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Influence of Sociodemographic, Organizational, and Social Factors on the Engagement of Long-Term Care Employees

Wpływ czynników socjodemograficznych, organizacyjnych i społecznych na zaangażowanie pracowników opieki długoterminowej

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A – Development of the concept and methodology of the study/Opracowanie koncepcji i metodologii badań; B – Query - a review and analysis of the literature/Kwerenda – przegląd i analiza literatury przedmiotu; C – Submission of the application to the appropriate Bioethics Committee/Złożenie wniosku do właściwej Komisji Biotycznej; D – Collection of research material/Gromadzenie materiału badawczego; E – Analysis of the research material/Analiza materiału badawczego; F – Preparation of draft version of manuscript/Przygotowanie roboczej wersji artykułu; G – Critical analysis of manuscript draft version/Analiza krytyczna roboczej wersji artykułu; H – Statistical analysis of the research material/Analiza statystyczna materiału badawczego; I – Interpretation of the performed statistical analysis/Interpretacja dokonanej analizy statystycznej; K – Technical preparation of manuscript in accordance with the journal regulations/Opracowanie techniczne artykułu zgodne z regulaminem czasopisma; L – Supervision of the research and preparation of the manuscript/Nadzór nad przebiegiem badań i przygotowaniem artykułu

STRESZCZENIE

WPŁYW CZYNNIKÓW SOCJODEMOGRAFICZNYCH, ORGANIZACYJNYCH I SPOŁECZNYCH NA ZAANGAŻOWANIE PRACOWNIKÓW OPIEKI DŁUGOTERMINOWEJ

Cel pracy. Celem tego badania była identyfikacja najważniejszych czynników makro-, mezo- i mikropoziomu wpływających na zaangażowanie w pracę w opiece długoterminowej (LTC) w Słowenii, typowym kraju Europy Środkowo-Wschodniej.
Materiał i metody. Przeprowadzono korelacyjne badania przekrojowe z wykorzystaniem standaryzowanego kwestionariusza online wśród słoweńskich pracowników opieki długoterminowej (N=452LTC).
Wyniki. Wyniki pokazują, że pracownicy opieki długoterminowej na ogół lubią chodzić do pracy (68%), czują entuzjazm do swojej pracy (61%) i są bardzo dumni ze swojej pracy (90%). Przyjemność z pracy wzrasta wraz z wiekiem. Kierownicy (90%) i niezależni kontrahenci (77%) odczuwają największą radość idąc do pracy. Jednak największy entuzjazm (23%) i największą dumę z wykonywanej pracy (93%) wykazują zespoły pielęgniarsko-opiekuńcze. Najniższą radość wyrażali pracownicy domów pomocy społecznej. Ci, którzy uważają, że ich praca jest doceniana przez społeczeństwo i rodzinę, wolą iść do pracy i są bardziej entuzjastycznie nastawieni. Nie ma różnic w zaangażowaniu pracowników w pracę w zależności od poziomu miesięcznych dochodów. Ponad 58% zróżnicowania zaangażowania w pracę zostało wyjaśnione wpływem cech społeczno-demograficznych, uznania społecznego i środowiska pracy.
Wnioski. Aby promować zaangażowanie pracowników, liderzy opieki długoterminowej powinni zapewnić lepsze środowisko pracy i uznanie społeczne.

Słowa kluczowe: zobowiązania, środowisko pracy, opieka długoterminowa, domy opieki, zasoby pracy

ABSTRACT

INFLUENCE OF SOCIODEMOGRAPHIC, ORGANIZATIONAL, AND SOCIAL FACTORS ON THE ENGAGEMENT OF LONG-TERM CARE EMPLOYEES

Aim. The aim of the study was to identify the most important macro-, meso-, and micro-level factors influencing work engagement and motivation for employment in long-term care (LTC) in Slovenia.
Material and methods. A correlational cross-sectional survey design with a self-reported standardized online questionnaire was used among Slovenian workers (N = 452LTC).
Results. The results show that LTC workers generally enjoy going to work (68%), feel enthusiasm for their work (61%), and take great pride in their work (90%). Enjoyment increases with age, and is correlated with education and position. Joy is the lowest among those working in nursing homes. However, nursing and care teams show the greatest enthusiasm for and pride in the work done. Those who believe that their work is valued by society and their family enjoy going to work more. Although income is the most important factor in leaving the LTC sector, there are no differences in work engagement regarding the level of monthly income. Over 58% of the variance in work engagement was explained by the influence of sociodemographic characteristics, social recognition, and work environment..
Conclusions. To promote employee engagement, LTC leaders should provide a better work environment and social recognition.

Key words: engagements, working environment, long-term care, nursing homes, job resources

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INTRODUCTION

The lack of long-term care (LTC) staff is a growing concern in many countries around the world. The growing aging population, increased demand for LTC services, and staff turnover have resulted in a shortage of skilled workers in this sector [1-3]. The already challenging situation for LTC staff in Slovenia, other European countries, and many other nations around the world was made worse by the COVID-19 pandemic, which disproportionately affected LTC institutions and shifted from primarily social institutions to elderly patients [4-5]. Staff shortages can present a variety of challenges, including staff engagement in LTC [6], which refers to a person's level of enthusiasm and dedication to their work and is defined as a positive, fulfilling state of mind about their work characterized by commitment, receptivity, enjoyment of the work, enthusiasm for the work, and pride in their own work [6,7]. Employees who are actively engaged in their work are more likely to go above and beyond the duties that have been placed upon them because they are more driven, passionate and focused [8]. According to research, work engagement is positively associated with job satisfaction [9] and negatively with turnover among registered nurses in LTC institutions [10]. A meta-analysis and a review found a medium effect of work engagement on the quality of care in LTC institutions [11].

At the micro level, research has shown that sociodemographic characteristics do not play an unequivocal role in determining work engagement. A Norwegian study found that gender, age, and education do not correlate significantly with work engagement in the LTC sector [7]. Other studies found that younger LTC workers tend to show higher work engagement compared to older workers [5,9], while some studies found that only those with higher education and more years of work experience tend to show higher work engagement [12,13]. Even more complicated and multifaceted is the effect of income on work engagement in LTC. A higher salary may encourage and motivate LTC staff, increasing their level of engagement at work, but this effect may only last a short time before other work-related factors take precedence [5,9,13, 14].

At the meso level, the work environment plays a crucial role in LTC institutions as it directly impacts the quality of care provided to residents [14] and the overall well-being of the staff [15]. In a recent study of registered nurses and nursing assistants working in municipal care facilities and nursing homes for older people in Norway, a positive relationship was found between work resources and work engagement [7]. The relationship between organizational climate and nurse engagement is positively correlated, according to a recent Chinese study [16].

At the macro level, LTC workers' perceptions of social recognition, which refers to the acknowledgement and appreciation of individuals' efforts and contributions at work, can greatly impact work engagement as it affects workers' overall well-being and job satisfaction [16]. When employees feel valued and recognized for their hard work, they are more likely to be committed and engaged in their roles. This, in turn, can lead to a higher quality of care for residents and greater job satisfaction among employees [17].

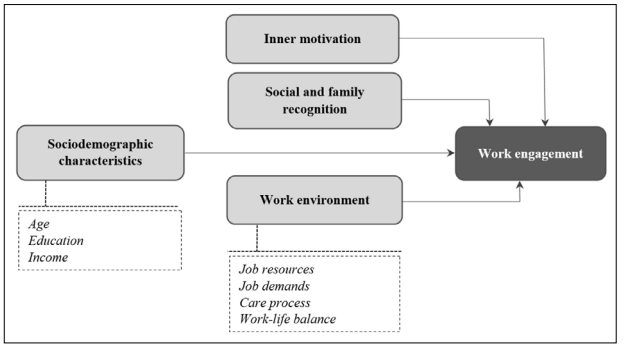


Fig 1. Conceptual model

AIM

Due to a fragmented approach, the factors that influence work engagement in LTC settings are poorly understood. Therefore, the question arises as to what influences employee engagement in LTC. This study's aim was to employ multivariate analysis to determine the significant macro, meso, and micro factors that affect work engagement. Employee engagement was expected to be significantly influenced by socioeconomic variables, inner motivation, recognition from society, and the workplace environment (see Fig. 1).

MATERIALS AND METHODS

Between March 13 and April 13, 2023, a cross-sectional correlational survey was conducted.

Instrument

Three groupings of variables made up an online questionnaire that was self-administered. First, sociodemographic elements included age, education, income, place of employment, and kind of LTC facility. The effect of organizational or meso-level influences on work engagement was investigated using the standardized psychosocial work environment scale KIWEST [18]. *Inner motivation* was assessed through experience of meaningfulness of work. The working community and job autonomy were considered as job resources in the study. Workload, assignment content, workload requirements, and interpersonal issues were all part *of the job demands*. Relationships with patients/residents, relationships with families, information, and workflow all played a part in *the care process*. The *work-life balance* was also included as one dimension of the working environment. *Work engagement* included three aspects, namely the joy of going to work, enthusiasm for work, and pride in one's work. The third set of variables was related to the level of social (e.g., politicians, the media, the public) and family recognition. The statements were rated on a five-point Likert scale ranging from 1 – strongly disagree to 5 – strongly agree. A pilot study was carried out with the assistance of LTC experts, and the questionnaire was updated in the Slovenian language.

Data collection

Slovenian long-term care institutions (N=273), including nursing homes, specialized social care institutions,

occupational activity centers, centers for training, work, and care, centers for social work and institutions for home care assistants were invited to participate.

Research sample

A total number of 452 respondents completed the questionnaire in its entirety (Table 1), mainly represented by females (90.2%), aged between 41 and 50 years old (32.1%), with completed secondary school (32.5%), college (26.8%) or university undergraduate degree (20.4%). Most respondents work in nursing homes (39.8%), centers for social work (20.8%) and specialized social welfare institutions (20.6%). They are mostly part of nursing or care teams (45.6%), followed by management (17.7%). Almost half of the respondents (41.3%) earn less than 1,101 EUR per month.

Tab. 1. Sociodemographic characteristics (N = 452) (%)

Variable	Category	Share of Total Respondents (in %)
Gender	Female	90.2
	Male	9.8
Age	21–30	14.4
	31–40	23.2
	41–50	32.1
	51–60	26.5
	61<	3.8
Education	Primary school or less	1.1
	National professional qualification	2.9
	Vocational school	8.8
	Secondary school	32.5
	College degree	26.8
	University undergraduate	20.4
	Master's/ Doctoral degree	7.5
Type of LTC institution	Nursing home	39.8
	Specialized social welfare institution	20.6
	Occupational activity center	7.5
	Center for training, work, and care	4.0
	Center for social work	20.8
	Home care assistant institution	4.4
Role in the LTC institution	Management	17.7
	Member of the nursing/care team	45.6
	Home help manager/coordinator	7.1
	Member of the unit for strengthening and maintaining independence (e.g., kinesiologist, physiotherapist, etc.)	6.2
	Independent contractor	13.7
	Other (e.g., administrator, pedagogue, pharmacist, etc.)	9.7
Income (monthly net wage)	<1,100 EUR	41.3
	1,101–1,700 EUR	38.7
	1,701<	12.0
	I do not want to answer	8.0

Data analysis

The normality of data distribution was tested with the Shapiro-Wilk Test. Due to an abnormal data distribution ($p < 0.05$), nonparametric tests were used for further calculations. To evaluate the differences between the groups, the Kruskal-Wallis H test was used. Due to many variables, we used factor analysis, a data reduction method that permitted us to examine the relationships among different variables, namely with the principal component approach. The KMO statistic (> 0.5) and Bartlett's test for sphericity (p 0.05) both showed that the analysis was acceptable. Using the component matrix's findings, we defined one dependent variable, namely *work engagement*, which presents 71.40% of variance, consisting of three components: *joy of going to work* (0.840), *enthusiasm for work* (0.880) and *pride in one's work* (0.813). To test the hypothesis, multiple linear regression analysis was used. Statistical significance was tested at the significance level $p < 0.05$. The data was analyzed using SPSS Statistics for Windows, v. 24.0. (IBM, Armonk, NY, USA).

Ethical aspects

The Ethical Committee for Human Research at the University of Novo Mesto reviewed and approved the study protocol (code number 8/2022). The International Medical Association's Helsinki Declaration, which outlines the moral requirements for medical research involving human people, was followed.

RESULTS/DISCUSSION

Results show that LTC workers in general feel the joy of going to work (67.7%), enthusiasm for their work (60.6%) and are very proud of the work they are doing (90.0%). This is consistent with the findings that, despite poor working conditions, LTC workers are more engaged than other health workers [19].

To determine who the LTC workers most engaged in their work are, we conducted the Kruskal-Wallis test (Tab. 2). Statistically significant differences in feeling joy when going to work were shown by age, education, role in institution, type of institution, social and family recognition. Joy is increasing with age, meaning that older workers feel more joy than younger workers. In terms of education, the results show that workers with a national professional qualification (100.00%) feel the most joy, followed by those with a university undergraduate degree (76.1%), a college degree (75.0%), and a secondary school degree (58.6%); those who have completed primary school do not feel the joy of going to work. This can be explained by the motivation of retrained LTC workers with a national professional qualification, and of those with higher education, who tend to show higher work engagement as they feel more competent and confident in their role [12,13]. When broken down by role in the institution, the results show that managers (89.7%) and independent contractors (77.4%) are the most joyful, which can be explained by their greater work autonomy [13], while members of the nursing or care team are the least joyful (50.0%), as they are the most dependent on other employees [13].

However, nursing/care teams show the most enthusiasm for work (23.0%) and are proud of the work they are doing to the highest extent (93.2%), which can be explained by a deep sense of purpose and a genuine desire to help others [11]. Related to the type of institution, the joy of going to work is higher in workers who work at a center for training, work, and care (83.3%) and an occupational activity center (82.4%), and the lowest in those who work in a nursing home (64.4%) and specialized social welfare institution (53.8%). These workers also have the least enthusiasm (9.7%), as work in nursing homes is usually more physically and emotionally demanding and monotonous, while bullying causes stress and affects the health of employees more compared to other LTC jobs [20, 21]. Enthusiasm is the highest for those who work in home care assistant institutions (40.0%), who are also the proudest of their work (100%). The fact that wages, bonuses, and benefits cannot buy work engagement, as a recent study shows [22], since it is influenced by other factors instead, including those listed below, can help to explain why there are no differences in workers' work engagement depending on the level of monthly income, despite the fact that income is one of the key factors for leaving the LTC sector [1–3, 13]. Results also show that those who believe their work is valued by society and by their family enjoy going to work more and are more enthusiastic. Namely, when individuals feel that their work is meaningful and appreciated by others, it provides them with a sense of purpose and fulfilment [6]. On the other hand, pride in their work is not affected by the general opinion of society but is positively correlated solely with the good opinion of family and friends.

■ Tab. 2. Differences in work engagement components by sociodemographic characteristics

Group		Joy of going to work	Enthusiasm for work	Pride in one's work
Age	Kruskal-Wallis H	11.628	6.144	7.421
	p-value	0.020*	0.189	0.115
Education	Kruskal-Wallis H	20.321	11.447	7.873
	p-value	0.009**	0.178	0.446
Role in institution	Kruskal-Wallis H	22.370	18.477	15.455
	p-value	0.001***	0.005**	0.017*
Institution	Kruskal-Wallis H	16.534	11.368	18.909
	p-value	0.005**	0.045*	0.002**
Income	Kruskal-Wallis H	8.161	4.643	5.810
	p-value	0.319	0.703	0.562
Social recognition	Kruskal-Wallis H	20.081	17.005	7.711
	p-value	0.000***	0.002**	0.103
Family recognition	Kruskal-Wallis H	23.315	24.740	25.950
	p-value	0.000***	0.000***	0.000***

* p < 0.05, ** p < 0.01, *** p < 0.001

To test the hypothesis, multiple linear regression was used. The following variables were included in the model: sociodemographic characteristics (age, education, income), social and family recognition, inner motivation and work environment dimensions, namely job resources, job demands, care process and work-life balance. In the calculation, we used the backward method and excluded age, income, working community, job autonomy, relationship with relatives, information, and all dimensions of job demands as statistically uncharacteristic ($p < 0.05$); thus, they had no effect on work engagement. The statistical model was set up in the form of the following equation:

$$YWE = \alpha + ßEx1 + ßSRx2 + ßFRx3 + ßMx4 + ßRx5 + ßCPx6 + ßWLBx7 + \varepsilon$$

The multiple correlation coefficient was 0.760, which means that the correlation between work engagement and the seven independent variables was strong. The adjusted multiple coefficient of determination was 0.577, indicating that the linear influences of education level, social and family recognition, meaningfulness of work, relationship with patients/residents, work processes in the nursing process and work-life balance explained 57.7% of the variance in work engagement. The null hypothesis was rejected because the result of the F-test was 22.620 and the significance level was 0.05 ($p = 0.000$).

■ Tab. 3. Influence of underlying dimensions on work engagement

Variable	Model	B	Coefficients Std. Error	t	p-value
	(Constant)	-1.602	0.563	-2.846	0.005**
Sociodemographic characteristics	Education (E)	-0.153	0.049	-3.096	0.002**
Inner motivation	Meaningfulness of work (M)	0.408	0.069	5.937	0.000***
Recognition	Social recognition (SR)	0.155	0.064	2.440	0.016*
	Family recognition (FR)	0.167	0.071	2.364	0.020*
Work environment	Relationship with patients/ residents (R)	0.503	0.170	2.960	0.004**
	Care process workflow (CP)	0.263	0.135	1.942	0.050*
	Work-life balance (WLB)	-0.331	0.064	-5.182	0.000***

* p < 0.05, ** p < 0.01, *** p < 0.001

The estimated regression constant was -1.602. Based on the sample data, we estimated that work engagement is higher when workers in LTC have good relationships with patients/residents (0.503), when the worker feels his/her work is meaningful (0.408), and is happy with the workflow in the care process (0.263). This can be explained by the fact that a good relationship with patients or residents creates a sense of connection and fulfilment for LTC workers. When they feel valued and appreciated by those they care for, it promotes a positive and supportive work environment. This increases their overall job satisfaction and motivates them to be more committed to their work

[14-16]. Crucial to staff engagement is that they feel their work is meaningful. When employees in LTC understand the importance of their role in improving the quality of life of patients and residents, they develop a stronger sense of purpose. This connection between their work and its impact strengthens their motivation and commitment to provide the best care possible [7]. Finally, satisfaction with the workflow in the care process can contribute to higher work engagement when workers feel they have the resources they need [14-16].

Better social (0.155) and family recognition (0.167) also have a positive impact on work engagement. On the other hand, the results showed that the higher the level of completed education of LTC workers, the lower the work engagement. One possible explanation is the discrepancy between the expectations of highly educated LTC workers and the reality of their work. These individuals may have higher expectations of job satisfaction, autonomy, and recognition, which are not always met in the LTC sector [13]. The same applies to work-life balance (-0.331), i.e., when people feel they cannot maintain a healthy balance between work and family life, their work engagement lowers. The reason behind this is a lack of balance and control over their lives, which can lead to feelings of stress, overload, and burnout [5].

The results show that age, income, and general work demands have no influence on work engagement, which can be explained by the fact that other variables such as inner motivation, job resources (work community and job autonomy), work-life balance, and care processes might be better predictors of work engagement than age, income and general work demands.

CONCLUSIONS

This study examines the key macro-, meso- and micro--level factors that influence work engagement. Looking at the specific components of work engagement, we can see that enjoyment increases with age, and is correlated with education (workers with a national professional qualification feel the most joy, followed by those with a university degree and a college degree) and position (managers and independent contractors go to work with the most joy). In relation to the type of institution, joy is the lowest among those working in nursing homes. However, nursing and care teams show the greatest enthusiasm for and pride in the work done. Furthermore, those LTC workers who believe that their work is valued by society and their family enjoy going to work more and are more enthusiastic. Although income is the most important factor in leaving the LTC sector, there are no differences in workers' work engagement regarding the level of monthly income.

Multiple linear regression shows that the correlation between work engagement and the seven independent variables was strong. Work engagement is higher when eldercare workers have positive interaction with patients or residents, feel their work is meaningful, and are satisfied with the workflow in the care process. Furthermore, better social and family recognition does not only make LTC workers more enthusiastic, but also positively affects their work engagement. On the other hand, despite reporting greater enjoyment, higher educated workers have lower work engagement, which might be due to the gap between expectations and the reality of work; however, new research would be needed to better understand that link. The same applies to work-life balance, which showed that when people feel they cannot maintain a healthy balance between work and family, their work engagement decreases.

To promote employee engagement, LTC employers should invest in collaboration with the staff and all other relevant stakeholders (local and national authorities, the school sector, the media, etc.) to provide a better work environment, especially work resources, to nurture inner motivation and the work-life balance, and to develop social recognition.

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