

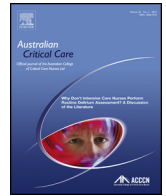


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Research paper

Counterbalancing work-related stress? Work engagement among intensive care professionals

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ABSTRACT

Background and objectives: Working in an Intensive Care Unit (ICU) is increasingly complex and is also physically, cognitively and emotionally demanding. Although the negative emotions of work-related stress have been well studied, the opposite perspective of work engagement might also provide valuable insight into how these emotional demands may be countered. This study focused on the work engagement of ICU professionals and explored the complex relationship between work engagement, job demands and advantageous personal resources.

Methods: This was a cross-sectional survey study among ICU professionals in a single-centre university hospital. Work engagement was measured by the Utrecht Work Engagement Scale, which included items about opinions related to the respondent's work environment. Additionally, 14 items based on the Jefferson Scale of Physician Empathy were included to measure empathic ability. A digital link to the questionnaire was sent in October 2015 to a population of 262 ICU nurses and 53 intensivists.

Results: The overall response rate was 61% (n = 193). Work engagement was negatively related both to cognitive demands among intensivists and to emotional demands among ICU nurses. No significant relationship was found between work engagement and empathic ability; however, agreeableness, conscientiousness, and emotional stability were highly correlated with work engagement. Only the number of hours worked per week remained as a confounding factor, with a negative effect of workload on work engagement after controlling for the effect of weekly working hours.

Conclusion: Work engagement counterbalances work-related stress reactions. The relatively high workload in ICUs, coupled with an especially heavy emotional burden, may be acknowledged as an integral part of ICU work. This workload does not affect the level of work engagement, which was high for both intensivists and nurses despite the known high job demands. Specific factors that contribute to a healthy and successful work life among ICU professionals need further exploration.

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Abbreviations: ANCOVA, analysis of covariance; ICU, Intensive Care Unit.

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1. Introduction

Working in an Intensive Care Unit (ICU) is increasingly complex and is also physically, cognitively and emotionally demanding.^{1–3} In addition to being confronted by end-of-life issues, ethical decision making, continuous human suffering, disproportionate care, miscommunication, and demanding family members, the ICU work environment has become increasingly technical.⁴ All these aspects require that ICU professionals maintain an extended skill-set (e.g., advanced life sustaining medical therapies, extended communication skills, and ethical deliberations). Furthermore, the changing perspective on healthcare (from provider-focused norms to person-centered care) often requires new competencies of ICU staff (e.g., shared decision-making).⁵ Increased demands, together with persistent work-related stress, reduce individual job satisfaction, and augment the risk of stress reactions, long-term absenteeism and burnout.^{6–8} This stress process could ultimately result in poor individual health and less successful working, leading to professionals leaving their jobs and impacting society due to lost economic investment.^{9–12}

In a recent systematic literature review on emotional distress among ICU professionals it was suggested that the true magnitude of work-related stress, and burnout in particular, remains unclear due to a lack of unity in concepts and related measurements.⁴ Most research on work-related stress in ICUs has been directed at organizational and job-related factors.¹³ Although the negative emotions of work-related stress have been well studied, an opposite perspective might also provide valuable insight into how these emotional demands may be countered. Research is needed on the motivational processes which is affecting personal health positively.^{14–16} Work engagement is operationalized as a positive work-related state of mind and is characterized by vigour, dedication, and absorption.^{16,17} Vigour represents a high level of energy and mental resilience while working; dedication refers to experiencing a sense of significance, enthusiasm, and challenge; and absorption is characterized by being fully focused and absorbed in work.¹⁸ We explored in ICU professionals the relationship between work engagement and personal resources in the belief that a greater understanding might lead to interventions that positively affect personal health and promote a successful work life. Therefore, this study focused on the work engagement of ICU professionals in relation to personal resources.

1.1. Study aims

This study aimed to 1) explore how job resources and job demands are associated with work engagement, and 2) determine the advantageous personal resources required for work engagement. Based on previous findings, five hypotheses (Table 1) were formulated for work engagement (1 and 2)^{18,19} and for personal

resources (3, 3a, and 3b).^{20–22} The conceptual model is illustrated in Fig. 1.

2. Methods

The study adhered to the principles of the Declaration of Helsinki. The study does not fall under the Medical Research Involving Human Subjects Act (non-WMO research) and therefore an official approval of this study by the ethical committee was not required.²³ The survey materials explained that by voluntary responding to the questions and mailing the survey back, the recipients had agreed to participate in the research.

2.1. Study design

The design of this study was a cross-sectional online survey study of ICU professionals at a single-centre university hospital with one of the largest adult ICUs in the Netherlands. A short introduction and a plain hyperlink to the tailored questionnaire were distributed in October 2015 to the work email addresses provided by ICU management. Data were gathered during four consecutive weeks. Weekly individual reminders and general feedback on the response rates were provided twice to encourage participation. To guarantee confidentiality, a strict separation of the research data and personal data files was maintained throughout the entire process.

2.2. Study population

The ICU setting under study contains 48 operational beds, divided into four units: two mixed units for neurological, neurosurgical, transplantation, general and trauma surgery, and medical patients; the cardio-thoracic surgery ICU; and the cardiology ICU. All professionals, i.e., 162 nurses/students in the mixed ICUs, 46 nurses/students in the thoracic ICU, 54 nurses/students in the cardiac ICU and 53 intensivists/medical doctors, who worked for at least 12 h/week (0.3 full time equivalent), were eligible to participate in the study. Professionals not regularly working in the ICU were excluded from the study.

2.3. Measures

The questionnaire used was based on a composite of existing validated reliable questionnaires and reflected the diverse concepts of interest. Most items on 'job demands' (9 items) and 'job resources' (21 items) stemmed from the Questionnaire on the Experience and Evaluation of Work²⁴ and the National Working Conditions survey,²⁵ both generally used in the Netherlands for psychosocial risk evaluation at work.¹⁶ The subscales showed high scale reliabilities, for example, 'social support' of coworkers with three items (e.g., 'Do you feel recognized and appreciated

Table 1
 Study hypotheses.

1	Job demands are negatively related to work engagement; when experiencing higher physical, cognitive and emotional demands the level of work engagement is decreased.
2	Job resources are positively related to work engagement; when experiencing higher team spirit, team efficacy, social support, autonomy, performance feedback, and better peer communication, the level of work engagement is increased.
3	Personal resources, i.e., personality traits and empathic ability, have main effects on work engagement; agreeableness, extraversion, conscientiousness, openness, and empathic ability have positive effects, neuroticism has a negative effect.
3a	Personal resources have a moderating effect on the relationship of job demands and work engagement; having more favorable personal resources decreases the negative main effect of job demands on work engagement.
3b	Personal resources have a moderating effect on the relationship of job resources and work engagement; having more favorable personal resources increases the positive main effect of job resources on work engagement.

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