

Carer Engagement in the Home-Care Provision Industry

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Abstract

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Employee engagement is a concept that can have huge positive bearings on organisational outcomes (Buckingham and Coffman, 1999), specifically in the health industry (Pelzang, 2010; Lee, Lee and Kang 2012). This research will examine the key influencers of engagement for carers in the home-care sector in East Clare.

The home-care sector is going to become an increasingly important one in the years ahead, given Ireland's ageing population. The industry is beginning to be opened up to tender and is currently unregulated (Home and Community Care Ireland, 2014). However, there appears to be very little Irish research done in this area despite it being of such critical social and economic importance both to the individual being cared for and society as a whole. Therefore, it is worthy of more examination. The impetus for the research arose through the researcher working in a large home care provider in Dublin for one day a week for six months. This prompted a curiosity about how the ad-hoc working hours impacted on carer engagement levels.

The methodology used in this research was structured, face-to-face interviews with five carers which was the most appropriate way to gain a comprehensive insight into the area. The interviews were structured around a questionnaire amended from Tellis-Neyak (2007) and allowed the research to generate the "why" of the responses for better understanding (Saunders, Lewis and Thornhill, 2009).

The research found that the carers interviewed display what appears to be a uniquely high level of engagement, to the extent that the main source of job stress is that they can't do more for their clients. Pay appears not to be a significant factor in determining engagement levels. There is a very hands-off style of management resulting in a high level of employee discretion. There is little or no formal recognition of the outstanding work that is done by carers on a daily basis.

The findings are of enormous value as the job of a carer is truly unique and needs to be recognised and valued by their employers and society.

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What does matter is that if you have anything worth-while in you, any talent, you should deliver it. Nothing must turn you from that.

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Introduction

We live in a world where there is more competition than ever before. Having an engaged workforce is a way for businesses to create a competitive advantage, apart from all the other positive benefits it confers. Studies have found engaged employees to be more productive (Lockwood, 2007), generate higher revenue (Corporate Adviser, 2010), are retained longer (Benn and Flinck, 2013) and are less likely to become burnt-out (Maslach, Schaufeli and Leiter, 2001). Buckingham and Coffman (1999) even have evidence suggesting a direct link between company profits and engaged employees.

It is clear therefore why businesses want to foster engagement among their employees. A recent survey has found that engagement is the second most urgent priority in 2014 among Human Resource leaders in 94 countries (Stephan, Walkinshaw and Brett, 2014). This indicates the importance that top management places on employee engagement as a key to business success, but also how difficult it is to achieve.

In the care-giving sector, having engaged employees helps the business nurture a patient-centred approach, which improves the service for the client (Pelzang, 2010). This was corroborated in an empirically tested study subsequently done by Lee *et al.*, (2012) in a hospital setting which found that positive employee engagement can improve customer outcomes and loyalty. This substantiated previous research conducted by Blizzard in 2004, also in hospitals, which found that engaged employees are a useful source of good-will and positive promotion of the services of the workplace.

This researcher would contend that having engaged employees in the home-care sector is even more critical than in industry at large, given that care workers are not providing just another service; they are enhancing the quality of, and possibly prolonging, the life of another. This is an important sector to the Irish economy for many reasons:

1. It is a sector that is experiencing huge growth due to Ireland's ageing population. According to a report by Home and Community Care Ireland (2014), there will be a 54% increase in the number of people aged over 65 by 2025. The Carers Association Ireland (2009) predicted that by 2021 there will need to be 28% more carers than there was in 2006.
2. At the moment 70% of the carers in Ireland are employed by the HSE (Home and Community Care Ireland, 2014). However, there is a huge increase in the numbers now being cared for by private companies, who claim that there are substantial cost savings to be made if the government open up more of the sector to tender. It is imperative that the government ensures high quality, and consistency, of care given that the sector is largely unregulated.
3. The sector is vital to the economy of Ireland with 40,000 people employed (Home and Community Care Ireland, 2014). The jobs are nation-wide, in both urban and rural areas,

requiring little or no investment in infrastructure and are available to people of all educational backgrounds.

The goal of this research therefore is to examine what the key influencers of engagement among carers in the vital home-care sector are, and situate this with regard to the available literature. No single approach to employee engagement dominates the field in methodology or definition; each approach has a different perspective. However, all are clear and unanimous in conclusion that it is something a business will benefit from having.

The literature review will examine the four conceptualisations of employee engagement outlined by Shuck (2011). He views these conceptualisations as the foundations of the literature in the employee engagement field. Most other engagement studies are based on these foundations; for example Tellis-Nayak (2007) base their research on the Harter, Hayes and Schmidt (2002) satisfaction-engagement view of engagement. This thesis will look at the suitability of fit of these concepts to the carer job.

The field of employee engagement is continuously evolving (Newman, Joseph and Hulin, 2010). According to Zigarmi, Nimon, Houson, Witt and Diehl (2009), who investigated research on different approaches to employee engagement, there is no one way more acceptable than another. Academic researchers tend to focus on the psychological construct of employee engagement itself, and how to measure that construct. Practitioners in the field tend to be concerned with business outcomes such as performance and satisfaction (Welfald & Downey, 2009). The same research also concluded that findings that have been well validated in empirical research are not always adapted by HR departments because they don't correspond with business ideas of important outcomes, for example, predicting turnover.

Shuck (2011) states that to choose the right approach to studying engagement levels, researchers should firstly, and most importantly, establish what question on engagement they are hoping to answer. The approach used to study engagement should “*match the question, definition, and chosen measurement tool and be grounded within a HR context*” (Shuck, 2011, p. 320). The literature review aims to follow this advice by structuring the investigation of employee engagement within the context of the employees being carers. This research asks the question “*What factors influence engagement amongst carers in the home-care industry*”? The definition of engagement will be as outlined by Kahn, being:

the harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances (Kahn, 1990, p. 694).

This thesis will then examine factors perceived to influence engagement levels pertinent to carers who provide care to the elderly and special needs children in their own homes. The factors that will be specifically examined are:

- a. the extent to which pay, career advancement and learning opportunities influence engagement.
- b. the levels of communication with management and the extent to which employees use their own discretion at work
- c. the unique aspects of the working hours and the impact on engagement levels and the presence and impact of job stress on engagement.

The research will be based on interviews with carers working at a number of home-care provider companies in County Clare. These companies provide carers to the elderly and children with special needs and their families, enabling people to live at home independently. The intended outcome of the research is to gain a better understanding of what engagement looks like in this industry. With this we can analyse the results to see what is influencing, and what is not influencing, their engagement levels.

This thesis will use the questionnaire outlined by Tellis-Nayak (2007) as a framework for in-depth interviews conducted with carers (please see section 6 -‘Research Question/ objectives’). All interviewees were female, the majority worked with the elderly (in the same company) with only one working with children with special needs (who worked for a different company). This broadly reflects the demographic situation of carers and cared for in Ireland presently (The Carers Association, 2009).

The measurement tool will be an offshoot of the Gallup Work Audit (GWA) questionnaire, coming from the questionnaire used by Tellis-Nayak (2007). Tellis-Neyak (2007) amended the GWA which relates to Harter *et al.*'s (2002) satisfaction-engagement framework, and has been widely used in practice. It has been established empirically that Kahn's (1990 and 1992) work is a conceptual fit with the GWA as they both measure emotional and cognitive engagement. Harter *et al.*'s (2002) framework, however, also adds the dimension of ‘satisfaction’ to its framework of employee engagement.

In this way the research will investigate what engagement attributes carers show and what factors appear to influence this engagement. It is hoped that this research will be of interest to carers working in the home care provision sector in Ireland, management involved in the care industry and those who have a vested interest in the caring sector, such as the government.

Literature Review

It is generally accepted that there are four main frameworks on which the majority of the literature on employee engagement are based. These four frameworks will now be examined in detail, as well as additional factors that influence engagement.

Framework 1: Kahn (1990) need-satisfying approach

In 1990 Kahn gave the world the first understanding of employee engagement. He identified employee engagement as a separate concept to other theories popular at the time, such as organisational commitment and job satisfaction. He realised that to generate a definition of engagement, he needed to study the concept in divergent settings to identify commonalities pertaining to the concept. His qualitative research was based on the fact that settings with different organisational hierarchies and work boundaries should still produce similar characteristics of what it means to be engaged.

Kahn (1992) aims to identify the moment in which workers bring themselves into, or shrink themselves from particular duties involved in their job. His research attempts to identify the variables that explain why employees behave as they do in a work environment. Kahn (1992) states that engagement is when:

self and role exist in an active way - whether working alone or with others, people engaged in their work will become involved in their role in ways that display what they think and feel, their creativity, their beliefs and values, and their personal connections to others (p. 323).

It is clear therefore that engagement manifests itself physically, mentally and emotionally. This is similar to the ideas put forward by Maslow (1954) and Alderfer (1972). Kahn's (1990 and 1992) research premise was grounded on two things; engagement is driven from (a) the person themselves, and (b) can be influenced by outside factors such as the role itself, and organisational and group factors. Meaningfulness, safety and availability were the three psychological conditions whose occurrence influenced people to engage or whose absence influenced them to disengage (Saks 2006; Kumar and Swetha 2011).

Employees seem to unconsciously ask themselves three questions, and to personally engage or disengage based on the answers. They are:

How meaningful is it for me to bring myself into this performance?

How safe is it to do so?

How available am I to do so? (Kahn, 1990, p. 703)

1.1 Meaningfulness is the feeling that one is receiving something in return for one's effort and energy. Three influences generate meaningfulness: task characteristics, role characteristics, and work interactions (Kahn, 1990).

- Task characteristics – when employees do work that is challenging, clearly defined, diverse and somewhat autonomous, they are more likely to feel psychological meaningfulness.
- Role characteristics – has two components that influence the experience of psychological meaningfulness.
 1. Roles carry identities that employees are implicitly required to assume. They can like or dislike those identities and the stances toward others they require. Kahn (1990) states that employees typically do so on the basis of how well the roles fit how they see, or want to see, themselves. Kahn's (1990) seminal research was at an American summer camp and he studied counsellors that both taught the campers, which required trust, and policed them, which required distrust. Counsellors usually found one or the other identity, 'teacher' or 'policeman', more meaningful, although at times they were frustrated by the paradox of needing to be both, and found neither meaningful.
 2. Roles carried status, or influence. When people occupy valuable positions in their systems and gain status, they experienced a sense of meaningfulness (Kahn, 1990). In Kahn's work in the summer camp, as well as at an architectural firm, particular activities at both were less central than others, and widely perceived as such. People performing those tasks were susceptible to feeling unimportant, particularly if others treated them as unimportant.
- Work interactions – people experience psychological meaningfulness when their task performances include fulfilling social interactions with colleagues and clients. Meaningful interactions promoted pride, self-confidence and a sense of purpose. It builds reciprocal relationships in which people want to give to, and receive from, others and so fosters a sense of meaningfulness (Kahn, 1990).

1.2 Psychological safety occurs when an employee feels able to show and express themselves at work without fear of negative repercussions to their self-image, status, or career. This means that employees need to feel they are in an environment where they trust they will not suffer for their engagement. The data indicated that four factors most directly influenced this – interpersonal relationships, group dynamics, management behaviours, and organisational norms.

1.3 Availability is the sense of having the physical materials, emotional and/or psychological resources to personally engage at a particular moment. It measures how ready people are to engage, given the distractions they experience, both at work and outside of work (Kahn, 1990). The premise underlining availability is that employing and expressing the self in tasks requiring emotional labour takes a certain level of effort, that personally disengaging does not (Kahn, 1990).

‘Availability’ also corresponds to how employees feel about their work and their status in terms of security and stability (Kahn, 1990). For example, Kahn (1990) found that new or low status employees of the organisations were susceptible to lower engagement levels as they felt less secure about their work. If employees are ambivalent about the organisation and its purpose, Kahn (1990) states they will be low on availability and thus engagement.

Framework 2: Maslach *et al.* (2001) Burnout-Antithesis

Maslach *et al.*'s (2001) scale measures engagement through its anti-thesis, burnout. This framework measures levels of exhaustion, cynicism, and ineffectiveness in order to obtain an assessment of engagement levels. The theory originally stemmed from the health-care industry, where it was noticed that the constant interaction with patients, in often stressful situations, was causing burnout amongst staff (Shirom, 2003).

The definition of engagement in Maslach *et al.*'s (2001) approach leaves out the cognitive engagement process mentioned by Kahn (1990). This approach conceptually frames engagement as the positive antithesis of burnout. Therefore engagement and burnout are viewed along a single spectrum. Some academics, such as Macey and Scheider (2008), would not agree with this perspective as they would view the two concepts (engagement and burnout) as operational in their own right.

Schaufeli, Salanova, Gonzalez-Roma and Bakker (2002) have furthered Maslach *et al.*'s (2002) idea by creating the Utrecht Work Engagement Scale (UWES) which was empirically tested and focuses on a slightly more positive view of employee engagement characterised by vigour, dedication and absorption, rather than its anti-thesis, burnout, which Maslach *et al.* (2002) focused on.

Framework 3: Harter *et al.*'s (2002) satisfaction-engagement approach

Under this framework, engagement is defined as an “*individual's involvement and satisfaction with, as well as enthusiasm for, work*” (Harter *et al.*, 2002, p. 417). It is measured using the Gallup Work Audit (GWA) questionnaire. The GWA has a strong reputation in practice as it has been used to measure engagement in thousands of workplaces in multiple industries. The use of this questionnaire aims to tie an academic concept of engagement to real-life practice. It has been established empirically that Kahn's need-satisfying approach (1990 and 1992) is a conceptual fit with the GWA

as they both measure emotional and cognitive engagement (Luthans and Peterson, 2001). Harter *et al.*'s (2002) framework, however, also adds the dimension of 'satisfaction' to its definition of employee engagement.

The GWA was designed to assess two broad categories affecting engagement:

- (a) employee attitude: by looking at signals such as satisfaction, loyalty, pride and intention to stay with the company
- (b) issues within a manager's control that influence employee attitudes.

Buckingham and Coffman (1999) had the first widely publicised conceptual literature to distribute GWA. This framework states that the front-line manager is the key to attracting and retaining talented employees. They state that if a company lacks great front-line managers, then generous pay and training will not be enough to overcome any negative effect on employee engagement.

They suggest guidelines that the best managers should follow in order to increase engagement. These managers select an employee for:

talent, rather than for skills or experience. They set expectations for employees by defining the right outcomes, rather than the right steps. The best managers motivate employees by building on each person's unique strengths, rather than trying to fix his weaknesses (Buckingham and Coffman, 1999, p. 63)

Great managers develop employees by finding the right job-fit for each person and not necessarily focusing on their advancement up the career ladder. This focuses on management behaviours as being an influencer of engagement is an important premise of Harter *et al.*'s (2002) theory. Luthans and Peterson (2001) found that manager self-efficacy, i.e. the belief they had in their own ability to reach a goal, had a positive relationship with employee engagement. The GWA suggests that managers must help to create an environment in which their employees become both emotionally engaged (i.e. by forming bonds to their work, colleagues, and their managers) and cognitively engaged (i.e. have a sense of mission or purpose, and are provided with information and feedback).

This research has been confirmed by Greenberg and Arakawa (2007) who provide evidence that a managers' style of management can affect the level of employee engagement. Also, building on the theory of Harter *et al.* (2002), Wagner and Harter (2006) outline specific strategies for how managers can create an environment that will create engaged employees.

3.1 Management influence on engagement levels

The influence of management behaviours on employee engagement levels is an important one amid literature surrounding employee engagement.

For example, Gebauer and Lowman (2009) describe the ‘engagement gap’; this they state is the result of the ‘10 top drivers of engagement’ not reaching its full potential. Three of these drivers directly relate to managerial influence: senior management’s sincere interest in employee well-being, an individual’s relationship with his/her supervisor and having excellent career advancement opportunities (one assumes, if the organisational structure permits). Lack of effective achievement of these engagement drivers creates an ‘engagement gap’, where employees are not delivering in work to their full potential. Likewise, Robinson & Heyday (2009) have identified management behaviours which can provide the support and development necessary to impact positively on employee engagement. Their case-study of managers, selected from a group of highly engaged workforces, found that what these successful managers had in common, was not personality, but behaviours. They showed care and interest in their employees as people and nurtured their development.

3.2 Management behaviours critical to engagement

3.2.1 Communication

The communication skill of a manager is considered the most important factor for creating engaged employees in many anecdotal works (Winsbrough, 2009). Communication is a two-way process, involving listening and speaking. Managers who are aware that effective communication involves this two-way process are rewarded with higher engagement levels.

Gatenby, Rees, Soane and Truss (2009) suggest that when managers facilitate the employee voice in decision making, engagement is higher. Likewise, communicating the goals and direction of the organisation, and giving feedback on performance to employees is another important part of communication that can have a positive effect on engagement (Truss, Soane and Edwards, 2006). In the health care professions specifically, ensuring that employees understand their “*contributions, purpose, and importance*” to the success of their organisation achieved through effective communication, often builds engagement in this industry (Health Care Registration, 2010, p. 3).

3.2.2 Autonomy and meaningfulness

The level of autonomy given to an employee is very much at the discretion of the manager. Salanova and Schaufeli (2008) term this autonomy ‘discretionary behaviour’, and found a positive correlation between autonomy and strong engagement levels. This reinforces what Kahn (1990) stated with regard to task characteristics (previously referred to under ‘Framework 1’).

Conversely, McDonalds (the restaurant chain) has very high employee engagement levels, despite having highly automated and low-in-autonomy work processes. Brown and Reilly (2013, p. 115) suggest this engagement is reinforced by distinctive rewards. This gives Human Resource

departments the opportunity to compensate for low autonomy constraints and influence engagement by adopting total reward packages, which can include recognition and communication. Interestingly, employee categories (segmented by, for example, age and gender) have been found to engage in differing ways with reward packages (Brown and Reilly, 2013).

As its very foundation is in caring, health care offers opportunities to achieve meaningful work. However sometimes employees still need help finding the meaning (Jenaro, Flores, Orgaz and Cruz, 2001). This ties in with what a study by Palmer (2012) has found that in addition to what healthcare workers actually do and the meaningfulness that naturally is a part of it, such as providing care to the elderly, attention needs to be placed on what employees feel is the significance of what they do. This can be achieved by recognising and acknowledging to them the difference they are making in the lives of the clients under their care.

3.2.3 Teamwork

Effective team-work, or having employees who support one another, cultivates ‘psychological safety’ among employees, according to Kahn (1990). He sees this as a positive contributor to employee engagement as people feel comfortable and safe to be themselves. The perception that your supervisor is supportive is important for developing a team environment and employee engagement (Saks, 2006). He states this is because employees view this support as ‘organisational support’ and are therefore more willing to give added effort for the sake of their colleagues and organisation.

However, it is not necessarily an easy thing for a manager to conduct the behaviours that foster engagement as there are many barriers that managers may face (Gonzalez-Roma, Schaufeli, Bakker and Lloret 2006; MacLeod and Clarke 2009). Lack of training for managers, having a bad attitude, and having an overloaded work-schedule can make it difficult for managers to display engagement-creating behaviours.

McGee and Rennie (2011) have attempted to show how management should behave to create and enhance engagement. These behaviours see the manager modelling behaviours that serve and enable employees, with a clear emphasis on teamwork and creating a culture of inclusivity. Interestingly, Kular, Gatenby, Rees, Sloane and Truss (2008) would attribute the creation of a cohesive and inclusive work-place culture as a central reason why workers in the not-for-profit sector (e.g. charity workers) are more engaged than their private sector counter-parts.

Framework 4: Saks’s (2006) multi-dimensional approach

This framework agrees with aspects of both Kahn’s (1990) and Maslach *et al.*’s (2001) models that indicate the psychological conditions or pre-requisites necessary for engagement. However, in Saks (2006) view this does not entirely explain why employees respond with varying degrees of

engagement to situations. Saks's (2006) multi-dimensional approach believes it explains this variance using Social Exchange Theory (SET).

It is the premise of SET that engagement is created as a means for an employee to repay their organisation. The varying levels of engagement given by employees is said to be in response to the resources they receive from their organisation. The resources received could be monetary or psychological (for example, giving support). Being engaged in one's work means greater cognitive, emotional and physical efforts given to the firm on behalf of the employee. SET sees engagement as a profound way for employees to respond to organisational circumstances without incurring damaging outcomes to themselves. In other words, employees may reduce engagement and make less of an effort at work but not to the extent that they jeopardise their job. Reduced engagement is a way for an employee to make less of an effort, without having performance dip so low they risk their employment being terminated.

Comparisons can be drawn with SET theory and the GWA questionnaire (based on Harter *et al.*'s (2002) satisfaction-engagement approach), by analysing the 12 questions that make up the GWA through the lens of how supported the employee feels. For example, "*I have the materials and equipment I need to do my work right*". This gives us an indication of what employees feel they are getting back from the organisation.

Aon Hewitt have taken this approach in their most recent sets of engagement surveys when they considered the question "*what do employees need in order to be engaged?*" instead of the typical engagement question "*what should we do to engage employees?*" (Aon Hewitt, 2013, p. 1). This highlights the reciprocal aspect of employee engagement identified in the SET theory – we give something, and we get back a level of engagement.

5: Additional variables affecting engagement levels

5.1 Pay

There are many contrasting views on the importance of pay on engagement levels. Aon Hewitt, who conduct an annual survey on engagement among many industries state that pay is one of the top drivers of engagement, and has moved up in the engagement driver ranking from 6 in 2011, to 3 in 2012 (Aon Hewitt, 2013).

In the public sector, research conducted by the Cabinet Office of Great Britain in 2008 it was found that pay was ranked the 77th most important factor for public servants to feel motivated at work. This finding is surprising as it means they have 76 more important reasons to come to work, other than pay. This is thought to be because the desire to improve wider society is considered a more important

factor than pay, i.e. doing meaningful work (Personnel Today, 2008). This is particularly relevant in the home care sector.

A survey among NHS staff in Britain has found that pay is typically not identified as a primary motivator, but remains a reasonably important factor in people's assessment of their jobs. Health care analyst Todd Patkin states that gratitude and autonomy encourage engagement more than "money and corner offices" (Health Care Registration, 2014, p. 5). However, research suggests that if skill levels or responsibility increases, staff should be rewarded suitably, otherwise it creates resentment (Miller, Broughton, Tamkin, Reilly and Regan, 2007).

Conversely a study has found that if employees feel that their reward levels are lower than the market average, it has a negative effect on engagement levels (Benefits & Compensation International, 2011). Paradoxically, Brown and Reilly (2013, p.152) states that companies should aim for 'best-fit' rather than universal 'best practice' models regarding pay practices. This means that the overall pay package should be tailored to the requirements of its workforce and makeup (Brown and Reilly, 2013). A business should not be overly influenced by market rates, but should instead opt for a reward package that fits the business.

Other factors impact on the influence of pay on engagement levels. Female manual workers are primarily motivated by the fit of their working hours with their home life situation, though they were also sensitive to wage rates (Brown & Reilly, 2013). The home-care industry may be ideal to give female workers this flexibility in working hours to accommodate home-life.

A number of authors write about the importance of non-financial rewards used as motivators to create engagement (Woodruffe 2005; Brown 2008; Corporate Adviser 2010; Lane 2012). In fact, 57% of companies planned to increase their focus on employee engagement at the next review of their reward programs (Compensation & Benefits Review, 2009, p. 6). Additionally, in an empirical study on elderly care organisations, it was found that non-monetary rewards, especially psychological rewards, such as a feeling that one's work is appreciated, are connected to all aspects of work engagement (Hulkk-Nyman *et al.*, 2012).

5.2 Part-time work

An interesting aspect of engagement is to see if levels differ between part-time and full-time workers. A factor in analysing the impact of flexible working hours is that there are at least two kinds of part-time arrangement – voluntary arrangements where the employee has chosen to work part-time because it suits their lifestyle, and involuntary arrangements decided on by the employer to fit in with particular business needs. The finding from an empirical study by Johnson *et al.* (2008) was that engagement levels were practically the same for full-time and part-time workers. This may help to debunk the myth that part-time workers show less committed behaviours as they are less engaged.

Offering variable work hours has been found to improve employee engagement (Smith, 2008). This may tie in with the employee feeling supported and valued, and also gives an employee some feelings of autonomy, as they can to some extent control their hours worked. There is no major research on the impact of shift work and its impact, if any, on employee engagement.

5.3 Interaction with colleagues

It can be seen in some industries that many employees will spend as many, or more, waking hours with their colleagues as they do with their families. The GWA employee engagement research has shown the importance of close ties in the workplace, in particular those who report having a best friend at work (Mazzuca, 2005). Similarly, Sivarethinamohan and Aranganathan (2011) found that engaged employees have a more positive attitude towards their colleagues.

Building harmonious and close relationships among colleagues can be difficult for management to foster. Mulkeen (2007) has found that 37% of all managers look after teams who are either entirely, or mostly, based away from the office. This creates a difficulty for management to foster engagement.

Other studies have shown that the relationship with colleagues has more of an influence on engagement levels than the one with their manager. Paterson (2013) found that an employee's relationship with their colleagues is 23% more connected to happiness at work than their relationship with their line manager. Berry (2004) finds the opposite; relationship with managers was a factor more significant than relationship with colleagues in influencing engagement levels.

However not all social support is beneficial for engagement; findings are that if the support focuses overly on the negatives of the situation, it does not create engagement (Boren, 2014). This report was looking at social support as a means of reducing stress and burnout.

5.4 Learning

The opportunity to learn at work can increase an employee's engagement (Lee and Bruvold 2003; Porter 1990). Shuck (2011) investigated articles about organisation-funded training and development programs. He found that those surveyed who were drawn to learning experiences did so because it was part of their personality, paralleling work by Kahn (1990) and Shirom (2003 and 2007). However as this is an innate part of personality, it will not be the case for every employee.

Some companies offer a tailored learning program for each individual employee (Everson, 2014). Perhaps they envisage that personalised, formal learning programs will offer more of an engagement

opportunity to employees. Kahn (1990) states that general learning opportunities fall under the meaningfulness, safety and availability employee engagement building blocks. However, Shuck (2011) suggests that for some employees, informal learning offers additional engagement opportunities.

Learning as a domain of engagement, as mentioned by Kahn (1990) when he writes about 'availability', will not be an engaging experience for all. Incidental learning – continuous, informal opportunities to learn something new at work, kept certain employees interested, turning work into a motivating and engaging experience.

5.5 Career advancement

A study has found that employees view career development opportunities as vital for job satisfaction (Training and Development, 2011). Interestingly, engagement in Asia is postulated to be lower than America and Europe. This is thought to be because of the ease with which one can change employers in Asia to advance one's career, rather than having to focus on the current one for career advancement (Tan & Kaye, 2013). Therefore promotion as a motivator for engagement is less important in Asia than in Europe and America. This idea perhaps has similarities to the previously mentioned SET theory, in that engagement is given as an exchange for something in return. If employees do not value what you are offering, it is more unlikely that they will be engaged.

In stating that, career advancement may be a driver of engagement on an individual basis. Benn and Flinck (2013) advise selecting employees who are aligned to the company goals. Thus, if the structure of the organisation is flat, with little career advancement, it is essential that employees are satisfied with this situation in order for the company to foster engagement.

Call centres are an interesting case study on the challenges of engaging a large number of employees on the same pay grade and job level, with limited career advancement opportunities. In their study of one such call centre, Hillmer, Hillmer and McRoberts (2004) aimed to see what would improve engagement levels of the call-centre workers, given the challenging characteristics of the job. Hillmer *et al.* (2004) found that a strategic use of employee surveys, and following up on action plans gleaned from the data found, can make a dramatic difference in engagement levels in this unique environment. The benefits of following up on survey findings appear clear but is not always done. Wiley and Legge (2006) state that if a company takes the time to conduct an engagement survey on its workforce, they must ensure it has the resources to act on it. An engagement survey should be the roadmap you use to obtain the business results you want.

In conclusion, this literature review has considered the four main frameworks of employee engagement, – each with their own definition of what to be engaged means. No one theory of engagement dominates the field in both literature and business (Wefald and Downey, 2009). It also

examined other factors that influence engagement, such as pay, hours of work, interaction with colleagues, learning opportunities and career advancement opportunities.

6. Research question/objectives

Shuck (2011) advises that in order to understand and predict engagement, each leg of the research triad (i.e. the research question, definition and measurement tool) should be complementary. With this in mind, the research question is:

What are the key influencers of engagement among carers in the home-care sector?

The research objectives have been drawn and amended from a questionnaire used by Tellis-Neyak (2007), which is based on Harter *et al.*'s (2002) satisfaction-engagement framework. Harter *et al.*'s (2002) framework is a conceptual fit with Kahn's (1990 and 1992) definition of engagement, as they both include emotional and cognitive factors relating to engagement, but the former also includes the dimension of satisfaction in its definition. Tellis-Neyak (2007) undertook their research amongst carers in nursing homes across America and has excellent statistical validity.

The sub-objectives are then:

- a. **To ascertain the extent to which pay, career advancement and learning opportunities are motivating factors on engagement**

There are opposing views in the literature as to the impact of pay as a driver of engagement. There are differences reported between public (Personnel Today, 2008) and private sector workers (Aon Hewitt, 2013), by worker grade and gender (Brown and Reilly, 2013) and also the use of non-monetary rewards in reward programs (Hulkko-Nyman, Sarti, Hakonen and Sweins, 2012).

A study has found that employees view career development opportunities as vital for job satisfaction (Training and Development, 2011). Benn and Flinck (2013) state what is important is that the employee is aligned with the structure of the organisation, be it flat or hierarchical. Additionally, learning on the job, as well as company-sponsored training and development programs have been found to be engaging only for certain people, as part of their personalities (Kahn 1990; Shirom 2003 and 2007).

b. To investigate the levels of communication with hierarchy, the role of manager and employees' discretion.

The focus on management behaviours as an influencer of engagement is an important idea of Harter *et al.*'s (2002) theory. Management behaviours mentioned necessary for engagement include effective communication (Truss *et al.* 2006; Winsbrough 2009) and the development of a team environment and culture (Saks 2006; Kular *et al.* 2008). Additionally, giving employees a level of autonomy has been mentioned as a way to create engagement (Kahn 1990; Salanova and Schaufeli 2008). Research objective (b) therefore, will attempt to investigate management influence on carer engagement.

c. to investigate the unique aspects of the working hours on engagement levels and the presence, if any, of job stress and its impact on engagement.

Maslach *et al.* (2001) state that job stress is on a continuum of two extremes - burnout and engagement. Having supportive relationships from colleagues and managers is found to help with job stress, unless it is excessively focused on problem talk (Boren, 2014).

Kahn (1990) states that engagement is dependent on the level of distraction people experience both inside and outside work. Hours worked have an impact on how heavily these distractions are felt. Burnout as a result of hours worked in stressful situations is a theory by Maslach *et al.* (2001). Offering variable work hours has been found to improve employee engagement (Smith, 2008). Research objective (c) will aim to discover the impact of working hours on the engagement of carers.

7. Methodology

This section will outline the research methodology used to investigate the factors influencing the engagement of carers working to provide home-care to the elderly and special needs children and their families. In order to inform the reader why and how the research was conducted, this section will outline the research philosophy, research approach and research strategy. This will aim to justify the approach to testing the academic literature previously discussed and to investigate what engagement theories, or what aspects of the theories (if any) apply to carers, and what the influencers of this engagement are. Finally the limitations of this research will be discussed.

7.1 Research Philosophy

The research philosophy relates to the way in which a researcher develops new knowledge that contributes to additional understanding within a certain field (Saunders, Lewis and Thornhill, 2009). There are two main research philosophy strategies (a) ontology, which relates to what entities exist and how to group them, noting similarities, differences and hierarchies and (b) epistemology, which relates to what knowledge is and how you gain it (Saunders *et al.*, 2009). Within epistemology there are three different philosophies which a researcher can embrace; positivism, realism or interpretivism, with interpretivism being the perspective chosen for this study.

This is based on the belief that as humans have the ability to think and make choices, scientific methods are not an appropriate way to study them (Remenyi, Williams, Money and Swartz, 2005). Accordingly, this philosophy would appear to be the most suitable for this study because of the varying ideas of what engagement means. In this philosophy, the researcher not only interacts with the environment but seeks to make sense of it through her interpretation of events (Saunders, 2003).

As one of two ontological positions, objectivism as opposed to constructivism has been chosen for this study because it portrays that “social entities, such as organisations, in reality exist externally to social actors” (Saunders *et al.*, 2009, p. 63). The literature review, through its investigation of employee engagement via the four major frameworks and also the perceived influencing factors, suggested that although an individual and organisation are related, they also exist separately from one

another. For this reason, it is felt that an objectivist position is best. Subjectivism is often synonymous with qualitative methodology – however it doesn't have to be the case (Ratner, 2002). Objectivism states that the researcher's subjectivity can enable him or her to accurately comprehend the world as it exists itself. Objectivism integrates subjectivity and objectivity because it argues that:

Objective knowledge requires active, sophisticated subjective processes – such as perception, analytical reasoning, synthetic reasoning, logical deduction, and the distinction of essences from appearances (Ratner, 2002, p. 53).

For this reason, objectivism is deemed the best fit for this research.

In summary, therefore an interpretivist epistemology with an objective ontology is deemed to be the most suitable way to investigate engagement factors in the home-care sector.

7.2 Research Approach

There are two types of research approaches used to gain an understanding of the relationship between theory and research: deductive and inductive. With deductive theory, the investigation of a topic begins with the literature, and hypotheses are then constructed around this (Saunders *et al.*, 2009). These theories are then examined at the research stage (Saunders *et al.*, 2009).

In contrast, inductive theory first develops a hypothesis based on observation, and then analyses the findings which can be compared against previous literature or developed to create a new theory (Saunders *et al.*, 2009). This approach often results in large amounts of data being collected but can prove difficult to analyse concisely (Bryman & Bell, 2003). However, when one is trying to understand 'why' something is happening as opposed to being able to describe 'what' is happening, inductive rather than deductive is the most appropriate approach (Saunders *et al.*, 2009).

The research originally was going to be a questionnaire emailed to approximately one hundred carers all working for the same home care provider based in Dublin. However, the home-care provider, despite having previously stated that this was in order, withdrew their support for the project just as the questionnaire was on the point of being emailed to their employees. Their reason for withdrawing support was concerns over employee confidentiality. This led to an evaluation of the other research methods that could viably be used instead, taking into account time considerations; these alternative research methods are examined later. In-depth interviews based on the questions as already prepared for the questionnaire seemed the optimum solution.

Thus the research adopted an inductive approach via interviews, which allowed the research to delve more deeply into the topic. An inductive approach allows the researcher to identify patterns across the interview responses and re-package them in a way that agrees or disagrees with the theory

(Bryman and Bell, 2003). Thus by using a statistically robust questionnaire as the interview schedule, the research approach became a complementary one, with the use of both inductive and deductive aspects. The use of the questionnaire gave a broad structure to the pertinent issues while using these questions in an interview setting allowed an understanding of the ‘why’ of the responses.

Qualitative evidence uses words to describe situations, while quantitative evidence uses statistics to generate a meaning from a set of observations (Remenyi *et al.*, 2005). The construction of a narrative will depend largely on qualitative information. Hypothesis/paradigms generally depend on both qualitative and quantitative evidence (Remenyi *et al.*, 2005). The divide between the two is narrow, according to Remenyi *et al.* (2005). According to Czarniawska (1997, p. 63):

any attempt to trace the dividing line between narrative and scientific knowledge in texts regarded as representing one of the two kinds of knowledge, soon reveals that ‘science’ is closer to ‘narrative’ than one might think. There is an abundance of stories and metaphors in scientific texts, while folk tales and fiction build on facts and sometimes even play with formal logic. Thus many works in the humanities and social sciences suggest a rapprochement between the two kinds of knowledge and consequently between the two types of text.

The quote highlights what this researcher found in undertaking this research – there was an overlapping of narrative and scientific knowledge in the use of the questionnaire-based interviews.

Extensive reviewing of previous methodologies and data collection instruments relating to engagement research suggested there was no one best way. Much of the non-academic work around engagement makes claims of what and how to increase engagement, without empirical research. Kahn (1990 and 1992), who originally created the idea of engagement used qualitative research. He interviewed workers in two different work environments to generate a concept of engagement that would work in any context.

Much of the quantitative research on engagement has been based on the Gallup Work Audit (GWA), it being extensively used in business, and also the Utrecht Work Engagement Scale (UWES) questionnaire, based on Maslach *et al.*'s (2001) theory. This research chose not to use the UWES survey as the concept of burnout was not deemed to be the most useful to measure engagement in this setting, as carers work sporadic hours.

To avoid circularity, Gillham (2000) outlines a process where evidence collection, hypothesis construction and theory building is an ongoing, iterative process, progressively becoming more focused over time. In the secondary analysis phase, the researcher will return to the literature and attempt to work with concepts from such theory as does exist, in relation to the categories that have emerged from the evidence collected.

7.3 Research Strategy

Ultimately, Shipman (1997) states, there is no superior form of sampling method. He contends that the key to the quality of all samples is their relation to the aims of the research and the care taken by the researcher, including honesty and transparency. Following this advice, this methodology section aims to explain the choices made as regards research methods used.

The carers chosen to be interviewed were based on a 'convenience' sample of carers (Saunders *et al.*, 2009). Three of the carers interviewed were personally known to my aunt, who knew them to be carers in her locality in East Clare. After contacting three carers initially, they suggested other people they knew that were carers, and contact was made until five people agreed to be interviewed. The literature calls this 'snowball' sampling, which involves obtaining the next respondents from those already interviewed (Gillham, 2000). Shipman (1997) states that this lack of control can produce a biased sample, but acknowledges that it is balanced by the absence of non-response. The problem of non-response is an obvious deficiency of questionnaire sampling.

The carers were all women, working in County Clare. They ranged in age from mid-thirties to mid-sixties. Four of the five interviewees did home-care work with the elderly, and all worked for the same company (Interviewees A, B, C, D). Interviewee A retired in the last three months, having worked as a carer since 1987. Interviewee E was a home-care worker with children with special needs, and worked in a different company to the other four carers.

Judgement sampling is the term given to research where individuals that are representative of a target population are selected for study (Gillham, 2000). The price of this flexibility is that levels of confidence levels in the statistics generated may be reduced i.e. doubts about the reliability or authenticity of the sources chosen, as it is at the researcher's discretion as to who is chosen. (Denzin and Lincoln, 2005). Paradoxically, the selection process is purposive as it is chosen to serve the aims of the research, i.e. in this case to investigate carer engagement influencers.

This research used 'focused' face-to-face interviews. Remenyi *et al.* (2005) states that focused interviews involve an interviewee being interviewed for a short period of time, for example an hour. Each interview was between thirty to forty-five minutes long. This was felt to be sufficient time to gain an understanding of the interviewees' perspective and respect their other commitments that needed to be attended to that day. The boundaries for the data collected from the interviews were what was expressed verbally and the manner in which it was said. It also included non-verbal cues, such as say, laughing and pauses. As previously stated, the questionnaire formed the basis for the interview schedule and did not veer too far from it, unless it was appropriate to ask follow up questions to get a better understanding of what was said.

In this case the Tellis-Neyak (2007) survey (adopted) was ideal as it allowed the research objectives to be examined. The questions were general but related to the key concepts within the engagement literature, and in this way allowed for a 'semi-structured' style interview (Bryman and Bell, 2007). Semi-structured interviews allow the interviewer to investigate issues that appear during the course of the interview, giving greater meaning and understanding. This data collection method is suitable for an interpretivist epistemological philosophy such as this one, according to Bryman and Bell (2007). Additionally, Bryman and Bell (2007) state that semi-structured interviews tend to give valid research, on the condition that the interviewees are assured of their anonymity.

This research used an amended version of the survey by Tellis-Neyak (2007) based on Harter *et al.*'s (2002) satisfaction-engagement approach. It is a more in-depth version of the GWA, which was adapted for carers in a nursing home. It is statistically robust, with Cronbach's alpha of 0.86, 0.91 and 0.93. Some questions are identical to the GWA: "*I have the materials and equipment I need to do my work right*". The rest may be seen as expanding on the original GWA version. For example the GWA doesn't ask about "*Inter-shift communication from the office*". Inter-shift communication was a question in the original questionnaire which would have been appropriate to the original target but, as will be seen later under findings, was not really relevant to the subsequent target audience. Questions were added to the survey from reading the pertinent literature that the researcher thought was applicable to carers. So to investigate these factors further the interview schedule included questions such as, "*What opportunities do you have at work to use your own discretion?*", "*How do the hours you work fit in with your home life?*", "*What is your satisfaction with opportunities for career advancement?*" and "*Do you feel part of a team?*" in order to more fully analyse the influencers of engagement in a carer setting.

Each person approached for interview immediately agreed to participate and all travelled to my aunt's house to take part, even though the offer was made of visiting them in their own homes. Four out of five interviewees drove a minimum of a twenty kilometre round-trip to be interviewed, which is a significant degree of effort on a Saturday. One of the respondents referred to the fact that she may be taking too long and the next interviewee would be waiting, so there was an awareness that there were more interviews taking place. Afterward, each person had tea and a chat with my aunt while the researcher continued with the next interview. Each interviewee was given a small gift to compensate them for their time and effort. All were very appreciative of it and had not expected anything. Most of the interviewees knew each other but not all.

The interviews took place in the sitting room of my aunt's house and both interviewer and interviewee sat at an angle to each other. A tape recorder was situated on an adjacent coffee table. The researcher did observe that most respondents sat perched on the edge of the arm-chair initially but as they became more comfortable with the interviewer and the process, they settled back into the arm-chair. The interviewer at all times sat on the edge of the chair both to convey empathy with the interviewee and more practically, to be closer to the tape recorder. All interviewees were very diligent in

answering the questions and a number of times the researcher had to re-assure them that there were no right or wrong answers, and they were not 'rambling', as one of them stated.

Validity refers to the degree to which the methodological tool measures what it states it measures (Bryman and Bell, 2007, p. 101). To improve the validity of this research, all carers interviewed were asked the same base questions (some were asked additional questions to give greater meaning), in the same room and with the same background noise level and environmental conditions.

7.4 Alternative research strategies considered

1. Questionnaires offer high reliability in terms of consistency (Saunders *et al.*, 2009), however it was not practicable to give questionnaires due to lack of access to generate enough responses to make the data meaningful.
2. Conducting a focus group was another alternative method considered. Focus groups can provide immediate feedback on questions asked, and so is a speedy method of data collection (Denzin and Lincoln, 2005). However this method was quickly ruled out as it was felt it would lack depth, not be confidential enough with regard to the interests of the carers' clients and there may be a risk of social pressure to 'say the right thing' (Denzin and Lincoln, 2005). One-to-one interviews, as conducted, avoid the issue of group think (Shipman, 1997).
3. A case study would allow an in-depth insight into one organisation. This would have been beneficial for this research as it would have allowed a detailed analysis of the carer situation, from both the carer and management side, as this has not as yet been extensively researched, as far as this researcher is aware. However this was not possible due to access and time constraints issues. Also in the limited time available, the researcher thought it more valuable to focus on carer perspectives, as opposed to management. Case studies do not lend themselves to a generalizability of findings (Saunders *et al.*, 2009).

7.5 Ethical considerations

The researcher believes the research may be ethically sounder because it interviewed carers directly, without having to get access to them through an organisation. It is not influenced by an organisation that may want certain questions asked, or not asked, for ulterior motives. In this the research aims to be reliable as outlined by Denscombe (2007) by using a research process that provides a true reflection of the research findings. Therefore these results would give a consistency of findings should the process be repeated.

All participants understood the nature of the research and were happy to be interviewed and have their responses used for analysis. Interviewees' names or the company names were not used in the interview. This anonymity will also hopefully deliver reduced acquiescence and social desirability bias (Saunders *et al.*, 2009). The researcher knew none of the respondents, even though they were all

acquaintances of my aunt's. Therefore the researcher feels that the problem of acquiescence bias was avoided also, because of this.

7.6 Limitations

The first obvious limitation of any research is if research methodology is not clearly defined, or is not complementary to the research strategy and approach (Anderson, 2009). The above sections have justified the strategy and approach of this research.

The interviews were transcribed verbatim, including pauses etc. This was a painstaking and laborious process but was a very useful aid to analysing the findings. As each interviewee was asked the same questions, with some additional questions based on their answers, data could be broken up by question. Additionally, as the interviews were audio-recorded, it may have consciously or unconsciously affected the interview (Saunders *et al.*, 2009). However it is believed this ceased to be an inhibiting factor after the first few minutes. The use of interviews, as opposed to questionnaires, may miss higher-level patterns and correlations that quantitative methods of data collection can offer (Anderson, 2009).

During the process of transcribing the audio interview recordings to paper, it was noticed on a few occasions that when the interviewee paused to think of her response, the interviewer suggested something, which the interviewee repeated verbatim. This potentially altered their response.

Sometimes the questions had to be rephrased to the interviewee, for clarification purposes. This may be seen as an error on the delivery of the side of the interviewer, or one of the advantages of the interview as a methodology in that it allows for questions to be clarified, in a way that questionnaires do not. Perhaps this clarification would not even be sought face-to-face in a focus group if people were shy about asking in front of their peers.

The timeframe given to complete this research did not allow the concept of carer engagement to be compared over a period of time. A longitudinal study would allow the researcher to contribute to the debate as to whether engagement is best thought of as a relatively stable trait, a temporary vibrant state, or both (Dalal, Brummel, Wee and Thomas, 2008). Maslach *et al.*'s (2001) theory of engagement tested using the Utrecht Work Engagement Scale has been found to be relatively stable over time periods up to three years (Bakker and Leiter, 2010). Sonnentag (2003, p 145) in research consistent with Kahn (1990) states that engagement can be thought of as "*the day-to-day fluctuations around an average we would call 'commitment'*".

Silverman (1985) noted how much sociology depends on data derived from artificial settings. In interviews concerned with work experiences, the research generates 'talk-about-work' data (Silverman, 1985). This data will be different to how people will talk about their work in 'natural' settings and different to the comments that people make while accomplishing their work tasks. In fact

Interviewee E alluded to this; when asked if she felt job stress, she said she sometimes thinks about ringing her co-ordinator on the road home from the client, and saying ‘*never again*’. However she immediately laughed and said that is just her releasing her frustration, and that she does not actually mean it.

No pilot was done due to time pressure so some small issues did not come to light until the first interview. Initially, the researcher was trying to get interviewees to respond with the answers from the Likert scale applicable to the Tellis-Neyak (2007) i.e. ‘*poor*’, ‘*fair*’, ‘*good*’ and ‘*excellent*’ and expand on the answer. The researcher quickly abandoned this approach as it was too prescriptive. Additionally, the researcher was originally going to ask people their age, and highest level of education achieved as planned on the questionnaire. Face-to-face though, the researcher found this difficult to ask, and left these questions out. Perhaps it was because the researcher was significantly younger than most of the interviewees and doing a Masters herself that influenced the decision not to ask these questions.

The use of ‘triangulations’ which is defined as the “*using of multiple methods to capture a sense of reality*” help to make sure evidence collected is valid and reliable (Remenyi *et al.*, 2005 p. 115). The essence of triangulation is to attempt to corroborate information supplied, either by speaking to another individual or by asking for documentation that will support that initial view (Remenyi *et al.*, 2005). For example, one of the interviewees brought along her first contract on becoming a carer in 1987 to the interview as if to authenticate her story. This contract can be seen in the appendix. Another example of triangulation was using the scientifically validated questionnaire as the interview schedule to give a greater validity to the evidence collected, again this can be seen in the appendix.

In conclusion, this chapter has outlined the methodology that was chosen and conducted to generate the findings for this thesis. An interview research strategy by using a judgement and snow-ball data collection process has been detailed and justified. The researcher believes that despite the limitations of the method chosen and the advantages of alternative methods of data collection, the methodological approach chosen is the most suitable for the aims and constrictions of this research.

8. Findings, analysis and discussion

8.1 The extent to which pay, career advancement and learning opportunities are motivating factors in employee engagement

Most of the participants were happy with their pay-level as, generally, it seemed to supplement their household income rather than being their main income source. Interviewee B stated she was satisfied with pay but went on to say that, “*I’d say if I had to make a living out of it, it wouldn’t be worth it*”. Interviewee A working for the same company stated that “*they pay well*”. These findings tie in with those of a 2014 report by the Health Care Registration (UK) which found that pay was not an important factor influencing engagement. This shows that money isn’t the ultimate motivating factor, but remains a reasonably important factor in people’s assessment of their jobs – as echoed in the report by the Cabinet Office of Great Britain (Personnel Today, 2008).

Carers may do the job initially for the supplementary income, but have shown once in the job they appear relatively resistant to minor wage adjustments. This difference has been postulated in a study by Personnel Today (2008) to be that the desire to improve wider society is considered a more important factor than pay. Interviewee A mentioned that she was paid mileage. The practice of paying for mileage could also be the individual firm’s way of tailoring the pay packet to the needs of its workforce, which Brown and Reilly (2013) recommend as a way to increase engagement levels.

Interviewee D stated that her company paid well, but later in the interview (interestingly, after the ‘formal’ part of the interview was over i.e. after the questions had been asked and it was just an open ended discussion) she went on to say:

Well I blow my own trumpet and I say they should have more money for home-help. It’s a pity the way it’s gone; bang them into a nursing home and then they are absorbing fees and the care they get is not the same.

This does not correspond with a study by Benefits & Compensation International (2011) which stated that if an employee feels that their rewards levels are lower than the market average, it has a negative effect on engagement levels.

All of the participants who were aged over 50 appeared to work longer hours than they were paid for, with Interviewee A stating that because one of her clients was so nice, she always did a little bit extra work for her. Interviewee B referred to the fact that carers are only insured to be in the client's homes at the designated times and that management were very strict on this being adhered to. However despite this, she continued to work a little extra each day because management would "*only know if something happens*". This willingness to go over and beyond what was required of them was repeated in all the interviews with the exception of the under-40 carer, who stated that "*you arrive on time and you leave on time*". She did however acknowledge the paramount importance of being on time as the client could be waiting on her in any sort of circumstance.

All participants had done training courses, but generally because it was compulsory and not because they actively sought to increase their stock of knowledge. Interviewee E (working with children) stated that "*if you don't do the course, you're out the door!*" as naturally she understood the importance of all child protection codes being adhered to. The findings tie in with those of Kahn (1990) when he states that learning as a domain of engagement, under his 'availability' heading, will not be motivating for all. However it is contrary to the findings of Lee and Bruvold (2003) and Porter (1990) who state the opportunity to learn at work can increase an employee's engagement with their work.

Some of the required FETAC courses cost up to €200 with participants required to do up to 8 of these courses in total. Interviewee D mentioned that she was very lucky to get funding for her course, but this was because the money happened to be there at that particular time. Another finding that emerged was that even if the carers undertook additional training courses in their own time and at their own expense, they didn't get paid any more for it. Miller *et al.* (2007) state that if skill levels of staff increase, they should be suitably rewarded, otherwise it will create resentment.

If people do not have the resources available at a particular moment, the experience will not be engaging, perhaps for example, the money required to do the course. In the case of Interviewee D and E, their employers funded the cost of the course but generally the cost was borne by the home-care worker herself, which seems surprising. This requirement to do the course was communicated to Interviewee B via text message, which she felt was impersonal.

The carers aged over 50 had no wish to advance in their careers. Most became carers because it was an employment opportunity in their local area rather than because they had an over-riding ambition to be carers. In this way having career development opportunities may not be as vital for engagement as an article in Training and Development (2011) suggests. Most of the interviewees mentioned that

they are constantly learning anyway on the job with every new client. Shuck (2011) suggests that for some employees, informal learning offers additional engagement opportunities.

This may be that the carers value the job as there are not many other jobs in the locality that would be as good a fit for them and their lifestyle, which mirrors the SET theory by Saks (2006), who states that engagement is a way for employees to repay their organisations for the resources they receive. All of the interviewees made the point that even if they were ambitious, there was no career path anyway with Interviewee C (the under-40 carer) commenting that “*unless one of your bosses kicks the bucket or leaves the country, it’s not going to happen*”. Buckingham and Coffman (1999) state that great managers develop people finding the right fit for each person, not the next rung on the promotional ladder. Perhaps this is an instance where, to increase Interviewee C’s engagement level, management needs to consider finding an alternative way to satisfy her need for career development. How an organisation would do this within a flat organisational structure is unclear. Alternatively an organisation can do what Benn and Flinck (2013) advise, select employees who align with the organisational structure in order to create engagement.

8.2 To investigate the levels of communication with hierarchy, discretion and the role of the manager

Most interviewees had limited communication with their managers and generally it was over the phone. Interviewee B had a new manager appointed 18 months ago and has not met her yet. She made the point that if she passed her on the street, she wouldn’t know who she was. In an empirical study on elderly care organisations, it was found that non-monetary rewards, for example, feeling that one’s work is appreciated, are connected to all aspects of work engagement (Hulkk-Nyman *et al.*, 2012). While this research does not specify that this appreciation should come from management, it is certainly something to consider. However going back to Kahn’s (1992, p. 323) definition of engagement he says it occurs whether working alone, or with others. Therefore Kahn (1990) would not appear to see management involvement as a pre-requisite to engagement.

The observation by Winsbrough (2009) that the communication skill of a manager is the most important factor for creating engaged employees in many anecdotal works, does not seem applicable in this setting. For instance, Interviewee E said that she was very happy with her co-ordinator as “*I don’t bother them and they don’t bother me*” (this comment was accompanied by laughter). Perhaps crucially, she then added, “*But I know they’re there if I need them*”. The key factor, which a couple of respondents referred to, is that the co-ordinator was at the other end of a phone if they needed them.

Only Interviewee E had an annual review meeting with her co-ordinator and it is to be noted that she worked in a different care organisation to the other four respondents. Generally the only tangible measurement of a carer doing well was when they were allocated more clients. A complete lack of managerial feedback was evident in all but one of the interviews (who worked in a different company

to the other four). Truss *et al.* (2006) state that performance feedback can have a positive effect on engagement. Health Care Registration (2010) state this is especially important in the health care industry as it helps employees understand the impact of their contribution to the success of the overall mission of the organisation.

Phone communication was the primary method of communication between management and carers, generally instigated by the carers if there was any difficulty. Otherwise the communication with the office was generally limited to the home-care worker just posting in their monthly time-sheets and the office ringing them if there was a problem with it.

Interviewee A stated that when she started in 1987, her manager was termed a ‘supervisor’ – the term has now changed to ‘co-ordinator’ which is a less hierarchical term and more suited to their current role which, based on the interviews, appears to be more of an arms-length one. Back then her supervisor used to visit her clients once a month and then visit the carer in her own home for an update. This certainly contrasts with the current position. Interviewee C stated of her previous co-ordinator that “*I wouldn’t have said that she had our back*”. Gebauer and Lowman (2009) state certain behaviour within a manager’s control, such as not having a genuine relationship with employees will create an ‘engagement gap’ – where employees fall short of reaching their full potential. This would not appear to be the case with these carers.

There was not a lot of communication with carers about what was expected of them at work. The hours available to a client were advised/ discussed between the carer and the co-ordinator when they were first allocated to the client. After that the interviewees were generally left to their own devices. This resulted in a high level of using their own discretion at work or as Interviewee B termed it, “*using common sense*”. All interviewees acknowledged that this carries huge responsibility with it. Interviewee D referred to having to call the public health nurse directly if she felt that her concerns for her elderly client’s health were not being addressed properly by the family.

Kahn (1990) and Salanova and Schaufeli (2008) all state that the freedom to use one’s own discretion helps to create engagement. Salanova and Schaufeli (2008) call it the use of ‘discretionary behaviour’ and Kahn (1990) states it creates psychological meaningfulness in one’s work.

A clear finding from the research is that respondents get their affirmation and encouragement from their clients and their clients’ families, and not from management. This encouragement may not take the form of anybody actually saying ‘well done’ to them but the carers themselves realising what a huge difference they make to their clients’ lives. Interviewee C stated that “*it’s a kind of self-motivated job...you don’t really get it from hierarchy...you just go in and get on with it with a smile on your face*”. This point emerged in various forms from all the interviewees. Interviewee B brings dinners to her client three times a week and acknowledged that “*only for I bring the dinners, he wouldn’t be able to have dinners every day*”. Even though health-care work is inherently meaningful,

Jenaro *et al.* (2001) states that sometimes employees still need help and support around feeling good about the difference they are making.

8.3 the unique aspects of the working hours on engagement levels and the presence and impact of job stress on engagement.

Some unique aspects of the carers' working hours are as follows:

8.3.1 They have multiple places of work every day. Interviewee D mentioned that she was covering holidays for a colleague recently and she had 9 clients in one day. She started at 7am and finished at 6 in the evening. This took a toll on her physical and emotional well-being, but she did not complain about doing it as it was only short-term. This is similar to how Maslach *et al.* (2001) developed their engagement theory – seeing engagement as the anti-thesis to burnout. It developed from the healthcare industry where long hours coupled with the emotional and cognitive giving, or what Kahn would call the 'availability' necessary to do the job, results in burnout. However as only one interviewee mentioned being tired, and acknowledged it was short-term, Maslach *et al.* (2001) view of engagement does not appear to be the best fit with these carers.

8.3.2 they may visit the same client twice in the one day; i.e. in the morning, to get the client up and washed and dressed and then return in the evening to help them to bed. Interviewee A (the recently retired carer) stated that she did find this "*a bit of a hassle but then I got over it*".

8.3.3 they use their discretion and often work anti-social hours and at weekends. Interviewee D related how she was advised to go to a man who needed palliative care at 8pm to help him to bed. The man, who was only in his 60's, did not want to go to bed so early. Instead, this carer used to go back at 10pm and put the man to bed with the help of his son. She did this for six months until the man passed away. This level of commitment and engagement was repeatedly demonstrated in the interviews.

8.3.4 Carers can generally adjust their working hours to suit their personal circumstances and in consultation with the client. This is a major attraction of the job for all of those interviewed as it enables them to care for their own children or elderly parents. The busiest time for carers, particularly for those tending to the elderly, are in the mornings when they get them up and attend to their personal hygiene and again in the evenings when they bring them the dinners or assist them going to bed. This often leaves the afternoons free. Interviewee B stated that "*I like the coming and going*". This type of job is very different from the traditional '9-5' job and would not suit every type of individual. However all interviewees stated that these hours suited their lifestyle. This echoes research by Brown and Reilly (2013) who found in a study of female manual workers that their engagement was more sensitive to the fit of their working hours with their home life, than wage rates.

8.3.5 All of those presently employed as home-care workers admitted to feeling stressed from time to time. Interestingly, this view contrasted with Interviewee A (the recently retired carer) who commented that *“I didn’t allow myself to get stressed because there was no point”*. This illustrates how unique a concept stress is to every individual and depends on their emotional make-up.

The source of the stress seemed to stem mainly from the fact that, as Interviewee D put it, *“.... you deal with people who are not well or sick all day long. You do get stressed out no matter how good you think you are”*. This has a direct similarity with Maslach *et al.*’s (2001) framework, as already mentioned. This lady was an experienced care-worker who has been in the job eight years and reflects the level of awareness and empathy felt by all the participants towards their clients. The stress arises, generally speaking, because they want to provide all the solutions to the problems experienced by their clients but are unable. Another source of stress is the fact that they would like to work longer with their clients but the funding is not there to allow that. Interviewee E commented that *“your heart just breaks for them. Their lives are in so much turmoil and they have to fight for everything”*.

Interviewee C linked pay with stress stating of pay: *“it’s not great because the job is stressful”*. This is perhaps an area that warrants more research – the link between job stress and the ability of pay to make people more tolerant of job stress. Another unique source of stress for carers arises from the very close bond that they build up with their clients. Interviewee D referred to the fact that she found it hard to see her client *“going from a fairly well man, up and about and driving, to sick...I found it hard because I enjoyed his company”*.

Interviewee A referred to the stress she felt when a client she had visited almost daily for 16 years passed away; for her it was as if a family member had died. She had a key to her house and frequently visited her outside of hours as they lived in close proximity. Her client’s passing left a huge physical and emotional void in the carer’s life. The carer did not receive any therapy or support for this.

In general, stress appears not to impact on engagement to any significant degree with people confiding in spouses or close friends as a way of releasing stress. Interviewee E, as she phrased it, *“let off steam”* to her husband while another has a carer friend and they ring each other for mutual support on a regular basis. A unique aspect of the job is the confidential nature of the work and the need to respect the client’s privacy. Therefore carers can’t go venting to just anybody – it needs to be somebody very close to them whose discretion is assured. Interviewee E who works with children does not even tell people what she works at. She says this is because some families do not like it known that they need help with their autistic or special needs children and she respects that. This factor is probably more relevant in a rural setting. This is where greater management support and communication would be beneficial as the carers could talk to them confidentially about what is

stressing them. Robinson and Heyday (2009) did a case study of managers who were selected from firms with high rates of employee engagement. They found that a common denominator of all these managers were that they showed care and interest in their employees as people. Supporting carers with job stress could be a way for management to show they care, and thus increase engagement.

While stress is present, it seems to be alleviated to some extent by the degree to which all respondents felt that they were making a difference to the lives of their clients. They realise the importance of what they do and all referred in some way or other to the fact that this job is different to other jobs. Interviewee E went so far as to say that “*I actually don’t consider it work – I do not consider it work*”. She mentioned this in the context of being thanked profusely by one of her clients and being uncomfortable with the gratitude. She went on to say that:

Sometimes I feel so thankful that I have my health and that my children are healthy. And thank God I don’t need somebody coming in to help me. So I feel that I can go out and give something back.

This was a sentiment that was echoed in other forms by all respondents.

8.3.6 they often work more time than they are paid for (previously referred to).

8.5 Other findings of note

8.5.1 Part of a team

Interviewee D referred to feeling part of a team as they covered each other’s holidays or days off. She stated “*there’s always someone to back you up...we have a good circle*”. This differed from the other respondents who stated that they would only meet other carers at a course, which were held quite infrequently anyway. The retired carer mentioned that she and her carer colleagues had regular ladies nights out in a local hotel, which would naturally engender a team spirit and camaraderie. This regularly meeting up on an informal basis seems to be a thing of the past. Interviewee C did state that she shared a client with another carer, with one coming in the morning and another coming later in the day. However, this did not appear to foster a team spirit as, even though they shared the common goal of ensuring the well-being of the same person, they never met each other as they were coming at different times.

Perhaps it is debatable whether the creation of a team spirit is necessary. Doubtless Kahn (1990) sees teamwork as creating ‘psychological safety’ and helps to create engagement as people feel comfortable to be themselves and bond with each other. As these carers don’t work with each other day-to-day perhaps it is not a huge part of their engagement. However Saks (2006) has a different reading on it, stating that supervisor support is essential for developing a team environment, and that

if employees feel they are part of a team, they will give of themselves more for the sake of their colleagues. This ties in with what Interviewee D said, that they call upon each other to cover shifts if necessary.

8.5.2 Safety

Safety in the work place appears not to be an issue for the interviewees. The conversations in this regard had more to do with the client's safety in terms of smoke alarms and personal alarms being fitted than the carers' safety. However, Interviewee E did relate how she was bitten by a child on one occasion; this was told in a very matter-of-fact way and, as she had been trained how to deal with such a circumstance, it was not an issue for her.

9. Conclusions and recommendations

9.1 Pay, career advancement and learning opportunities

The home-care job is more than just a job. As Interviewee D put it, "*you must have something within you to do this job*". This echoes what Kahn (1990) believed to be true for engagement – although engagement can be influenced by outside factors, it inherently comes from within. People generally seemed to become carers by accident rather than design, they had no particular ambitions to progress in the job and even if they did, there was no career path. Opportunities to advance your knowledge through courses were generally only undertaken because it was compulsory and had to be conducted at the employee's own expense without any monetary pay reward for doing so. Kahn's (1990 and 1992) research premise was grounded on two things; engagement is driven from (a) the person themselves, and (b) can be influenced by outside factors such as the role itself, and organisational and group factors.

9.2 The levels of communication, the role of the manager and own initiative

A surprising finding was the degree to which carers were left to their own devices by management without any regular structured reviews. Perhaps however, this should not be quite so surprising as the clue is in the title; 'co-ordinator', which implies a flat reporting structure rather than the more traditional hierarchical management approach. However this has the obvious shortcoming that the carers have little or no support in the wide and varied tasks that they perform every day but most seemed to relish this non-interference in their work. Importantly all felt that if they needed help, it was available to them. This style of management is in fact indicative of the trust and confidence

placed in their employees to do a good job without the need for constant monitoring. This echoes what Buckingham and Coffman (1999) believe to be an influencer of engagement – appropriate management behaviours – for example the management in this research have indeed picked people that are capable and willing to work on their own discretion, and in fact, appear to want this type of management. Gatenby, Rees, Soane and Truss (2009) suggest that when managers facilitate the employee voice in decision making, engagement is higher.

An interesting finding in the research was the varied range of duties engaged in by the carers, mostly on foot of their own initiative. One would have expected to see tasks like assisting the clients to get up in the mornings, personal hygiene matters, light house-work and providing meals. However additional duties voluntarily taken on by the carers included collecting prescriptions from the doctor, filling them at the chemist, dispensing the medicines to the client, gardening, going to the bank, washing clothes for the clients (in the carers' own homes), supporting the client's families, being a shoulder for the family to lean on, being an independent over-seer of the client's needs and ensuring that the family are treating the client well (particularly relevant for elderly patients). These are all examples of the carer using their initiative.

The questions in relation to having the material and equipment to do your job was not a particular concern for any of the respondents and the answers generally centred around funding cut-backs and the difficulty getting equipment for their clients such as hoists or commodes. Interviewee D stated that she bought her own gloves at a cost of €9 per month, as they could not be obtained from the employer. Even when pressed in the interview, she stated that she did not have an issue with spending her own money on work-related equipment saying "*Nine euros is not going to make you or break you*". In fact, she then went on to somewhat berate some of her other colleagues who use rubber gloves which she thought was "*terrible*". This is what can only be termed a very highly engaged employee, one who will use her own funds to procure what the job should be supplying for her.

9.3 the unique aspects of the working hours on engagement levels and the presence and impact of job stress on engagement

Surprisingly, the unique aspects of the working hours seem to be one of the main attractions of the job and are not a hindrance to entering the sector at all. This concurs with the finding of Smith (2008) with regards flexible working hours being a positive influence to engagement. All the carers interviewed had input into the hours they worked and this is reflected in their high engagement. This could even be looked at as an extra responsibility for them. For example, when taking annual leave it was their responsibility, and not their co-ordinators, to find somebody to fill their hours. In this instance the SET theory may suggest that engagement would be expected to fall, as they are being expected to do over and above, with little extra in return. Again these carers' engagement do not seem to fall. Perhaps that is because they see the direct human impact of their actions if no-one did turn up for their client and are caring enough to not want that to happen.

Perhaps a personality and empathy test could be used to assess a person's suitability to the job of carer by assessing empathy and caring aspects of people's personality. This would be done to get people who innately understand the flexibility and allowances needed to be made as part of the job and be willing to work with it.

There is stress in the home care sector, but it stems from different sources than in traditional industry where stress might typically result from targets that are too challenging and pressure from management to perform. Sources of stress are different in the home-care sector and there appears to be little or no management support for this. An important part of the job is the emotional support provided by the carers to the families of clients, which the families come to rely on. Interviewee D stated that *"I try not to do it but you do bring their problems (home)"*. This places a big responsibility on the carer and they appear to receive no training for this aspect of the job; neither do they receive formal support in this situation.

Interviewee D referred to the following situation which she found very stressful. A client of hers was not well and she contacted his relation who was doing nothing about it, so the carer used her own initiative and rang the doctor herself as, *"to leave somebody in pain like that is not right"*. This is a significant finding in this researcher's view. It shows that the home-care profession is radically different from all other sectors, perhaps even the other caring professions, where carers form intimate bonds with their clients over many years.

The difficulty with concepts like stress however is that it means different things to different people. For example, on being asked about job stress, Interviewee E immediately replied that *"I don't find the family support stressful at all"*. However, she then paused while she really considered her answer and, almost reluctantly, conceded, *"sometimes, maybe I do...it depends on the family and their situation"*. She then went on to talk at length about how there were days when she felt like resigning from the job as *"it gets overwhelming at times"*.

Another unique source of stress that came out of the research was that sometimes, the families of the clients (mainly elderly clients especially if they had no children of their own) would tend to step back if they saw that the carer was doing a good job. This seems to exploit the good-will and absolute commitment that the carers brought to their jobs.

Overall the issue of stress appears to go against the theory of Maslach *et al.* (2001) who state that engagement and stress/burnout are on opposite ends of a continuum. While the carers did mention stress, it did not stop them from being highly engaged with their work. However management needs to acknowledge and appreciate the unique sources of stress and have regular feedback meetings. Counselling by a professional should be standard practice where a client passes away, should the carer require it.

9.4 Short-comings in the data

- All the interviewees were female so perhaps the responses were gender-biased though it must be acknowledged that females represent the majority of home-care workers in Ireland anyway (The Carers Association, 2009).
- As previously stated the majority of the interviewees worked with the elderly (all from the same company) with only one working with children with special needs (who worked for a different company). A more comprehensive study than this would probably have a greater spread of home-care workers and home-care providers. However, the majority of home-care workers in Ireland do work with the elderly (The Carers Association, 2009).
- The sample size (five) was smaller than the researcher would like liked due to unforeseen issues with the original sample size of 50+ which resulted in time pressure. This was more than compensated for by the fact that the in-depth interviews elicited comprehensive and considered responses, which the questionnaire would not have.
- The difference between quantitative and qualitative research is that it is difficult to make overall conclusions in qualitative research due to the nature of the research method; every answer is descriptive and unique to the respondent's particular set of circumstances. Interviewee B on being asked if she was satisfied with pay stated she was – when she was further asked to categorise her satisfaction under the headings of 'poor', 'fair', 'good' or 'excellent', she stated that "*it wouldn't be 'excellent' but it would be 'fair'*". This illustrates the difficulty of qualitative research whereby different definitions mean different things to different people.

9.5 The research tool

As previously stated, it was originally envisaged that the research would be conducted by way of computer questionnaire and the data sample would be taken from the employees of a specific home-care for the elderly provider, who are Dublin-based. The research was instead conducted via in-depth interviews with rural-based home-care workers. It is interesting to speculate how the outcomes of both sets of research would have differed or what similarities there would have been.

Most of the respondents appeared flattered to be asked to participate in the process. As was clear in the interviews, most had little contact with their co-ordinators and appeared to relish the opportunity to talk about their work. Their passion for the job was palpable. What is not clear is what effect, if any, their being 'flattered' had on their responses.

There is a necessity for the interviewer to keep reminding oneself that this is a professional interview and not a conversation as in the latter, rapport is built up between the two people leading to empathy. This can result in shortcomings in a research situation. For example, the interviewer on one or two

occasions herself supplied the answers to the questions posed, while the interviewees paused to consider and construct an answer. It is necessary to strike a balance with the interviewee as too formal an approach may make the interviewee ill at ease and result in stilted responses.

For example, when enquiring about the responsibility attaching to the job, the interviewer asked “*Did you find it scary?*” to Interviewee D which in hindsight was guiding the interviewee into giving a particular response. The question should more properly have been phrased as “*What are your thoughts on the level of responsibility attaching to the job?*”

In pointing out the above, the in-depth interview was the appropriate tool to use in this research, albeit that it was not the original chosen option. The interviews elicited comprehensive and considered responses, which a questionnaire would not have. A focus group would not have been appropriate for this sector at all given the confidential nature of the work.

9.6 Recommendations for further research

- An interesting area for future research would perhaps be to interview more carers under the age of 40 and compare and contrast the findings regarding the research objectives with those from the over-40 carers.
- Another aspect worth examining may be the prevalence of sick-leave among carers and the causes of it – for example, the extent of depression in the carer population caused by the emotional burden placed on them.
- The different factors, if any, affecting urban-based carers versus rural-based ones would make an interesting study.
- Perhaps a case-study involving a carer and their clients may reveal interesting insights. Dealing with different people involves a very varied set of skills. Interviewee D spoke about how she had to use every coaxing method at her disposal to get an elderly man to shower regularly.
- Interview the families of clients for a more holistic view of the situation.

9.7 The audience for this research

9.7.1 Home care management

This research has shown that carers are highly engaged people who appear to be more motivated by the flexible working hours and genuinely helping others, than they are by pay. Their main source of stress often derives from not being able to do even more than they are already doing for their clients

and their families who are under emotional and health pressures. Health care management needs to recognise this and put supports in place to assist carers in these challenges so that they in turn don't get sick.

9.7.2 The government

Interviewee D referred to the fact that having older people in nursing homes was more expensive than having them cared for in their own homes (apart from all the other obvious benefits of having people at home) and this assertion is backed up by a report by Home and Community Care Ireland (2014). The government needs to recognise and value the enormous contribution carers make to our society. Ireland has an ageing population and policy makers must acknowledge that putting resources into enhancing the home-care sector seems to be the most cost effective, life-enhancing solution for this potential problem in the future.

9.7.3 Carers themselves

Carers do a special job in an under-stated, discreet way often with little or no recognition from anybody. They are modest people who do not seek recognition but get immense satisfaction from helping others. Often they appear to be on their own and a report like this re-assures them that the work they are doing is important and invaluable.

9.7.4 Nursing Homes

There will always be a need for nursing homes for the infirm or incapacitated who are unable to remain at home even with the aid of a carer. However, if increased funding was provided leading to more home care hours, the home-care industry could represent a significant potential threat to nursing homes as people could remain in their own homes for longer.

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11. Appendices

First contract of Interviewee A:

HOME HELP SERVICE.

NAME: Ms [redacted]

ADDRESS: R.H. Yackles

DATE COMMENCED: 6-4-87

You have been accepted as a Home Help and the following are details of your employment:

1. You are required to attend Client as specified.
2. Carry out duties as required.
3. You are paid monthly from Clare [redacted] and no money transaction takes place between Home Help and Client.
4. If you have to discontinue work for any reason you are required to notify the Organizer immediately. Failure to do this can mean that your employment will not be continued.

Work required: Cook meal, washing, iron, general housework.

Time: 1 1/2 hrs per day Mon-Fri

Payment: £12.00 per week

Name of Client: Ms [redacted]

Address of Client: [redacted]

Yackles.

I had [redacted] until Nov 2011
16 years

T₂
P1-50
to [redacted]

01 Connell Street,
ENNIS.

(PHONE: 28178.)

Amended Tellis-Nayak (2007) questionnaire used:

1. What is your gender?	Male Female Prefer not to say
2. What age bracket do you fall into?	18-24 25-30 31-40 41-50 51-60 60+ Prefer not to say
3. What is your highest level of formal education?	Primary school or equivalent Secondary school or equivalent Diploma Degree Honours Degree Masters Prefer not to say
4. What is the further distance you have to travel to your client?	1km or less Between 2km and 5km Between 6km and 10km Between 11km and 15km Over 16km
5. How long have you been a carer?	1 month or less Between 2 and 6 months Between 7 months and a year Between 13 months and 2 years Between 25 months and 5 years Over 5 years
6. Have you previous experience caring in a private capacity, i.e. for a family member or friend?	Yes No
How would you describe the following – ‘poor’, ‘fair’, ‘good’ or ‘excellent’?	
7. Your satisfaction with pay?	
8. Your company’s commitment to doing quality work?	
9. The recognition you receive for doing good work?	
10. Inter-shift communication from the office?	
11. Having the material and equipment necessary to do your job?	
12. The Team spirit you feel working with your company?	
13. Your job in terms of allowing you to make a difference to the lives of your clients?	
14. The opportunities at work to learn and grow?	
15. The opportunity you have at work to use your own discretion?	
16. How the hours you work fit in with your home life?	
17. Your satisfaction with opportunities for career advancement?	
18. How would you rate the support you receive with job stress?	