E-Briefings

Scientific Considerations of Employee Engagement during COVID-19

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Twenty years ago, almost nobody was talking about employee engagement. While some organizations were beginning to recognize the benefits of improving their employees' satisfaction, motivation, and mental health, employee engagement as we understand it today had not even been conceptualized. It wasn't until 1990 that a scholarly paper was written on the topic, and then it took another 20 years before that article began circulating in scientific and organizational communities.[1] We now understand that employee engagement is the simultaneous employment of a person's "preferred self" through physical, cognitive, and emotional means. When an employee commits their preferred self to their role, not only does the organization benefit from their high-quality work, but the employee's well-being is fostered through emotional and cognitive health.

While this understanding of engagement is relatively new, engagement's popularity is nonetheless well-precedented. Studies showing the relationship between employee engagement and performance, profitability, and productivity across countless industries have helped shift the conversation from academia to senior leadership.[2] In a 2019 study with over 1,000 healthcare organizations, employee engagement was rated as the industry's fastest-growing priority.[3]

When it finally seemed like we were

effectively grasping, measuring, and improving employee engagement, an unprecedented state of affairs from COVID-19 challenged the engagement of our nation's healthcare workers. Frontline staff face the challenges of treating and caring for COVID-19 patients while maintaining their own physical, mental, and emotional health. How do our conversations around employee engagement change when facing the challenges of COVID-19?

Focus on the Shift

Research shows that engagement levels fluctuate quickly, even daily![4] The good news is that these fluctuations can be leveraged. An important distinction in highly engaged employees is the presence of a shift from negative affect to positive affect. If an employee experiences negative affect in the morning of their working day, but positive affect later that afternoon,

1   Alan M. Saks and Jamie A. Gruman, "What Do We Really Know About Employee Engagement?," *Human Resource Development Quarterly*, June 2014; pp. 155–182.

2   James K. Harter, Frank L. Schmidt, and Theodore L. Hayes, "Business-Unit-Level Relationship between Employee Satisfaction, Employee Engagement, and Business Outcomes: A Meta-Analysis," *Journal of Applied Psychology*, 2002; pp. 268–279; Nazan Kartal, "Evaluating the Relationship between Work Engagement, Work Alienation, and Work Performance of Healthcare Professionals," *International Journal of Healthcare Management*, March 2018.
3   Jason A. Wolf, *The State of Patient Experience 2019: A Call to Action for the Future of Human Experience*, The Beryl Institute, 2019.

4   Ronald Bledow et al., "The Affective Shift Model of Work Engagement," *Journal of Applied Psychology*, July 2011; pp. 1246–1257.

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their engagement levels actually increase. This is because negative circumstances cause employees to analyze their surroundings in greater detail and to focus on identifying discrepancies between their ideal state and current situation. These discrepancies lead to goal-directed behavior and a desire to transition from a negative experience to a positive one. Without negative events altogether, employees would perceive a lower need to initiate goal-directed behavior. Since negative events are inevitable, the well-being of an employee is dependent on their ability to self-regulate out of the negative mindset and into a positive one. When a shift is successful, the employee's self-regulation skills become more refined through goal achievement and their engagement improves.

While the stressful times surrounding COVID-19 present an array of new challenges for healthcare workers, they also offer unique opportunities to drive engagement. It's reasonable to expect an increase in negative work experiences due to COVID-19, but that doesn't mean engagement needs to suffer. Identifying employee pain points and countering them with positive experiences is the key to engagement during difficult times. If a shift occurs, it will ultimately lead to higher levels of engagement than would have been possible without the negative circumstances altogether.

Counter Demands with Resources

Consider the impact of COVID-19 through the lens of the Job Demands-Resources (JD-R) model. Numerous organizational studies highlight the efficacy of this model and provide research findings that are quite relevant to our time period. This simple and well-validated model presents the existence of two simultaneous workplace processes that determine employee well-being and engagement. The presence

of high job demands is shown to deplete employee energies and personal resources, leading to lower levels of engagement and even adverse health consequences. Alternatively, job resources promote engagement and consistently lead to *improved* performance. Interestingly, the research is clear that when job demands rise, job resources have an increased potential to motivate employees.[5] In other words, high job demands don't necessarily lead to stress and burnout; rather, it is the absence of job resources that contribute to these negative outcomes. High job demands and high job resources can be an effective contributor to employee engagement and performance.

There is no question that COVID-19 has presented healthcare with an increased degree of job demands, both physical and mental. The types of demands may vary but the premise is the same; when demands go up, organizational resources should counter. Interventions at reducing demands and increasing resources are most effective when they are tailored to specific work

environments.[6] Some of the ways that healthcare organizations are helping employees during COVID-19 include:

- Providing staff with a pantry that includes groceries at wholesale pricing to save them from going to the grocery store after work
- Offering staff free meals during all shifts or partnering with local restaurants where staff can preorder meals and pick them up at a designated on-site location
- Holding regular town hall meetings to thank staff and give them the opportunity to ask questions
- Providing Web-based resources for mental and spiritual care
- Distributing documentation listing various stress-reduction exercises
- Setting aside a sum of money to distribute to staff as appreciation bonuses to those working during COVID-19
- Extending allotted staff break periods (three additional 10-minute breaks per shift)
- Conducting leader rounding to ask frontline staff how to better support them

While not likely to serve as the only

5 Arnold B. Bakker and Evangelia Demerouti, "The Job Demands-Resources Model: State of the Art," *Journal of Managerial Psychology*, April 2007.

6 Evangelia Demerouti et al., "The Job Demands-Resources Model of Burnout," *Journal of Applied Psychology*, 2001; p. 499.

needed avenue of support, these actions are a great starting point.

Beyond the Annual Survey

Perhaps the most popular means of collecting employee feedback today is through an annual engagement survey—a widely popular and effective method for capturing big-picture insights. However, truly effective support during this time requires soliciting staff feedback and implementing resources accordingly. No organizational demands will be quite the same, and organizational resources should be reflective of situational needs. Feedback from an annual survey may not provide enough content specific to staff demands surrounding the stressful situation at hand.

Research in the field of engagement shows us how important it is to help employees shift from negative experiences to positive ones, and the JD-R model emphasizes the importance of understanding the unique demands staff are facing.

Healthcare organizations should ensure that they have a way to collect employee feedback during or shortly after stressful events. One healthcare organization used a COVID-specific survey to learn that their employees were concerned and confused about a new PTO policy that was implemented. The policy allowed for more flexible use of PTO, including accruing negative hours during COVID-19, but many employees were requesting more information about the long-term implications of the new policy. Without this feedback, the organization may have assumed that all employees felt supported by the new policy. In reality, the new policy was causing undue stress due to a lack of information. Consider some additional employee comments regarding COVID-19:

- "Provide more resources on conditions at hospital and the situation on rotating staff and providers."
- "I need to know my COVID-19 status and I also need complete instruction on what I need to do if my test result turns out positive."

- "Be more transparent. How are you sterilizing our N95 and how can we be sure this process is safe? What is our system's daily number of recoveries and deaths? How many of our own staff have contracted the virus?"

It is clear that healthcare employees are facing some of their most unique challenges to date. Such circumstances call for proactive, well-validated, and tailored responses. If leadership provides a way for employees to shift from negative to positive work experiences, employee self-efficacy will improve, and engagement levels will rise. The higher job demands associated with this time period require a simultaneous increase in job resources or employees will find themselves discouraged and burned out. Leaders who seek to understand exactly what their employees need and take subsequent action will reap the short- and long-term benefits of more engaged employees and higher-quality patient care.