



Work engagement in cancer care: The power of co-worker and supervisor support



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ABSTRACT

Purpose: Co-worker and supervisor support can provide knowledge, advice and expertise which may improve motivation, confidence and skills. This exploratory study aimed to examine the association of co-worker and supervisor support, and other socio-demographic and practice variables with work engagement for cancer workers.

Methods: The study surveyed 573 cancer workers in Queensland (response rate 56%). Study participants completed surveys containing demographics and psychosocial questionnaires measuring work engagement, co-worker and supervisor support. Of these respondents, a total of 553 responded to the items measuring work engagement and this forms the basis for the present analyses. Oncology nurses represented the largest professional group (37%) followed by radiation therapists (22%). About 54% of the workforce was aged >35 years and 81% were female. Multiple regression analysis was performed to identify explanatory variables independently associated with work engagement for cancer workers.

Results: After adjusting for the effects of other factors, co-worker and supervisor support were both significantly associated with work engagement. Having 16 years or more experience, being directly involved in patient care, having children and not being a shift worker were positively associated with work engagement. Annual absenteeism of six days or more was associated with low work engagement. The fitted model explained 23% of the total variability in work engagement.

Conclusions: This study emphasises that health care managers need to promote co-worker and supervisor support in order to optimise work engagement with special attention to those who are not directly involved in patient care.

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1. Introduction

Cancer workers are immersed in a challenging but rewarding environment which is technically complex and emotionally demanding. Oncology workers commonly report burnout (Sherman et al., 2006) which is characterised by affective, physical and cognitive exhaustion, as well as disengagement (Demerouti

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et al., 2002). In contrast, work engagement refers to a positive state of involvement and is associated with motivation to overcome challenges and pursue important goals (Schaufeli and Bakker, 2003). Work engagement refers to a positive state of involvement and is associated with motivation to overcome challenges and pursue important goals (Schaufeli and Bakker, 2003). Engaged workers experience feelings of vigour, enthusiasm and absorption in their work. High levels of engagement are associated with physical and mental health, productivity, creativity, resourcefulness and efficient delivery of health care services (Schaufeli and Bakker, 2004). In a previous cross-sectional study of cancer workers in Queensland we found about one third of workers reported burnout and about one third were highly engaged (Poulsen et al., 2012;

Poulsen et al., 2011). Similar findings about high stress and burnout levels reported by many cancer workers have also been reported internationally in Canada (Dougherty et al., 2009), the United States (Ramirez et al., 1995; Truffelli et al., 2008; Whippen and Canellos, 1991) and Scotland (Jones et al., 2013).

Understanding potentially modifiable factors that are associated with work engagement represents an important goal and can inform managerial efforts and research aimed at developing effective workplace interventions to increase the resilience of cancer care workers. Work engagement has desirable organizational benefits, including being associated with having positive attitudes towards work, high job performance and low turnover (Schaufeli and Bakker, 2004). To date, there has been limited empirical research examining links between stress, burnout and social support in cancer care workers (e.g. Dougherty et al., 2009; Jones et al., 2013). The exploration of the association between social support by either co-workers or supervisors and work engagement, which is sometimes regarded as the antithesis of burnout, is even more restricted (Schaufeli and Bakker, 2004). This paucity of knowledge prompted the current investigation.

Previous research (Pierce et al., 2007) has found higher job satisfaction and team support, as well as lower work stress in a palliative care setting compared with radiation and medical oncology departments. This suggests that there may be unique contributions of co-worker and supervisor support to staff well-being in different cancer care settings. Both co-worker and supervisor support were associated with high self-perceptions of job satisfaction and work-related rewards in a Scottish radiation and medical oncology centre (Jones et al., 2013). Debriefing with medical colleagues had a protective effect for burnout in a gynaecological oncology setting with over three quarters of participants requesting more frequent small group meetings for sharing (Stafford and Judd, 2010).

Social support can take many forms, including structured retreats, group discussions, mentoring and debriefing with peers or supervisors. The critical elements for social support include the creation of a culture where concerns can be shared in safe (i.e. confidential) and trustworthy relationships. When oncology practitioners work in relative isolation from peers and when cancer care workers perceive low satisfaction with social support from supervisors or have poor team engagement then this can affect staff well-being, including burnout and disengagement (Turner et al., 2011). Conversely, it can be predicted from literature beyond the oncology setting, that engaged workers who experience social support are more likely to report positive emotions, experience better health, create their own job and personal resources, and transfer their engagement to others (Friedrickson, 2001).

According to the *Job-Demands Resources* (JD-R) model, job demands are primarily related to the exhaustion component of burnout, whereas a lack of job resources is related more to disengagement (Demerouti et al., 2001). This model assumes that job resources such as social support from colleagues and supervisors, performance feedback and encouragement to grow skill sets influence motivational processes that lead to work engagement and consequently better job performance. When the demands of the job increase (e.g. higher patient numbers), the risk of exhaustion increases unless workers are equipped with the appropriate personal and job resources (eg co-worker support, good equipment) (Thanacoody et al., 2009). According to the JD-R model, job resources, such as social support, can foster employees' vigour, dedication and absorption in work, as well as leading to personal growth, increased job competence and productivity.

Social support can come from friends, family and work colleagues as well as work supervisors. The nature of the support at work, whether from co-workers or supervisors takes a number of

different forms:

- Informational: where guidance, advice and reports can be obtained from colleagues on a critical matter;
- Emotional: providing care and trust in a reliable alliance where one can count on others for assistance in times of need;
- Instrumental: facilitation to complete tasks;
- Appraisal: evaluation and feedback, reassurance of one's worth.

Across all oncology settings the demanding tasks of dealing with acutely ill patients and their families and the associated emotional issues represent a resource drain for cancer care workers. Job demands within specific settings and for different staff members may vary. For example, radiation oncology staff report a range of demands including technical (e.g. machine breakdowns), environmental (e.g. noise), team-related (e.g. conflicts), time (e.g. deadlines), patient-related issues (e.g. unexpected reactions to treatment) and interruption stressors (Mazur et al., 2012). High workloads, excessive administrative demands and insufficient time to grieve over patients' death were other demands reported by a group of predominantly female, nursing oncology staff (Dougherty et al., 2009). The potential consequences of these high demands can be work-related stress, burnout and low work engagement, which can have flow-on effects in terms of absenteeism, and failure to retain workers in the workforce.

In order to meet work demands, workers may draw on a number of resources, which may be physical, psychological, social or organisational. Within the management literature, it is well accepted that employees who feel emotionally and practically supported by their immediate supervisor have a greater capacity to tolerate exhaustion (Gibson et al., 2009; Hall, 2007). Social support acts a buffer to the stresses and strains of work and leads to adaptive competence in dealing with short- and long-term challenges and stresses. The adverse effects of stress on health decrease as social supports increases. Supervisory social support has been shown to moderate the relationship between burnout and intention to leave (Muhammad and Hamdy, 2005). Co-worker Support may also have a positive influence on the retention of oncology nurses (Medland et al., 2004).

The current exploratory study aims to investigate the association of the levels of perceived co-worker and supervisor support, and other socio-demographic and practice variables with work engagement of cancer workers.

2. Methods

2.1. Sample selection and processes

This research was part of a broader investigation into cancer worker's health and work-related well-being in Queensland. Ethical clearance was obtained from the Queensland Health State Ethics Committee to allow the line managers at five Queensland hospitals to be approached to distribute a survey to all cancer care workers at their hospitals. Major metropolitan and regional services within Queensland from private and public hospitals were selected. Eligible centres were required to have both radiation and medical oncology services on site. Information about the study was provided to line managers and this was supplemented by start up meetings to provide information to prospective participants. At the time of the survey, 1016 oncology staff members were employed in the five participating hospitals. Each staff member received a sealed, unaddressed survey package containing a cover letter, a 10-min survey booklet, a participant information sheet and a pre-paid return envelope. Reminder emails were sent to the line managers two weeks later.

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