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

Cristina Queirós 1,2, Ana Mónica Pereira 1,2, Pedro Monteiro 1,3 & Miguel Camêlo 1,2

1 Psychosocial Rehabilitation Laboratory (FPCEUP/ESTSPIPP), Porto, Portugal
2 Faculty of Psychology and Educational Sciences (FPCEUP), University of Porto, Portugal
3 School of Allied Health Sciences, Porto Polytechnic Institute, (ESTSPIPP), Portugal

ana.monica.pereira@gmail.com sequeiros@fpce.up.pt

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 to negative work-home interaction (Rothman & Baumann, 2014), and positively related with positive work-home interaction (Montalban 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 work-home interaction, and low levels of negative work-home 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 sociodemographic characteristics; dedication by 19% of work-home interaction, and absorption by 8% of work-home interaction and 8% of sociodemographic characteristics.

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

4. Conclusions

Despite professionals presented high 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.

References


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