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Work-home interaction as predictor of engagement among Family Health Units

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1. Background & Aims

Work and family can influence each other in a negative and positive way (Geurts et al., 2005; Jaga et al., 2013; Moreno-Jiménez et al., 2009), having consequences for health professionals, families and work domain (Amstad et al., 2011; Mcnall et al., 2010). One of its important consequences is work engagement (Kacmar et al., 2014; Martin, 2013), being negatively related with negative work-home interaction (Rothmann & Baumann, 2014), and positively related with positive work-home interaction (Montalbán et al., 2012). This study aims to identify work-home interaction and engagement levels among professionals of Family Health Units (doctors, nurses, clinical secretaries) and to analyze the correlation between these two variables, searching work-home interaction as predictor of engagement.

2. Methods

Data were collected inside of a broader project of Pereira (2016), using anonymous questionnaires composed by socio-demographic questions and Portuguese versions of SWING (Geurts et al., 2005; Pereira et al., 2014) and UWES (Schaufeli & Bakker, 2003; Marques-Pinto & Picado, 2011), to assess, respectively, work-home interaction and engagement. After formal institutions' authorization, voluntary participated 263 professionals from Family Health Units of Porto and Viana do Castelo districts (120 doctors, 92 nurses, 51 clinical secretaries), with mean age of 40 years, being 78% female, 67% married, 64% with children and 80% working 40 hours per week. Family Health Units are a special and recent organization model of primary health care in Portugal.

3. Results

Professionals reported moderate levels of negative work-home interaction, positive work-home interaction and positive home-work interaction, and low levels of negative home-work interaction (Table 1). Engagement dimensions were high, and positive correlations were found between engagement and work-home or home-work positive interactions. Negative correlations were found between engagement and work-home or home-work negative interactions.

Regarding regression analysis (Table 2), vigor was predicted by 20% of work-home interaction and 5% of socio-demographics characteristics; dedication by 19% of work-home interaction, and absorption by 8% of work-home interaction and 8% of socio-demographics characteristics.

Stepwise regression (Table 3) revealed that few individual variables predicted engagement, being work-home dimensions the strong predictor.

Table 1. Mean SD and correlations between work-home interaction and engagement dimensions

Dimensions	Mean	SD	Vigor	Dedication	Absorption
Work-home negative interaction (0-3)	1.10	.53	-.339**	-.269**	-.074
Home-work negative interaction	.58	.45	-.303**	-.261**	-.195**
Work-home positive interaction	1.15	.59	.259**	.266**	.119
Home-work positive interaction	1.30	.68	.257**	.264**	.197**
Vigor (0-6)	4.41	1.21			
Dedication	4.61	1.22			
Absorption	4.37	1.25			

*p<0.050 **p<0.010

Table 2. Regression (*Enter*) analysis of individual variables and work-home interaction on engagement

Dependent variable	Predictors	R^2	R^2 *Change*	*F*	*p*
Vigor	Sociodemographic variables	.054	.054	2.919	.014*
	Professional variables	.076	.021	2.576	.010**
	Work-home interaction	.278	.202	7.954	.000***
Dedication	Sociodemographic variables	.019	.019	1.013	.410
	Professional variables	.028	.009	.907	.511
	Work-home interaction	.219	.191	5.805	.000***
Absorption	Sociodemographic variables	.078	.078	4.313	.001**
	Professional variables	.079	.001	2.698	.007**
	Work-home interaction	.147	.068	3.559	.000***

*$p \leq .050$ **$p \leq .010$ ***$p \leq .001$

Table 3. Regression (*Stepwise*) analysis of individual variables and work-home interaction on engagement

Dependent variable	Predictors	R^2	R^2 *Change*	β	*t*	*p*	*F*	*p*
Vigor	Number of family members	.045	.045	.213	3.508	.001***	12.307	.001***
	Professional activity (a)	.019	.019	.138	2.258	.025*	5.096	.025*
	Work-home negative interaction	.115	.115	-.270	-4.767	.000***	20.265	.000***
	Home-work positive interaction	.178	.063	.146	2.302	.022*		
	Home-work negative interaction	.216	.038	-.213	-3.738	.000***		
	Work-home positive interaction	.239	.023	.175	2.781	.006**		
Dedication	Work-home negative interaction	.072	.072	-.207	-3.540	.000***	15.421	.000***
	Home-work positive interaction	.140	.067	.154	2.360	.019*		
	Home-work negative interaction	.169	.029	-.188	-3.198	.002**		
	Work-home positive interaction	.193	.024	.180	2.776	.006**		
Absorption	Age	.051	.051	.215	3.568	.000***	9.668	.000***
	Number of family members	.070	.018	.136	2.250	.025*		
	Home-work positive interaction	.039	.039	.182	3.031	.003**	9.888	.000***
	Home-work negative interaction	.071	.032	-.179	-2.982	.003**		

*$p \leq .050$ **$p \leq .010$ ***$p \leq .001$ (a) as nominal variables, we used lowest value for doctors, followed by nurses, and highest value for clinical secretaries

4. Conclusions

Despite professionals presented high work engagement, these results support the idea that at work is the main source of negative influence, and family is a source of positive influence. It is important that Family Health Units implement actions to promote work-home interaction, being workplaces family-friendly and healthy workplaces, according new EU-OSHA 2016 campaign.

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