

ENGAGEMENT IN GENERAL PRACTICE

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ABSTRACT

Work engagement has been associated with better performance, low levels of burnout, and good mental and physical health. Therefore, employee characteristics associated with high degree of engagement are important for organisations that are trying to improve work productivity. Such data on general practitioners has been lacking. This study aimed to evaluate work engagement amongst general practitioners in outpatient clinics in Brunei Darussalam, expressed in the 3 dimensions of engagement, and to determine any association between age, sex, duration of prior employment and nationality, and engagement. The study instrument was the UWES-17 questionnaire with a page attached for respondents to state the demographic details of interest. The response rate was 65%. The proportion of respondents who scored high or very high in at least one dimension was only 35%. Only 20% of respondents scored high or very high in all 3 dimensions. Characteristics associated with high or very high scores were the age group 51-60 years, male sex, nationals of other countries, and longer duration of prior service. The reasons for the low rate, and the observed associations should be explored further, so that steps can be taken to promote engagement to improve work productivity and performance.

Keywords:

Engagement, general practitioners, UWES

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Introduction

Engagement was first thought to be the direct opposite of burnout, and characterised by energy, involvement and efficacy, the opposites of exhaustion, cynicism and inefficacy¹. Later it was found that employees who were burned out were not necessarily also not engaged in their work, and vice-versa². Thus, burnout and work engagement are two distinct concepts². (An instrument for assessing burnout therefore cannot be used to assess engagement, and vice-versa.) Work engagement has been defined as “a positive, fulfilling, work-related state of mind that is characterised by vigor, dedication, and absorption”².

Work engagement has been associated with better performance, low levels of burnout, and good mental and physical health³.

It is therefore important for organisations to promote work engagement amongst their workers. As engagement is a relatively new concept in occupational psychology, there is lack of data on engagement amongst general practitioners specifically. The prevalence of work engagement amongst general practitioners in Brunei Darussalam is not known. This information could form the basis of further research into the factors contributing to engagement. It could also beckon policymakers to assess organisational structure and resources.

Objectives

This study aimed:

1. To evaluate work engagement amongst general practitioners in government outpatient clinics in Brunei-Muara District (an urban district of Brunei Darussalam), expressed in the 3 dimensions of work engagement
2. To determine any association between age, sex, duration of prior employment and nationality, and engagement.

Study Population

Inclusion criteria were: general practitioners in employment in any of the government outpatient clinics in Brunei-Muara District, a minimum of 6 months of employment prior to this study, and having a work schedule of a total of 7.5 hours a day for 5 days a week, and a 7 hour duty once a month on a public holiday.

Study Design

The instrument used to evaluate work engagement in this study was the Utrecht Work Engagement Scale (UWES), which was in the form of a self-report questionnaire. It evaluated work engagement in terms of three dimensions: vigor, dedication, and absorption. Vigor was characterised by high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence even in the face of difficulties². Dedication was characterised by being strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge². Absorption was characterised by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work².

In this study, the English version of the UWES-17 questionnaire² was used without alteration. The questionnaire was available online and free for use for scientific research. Permission from the authors had been obtained⁴. The

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questionnaire consisted of 17 items, each attributing to a dimension of work engagement: 6 items for vigor, 5 items for dedication, and 6 items for absorption. The questionnaire used a 7-point Likert-type scoring system to describe the frequency of symptoms. The three-dimension structure had been validated by several studies, and the constituent dimensions had been shown to be highly correlated². Scores on the UWES had also been shown to be relatively stable across time².

On the questionnaire, items 1, 4, 8, 12, 15, and 17 represented vigor; items 2, 5, 7, 10, and 13 represented dedication; and items 3, 6, 9, 11, 14, and 16 represented absorption.

Data analysis was as described in the UWES manual. For every respondent, the mean score for each dimension was determined. The mean score for that dimension was then matched to one of the 5 qualifications (low, very low, average, high, very high) depending on the reference range of scores specific for that dimension. There were no universal reference range of scores for each of the qualifications for each of the 3 dimensions. These ranges were population-specific; they had to be determined in terms of percentiles of mean scores from that population: “very low” being less than the 5th percentile, “low” being from the 5th percentile to less than the 25th percentile, “average” being from the 25th percentile to less than the 75th percentile, “high” being from the 75th percentile to less than the 95th percentile, and “very high” being from the 95th percentile.

There was another page attached to the questionnaire where respondents provided personal details of interest: age, sex, duration of prior service in outpatient clinics in Brunei Darussalam, and nationality. Age was expressed in ranges of 10 years (21-30, 31-40, 41-50, 51-60, 61 or older), and nationality as either Bruneian or national of another country (unspecified).

Data Collection

All eligible practitioners were given a print-out copy of the study materials by hand or fax, and free of charge. Completion of the questionnaire was not mandatory. Completed questionnaires were returned anonymously by hand or post, within a period of 2 weeks.

Data Analysis

All data were manually entered into tables for analysis. Calculations were made manually, or using Microsoft Office functions.

Result

There were a total of 9 outpatient clinics in the district, with 47 general practitioners. Of these, 36 were eligible for the survey. Of these 36 general practitioners, 5 were excluded: 4 were on leave, 1 was the researcher himself. Only 20 (65%) responded to the survey. Table I shows the respondent characteristics. More than half (55%) of the respondents were in the 31-40 years age group, 85% were female, 60% were overseas practitioners, and the mean duration of prior service in outpatient clinics was 7.8 +/- 5.0 years (range 1-18 years).

The reference range of scores for each qualification, and the number of respondents in each qualification in each dimension are shown in Table II. It shows that most respondents scored average in any one of the dimensions (50% scored average in vigor, 55% in dedication, and 50% in absorption). The table also shows that the 3 dimensions correlated well with each other: there were about the same number of respondents in each of the 3 dimensions for the same qualification.

TABLE I. Characteristics of the 20 Respondents

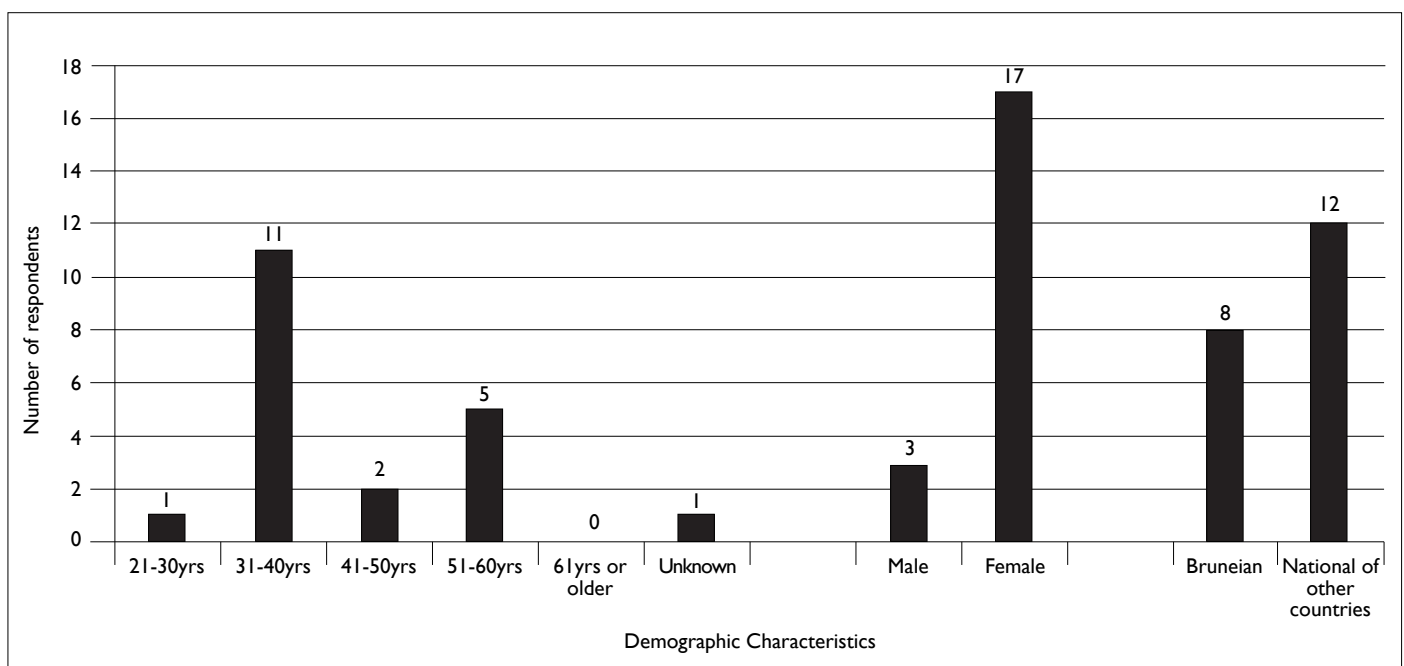


TABLE II. Number of Respondents in Each Qualification for Each Dimension

Qualification	Dimensions Of Work Engagement					
	Vigor		Dedication		Absorption	
	Number Of Respondents	Reference range of scores (corrected to 2 decimal places)	Number Of Respondents	Reference range of scores (corrected to 2 decimal places)	Number Of Respondents	Reference range of scores (corrected to 2 decimal places)
Very low (< 5th percentile)	1 (5%)	0.00 - 1.07	1 (5%)	0.00 - 1.49	1 (5%)	0.00 - 1.32
Low (≥ 5th percentile but < 25th percentile)	4 (20%)	1.08 - 2.41	3 (15%)	1.50 - 2.99	4 (20%)	1.33 - 3.07
Average (≥ 25th percentile but < 75th percentile)	10 (50%)	2.42 - 4.07	11 (55%)	3.00 - 4.59	10 (50%)	3.08 - 4.16
High (≥ 75th percentile but < 95th percentile)	4 (20%)	4.08 - 5.82	3 (15%)	4.60 - 5.99	4 (20%)	4.17 - 5.91
Very high (≥ 95th percentile)	1 (5%)	5.83 - 6.00	2 (10%)	6.00	1 (5%)	5.92 - 6.00
	Total 20 (100%)		Total 20 (100%)		Total 20 (100%)	

TABLE III. Frequency Distribution of Respondents by the Number of Dimensions with either High or Very High Qualification Scores

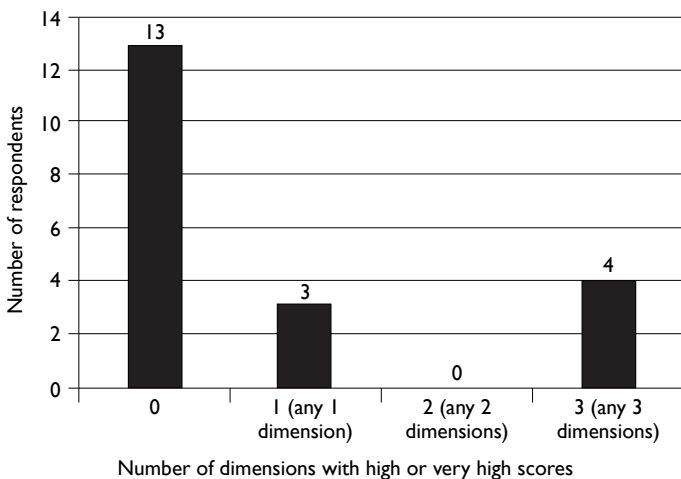


Table III shows that only 4 (20%) respondents scored high or very high in all 3 dimensions together. A total of 13 (65%) respondents did not score either high or very high in any of the 3 dimensions of work engagement.

Table IV shows that the age group 51-60 years had the highest number of respondents scoring high or very high in the dimensions vigor and dedication. For the dimension absorption, both age groups 31-40 years and 51-60 years had the same number of respondents scoring high or very high. Male sex was more likely to score high or very high in absorption. Nationals of other countries were more likely to score high or very high in any one of the 3 dimensions, compared to their Bruneian counterparts. The mean duration of prior service for scoring high or very high in vigor, dedication, and absorption were 11.4 years, 8.8 years, and 8.4 years respectively.

DISCUSSION

The questionnaire had been validated from psychometric analyses, involving various professions including physicians and other healthcare teams². It was therefore assumed that its validity was extended to general practitioners. However, its validity to the Brunei population was unknown. As work engagement had been a relatively new concept, no validated regional questionnaire was found. Concerns over possible language barrier were minimised by the usage of the questionnaire in only the English language version. All the general practitioners had their medical training in English language, and it was the medium of language in written notes during consultation.

Although the reference range of scores for each qualification of each of the 3 dimensions were population-specific, cross-study comparisons could still be made. Each qualification was determined in terms of percentiles of mean scores from the population. Comparisons between different populations would thus be in terms of respective percentiles, much like the case when comparing obesity in children between one region and another.

The study did not include general practitioners from the other 3 districts of the country because they had different work schedule and work capacity. This study was not comparing work engagement between general practitioners from different districts (and different work environments), but merely exploring work engagement amongst those in similar working environments. Brunei-Muara District was chosen for convenience, and its being the most densely populated district with the most number of outpatient clinics and general practitioners meant that it would potentially yield more data.

The 6-month period was arbitrary - this was to minimise possible influence from previous employment. Such was necessary to exclude general practitioners who had newly been recruited.

TABLE IV. Association between Respondent Characteristics and High or Very High Scores in Each Dimension of Work Engagement

Respondent Characteristics	Number Of Respondents (% of 20 respondents)		
	High or Very High Degree of Vigor	High or Very High Degree of Dedication	High or Very High Degree of Absorption
Age			
21-30yr	0	0	0
31-40yr	1 (5%)	1 (5%)	2 (10%)
41-50yr	0	1 (5%)	0
51-60yr	3 (15%)	2 (10%)	2 (10%)
61yr or older	0	0	0
Unknown	1 (5%)	1 (5%)	1 (5%)
Sex			
Male	0	0	1 (5%)
Female	5 (25%)	5 (25%)	4 (20%)
Nationality			
Bruneian	1 (5%)	1 (5%)	1 (5%)
Nationals of other countries	4 (20%)	4 (20%)	4 (20%)
Duration of prior service in outpatient clinics in Brunei Darussalam, expressed in years			
High or very high scores	Mean 11.4 +/- 4.4	Mean 8.8 +/- 3.3	Mean 8.4 +/- 3.9
Very low, low or average scores	Mean 9.5 +/- 5.0	Mean 7.1 +/- 2.1	Mean 9.8 +/- 5.0

The 4 general practitioners who were on leave during the study period were excluded because their leave period lasted beyond the data collection period of 2 weeks. The period of 2 weeks was arbitrary; it was mainly for practical reasons. As response was not spontaneous, respondents could potentially have manipulated their responses. This was minimised by the anonymous use of the questionnaire, and informing participants that the questionnaire was for assessment of their “well-being”, or using other vague terms rather than “engagement”.

In this study, 35% of respondents scored high or very high in at least one dimension of work engagement, and 20% of respondents scored high or very high in all 3 dimensions. More than half (65%) of respondents did not score a high or very high in any of the 3 dimensions. Further studies could be conducted to determine the causes, eg. possible concurrent high prevalence of burnout, absence of organisation-related factors that could promote work engagement, or merely, an expected outcome due to the nature of the job.

Characteristics that were associated with high or very high scores in this study were: age range of 51 to 60 years, male sex, and nationals of other countries. It was surprising to find that the 51 to 60 years age group was associated with high or very high degree of work engagement - these respondents were near retirement, and so, one could think that whether they had been highly or otherwise engaged with their work could only affect mildly their job prospect. However, one can argue that by that age, most employees would have achieved their targets in life (eg. work, security, family) and acquired vast knowledge and experience related to their work, and therefore could engage easily

on their work. Age was a possible confounder in this study; the observed association between longer duration of prior service and high or very high scores of work engagement could merely reflect the advanced age of the employees rather than the longer duration itself.

In this study, male sex was associated with high or very high scores in absorption. No male respondents scored high or very high in the dimensions vigor and dedication; there were only female respondents.

This study also found that nationals of other countries were more engaged than their local counterparts in any of the 3 dimensions of work engagement. This could be due to difference in culture and attitude. Another possible explanation could be that these overseas general practitioners had decided to continue working in the country because of certain reasons (eg. better wages), and subsequently found themselves easily becoming engaged, for as long as those reasons were present. Those who were not engaged probably had quitted soon, and therefore did not make it to the survey. This could also be the explanation for the observed association between higher scores and longer duration of prior service: those who enjoyed working in the country, and became engaged, would tend to stay longer. Whether it was the longer duration of prior service that had resulted in high degree of work engagement or the reverse is open to question.

Multivariate analysis was not performed in this survey due to limited resources, and small study population. It would have been considered if the study was conducted at national level.

Policymakers should consider researching the reasons for high

or very high degree of work engagement in the aforementioned subgroups of respondents (older age groups, male sex, overseas general practitioners). Such information could be important for performance improvement and work productivity. Focus-group qualitative studies might be useful.

CONCLUSION

In this study with a 65% response rate, 35% of general practitioners scored high or very high in at least one of the dimensions of work engagement. The older age group of 51 to 60 years, and nationals of other countries were associated with high or very high scores in any one of the dimensions. Male sex was associated with high or very high scores in the dimension absorption, while longer duration of prior service was associated with high or very high scores in the dimensions vigor and dedication. This study presented data relating specifically to general practitioners and an Asian country, which had been lacking or inexistent. The characteristics that were associated

with high or very high scores in the dimensions of work engagement merit further studies. Policymakers should base the rates of engagement as reasons to evaluate organisational structure and provision.

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