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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Exploring work engagement in the context of person-centred practices: a qualitative study in municipal long-term care facilities for older people

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Abstract

Background: To provide high-quality and cost-effective person-centred care, organisations need employees who are committed to perform at their best. Employee work engagement, defined as a positive, fulfilling approach to work, is known to correlate favourably with employee wellbeing and performance and with the service climate. Extended understanding about the meaning of work engagement can promote the development of environments that are both conducive to person-centred practices and good places to work.

Aim: To explore the meaning of work engagement in the context of person-centred practices in municipal healthcare facilities for older people.

Methods: A total of 16 individual interviews were conducted with a purposive sample of registered nurses and nursing assistants working in municipal healthcare facilities for older people in Norway. Data were analysed using a stepwise-deductive-inductive approach. Findings were generated inductively from the themes that emerged in the interviews and were later reflected on in relation to both theory and practice.

Findings: Work engagement is manifest at individual and collective levels, involving intrapersonal, interpersonal and social/group components. Engagement is experienced as contributing to employee work capacity and team effectiveness with respect to person-centred processes.

Conclusion: At individual, collective and environmental levels, employee engagement facilitates the development of person-centred practices in organisations providing long-term care for older people, to the benefit of residents and staff.

Implications for practice:

- Work engagement should be recognised as a condition that fosters employees' ability and willingness to suspend judgment and appreciate the service user's perspective
- Individual-level engagement is contagious, facilitating development of supportive work environments, which, in turn, enables person-centred practices
- Engagement should be approached simultaneously as an intrapersonal, interpersonal, and social/group process, with individual- and group-level outcomes

Keywords: Work engagement, person-centred care, person-centred practices, Job Demands-Resources model, person-centred practice framework, stepwise-deductive-inductive approach

Introduction

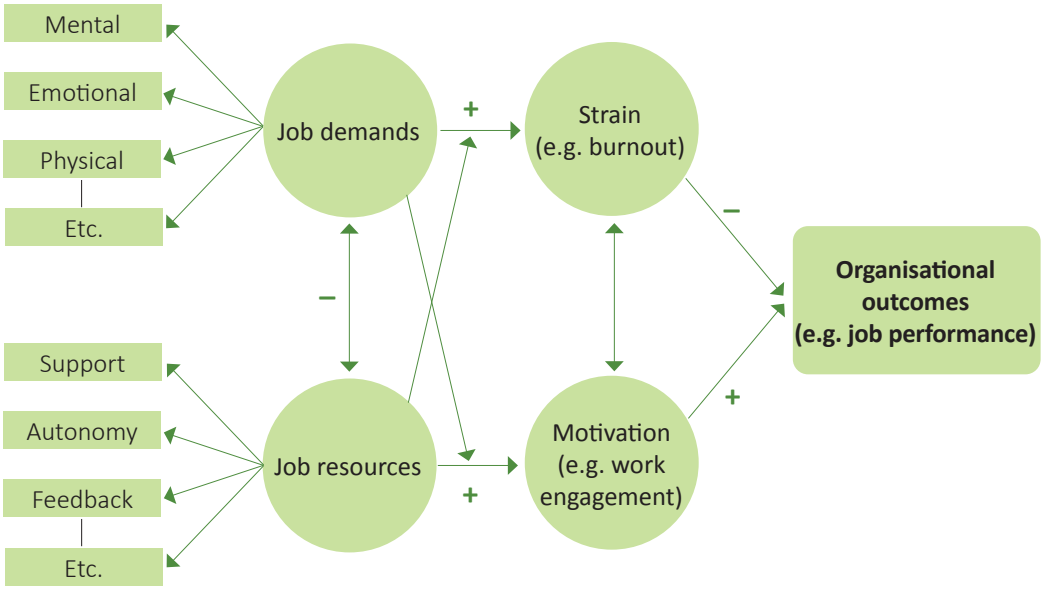
In contemporary organisations, demands on staff are high, in terms of individual performance and skill development, collaboration and responsiveness to organisational changes (Bakker and Schaufeli, 2008). In healthcare, the growing number of older people calls for extraordinary efforts to strengthen the management of chronic disease and increase provision of long-term care, and to increase efficiency and productivity in organisations (Brodsky et al., 2002; Edvardsson et al., 2016; Norwegian Directorate of Health, 2017). A key objective in care for older people is to provide services that embrace a holistic notion of health, and place the person at the centre of care (McCormack et al., 2015). Fundamental to this is the relationship between healthcare workers and older people; to meet the demands of cost-effective and high-quality person-centred care, healthcare organisations need employees with high levels of energy who are willing and able to invest themselves fully in their roles. In other words, they need engaged workers (Bakker and Schaufeli, 2008; Bakker and Demerouti, 2016).

High baseline levels of work engagement seem prevalent among health and social care workers (Hakanen et al., 2018). Studies conducted in Canada and in European countries, such as Sweden, Ireland and the Netherlands, have found that staff caring for older people in nursing homes find joy and fulfilment in their work, for example from being seen as useful to others (Orrung Wallin et al., 2012; Eldh et al., 2015; Vassbø et al., 2019). These studies show that a positive team climate, an institutional culture that values personalised care provision and a strong relationship with older persons receiving care are work-related factors that long-term care staff value and that contribute to job satisfaction and thriving. Nevertheless, there is a number of well-known challenges for registered nurses and nursing assistants in this sector, such as poor working conditions, skill-mix imbalances, an ageing workforce, high turnover and difficulties in retaining enough qualified staff to keep pace with the ageing population (Rosen et al., 2011; Hayes et al., 2012; World Health Organization, 2016). Targeted efforts to build environments that maintain and promote the engagement of staff in long-term care seem beneficial for workers, clients and organisations (Bakker and Schaufeli, 2008; van den Broeck et al., 2017).

Schaufeli and colleagues (2002, p 74) define work engagement as '…a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption'. According to this definition, engagement is about workers feeling cognitively energised, immersed in and strongly connected to their work. In a broad occupational context, work engagement is known to have both motivational outcomes, such as enhanced creativity, inspiration and enthusiasm (Bakker and Xanthopoulou, 2013), and job-related outcomes, such as improved job performance and service climate, increased organisational commitment and lower staff turnover (Schaufeli and Bakker, 2004; Hakanen et al., 2008; Bailey et al., 2017). In healthcare, work engagement is found to be positively associated with nurses' self-assessed ability to perform higher-level person-centred care and their positive perception of the work environment and service climate, as well as workforce stability (Abdelhadi and Drach-Zahavy, 2012; van Bogaert et al., 2013, 2014).

The Job Demands-Resources (JD-R) model offers an approach to understanding the antecedents and outcomes of work engagement (Demerouti et al., 2001; Schaufeli and Bakker, 2004; Bakker and Demerouti, 2007; Hakanen et al., 2008). According to this model (Figure 1), working conditions related to employee burnout are distinct from those related to engagement (Demerouti et al., 2001; Schaufeli and Bakker, 2004). Job demands are physical and emotional pressures requiring sustained effort that drains employees' psychological and physical energies and are associated with burnout and increasing risk of health impairment (Demerouti et al., 2001; Schaufeli and Bakker, 2004; Hakanen et al., 2008). Job resources refer to working conditions that buffer the negative impact of job demands, enable achievement of personal work goals and foster employees' learning and development (Schaufeli and Bakker, 2004; Bakker and Demerouti, 2017). Job resources contribute to a motivational process that leads to employee engagement, which, in turn, is associated with wellbeing and enhanced work performance. Examples are social support, supervisory coaching, appreciation and autonomy (Bakker et al., 2005a, 2007; Mauno et al., 2007; Bailey et al., 2017; van den Broeck et al., 2017).

Figure 1: The Job Demands-Resources model (Bakker and Demerouti, 2007)



In their systematic review of current literature, predominantly on work engagement among registered nurses working in acute care, Keyko and colleagues (2016) considered 18 studies to develop a specialised version of the JD-R model, which they call the Nursing Job Demands-Resources (NJD-R) model. Like the JD-R model, it includes both job demands and job resources, but it divides resources into operational resources and organisational climate (Table 1).

Table 1: The Nursing Job Demands-Resources model (Keyko et al., 2016)

Antecedents of work engagement		**Outcomes of work engagement**
Main category	*Subcategories*	
Operational resources	• Job resources (including organisation of work and social relations) • Professional resources (including autonomy and professional practice) • Personal resources (including skills and relational factors)	• Personal outcomes (including wellbeing and job satisfaction) • Performance and care outcomes (including perceived care quality and work effectiveness) • Professional outcomes (including reduced intent to leave nursing)
Organisational climate (e.g. quality of departmental leadership and practices of structural empowerment)		

The Person-centred Practice Framework (McCance and McCormack, 2017) provides guidance on operationalising enablers and reducing barriers to delivering person-centred care (Edgar et al., 2020). According to the framework, the 'prerequisites' that contribute to the quality of healthcare services are the skills, attitudes and behaviours of the individual worker. Other relevant factors and activities follow from 'the care environment' and 'person-centred processes'. In the latter domain, engagement explicitly features as an attribute. The JD-R factors that contribute to employee wellbeing, motivation and job performance align well with the different domains in the framework; both highlight the significant impact of environmental, personal and relational factors on staff behaviours and patients' experiences. Manley and colleagues (2011) identify such factors as building blocks to developing an effective team and workplace culture.

A systematic review, including 214 studies of work engagement in various disciplines (Bailey et al., 2017), suggests gaps remain in the evidence base in relation to the meaning, antecedents and outcomes of engagement. Keyko and colleagues (2016) concur, arguing for further research and testing of the NJD-R model and specifically for qualitative studies to detect as-yet undocumented antecedents and outcomes of nurses' engagement, and also beyond the acute context that they researched. Additionally, these authors point to the gap in research on patient-related outcomes of nurses' work engagement. This study builds on both the J-DR model and the NJD-R model, and specifically applies them to the Person-centred Practice Framework, using the framework to support the analysis, discussion and presentation.

Aims

This study aimed to explore the meaning of work engagement in the context of the development of person-centred practices, as experienced by healthcare workers in municipal long-term care facilities for older people.

Method

Design

In this study – conducted in accordance with person-centred methodologies (McCormack, 2003) – a qualitative exploratory design was chosen, using semi-structured individual interviews and the stepwise-deductive-inductive (SDI) analytical approach (Tjora, 2017). With prior research on our topic sparse, this approach was chosen because it allows the application of existing theoretical frameworks while permitting the authors to derive new categories and descriptions from the data. The need for research was identified in collaboration with unit managers and their co-workers, and the first author (HHM) maintained regular contact with our participants (McCormack, 2003). The study was approved by the participants on the condition that the first author would revisit the units to present study findings and answer questions, and also support practice development as an onsite consultant.

Setting

In Norway, long-term healthcare services for older people are mainly public and managed by local government at municipality level. In this study, data were collected in units in three nursing homes and two residential care facilities in a municipality in the southeastern part of the country. Residents were adults of all ages, although mostly older persons, with complex and/or chronic health challenges, who required full-time help. The number of beds in the units ranged from 20 to 81 and the units were quite similar in terms of professional categories, skill-mix, organisation of work, and daily management and service routines. The residential care facilities are partly publicly funded; residents purchase an apartment in the facility but their care is funded.

Participants and recruitment

The healthcare workers were all part of a planned intervention study, focused on work engagement and person-centred practices. Participants were registered nurses and nursing assistants, subsequently referred to here as 'healthcare workers'. Some tasks are shared but each role has tasks for which it is responsible. Their educational requirements differ: nursing assistants generally follow a vocational track at high-school level, while registered nurses have completed college. However, the work contributions of the two groups are strongly connected; they share the same purpose and are all directly involved in the provision of person-centred care. Unit middle managers were contacted by the first author and asked to recruit participants. Inclusion criteria were:

- Three or more years of experience as a registered nurse or nursing assistant
- A high level of Norwegian language proficiency
- An ability and willingness to elaborate on personal experiences

This resulted in a purposively selected sample to ensure a range of experiences and professional categories, and both female and male representation (Table 2).

Table 2: Characteristics of the participants	
Participants	Total: 16 • Setting: (9 in nursing homes, 7 in residential care facilities) • Sex: 13 women, 3 men • Mean age: 34 years (range 27-63)
Position	• Registered nurses: 8 (4 in nursing homes, 4 in residential care facilities) • Nursing assistants: 8 (5 in nursing homes, 3 in residential care facilities) • Unit middle managers: 3 (1 in nursing home, 2 in residential care facilities)

Data collection

In May and June 2020, the first author conducted in-depth semi-structured individual interviews that also invited open dialogue. The interviews took place online via Microsoft Teams and lasted between 46 and 60 minutes. They were audiotaped, anonymised and transcribed verbatim by the first author shortly after they ended. During all conversations, the interviewee and interviewer were in separate rooms where they were not disturbed. The first author was honest about her lack of experience undertaking such research and focused on mutuality and being sensitive to any wish on the part of a participant to pause or even end the interview (McCormack, 2003). The interview guide was developed based on the scope of the study and earlier research, and aimed to generate extended and reflective answers on the specific topics. Participants were asked about their experiences of work engagement, the work environment, person-centred care and person-centred practices.

Data analysis

Analysis followed a stepwise-deductive-inductive approach (Tjora, 2017) and was mainly carried out by the first author. Similarly to the inductive principle of grounded theory (Glaser and Strauss, 1967), the first step is to identify parts of the text that carry meaning and create empirically close codes. These codes present the core content and details of the empirical material and thus facilitate data-driven interpretations and analyses. Early analytical steps resulted in about 550 codes maintaining detailed interview contents. Initially, these codes were sorted and structured into 26, broad 'code groups' (Tjora, 2017) on the basis of coherence within each group. The 26 groups were broken down into 91 smaller groups of themes. In subsequent analytical steps, more firmly based on the scope of the study and on a new thorough read-through of the preliminary analytical work, a structured sorting and substantial volume reduction resulted in five broad code groups divided into 19 subcategories of themes. In the final analytical steps, the five groups and 19 subcategories were kept but eight new main categories were developed from a higher degree of sorting of the subcategories. These eight categories aimed to define the essence of the healthcare workers' experiences and form the empirical-analytical basis for this article. Later, in the Discussion section, theoretical perspectives are used to support understandings formed about what the main categories imply. In accordance with the stepwise-deductive-inductive method, the relatively linear steps of inductive analysis and interpretation were assessed through an incremental feedback strategy of using the stepwise-deductive control questions – for example, is the main category coherent and covering all its codes? This assessment was performed independently by the first and third authors (HHM and ST). Therefore, through tight connection between raw data, analysis and interpretation, validity was maintained through a strategy that resembles the 'theoretical sampling' method in grounded theory (Glaser and Strauss, 1967).

Ethical considerations

The study was performed in line with the World Medical Association Declaration of Helsinki (WMA, 2017). The first author began each interview by providing oral information about the aim of the study and reminded participants of their right to withdraw without further explanation or any consequences. In the transcribed interviews, all participants were anonymised using designated letters. Data were stored according to the requirements of the Norwegian Centre for Research Data, which approved the study.

Findings

The findings are presented in three tables and structured by five code groups (predetermined by the five topics addressed in the interview questions) with their respective main and subcategories derived from the stepwise-deductive-inductive analysis. The following section covers those five main categories. Somewhat surprisingly, despite the interviewees' different access to learning and education, the data did not display any significant differences between the groups of registered nurses and nursing assistants. Therefore, data are presented together. Quotes from participants are included to illustrate and validate interpretations. Some quotes have been slightly altered for sense but without changing the original meaning. To ensure all quotes could be traced back precisely to the transcribed interviews, they were coded by designated letters and numbers.

Work engagement

Elevated physical, cognitive, and emotional capacity

As Table 3 shows, healthcare workers described elevated physical energy as a major characteristic of work engagement. This means a sense of physical wellbeing and elevated energy, facilitating improved performance and effective actions, as well as reducing fatigue.

> *'You just feel it in your body, that today I am capable of doing this and that. That I will do all my best'* (A50).

Engagement also importantly bolstered psychological factors like mood, motivation and positive attitudes towards work. When engaged, employees felt enthusiastic and activated, and found their daily tasks joyful and fulfilling. Boosted physical, cognitive, and emotional capacity helped them to be proactive and show initiative, and persevere when facing demanding situations.

> *'When engaged, it is much easier to solve the work tasks, because you approach them with a positive attitude'* (L8).

> *'Employees sometimes are met with statements from residents that put them to the test with regards to professionalism. Then, it is of course important that you, right from the start, have a positive attitude and engagement towards your work. Because then you can cope with such encounters as well'* (P37).

Table 3: Work engagement: overview of findings

Code group	Main categories	Subcategories
Characteristics of work engagement	Elevated physical, cognitive and emotional capacity	• Energised, effective and robust • Positive attitude and emotions
Antecedents of work engagement	Satisfaction from individual work-related expectations being met	• Support and positive feedback • Mastery and doing something meaningful • Developing and using personal skills and attributes
	Improved group-level motivation and team spirit	• Contagious relational effect of motivated colleagues • Being part of a cheerful, collaborative and supportive team

Satisfaction from individual work-related expectations being met

As highlighted in Table 3, healthcare workers spoke of how important it was to feel noticed and recognised, and to get positive feedback on their work performance (from colleagues, residents and residents' relatives). Recognition, personal backing and guidance from unit managers was regarded as especially important in terms of promoting engagement.

> *'It has to do with the unit managers, I mean, how they follow up with us. It is clear that if they follow up with us well, then our engagement increases as well. To have a manager who is easy to talk to, that you get the impression that you are always welcome to come and talk with the person. That is crucial to my engagement'* (K42).

Other factors driving work engagement included: the experience of mastering tasks; being able to use and further develop professional knowledge and competencies; and having the scope in the course of work to do 'the little extra' – and sometimes something substantial – for residents in order to meet their personal preferences.

> *'To get a resident-related work task from my manager and to experience how it impacts residents – that revitalises my engagement and motivation to keep on working'* (D34).

Improved group-level motivation and team spirit
Having engaged colleagues clearly was crucial to individual engagement. All respondents pointed out the contagious effect of co-workers who were strongly driven and highly motivated towards work. They also mentioned the uplifting effect of being part of a cheerful, collaborative and supportive team with shared goals.

> *'Work engagement is highly contagious. I find it extremely hard when people are kind of unattached and unmotivated, because if you feel responsible for uplifting and motivating co-workers all the time… So, I find it amazingly motivating and my engagement peaks when my co-workers are engaged, and we all share a common goal and really want the best for the residents'* (O36).

Person-centred care
Paying attention to the whole person
As shown in Table 4 on page 8, the healthcare workers stated they had learned what person-centred care is about during their professional training. Also, they strongly believed they all practised it, yet in a quite unconscious and automatic manner and without a common language. When describing person-centred processes, they underlined the importance of a holistic approach. This included practising safe and effective medical care, meeting the residents' basic physical needs and recognising the whole person and their individual spiritual needs and interests. Of central importance was to meet each person with respect and to think about and work with each resident as a human being, not simply a patient primarily characterised by the medical diagnosis.

> *'When they move in, I always ask what they need help with, and that I find interesting, because the answers I get are quite different. To find a balance between their personal opinions on what they need help with and our observations of it is quite interesting. But I feel, by asking an open question, you reveal lots of individual differences. Some strongly emphasise one condition compared to another. In that way, you automatically are able to customise services to a much larger extent'* (D55).

All healthcare workers saw it as crucial always to take the time needed to practise kindness and compassionate care. This implied prioritising time spent just sitting and talking with the residents and participating in the specific leisure activities the older people enjoyed. Further, facilitating the involvement of residents in their daily care activities was recognised as important. This required the healthcare workers to balance their professional expertise with the residents' individual wishes and concerns.

> *'If you have spent two hours walking and sitting outdoors with a resident, you possibly did not have the time to tidy all the rooms. Then it is quickly recognised by some colleagues as not doing your job. But in my opinion, you have done your job with substantially higher quality than if everything were fully tidied'* (O17).

Table 4: Person-centred care: overview of findings

Code group	Main categories	Subcategories
Person-centred processes	Paying attention to the whole person	• Have learned about it and practice it, but rather unconsciously • Provide kindness and affectionate togetherness to human beings • Customise care to multidimensional needs and preferences • Involve residents to facilitate mastery and self-help
	Knowing the person	• Getting to know residents' true self takes time • Observe, communicate and put oneself in the residents' situation
Attributes of staff	Use all senses in encounters with residents	• Patient and in emotional control • Positive, in a good mood, and attentive • Skilled in relation and communication

Knowing the person

As shown in Table 4, in order to meet the various and complex needs of residents, the healthcare workers had to get to know their authentic selves by building strong relationships and connections. Spending a lot of time talking with the older people and closely observing them during performance of daily routines were rated as being most important. Through such encounters and personal conversations over time, staff became familiar with details about the residents' previous professional lives, family relationships and interests, as well as their personal beliefs and values. These observations clearly played a vital part in individualising and tailoring care services.

> *'I have an example. A resident who only eats fish and cannot eat that much because of allergies, ordered dinner for some days, but then he started refusing to eat. He got scared when you put sauce on top of the fish, as if the sauce could be contaminated with some of the things he could not eat. But no one grasped it until I discovered that if we separated the food in different bowls, then he clearly could see the potato, the fish… Then he could put it on the plate himself and it was not that scary anymore and he managed to eat properly. But one had to spend quite some time on investigating why he did not trust the food to not be contaminated'* (E89).

Use all senses in encounters with residents

As the majority of residents were older and living with various mental and physical conditions, the workers had to use all their personal and professional skills and competencies to communicate well, engage authentically and perform high-quality assessments during encounters. To deliver person-centred services and to facilitate the involvement of the older people in decision making, staff had to be open and sincerely interested in them, in addition to using professional judgement. In their interviews, the employees articulated the ideal of an attitude of careful attentiveness to the mental state of the older people and a calibrated combination of verbal and bodily communication. Achieving this involved caregivers adjusting their own mood and attitudes so that they were in emotional control and came across to residents as patient, positive and helpful.

> *'The demands are high, and you have to activate all of your senses. You must see, smell, touch and feel. You are supposed to recognise the persons' voice behaviours, facial expressions, and if the skin is clammy or warm. You work kind of with all your body and senses to make the residents' day a good one. So, I must be fully activated as a professional, but also as a fellow human being'* (O45).

Work engagement and person-centred practices

Individual-level work engagement

On an individual level, work engagement seemed important to the healthcare workers' fundamental capacity and willingness to give all their best in the provision of person-centred care (Table 5, page 9). The experience of physical, cognitive and emotional energy associated with engagement resulted in the workers feeling more able and committed to adjust communication and interaction to each resident. Such a positive and sharpened mindset enabled a more authentic, creative and detail-oriented approach to work.

'When engaged, you take your time, or you are in another state of mind. You have a different attitude, and you consciously use humour and asks some questions, because you are genuinely interested in getting to know the resident' (N50).

'If you are not engaged in work, then I imagine it to be difficult to engage authentically or give high-quality services to the users. Because if you are not engaged, you are almost like a robot. You do things on autopilot and the client most often notices that, and so do the people around you' (N46).

Prominent in the data was the healthcare workers' descriptions of how work engagement made it possible for them to 'go the extra mile' for the residents. This became clear when participants described working days when they were not feeling engaged. When poorly motivated and tired, they performed at an absolute minimum.

'It is not that day you start baking and walking and do all the extras, you know. You make sure to place your efforts on a level of absolute minimum and only focus on getting through' (O42).

Table 5: Work engagement and person-centred practices: overview of findings

Code group	Main categories	Subcategories
Work engagement in the context of person-centred practices	Individual level work engagement	• Motivated and capable of doing 'the little extra' • The feeling of wellbeing enhances willingness and capacity to truly connect with residents
	Group-level work engagement	• Supportive and effective staff relationships facilitate person-centred practices

Group-level work engagement

The participants described how engagement contributed to a feeling of wellbeing and happiness, and to a positive attitude. These outcomes of higher-level individual motivation and initiative were contagious and promoted engagement on a collective level, which, in turn, facilitated positive staff relationships through more supportive, respectful and committed socialisation at a group level. This positive team climate was characterised by openness and good communication, colleagues offering each other help and regularly discussing and sharing solutions to tasks. Hence, the workers felt safe and supported, and even more inspired and motivated to perform at their best.

'When engaged, employees feel well, are positive and try to find good solutions. The sort of things one possibly would not do when being part of a poorly functioning team. So, for sure, it is best when all are engaged and, by that, pull the workload together and agree on things. Meaning that there is room for discussing things' (M113 + 117).

'It is the joy and engagement in all the workers that is contagious. That is, everyone really wants to do a good job. So, it almost comes to the point that we strive to become the best working unit and we want to provide the best care' (O31).

Additionally, staff expressed the view that an engaged workforce in which individuals were supported to use their particular skills and competencies would offer residents the best possible level of service.

'Because if we all do what we are really engaged in and the things we feel competent in, then the residents will receive a total package. In a way, it is no use in only certain of us being present at work every day, because then you get much of just one thing. Then many needs and desires of the residents are not met. So, we need all' (O19).

Discussion

The study's findings highlight that healthcare workers in municipal long-term care facilities for older people experience the antecedents and outcomes of work engagement largely in line with the Job-Demands Resources (JD-R) model (Demerouti et al., 2001; Schaufeli and Bakker, 2004; Bakker and Demerouti, 2008; Bailey et al., 2017) and the Nursing Job-Demands-Resources (NJD-R) model (Keyko et al., 2016). Results indicate that engagement enhances individual motivation, capacity and robustness, and group-level team spirit and functioning. Altogether, this dual effect seems to have a substantial impact, both on employees' self-rated ability to engage in person-centred processes and on the development of work environments that are conducive to person-centred practice.

The participants all claimed to be engaged themselves. From their interview responses, work engagement is affirmed to be an activated positive state with cognitive, emotional and behavioural dimensions (Schaufeli et al., 2002; Bakker and Demerouti, 2008). Keyko and colleagues (2016) state that conceptualisations and measurements of engagement are quite consistent and predominantly in line with the definition by Schaufeli et al. (2002), who see engagement as a psychological state within an individual that is characterised by certain positive behaviours. Nevertheless, it is argued that there still is a lack of consensus on how to define engagement (Bailey et al., 2017). With regard to care settings, Dewing and McCormack (2015) are critical of the unitary construction of engagement put forward by Schaufeli and colleagues. In their reflective paper, Dewing and McCormack (2015) propose a revised working definition of engagement for use in person-centred practice research. This definition builds on the Schaufeli conceptualisation but presents a multi-level construct of cognition, knowledge and behaviour. According to this revised definition, engagement not only is about enhanced cognitive and psychological capacity on an individual level, but also is to be recognised as a holistic and embodied experience on multiple levels. This is supported by this study's findings, which indicate that engagement leads to observable individual behaviours that are contagious and may cross over and influence co-worker engagement and relational working processes. Hence, the findings resonate with a crucial point in the definition proposed by Dewing and McCormack – namely, that engagement is a multi-level construct of intrapersonal, interpersonal and social/group processes.

Bailey and colleagues (2017) contend that the antecedents of work engagement are related both to psychological states within the individual and to organisational and psychosocial resources. That said, Lesener et al. (2020) argue that interventions targeting organisation-level resources – meaning conditions related to the organisation and management of work – seem most effective for enhancing engagement over time. The antecedents of engagement identified by the healthcare workers in this study match job resources in the JD-R model, such as social support, quality of the relationship with the manager, feedback on job performance, opportunities for development, mastery and doing something useful for others (Bakker et al., 2005a; Bargagliotti, 2012; Bailey et al., 2017). Other substantial antecedents of engagement experienced by the participants are having engaged colleagues and being part of a collaborative, strongly driven and ambitious team. These findings concur with previous studies. In research based in nursing homes, White and colleagues (2020) found that components of the work environment such as strong nursing leadership, collegial nurse-physician relationships and sufficient staffing and resources, improve care quality and reduce risk of job dissatisfaction and burnout. Further, a study among healthcare staff working in long-term care of older people found that what motivates nurses and promotes person-centredness are relationship-based aspects such as being seen as useful to others, receiving gratifying comments about performance and experiencing personal development through strong connections with residents (Eldh et al., 2015). Altogether, the antecedents of work engagement identified by the participants in this study match the thematic categories of operational resources and organisational climate, as described in the NJD-R model (Keyko et al., 2016). They are also consistent with some of the constructs that comprise 'the care environment' in the Person-centred Practice Framework: effective staff relationships, shared decision-making systems and power sharing, all of which are environmental conditions known to have a significant influence on the facilitation of person-centred processes (McCance and McCormack, 2017).

Edvardsson and colleagues (2014) state that person-centred care is the recommended standard for care of people with dementia and is associated with positive outcomes for residents and staff. The terms person-centredness and person-centred care are emblems of a movement that aims to ensure people are at the heart of care delivery and to cultivate practices mindful of those who deliver and experience care (Manley et al., 2011; Edgar et al., 2020; Ebrahimi et al., 2021). Internationally, there is a shift in focus from person-centred care to person-centred practices or cultures, meaning workplaces focused on providing sustainable person-centred care through supportive environments and collaborative, participatory and person-centred ways of working (Manley et al., 2011; Dewing and McCormack, 2015; Cardiff et al., 2020; Edgar et al., 2020). While all the participants in this study claimed to have both professional- and practice-related knowledge of what person-centred care is about, they stated that they transfer this knowledge into practice unconsciously and without a coordinated practice or use of the exact term. A study among Canadian nurse assistants working in long-term care homes found that, although they had a foundation of practice-based knowledge about person-centred care, there seem to be variability in practice and application (Hunter et al., 2015). Bearing in mind the lack of consensus on the essential components and interrelated concepts of person-centred care (Edgar et al., 2020), there remains a need for more research and a stronger focus on how to operationalise and implement processes of person-centred care (Edvardsson et al., 2016; Ebrahimi et al., 2021).

To arrive at a comprehensive understanding of the meaning of work engagement in the context of person-centred practices, the thematic structure of main and subcategories based on experiential descriptions from the participants in this study were interpreted in the light of the Person-centred Practice Framework (McCance and McCormack, 2017). According to the participants, the core component of person-centred care is treating long-term care clients as individuals with unique sets of needs and preferences. This implies providing individualised care services based on in-depth knowledge about the person, accumulated through trusting relationships and respectful negotiation. This reflects the findings of a recent study exploring the essential factors of applied person-centred care in out-of-hospital settings for older people (Ebrahimi et al., 2021). That study prioritises knowing and confirming the patient as a whole person, the co-creation of a tailored health plan, and coordinated teamwork and collaboration for and with the older person and their family. Vassbø and colleagues (2019) argue that for nursing home staff, working in a person-centred way means being able to respond to residents' individual characteristics and preferences, and to provide personalised services. With regard to the attributes of staff who can deliver effective person-centred care, participants in this study mention being highly attentive and patient, a willingness to adjust their communication and attitude, the use of professional judgement and being open and sincerely interested in each resident. The descriptions of the core elements of person-centred care and necessary attributes of staff overlap respectively with the interrelated domains of 'person-centred processes' and 'prerequisites' in the Person-centred Practice Framework (McCance and McCormack, 2017). The relationship between staff characteristics and workplace environment and their relevance to high-quality person-centred care in public healthcare settings are supported by the results of several studies (Sjögren et al., 2014, 2017; Røen et al., 2018). Additionally, Bergland and Kirkevold's (2006) research into the factors that impact on residents' wellbeing and thriving in nursing homes also points to the attributes of the residents themselves.

With reference to the Person-centred Practice Framework, our findings support the sense of person-centred processes as a relational process constituted by activities such as sympathetic presence, authentic engagement, shared decision making and provision of holistic care. These are served by caregivers' cultivating their interpersonal skills, job commitment and professional competence (McCance and McCormack, 2017). For staff to come across to residents as joyful, warm and friendly, and develop trusting partnerships through appropriate communication and consistent engagement, they would benefit from feeling energetic, mentally strong and positive about work (Abdelhadi and Drach-Zahavy, 2012; Bakker and Xanthopoulou, 2013; van Bogaert et al., 2014). Our results indicate that engagement facilitates the mobilisation of personal attributes, and thereby enhances the capacity

of each employee to engage fully in person-centred processes. The characteristics and effects of engagement described by our participants are consistent with the personal and performance and care outcomes featured in the NJD-R model (Keyko et al., 2016). Engagement, as a positive work-related state of mind, is experienced by the healthcare workers in this study as helpful to their ability to fully connect with long-term care clients and do 'the little extra' for them.

Engagement has been found to influence workers' observable behaviours, such as acting more proactively (Sonnentag, 2003) – behaviours that, in turn, send positive signals to peers in the environment (Bakker et al., 2005b; Bakker and Xanthopoulou, 2009). Our findings indicate that engagement and positive attitudes on an individual level are contagious and experienced as boosting the development of group-level engagement. When participants described this group engagement, they highlighted its promotion of effective relational working processes such as collaboration, communication, and shared values and responsibilities. The two-level effect of enhanced individual and group capacity leads in turn to improvements in the provision of person-centred care, through more effective, collaborative, smooth and compassionate care delivery. In line with Manley et al. (2011), our results highlight that person-centredness applied to those who deliver care is intrinsically linked to effective workplace cultures. With reference to the Person-centred Practice Framework (McCance and McCormack, 2017), effective staff relationships and power sharing are regarded as key elements for realising the true potential of teams, and thereby crucial building blocks of a care environment that is conducive to person-centred practices. Our findings highlight the interrelated nature of the different domains of the framework and show that work engagement has a positive impact on the attributes of staff, on their capacity to engage in person-centred processes and on environmental conditions that are conductive to person-centred practices. The 2005 study by Salanova and colleagues, of frontline hospitality employees and customers, confirms that work engagement can be conceived as a collective, team-level experience. Their results show that work engagement of teams influences the service climate which, in turn, is related to performance. Bailey et al. (2017) also identify higher-level performance outcomes of work engagement, such as team performance and quality of care. In the future it would be beneficial to investigate work engagement at the collective level and to distinguish further between the conceptual elements of individual and collective engagement (Schaufeli and Salanova, 2011).

With regard to interpreting the findings of this study, there are important aspects to consider. First, the JD-R approach predominantly focuses on individuals and their immediate situations, so is open to the criticism that it simplifies the nature of environmental conditions and complexity of interactions within the workplace (Bakker and Demerouti, 2017; Bailey et al., 2017). Based on a concept analysis of work engagement in nursing, Bargaliotti (2012) criticises the JD-R model's lack of attention to the transactional character of the workplace, in that work engagement is regarded as externally controlled and dependent on a balancing act between job demands and resources. Bargaliotti, rather, emphasises the relational character of the antecedents of nurses' engagement, of which trust and autonomy seem most important. An outcome of nurses' work engagement, she argues, are increased levels of personal initiative that are contagious.

Second, in accordance with Bailey and colleagues, engagement itself can be positioned as an antecedent, mediator, moderator or outcome. In the study by Vassbø and colleagues (2019) in nursing homes, working in a person-centred way seemed to produce resources known to be conducive to work engagement, such as autonomy, collegial support and meaning. Further, working towards a coordinated practice in a collaborative team to meet shared goals was recognised as a cornerstone of working in a person-centred way (Vassbø et al., 2019). This resembles team engagement as described in this study. Eldh et al. (2015) concur that a holistic approach and strong bonding with colleagues, residents, and residents' relatives are essential aspects of caring for older people and conducive to employee motivation, fulfilment and growth. Hence, among staff within nursing homes, working

in a person-centred way in itself may be identified as an antecedent to work engagement, through enhanced wellbeing, vitality and learning (Eldh, 2015; Vassbø et al., 2019).

Strengths and limitations

A comprehensive study of the meaning of work engagement in the context of the development of person-centred practices in municipal facilities for the care of older people would require gathering data from all the relevant actors to insure the broadest perspective. That residents' perspectives were not collected and commented on we regard to be the main limitation of this study. When reviewing the findings, it can be difficult to conclude whether participants are describing engagement and the provision of person-centred care as it actually is in their everyday working life, or in a more theoretical and idealised manner. It could be that they learned about engagement and person-centred practices when contributing to baseline intervention data in a questionnaire before being interviewed. For that reason too, the inclusion of residents' perspectives would have been beneficial to the interpretation of data.

The fact that the study was conducted in a single municipality in southeastern Norway may limit its applicability to settings elsewhere. Also, the fact that respondents were selected for invitation by managers might have contributed to the presentation of an overly rosy picture. Nevertheless, the sample did include two of the professional groups most involved in direct care, which contributes to capturing a wide range of views and experiences. In addition, many of the findings reported here reflect those of other studies.

Conclusion

Healthcare workers working with older people in long-term facilities are expected to provide care that is holistic and tailored to individual needs and preferences. This entails a high level of individual skills and competencies; to achieve authentic relationships with long-term care clients workers must always be attentive and emotionally in control of themselves, adjust communication appropriately, and come across as joyful and positive. Worker engagement is key to the practice of person-centred care, facilitating enhanced physical, emotional and cognitive capacity on the part of individual workers, and, on a collective level, improved relational conditions and processes. In the context of long-term care for older people, work engagement should be recognised as an intrapersonal, interpersonal and social/group process, with desirable outcomes both for the wellbeing of staff and the development of person-centred practices.

Key messages for practice

- On a team level, make explicit the core values of person-centred care, with care providers supporting and challenging each other as colleagues to ensure behaviour reflects these ideals
- It is important to build work environments that promote work engagement as a continuous, collaborative, inclusive and participatory process
- To enhance work engagement, employees should assess their work environment and focus on building job resources such as social support, job feedback, opportunities for development, mastery, meaningful tasks, and collaborative and inclusive ways of working
- Unit managers should pay special attention to their role as facilitators of colleagues' work engagement, through the provision of ongoing supervision, support and opportunities for development

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