: "The fact that you are able to help other people and experience that you are making a difference in their life... It makes you keep going and I think that is why I keep staying engaged in this job" (CA5). Another caregiver agreed and described how her work is not only for the good of the patient, but also society: "If I did not come [to their home to] take care of your old mom and dad, you would not be able to go to work and make money" (CH11). Several caregivers shared positive perceptions of helping others, and expressed similar feelings of being appreciated and how they felt they received something in return, since patients invited them into their lives, shared their life-stories and showed the caregivers trust and gratitude. One caregiver described this as an element separating caregiving from work at a factory or in a supermarket (CA8), as it gave her the satisfaction of doing good for others and allowed her to show compassion towards people in need. Subsequently, the caregivers explained how they would find little to no meaning in their work if it lacked the opportunity to help others in need. These feelings of meaningfulness and significance are considered essential components of engagement (Kahn, 1990; Schaufeli and Bakker, 2004a) by supporting employees' feelings of dedication in work.

Again, the caregivers expressed how their perception of the context – and more specifically the opportunity to help others, influenced their experience of engagement in different ways. The caregivers described how they felt overwhelmed and needed to suppress their own feelings, yet simultaneously expressed feelings of finding meaning in work from the opportunity to show compassion toward others.

Emotional work

The third theme that emerged from the analysis was emotional work. Due to the emotional work involved, caregivers would describe how they were forced to oppress and feign feelings, how they would become attached to patients, and often had to cope with challenging situations when these patients would fall seriously ill.

Caregivers expressed how their work became emotionally demanding when they were faced with rude patients who would vent frustration over various tasks the caregiver was assigned, such as cleaning, the level of care they received, the time constraints for caregiving or the variation in visiting caregivers. While they understood the reasoning behind the complaints of the patients, they were often frustrated because ultimately they represented the public caregiving system and felt a need to protect the caregiving system even if they did not necessarily agree with the regulations. Adding to this frustration, in order to remain professional, they could not react to patients' rude comments and therefore had to feign a smile to fulfill the official requirements of the job, as well as to satisfy their own needs for providing high quality service. This need to suppress attitudes and feelings was further expressed in the caregivers' experiences of working in homes where they were occasionally confronted with patients that were not always dressed or animal excrement or a filthy house. These interactions compelled the caregivers to "put on a hat" or a "wear a mask" as some described it. According to Hochschild (2012) this is typical of emotional work, as the service is the labor being sold, and therefore service workers have weaker rights to courtesy than customers. In other words, caregivers must show altruism and ignore their own attitudes in order to provide high quality service. This has been negatively associated with engagement, as Kahn (1990) argues that employees should feel capable of and safe to express their true selves while at work, and not feel the need to act the part.

Caregivers went on to describe their work with extremely ill patients as particularly emotionally demanding, as they were not able to avoid feeling empathy towards the patients. The caregivers felt empathy and compassion for the patients and even put themselves in the patients' situation, which could be exhausting as they were unable to let go and get some of the patients out of their minds.

A caregiver described with a sad tone:

We had a young patient who had a little six-year-old girl. The mother died relatively quickly, but if the caring had gone on for longer, I would have broken down... I know I must act professional no matter if the patient is 40 or 80 years old. Nevertheless, it is difficult when patients are getting younger and younger, since you cannot avoid thinking; "it could have been me" (C16).

This involvement of self is often seen in caregiving work (Hochschild, 2004) where the work occasionally becomes emotionally draining (Hochschild, 2003). The involvement of self and dedication to work resemble the way work engagement is described, as it also involves strong involvement, dedication and enthusiasm in work (Hallberg and Schaufeli, 2006; Schaufeli and Bakker, 2004a). The analysis also showed a different side of emotional work, where it enhanced feelings of personal significance towards the work. One caregiver described how caring for dying patients was highly important to her, since she felt she was making a major difference in the lives of other people and their relatives. One caregiver described a feeling of significance and meaningfulness when she was cleaning up the patient after death:

Sometimes I do not get the chance to prepare them [the patients] for their last journey and that is actually more emotionally hard than actually cleaning them. I think it is beautiful. You experience some kind of peace and I feel I am doing work that is beautiful and extremely meaningful (CH19).

These feelings of significance and meaningfulness were experienced among several caregivers while doing emotional work. For instance, these feelings would arise when they were given the chance to show compassion when comforting a patient who had lost her husband, or to a patient who was in pain. As a newly educated caregiver described: "I have never had as meaningful a job as this. I have always worked as a cashier in supermarkets before I started working here... This job however, it is so life-affirming" (CH18). As previous mentioned, this feeling of meaningfulness is central to the experience of work engagement (Kahn, 1990; May, Gilson and Harter, 2004). Emotional work thus appeared to provide many caregivers with opportunities to show compassion, which they valued highly.

As a result of its involvement in work, the perception of emotional work influenced the experienced work engagement in various ways, as it did with the *optimization* and *helping others* themes.

Discussion

In the current study, the individual perceptions of public service characteristics were investigated in a public service organization, by focusing on public caregiving organizations. The study proposed that the perceptions of the public service context were nuanced, and demands that are typically negatively perceived, positively influenced caregivers' experienced engagement. Thus, the study indicated a need to understand the individual and their perception of the public service context. It has been proposed that individual differences exist between public and private workers regarding their work orientation and motivation to work (Baarspul and Wilderom, 2011). This distinction is often understood based on PSM, which is an individual's predisposition to show commitment to serving others and society, social justice, altruistic behavior, compassion, self-sacrifice and public interest (Perry, 1996; Vandenabeele, 2007). Specifically, PSM is often expressed among individuals in their need for showing compassion, altruism, to serve public interest and improve public processes (Perry, 1996; Vandenabeele, 2007). Bakker (2015a) suggested that individuals high on PSM are more capable of dealing with organizational stressors, as their need to serve others encourages them to mobilize their resources and stay engaged. However, little research has explored the influence of PSM on engagement and the JD-R model (Vandenabeele et al., 2014), though it might provide insight into the nuanced perceptions of job characteristics.

From the analysis, the nuances of job characteristics were expressed from the three themes of 'optimization', 'helping others' and 'emotional work'. Specifically, the optimization often cause the caregivers to become frustrated, as they felt the attempts of optimizations, time measurement and regulation did not serve the welfare of the patients, which increased the caregivers' feeling of letting patients down. Specifically, the need to serve the welfare of others and the prioritization of patients' needs is typically associated with PSM (Vandenabeele, 2007). Additionally, the frustration expressed among the caregivers also exemplifies the presence of red tape which is often associated with public sector work, where rules and regulations that need compliance do not meet the functional objective of the rule (Kaufmann and Feeney, 2012). These regulations were

perceived with frustration by caregivers, and therefore red tape can be seen as being negatively associated with work engagement (Bakker and Demerouti, 2011). Yet, on the other hand, a positive perception of optimization was also expressed among the caregivers where it positively influenced the experience of work engagement. Specifically, the caregivers associated the optimization as challenging as it required them to learn and obtain new skills. were it was associated with the experience of work , Furthermore, some caregivers relate more strongly to the optimized processes than others, finding it to be more fair and respectful of the patient. The optimization was experienced particularly positively in regards to the feeling of contribution towards the greater good, and because it was a way to improve public processes as society is met with a changing demographic. This, too, indicates the presence of PSM, as individuals high on PSM work toward improving public processes (Vandenabeele, 2007). The stronger dedication and feeling of coherence have been firmly connected to work engagement (Bakker and Demerouti, 2011), as coherency with the organizational goals is important to the feeling of engagement.

Moreover, the analysis showed how the opportunity to “help others” enhanced different reactions in the way job characteristics were perceived. For instance, caregivers expressed how the opportunity to help others made them ignore their own feelings and needs, in order to satisfy patients. The act of self-sacrifice has been considered in the PSM literature, where employees ignore their own needs in favor of another person’s wellbeing (Perry and Hondeghem, 2008). However, when ignoring their own feelings, employees are much more likely to exceed their limit of emotional resources and therefore be in risk of burnout (Maslach and Leiter, 2008), which is considered the opposite of feeling engaged (Schaufeli et al., 2002). Conversely, caregivers expressed how they found their work highly meaningful and significant, as they had the opportunity to help not only individual patients in need, but also to serve the greater good of society through their work. The need to serve other people and the greater good of society is an essential need in PSM (Vandenabeele, 2009), and the feelings of meaningfulness and significance are important to the feeling of engagement (Kahn, 1990). The opportunity to help other people was especially meaningful to caregivers as they had the opportunity to show compassion. Compassion is a central component of PSM that signifies individuals’ interest in the welfare of others and the need to protect basic human rights (Perry, 1996). This need to exhibit compassion may help explain the reasons why certain negatively perceived demands (like highly demanding work or dying

patients) could contribute positively to engagement. The notion that doing something for others can contribute to engagement among caregivers has also been considered in engagement research by Nielsen and Jørgensen (2016).

Furthermore, PSM might also help understand the two sides of emotional work. For example, caregivers explained how they sometimes became so absorbed in their work, empathized with the patients' situation and invested so much of themselves in their patients' care that the emotional work became a burden. This involvement of self is often seen in caregiving work (Hochschild, 2004) where work sometimes becomes emotionally draining (Hochschild, 2003). The involvement of self and dedication to work resemble the way work engagement is described, since it also involves strong involvement, dedication and enthusiasm in work (Hallberg and Schaufeli, 2006). Yet engaged workers should be able to detach themselves psychologically from their work in order to recuperate (Schaufeli, Taris and Van Rhenen, 2008) and store energetic resources (Bakker, 2015a). These findings resemble a study conducted among nurses by Vinje and Mittelmark (2007) who found over-absorption in work to be a threat to nurses' engagement when their drive to achieve meaningfulness led them to ignore the totality of the situation. Therefore, this investment of self and complete absorption may actually have a negative influence on engagement. These findings suggest that there is another side to absorption that should be considered among public service employees with high levels of PSM, as one might question if too much absorption can be threatening to employee wellbeing. It poses the question as to whether there is a dark side of PSM, which has also been suggested by Ritz, Brewer and Neumann (2016). Although emotional work was shown to negatively influence caregivers experience of work, caregivers have expressed how their work would be meaningless if there were no emotional work. Emotional work gives caregivers opportunities to show compassion for the weaker individuals of society, a highly important part of their feeling of dedication towards work. The need to show compassion and make a difference, central component of PSM, may help explain why emotional work actually enhances the experience of engagement by creating feelings of meaning and dedication in work (Kahn, 1990; Schaufeli et al., 2002).

For each of the caregivers, a dual perception of job demands and resources was revealed when a demand enhanced feelings such as meaningfulness, recognition and development, which are all considered positively associated with work engagement (Schaufeli and Taris, 2014). When a job

demand is positively perceived, Schaufeli and Taris (2014) argue that it should be considered a resource, since a demand, *as a rule*, should be appraised negatively. Therefore, some demands may actually become resources when they contribute positively to the experience of work engagement. This nuanced perception of job characteristics is further understood through research on individual level perceptions of job characteristics. Specifically, this perception is understood in this study by considering PSM, which poses the question as to whether employee attitudes and reactions toward a job characteristic are due to the job characteristic itself or individual level perceptions (Tims, Bakker and Derks, 2013; Xanthopoulou, Bakker, Demerouti and Schaufeli, 2007). Consequently, the traditional conceptualization of job demands and resources of the JD-R model may not be as clear-cut as traditionally described.

Implications

Firstly, the current study contributes to the engagement literature by exploring the impact of individual level perception of job characteristics. Most work engagement research has ignored individual level differences and instead focused on the identification of important resources in the promotion of work engagement, which has led researchers (Bakker, 2015b; Schaufeli and Taris, 2014) to describe the current understanding of work engagement as limited, and call for research including individual level differences. Consequently, this study contributes to the work engagement literature by considering the impact of individual level characteristics and the process in which it influences the perception of job characteristics. Secondly, the study proposed how PSM as a contextual characteristic of public servants might help provide a more nuanced understanding of work engagement. Thirdly, the study contributes to the literature on public sector organizations by suggesting how typically negative characteristics of work can actually positively influence employee attitude.

The findings can also have practical implications by emphasizing that similar job characteristics can be perceived differently among individuals and influence the experience of work engagement in various ways. As the perception of optimization, emotional work and helping others all influenced engagement positively (as something driving the experienced engagement) and negatively (as something draining the experienced engagement due to the pressure these aspects give) the study emphasizes how these differences in individual level perceptions should be considered. For instance, the perception of optimization may actually positively influence

employee wellbeing and their engagement, although it is often negatively perceived. The theory of PSM helped understand these various perceptions. The study therefore suggests how opportunities for showing compassion, altruistic behavior and transparency in work should be emphasized among public service workers, as these factors are central to employees high on PSM. Specifically, it is suggested that PSM should be considered in Human Resource planning (e.g. recruitment and selection), development of job design and organization of work. Therefore, the study emphasizes the practical importance of understanding job characteristics in their context.

Limitations and further directions

This study is a preliminary step in the direction of understanding of work engagement in a public sector context. Future studies could benefit from comparing public and private organizations with similar types of occupational tasks, to help uncover the impact of the public context. Moreover, it may be of interest to investigate the issue of public sector context in other areas of the public sector, possibly in a different context, such as one with highly skilled employees with more complex tasks. Further studies could also investigate how the perception of job characteristics may vary across different contexts and occupations. It might also be intriguing to investigate the importance of public sector context characteristics – and how these are influenced by individual characteristics like PSM. This could be carried out by exploring how other public characteristics like the demands for documentation, red tape, lack of organizational goal clarity, complexity and hierarchy are moderated by PSM concerning its impact on work engagement. Finally, investigating the relationship between individual PSM and work engagement and performance as suggested by Perry and Vandenabeele (2015) may lead to interesting insight.

Conclusion

In the current study, caregivers' perceptions of job characteristics were investigated and through an inductive analysis inspired by Gioia et al. (2013), three themes were found that expressed the duality of job characteristics; namely “helping others”, “optimization” and “emotional work”. These themes illustrated how job characteristics that are normally perceived as demands that negatively influence work engagement, may actually be perceived as resources that positively influence the experience of engagement. This more nuanced perception of job demands and

resources and the duality of job characteristics may be better understood by emphasizing the context dependent characteristics of PSM.

The study challenges the traditional conceptualizations of job demands and resources as either negative or positive respectively. Further, the study emphasizes the importance of understanding the impact of context and individuals' perceptions of the job. Specifically, the study stresses the importance of understanding the role of PSM in work engagement research. PSM is a contextual characteristic of employees, and therefore the study specifically emphasizes the importance of considering context in engagement studies. The public service context is characterized by inherent characteristics and challenges, both relevant areas to explore in engagement research.

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PART III

Chapter 7

Conclusion

Contributions

Implications

Critical reflections

Future research

Conclusion

The question of how organizations can enhance engagement among their employees has been a highly prioritized research agenda, ever since Kahn (1990) first introduced the construct to the academic world. Considering the numerous potential benefits that engaged employees can have on both individual and organizational level performance, this intense and ever-increasing interest on work engagement is certainly understandable. Still, considering reports of relatively low levels of engagement in organizations across the globe (Watson, 2014), there is reason to believe that there is much that is still not known about engagement.

The overall research question underpinning this dissertation was formulated in order to explore how caregivers' perceptions of their work context influence their experience of work engagement. By addressing this research question, the dissertation emphasized the role of context and individual level perceptions in work engagement, thus responding to recent calls in the literature for more research on the impact of context and individual level perceptions (e.g. Albrecht, 2010; Schaufeli and Taris, 2014; Wildermuth, 2010). More specifically, the dissertation is comprised of three interrelated papers that seek to address the research question. First, the role of meaning and meaning creation was explored in the first paper. In the second paper, the influence of context was investigated by emphasizing the role of the trend towards increasing professionalism in caregiving. Finally, the focus of the third paper was on exploring public service characteristics and how the dual role of job characteristics influence caregivers' experienced engagement. Collectively, these papers contribute to a deeper and more nuanced understanding of work engagement, where the individual level perceptions provide insights into the subjective and underlying processes behind the experience of work engagement.

1 Overall contribution

Existing engagement research has called for more context dependent research (Albrecht, 2010; Bakker, Albrecht and Leiter, 2011a) and studies focusing on the individual level differences and the role of individual perceptions (Bakker and Sanz-Vergel, 2013; Gubman, 2004; Schaufeli and Taris, 2014; Wildermuth, 2010) in order to enhance the understanding of engagement. This dissertation addresses those calls by exploring the way individuals experienced meaning in work,

and how it influenced their job orientation. This, in turn, also appeared to have an influence on their experienced engagement. Additionally, the study explored how individual level perceptions of public service context influence employees' experience of work engagement. The study found that the context of work influences caregivers' experienced work engagement, especially in terms of their perceptions of professionalism and specific public service characteristics, as well as characteristics of the caregiving context. The study therefore showed how work engagement cannot be understood solely by identifying the antecedents or resources of the work context, but rather how there is an important interplay between the individual and context that influences experienced engagement. This interplay is described in critical realism as the domain of reality where unobservable mechanisms and structures occur and have an effect on the observable world (Danermark, 2002). By emphasizing individual level perceptions and the subjective experiences of caregivers, the study provided opportunities to explore and better understand these processes and the interplay between the individual and the context. By acknowledging and exploring this interplay, the dissertation provides a more nuanced understanding of how work engagement is experienced.

The findings provided insight into how certain relevant aspects of the caregiving and public service context influenced caregivers' experienced engagement, and thereby provided some additional pieces of the puzzle to be considered when attempting to understand work engagement. This contribution is also reflected in the aims of critical realism, which this dissertation is inspired by:

There is a real world with which we act and interact, that individuals and groups create meaning in this world, and that while our theories, concepts, and perspectives may approach some kind of valid understanding, they cannot and do not exhaust the phenomena of our interest (Denzin and Lincoln, 2011, p. 581).

Therefore, the findings of the study add to the bigger picture of work engagement by addressing some of the shortcomings in the existing literature, and by providing empirical evidence of the interplay between the individual caregiver and the context.

1.1 Contribution of each paper to the research question

Paper 1 (Chapter 4) explored how meaning and meaning creation influence the process in which caregivers experience work engagement. Meaning and meaningfulness in work has often been considered important to the experience of engagement (Kahn, 1990; May, Gilson and Harter, 2004), and individuals' job orientation has received considerable attention within the research of sociology (Kirpal, 2004). Yet work engagement research has not considered how meaning and job orientation can help understand the process, in which individuals experience engagement. Thus, this study focused on the way in which caregivers experience meaning in work and how their way of creating meaning influence their experience of engagement. The study found that caregivers' experiences of engagement vary across caregivers oriented toward being 'professionals', 'nurturers' or 'workers'. Based on these job orientations, caregivers experience engagement in distinct ways and therefore the sources of engagement differ across the three types of caregivers. Consequently, the study showed how engagement cannot be understood solely on the basis of specific job characteristics being present. Instead, the findings emphasized how unobservable processes happen in the interplay between the individual and the context, and these can be better understood by exploring individuals' way of creating meaning and their job orientation. Consequently, the study contributes to work engagement theory by emphasizing how engagement cannot be understood solely by measuring resources and demands. Individuals are guided by an inner orientation toward work, which is influenced by their way of creating meaning, which ultimately influences their way of experiencing engagement.

Paper 2 (Chapter 5) considered the increasing professionalism that is happening in the context of caregiving work, as the requirements for skill development and knowledge is increasing. In work engagement research, opportunities for skill development and knowledge expansion has often been positively associated with work engagement (e.g. Shuck, Rocco and Albornoz, 2011), yet professionalism has not been considered in the work engagement literature. Increased demands for knowledge and skills are happening worldwide and in all occupational sectors (Evers, van der Heijden, Kreijns and Vermeulen, 2015), caregiving included. Consequently, Paper 2 explored how professionalism was experienced in caregiving and how it, as a contextual characteristic, influenced caregivers' experience of work engagement. The analysis revealed how caregivers perceive the increasing professionalism in the caregiving context in distinct ways, based on three

overall themes. Grounded in caregivers' experiences of professionalism, the themes were developed and are comprised of 'professional identity', 'safety' and 'psychological insecurity', which captured the process in which professionalism influenced caregivers' experiences of engagement. Although professionalism may have been expected to positively influence caregivers' perceptions of engagement, the three themes revealed how the experiences of engagement were also negatively influenced by the increasing professionalism, as it increased feelings of insecurity among the caregivers. As a result, the study contributes to the literature by providing empirical evidence of a link between the contextual factor of professionalism, and the experience of engagement. This link is not expressed as a direct and clear connection, as the experiences of professionalism are nuanced, with certain unobservable processes taking place in the interplay between the individual and the changing context of caregiving, which enhances various reactions in the experienced engagement. Consequently, the study emphasizes the importance of considering context and the individuals' perceptions of it, due to the influence it has on the experience of engagement.

Paper 3 (Chapter 6) explored how the experience of work engagement is influenced by caregivers' experiences of public service characteristics. More context dependent research has been requested in recent engagement literature (Bakker, Albrecht and Leiter, 2011b; Mauno, Kinnunen, Mäkikangas and Feldt, 2010) and Bakker and Sanz-Vergel (2013) specifically argue that the way job characteristics are experienced may not be the same in all contexts. Job characteristics have been described in the JD-R model to explain work engagement, based on job demands (negative) and job resources (positive), but recently it has been questioned if the conceptualization of job characteristics is as clear-cut as proposed. Consequently, this study explored how caregivers experienced job characteristics in the public service context, and from three overall themes, namely 'helping others', 'optimization' and 'emotional work' the duality of job characteristics were revealed. Specifically, some demands that were typically considered to negatively influence the experience of engagement were perceived as resources as they positively contributed to the experience of engagement. The role of PSM was discussed, as it provides clarity into why a typical demand was positively experienced, as individuals high on PSM are often driven by a need for showing compassion and self-sacrifice, an attraction to public affairs and commitment to public interest (Perry, 1996). These characteristics describe certain individual level characteristics of

public service workers that help in understanding the perception and duality of job characteristics. The study therefore suggested the existence of a link between work engagement and PSM among public service workers. The study contributes to the engagement theory by challenging the traditional categorization of job demands and resources in the understanding of work engagement. Further, the study proposed how individual level perceptions influence the way job characteristics are perceived and therefore emphasized the importance of understanding the interplay between the individual and the context. In this study, the interplay is better understood by discussing the role of PSM as it provides insight into the nuances in the perceptions of job characteristics.

2 Theoretical, practical and social implications

Theoretical implications: The primary theoretical implications derived from the study presented in this dissertation relate to the critical importance of individual level perceptions of context, and how these perceptions influence experienced work engagement. Research has acknowledged that individual differences, and personality in particular, have an influence on how employees experience job demands and resources (Kim, Shin and Swanger, 2009; Wildermuth, 2010). Expanding on this, the findings from this study suggest that individuals' job orientations are reflected in the way they perceive characteristics of the job and create meaning from their work, and consequently, their experienced work engagement. Additionally, with the emphasis on the individual level perceptions, the study extends the JD-R model by emphasizing the underlying processes occurring as engagement is experienced. These processes happen in an interplay between the individual and the context of work and represent the individual level perceptions, which are not currently considered in the JD-R model.

Practical and social implications: The emphasis on individual level perceptions and the different ways of creating meaning in work have practical implications for attraction, recruitment and selection, training and development, compensation and benefits and job design as these may serve to align individual job orientations with the job characteristics. The importance of individual perceptions cannot be ignored, and thus managers must be aware that the same initiatives (e.g. training and development, rewards, job design) may be perceived quite differently across employees within the same job. Moreover, managers should recognize that caregivers within public service may be driven by different needs with respect to their jobs, and some of these needs

may render them more prone to the effects of emotional labor, and burnout in particular. To mitigate the potential negative impact of high levels of personal involvement, managers should therefore look for opportunities to provide a supportive environment for the caregivers.

Similarly, caregivers' perceptions of work context, professionalism and the characteristics of the public service and caregiving context in particular, influenced caregivers' experienced work engagement as these aspects of the context promoted feelings of insecurity, frustration and a lack of meaning, as well as of meaningfulness, pride and challenge. The practical implications of these findings relate to the need for enhancing communication between management and employees, and the need to perform follow up evaluations of engagement, in order to address the dynamic nature of engagement, and how it may vary as the context changes.

The findings from the study also have implications at a societal and political level. For instance, the study highlighted the way in which the increasing professionalism occurring in many occupations, including caregiving may not always be perceived as a positive trend. Therefore, those promoting professionalism should make efforts to fully communicate the reasons behind professionalism, and seek to promote the positive outcomes, in terms of additional career progression. This may be of particular relevance to individuals in occupations that have been traditionally filled by those with lower education and primarily practical experience.

3 Critical reflections and future research agendas

The dissertation is the result of many choices, each of which is associated with methodological and theoretical limitations. Some limitations are associated with the data collection and sampling. Firstly, management and the scheduling office selected the respondents on the basis of the availability of the caregivers. This selection procedure could be biased as participants may have been chosen for some undisclosed reasons. For instance, respondents with more positive perceptions of the organizations or the work may have been selected. Secondly, although considerable amounts of data were collected in the caregiving organizations, the sample may still be considered relatively small. A larger number of observations and interviews may have provided even more insight into caregivers' experienced work engagement. Moreover, additional observations would most likely have enhanced caregivers' perceptions of safety in sharing their

subjective and personal experiences of work and work engagement. This remains an avenue for future research. Thirdly, although data were collected over a period of three years, the study does not consider changes in engagement over time, as the same caregivers were not interviewed or observed more than once each. Longitudinal studies of engagement among caregivers should thus be a direction for future studies, as the findings of the dissertation indicate how engagement is not a static construct but subject to change. This type of study could, for instance, be carried out in one of the organizations presented in this study to explore the ways in which experienced engagement varies over time and as a response to contextual changes such as other policy changes, or more evidence of professionalism.

Additionally, due to methodological approach adopted in this study, generalization of the findings to other geographical locations or industries has not been the goal. The empirical context of Danish home caregiving organizations in the study presented in this dissertation may or may not be entirely unique in comparison to home caregiving in Scandinavia, Europe, or the rest of the world. As Danish caregiving services are publicly founded, strongly influenced by NPM processes and inspired by new health-promoting processes (Kjellberg, Ibsen and Kjellberg, 2011; Rostgaard, 2015), the applicability of the findings would be quite limited in private organizations with different approaches and strategies to delivering caregiving services. Thus, future research avenues could explore engagement among caregivers in private organizations or countries outside of Denmark, which would increase the understanding of how caregivers' experienced engagement is influenced by contextual characteristics. The context of private caregiving organizations or countries outside of Denmark may not be subject to the same contextual characteristics such as NPM practices, PSM, increasing professionalism or demographic changes. Therefore, a comparable study would enhance the understanding of how the perception of context influences the experienced work engagement.

Furthermore, a theoretical choice was made in this dissertation to adopt the definition of engagement put forth by Schaufeli, Salanova, González-Romá and Bakker (2002). Although this is the most cited definition of work engagement today, other definitions exist. Specifically, the original conceptualization by Kahn (1990) may have been relevant as it emphasizes the psychological processes involved in feeling engaged. Due to the emphasis on employee perceptions and the unobservable and subjective level of engagement, this approach could have

been relevant. Consequently, future research avenues could seek to explore engagement in the framework of Kahn, which may give even more insight into the psychological processes underpinning work engagement.

This dissertation has focused on select aspects of the public service and caregiving context, though it is recognized that other contextual characteristics could be of equal or greater relevance to caregivers' experienced engagement (e.g. management support, colleague relation, physical demands, emotional work). Professionalism was selected as a characteristic of the context, as it potentially challenges the way in which caregivers perceive their job. Similarly, the public service characteristics were chosen as these are relevant in understanding job demands and resources in public caregiving organizations. Although these choices can be considered limitations, they were considered justified given the aim to provide an in-depth (versus broader) view of how some contextual characteristics influence experienced engagement. Still, other contextual characteristics such as time measurement, patient evaluation, or supervisory support could be the focus of future research avenues as these characteristics, as well as those included, have also been associated with caregiving work (e.g. Tufte, 2013). By exploring more contextual characteristics, a greater understanding of work engagement and the influence of caregivers' perception of their context could be attained.

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Appendix

Table A1.1: Status of the papers

Paper	Status of the papers (October 2016)
Paper 1: <i>Meaning creation and employee engagement in home health caregivers</i>	The present version is accepted for publication in Scandinavian Journal of Caring Science in 2015
Paper 2: <i>From job to career: How professionalism influences work engagement</i>	An earlier version has been accepted for presentation at the 76th annual Meeting of Academy of Management, Anaheim, CA, August 2016. The current version has been invited for revise and resubmit at Journal of Career Development
Paper 3: <i>Work engagement in the public service context: The duality of job characteristics</i>	An earlier version has been presented at the 14th International Conference of Human Resource Management, Victoria BC, Canada, June 2016, A revised version of this paper has been presented at The Annual Conference of the European Group of Public Administration, August 2016.

Figure A2.1: Extract of PDA

Tidspunkt	Ydelse	Vejl. tid	Bemærkninger
Onsdag (01-05-2015)			
07:15 - 08:00	12.4 Indsats ifht. kateter og dræn	10	Kath pleje i forbindelse med pers. pleje
	13.4 Medicinadministration(givning m.m.)	5	Udlevering af medicin
	Forflytning	10	
	Personlig hygiejne	20	
		<i>15 min.</i>	
08:15 - 08:25	13.4 Medicinadministration(givning m.m.)	5	medicin og movicol
	9.2 Indsatser ifht. Sanser	5	øredryp
08:30 - 09:10	13.4 Medicinadministration(givning m.m.)	5	
	7.2 Kompressionsbehandling	5	
	Andet (daglige opgaver)	10	
	Personlig hygiejne	20	
09:10 - 09:55	13.4 Medicinadministration(givning m.m.)	5	OBS. smerter
	Bad	30	
	Hjælp til at tilberede/anrette mad	10	OBS MEDICIN
09:30 - 09:40	Forflytning	10	
		<i>20 min.</i>	
10:00 - 10:10	Hjælp til at tilberede/anrette mad	10	formiddagsmad
10:15 - 10:30	13.4 Medicinadministration(givning m.m.)	5	
	Andet (daglige opgaver)	5	Tømme toiletspand
	Kropsbårne hjælpemidler	5	høre app
10:35 - 10:50	Psykisk pleje og støtte	15	Støtte efter mands død
10:50 - 11:05	Andet (daglige opgaver)	15	Opvask, rede seng, gå ud med affald, tørre borde af.
11:05 - 11:55	Rengøring	40	Støvsugning, gulvvask, reng af badev. Ved behov hjælp til aftørring af støv højt/lavt. Skift af sengelinned ved behov.
	Tøjvask	10	Sortere tøj og hjælp til at starte vaskemaskine
11:55 - 12:05	13.4 Medicinadministration(givning m.m.)	5	se Gerda tage medicin
	Hjælp til at tilberede/anrette mad	5	HUSK AT MINDE GERDA PÅ AT BRUGE SOFACYKLEN
12:10 - 12:15	13.4 Medicinadministration(givning m.m.)	5	
		<i>15 min.</i>	
12:30 - 12:55	13.4 Medicinadministration(givning m.m.)	5	
	Forflytning	10	HJÆLPES HEN OG HVILE
	Toiletbesøg	10	TØMME POSE
Borger relateret tid: 4.55		Administrativ tid: 0.00	Total varighed : 4.55
alt:	Borger relateret tid: 4.55	Administrativ tid: 0.00	Total varighed : 4.55

Figure A3.1 Examples of fieldnotes

1/11 2013

[redacted] (assistent) case [redacted]

Besøg hos borger. Anrop til forberedelse af mad.
Assistent taler med borger mens mad er i micro/en.
Borger fortæller om sit børnebarn.
- hvordan han er ved at køre ad gade
- Assistent spørger ind.
Smiler og griner 😊
Borger får mad. → assistent skal
I entré ligger redskab til gå
at ta støkkestrømper på med,
borger råber fra stuen om
hvem kan komme med et nyt,
itu.
Assistent noterer det i PDA og
råber "selvfølgelig" / På vej med
og lover at komme bilen tale
forbi senere / assistent glæde
om patient

stra pga

1/11 2013

[redacted] (assistent) case [redacted]

Besøg hos borger. Anrop til forberedelse af mad.
Assistent taler med borger mens mad er i micro/en.
Borger fortæller om sit børnebarn.
- hvordan han er ved at køre ad gade
- Assistent spørger ind.
Smiler og griner 😊
Borger får mad. → assistent skal
I entré ligger redskab til gå
at ta støkkestrømper på med,
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hvem kan komme med et nyt,
itu.
Assistent noterer det i PDA og
råber "selvfølgelig" / På vej med
og lover at komme bilen tale
forbi senere / assistent glæde
om patient

stra pga

Table A3.1: Interview guide

Theme	Questions	Probes/prompts
Personal characteristics of the caregiver		
Q1: Personal background	<ul style="list-style-type: none"> Tell me a little bit about yourself When did you finish your studies? How many years have you worked in this organization? Have you worked in other caregiving organizations before? 	
Q2: Motivation for working in caregiving	<ul style="list-style-type: none"> Why did you choose to work in caregiving? 	<ul style="list-style-type: none"> Alternative options Length of education Knowledge from family/friends
Q3: Apparent attitude toward work	<ul style="list-style-type: none"> Are you happy with your work? 	<ul style="list-style-type: none"> Off the top of your head – how do you feel? When you get up in the morning, are you excited about going to work?
The caregiving job		
Q4: Description of caregiving job	<ul style="list-style-type: none"> Tell me about a regular day of work 	<ul style="list-style-type: none"> How does your day begin? What are your tasks? How is your day structured? Do you have any say in your work schedule? Do you visit the same patients every day? Or do you do the same type of tasks? Do you have autonomy in planning your day?
Q5: Demands	<ul style="list-style-type: none"> Tell me about the demands you experience at work Physical and psychological demands 	<ul style="list-style-type: none"> Like patients, work-load, time-pressure, control etc.
Q6: Resources	<ul style="list-style-type: none"> How do you deal with these demands? 	<ul style="list-style-type: none"> Like colleagues, supervisory support, family, personal strengths, patients etc.
Changes to the caregiving job		
Q7: Changes in caregiving work	<ul style="list-style-type: none"> Has the work as a caregiver changed since you started working here? 	<ul style="list-style-type: none"> The types of patients/tasks The structuring of the day Is there more autonomy or bureaucracy? Has the use of time measurement increased? Are there changes in the use of IT? Has your role become more clear?
Q8: Professionalism in caregiving	<ul style="list-style-type: none"> Have you completed any additional courses and/or educations after finishing your education as a caregiver? Do you experience caregiving changes in the requirements of education and courses? How do you feel about this? Do you think there is a more intense focus/pressure to complete more education? 	<ul style="list-style-type: none"> What are tasks like? More knowledge intensive tasks? Has professionalism influenced the amount of rules, regulation, standardization and specialization? Is there more autonomy or control?

Work engagement		
Q9: Vigor	<ul style="list-style-type: none"> • Do you feel you have energy, while at work? • Do you feel like going the extra mile in order to do your work even better? • Do you feel like going to work when you wake up in the morning? • Do you keep working even though things are tough? 	<ul style="list-style-type: none"> • Why / why not. • What would it take for you to feel that way? • Has this changed since you first started work in caregiving? • Story telling – tell me about a situation where you had this feeling
Q10: Dedication	<ul style="list-style-type: none"> • Do you get easily distracted from what you are doing? • Do you feel you work is meaningful and significant? • Are you proud of your work? 	<ul style="list-style-type: none"> • Why / why not. • What would it take for you to feel that way? • Has this changed since you first started work in caregiving? • Story telling – tell me about a situation where you had this feeling
Q11: Absorption	<ul style="list-style-type: none"> • Do you feel time flies, while you are at work? • Do you find it difficult to let go of thoughts of work when returning home? • Do you feel absorbed in the work you do? Or are you rushing out the door? 	<ul style="list-style-type: none"> • Why / why not. • What would it take for you to feel that way? • Has this changed since you first started work in caregiving? • Story telling – tell me about a situation where you had this feeling

