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Original

Unravelling salutogenic mechanisms in the workplace: the role of learning

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ABSTRACT

Objective: To explore the moderating and mediating role(s) of learning within the relationship between sense of coherence (SOC) and generalized resistance resources.
Method: Cross-sectional study (N = 481), using a self-administered questionnaire, of employees working in the healthcare sector in the Netherlands in 2017. Four residential healthcare settings and one healthcare-related Facebook group were involved. Multiple linear regression models were used to test for moderating and mediating effects of learning.
Results: Social relations, task significance, and job control significantly explained variance in SOC. Conceptual, social, and instrumental learning, combined, moderated the relationship between SOC and task significance. Instrumental learning moderated the relationship between job control and SOC. Social learning also mediated this relationship. Conceptual learning did not show any moderating or mediating effect.
Conclusions: The relationship between SOC and the three GRRs seems to be strengthened or explained – to a certain extent – by instrumental and social learning. Healthcare organizations are recommended to promote learning through formal activities as well as through cooperation, feedback, sharing experiences, and job challenges. This requires employee participation and a multilevel interdisciplinary approach.

Descifrando los mecanismos salutogénicos en el lugar de trabajo: el papel del aprendizaje

Palabras clave:
Promoción de la salud
Sentido de coherencia
Aprendizaje
Estudio transversal
Modificador del efecto
Lugar de trabajo
Profesionales de la salud

RESUMEN

Objetivo: Explorar el rol del aprendizaje conceptual, instrumental y social en la relación entre el sentido de la coherencia (SC) y los recursos generales de resistencia (RGR) clave.
Métodos: Se realizó un estudio transversal en 2017 (N = 481) a profesionales del sector sanitario en Holanda mediante un cuestionario autoadministrado. Participaron cuatro centros de residencia geriátrica, así como un grupo de profesionales de salud de la red social de Facebook. Se utilizaron modelos de regresión lineal múltiple para evaluar los efectos de los roles de moderación y mediación del aprendizaje.
Resultados: Las relaciones sociales, el significado de las tareas y el control del trabajo explicaron de manera significativa la varianza en el SC. La combinación del aprendizaje conceptual, instrumental y social moderó la relación entre el SC y el significado de las tareas. El aprendizaje instrumental moderó la relación entre el control del trabajo y el SC. El aprendizaje social también medió en esta relación. Sin embargo, el aprendizaje conceptual no mostró ningún efecto moderador ni mediador.
Conclusiones: La relación entre el SC y estos tres RGR parece verse fortalecida o explicada, en cierta medida, por el aprendizaje instrumental y social. Se recomienda a las organizaciones sanitarias promover el aprendizaje a través de actividades formales, así como mediante la cooperación, comentarios, intercambio de experiencias y desafíos laborales. Esto requiere la participación del profesional, así como una cooperación multidisciplinaria y a distintos niveles.

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Introduction

In present-day society, organizations are challenged to inspire and empower employees to apply their full capabilities and should ensure that working conditions include resources that will motivate and energize them.[1] Accordingly, employees are expected to show initiative and to be innovative and psychologically connected to their jobs.[2] Job tasks and thus job characteristics are shifting from primarily physical to psychosocial work processes; this means that physical health and workability are not sufficient prerequisites to fulfil such jobs.[3] Healthcare workers, particularly nurses and caregivers, are frequently exposed to psychosocial work-related factors, for instance, work overload. These factors are related to the development of adverse health and wellbeing, which in turn affect the functionality of nursing profession and the quality of care provided.[4] Therefore, it is important to ensure that their work makes a positive contribution to their health and wellbeing.[5] In this vein, workplace health means that healthcare workers should have the ability to participate and be productive in a sustainable and meaningful way.[6]

The focus on organizational flaws and individual shortcomings, known as the pathogenic approach, is not enough to strengthen this ability.[3,7] This approach can be complemented by emphasizing organizational as well as individual conditions, resources, and determinants that create health and wellbeing at work; this is known as the salutogenic approach.[8] Within salutogenic theory, two key concepts are central: sense of coherence (SOC) and generalized resistance resources (GRRs).[9,10]

SOC is defined as "a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement".[9] Employees with a strong SOC feel confident that resources are available to cope with work demands and are more likely to select an appropriate coping strategy.[8] These resources are the GRRs, which give the prerequisites for the development of SOC.[8] SOC increases with age and is strongly related to a variety of employee health and wellbeing outcomes.[8,11] For instance, employees with a strong SOC show less psychosomatic symptoms and emotional exhaustion than employees with a weak SOC.[7] GRRs can be found within people as resources bound to their person and capacity, but also to their physical and social work environment.[8] In workplaces, social relations, task significance, and job control are key GRRs.[6]

"Job control" is defined as job and organizational characteristics such as employees' decision-making authority, opportunities to use skills and knowledge, and opportunities to participate.[12] It involves employees' authority to make decisions concerning their jobs and the use of skills regarding task variety and options to develop and learn new things.[13] "Social relations" is defined as the extent to which individuals can count on information, assistance, and appreciation from their colleagues at work.[14] Social support concerns the frequency of opportunities to get help from direct colleagues and managers, as well as the frequency of situations where colleagues are willing to listen and reflect.[6] "Task significance" is defined as the perception that one's job has a positive impact on other people.[15] It is linked to a positive congruence between work activities and personal values, accompanied by strong feelings of identification with the attitudes, values, or goals of the working tasks and a sense of motivation and involvement.[16,17]

Vaandrager and Koelen[6] developed a model in which SOC is assumed to have a relationship with the GRRs social relations, task significance, and job control. Over time, SOC and GRRs predict and strengthen each other, suggesting a dynamic and reciprocal relationship.[2] GRRs strengthen the ability of employees to view life (work) as comprehensible, manageable, and meaningful, which in turn could influence the levels of perceptual, appraisal, and behaviour processes that strengthen their GRRs.[2] However, the GRRs central in this study have not been tested in relation to SOC before, and the processes underlying the development of SOC are little understood.[18]

In salutogenic theory, developing health and wellbeing is a lifelong learning process in which people identify their GRRs, within themselves or in their immediate environment, thereby fostering sets of life experiences that strengthen their SOC.[19] Workplace learning is part of this lifelong learning process, which has been assumed to be a key mechanism for building SOC and GRRs in workplaces.[6] Healthcare workers are expected to develop themselves continuously to a fast-changing work environment,[20] not only through education and training but also through engagement in daily work-related activities.[21] Therefore, it can be hypothesized that learning at work could affect the relationship between SOC and GRRs,[6] by either strengthening (moderating) or explaining (mediating) this relationship.

These ongoing learning processes in workplaces can be disentangled into three concepts: conceptual, instrumental, and social learning.[20–24] Conceptual learning encompasses acquiring knowledge through the autonomous conception of new ideas, through moments of reflection on a sum of experiences, and through thinking about work behaviour.[24,25] Instrumental learning encompasses the development of skills through formal activities like following courses or through learning on the job.[24,26] Social learning entails learning from other people in the workplace through cooperation, feedback, sharing experiences, but also through job challenges like the growth of responsibilities or changes in tasks and functions.[24,27]

The present study aims to explore the moderating and mediating roles learning may have within the relationship between SOC on the one hand and social relations, task significance, and job control on the other hand. Examining the role of learning could provide insights into key learning processes that can be used to build SOC and GRRs in workplaces.[3,6] The following three hypotheses are formulated to test whether SOC and GRRs have a positive relationship with each other and whether learning strengthens or explains this relationship:

Hypothesis 1. Each of the three GRRs has a positive partial correlation with SOC after correcting for the other two.

Hypothesis 2. Learning moderates the relationship between SOC and GRRs.

Hypothesis 3. Learning mediates the relationship between SOC and GRRs.

Methods

Design and study population

A cross-sectional design was used.[28] The study population consisted of Dutch nurses and caregivers employed in residential healthcare settings. Current estimates show that approximately 177.000 people are employed as nurses or caregivers, of which 25% work in residential healthcare settings.[29] The majority is aged between 50-60 years, and more women (25%) work in this sector than men (12.2%).[29]

The sampling frame consisted of nurses and caregivers working in residential healthcare settings. Four healthcare settings from different institutions in the northern part of the Netherlands were involved (see Acknowledgements). Also, one healthcare-related Dutch Facebook group was included. This online community is

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