

# **‘Employee engagement’: What is it, and how does it work in business and medical contexts?**

**Amanda E. Ferguson (amanda@lifethatworks.com)**

Department of Psychology  
Macquarie University, Sydney NSW 2109 Australia

## **Abstract**

The concept of ‘employee engagement’ is popular in the workplace and increasingly being examined in the literature. However, engagement has been defined and measured in diverse and inconsistent ways. Engagement appears to comprise constructs such as job satisfaction, organisational commitment and intention to stay. Further, some have argued that engagement is a multidimensional construct in that employees can be emotionally, cognitively or physically engaged. Despite disagreement and confusion in the literature, researchers have demonstrated strong links between some conceptualisations of employee engagement and both performance and business outcomes. The aim of this paper is to report on two studies designed to explore the construct of employee engagement in two populations: corporate, and clinical. In Study 1, postgraduate Masters students rated items that had been derived from current industry instruments that claim to measure engagement, for their perceived relevance to the construct. In Study 2, a scale derived from Study 1 was administered to business people, doctors, and nurses. The findings suggest that employee engagement may be defined differently in different work settings, and that a ‘one-size fits all’ approach to measuring employee engagement may be misguided.

## **Defining Employee Engagement**

Over recent years, employee engagement (EE) has been defined and measured in many different ways. The terms ‘participation’, ‘involvement’, ‘inclusion’ and ‘job-fit’ have been used to describe ‘engagement’. In addition, EE has been defined with regard to task, job, team and organisation. Many researchers have argued for the need to define EE, to find the best way to measure it and to identify strategies to increase it. However, no research to date has examined potential differences in the meaning and measurement of employee engagement in different contexts, such as in voluntary, health-care or corporate environments. The overall aim of the research reported here was to explore whether EE might be conceptualized differently by individuals working in corporate and medical contexts.

The concept of EE was first mentioned by Kahn (1990, 1992) who described it as different from other

employee role constructs such as job involvement, commitment or intrinsic motivation. Rather, EE concerned the ways in which people moved towards or away from task performance. Kahn asserted that EE was a multidimensional construct in that employees could be emotionally, cognitively or physically engaged. Kahn argued that EE was primarily an emotional or cognitive experience. Similarly, McCashland (1999) defined EE as an employee’s emotional response to critical components of the workplace. In contrast to these corporate-based studies, Maslach and Leiter (1997) asserted that EE was simply the opposite of burnout, a construct devised from medical-based studies, and as such, that it comprised the energy, involvement and efficacy that an employee brought to their role. However, later research reassessed the burnout literature and argued that EE was a distinct construct characterised by vigour, dedication and absorption in one’s work (Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002), while Goddard (1999, 2001) described EE as associated with time use. Further, MacGowan (2003) argued that EE was actually best defined as a group construct, rather than as a personal construct measure. Thus, there has been no agreement in the literature about the definition of EE.

## **Operationalising EE**

Despite the confusion in the literature over definitions of EE, there has been compelling evidence of a strong link between some conceptualisations of engagement, performance and business outcomes ( $r = .91$ ) (Harter, Schmidt & Hayes, 2002). The idea of EE is highly popular in corporations and each management consultancy offers surveys of EE and ways of enhancing it. However, just as there are many definitions of EE, so there are many different ways of measuring it.

The first commercial survey of EE was conducted by the Gallup Organization, an international research and consultancy firm with over 80 years’ experience. Gallup now conducts what is arguably the most influential business survey of EE. Gallup’s EE scale is based on over 1,000 studies conducted in medical and corporate contexts. By 2001, Gallup had rolled out its

engagement survey to over 1.5 million employees, and more than 87,000 work units. Construct validity was found through meta analysis (Buckingham, 1999). Other consultancies surveying EE include international Hewitt Associates, US based Achieveglobal, The Hay Group and McKinsey & Company; and Human Synergistics (Aus and NZ).

## Study 1

While the extant scales of EE differ substantially in their orientation to job, role, task or organisation, the most common orientation found in the literature is that of role. These scales also differ widely in focus such as: time spent; cognitive or emotional attachment; and the antithesis to burnout, again the most common focus was cognitive and emotional attachment. Therefore the working definition in this study of EE was: the degree to which an employee is emotionally and cognitively attached to their role.

The aim of Study 1 was to collate all the items measuring EE from a variety of the extant scales (study 1) and secondly, to explore how these items were regarded across medical and corporate contexts (study 2). Future research will investigate whether these measures can be standardised or whether they apply differently to medical and corporate contexts, given that some are based on corporate findings, and others, the burnout measures, on medical findings.

## Method

First, the literature was examined for all existing items that could be included in forming a scale, to ensure that all constructs of EE were represented. Nine scales were identified, from the authors previously mentioned, with diverse orientations such as emotional and cognitive experience, time, instrumentality, burnout and ownership. An analysis of the items in these EE scales revealed many overlaps with other established scales for job constructs, notably job satisfaction, commitment and intention to stay. A total of 115 existing items were found. These items were combined into a survey and administered to a voluntary focus group of 13 students of the Master of Organisational Psychology program. Students were briefed as to the background of EE and the nature of this study. They were asked to rate each item for its relevance for inclusion in a final scale against a working definition of EE. The rating scale consisted of four points: (1) not at all related; (2) somewhat related; (3) quite related; (4) highly related.

## Results

Students discussed the survey and agreed unanimously that because all scales except one applied to individuals, EE was hence an individual, not a group, measure.

Therefore, the 36 group engagement measure (GEM) items were removed (MacGowan, 2003). The top rating items related to pride in one's job ( $M=3.73$ ), one's opinions being counted ( $M=3.64$ ). Middle rating items related to time ( $M=2.09$ ) and burnout ( $M=2.55$ ). The lowest raters were group measures ( $M=1.45$ ). The remaining 78 items were all retained as a working scale because further surveying was considered necessary before culling any more items.

## Study 2

As noted previously, the scales used to measure EE thus far have been developed without regard to any possible differences between medical and corporate contexts. Further, researchers and corporations typically aim to increase EE, without regard for the possibility that in some occupations, there could be such a thing as too much engagement. For example, in medical contexts a certain level of disengagement from the patient is required for best practice. This active disengagement may be seen as engagement with the role, or it may indicate that a different definition of engagement is at work in medical and corporate contexts. The aim of this study, then, was to examine whether the items measuring EE, derived in Study 1, would attract different responses from corporate and medical populations, such that corporate participants might favour items not related to burnout and medical participants might favour items related to burnout.

## Method

The 78 items derived from Study 1 were collated into a survey using the same four-point rating scale and given to four groups; two each drawn from corporate and medical contexts: a group of working acquaintances; employees in a public relations firm; nurses at a public hospital and doctors at a public hospital. Groups were given the same briefing about EE and the nature of this study, and were asked to rate each item for its relevance to the working definition of EE: the degree to which an employee is emotionally and cognitively attached to their role. Participants were recruited on a voluntary basis. Of approximately 400 clinicians, 85 responded ( $n=85$ ), a rate of 21%, and of 80 corporate participants, 40 responded ( $n=40$ ), a rate of 50%, making a total of 125 ( $n=125$ ).

## Results

As Table 1 shows, overall maximum and minimum mean ratings of items displayed a difference between corporate and medical samples. The most highly rated item ( $M=3.36$ ) was 'I am proud of the work I do', and the lowest ( $M=1.84$ ) was 'I have a best friend at work'. In the corporate sample the item that participants agreed was most strongly representative of EE ( $M=3.80$ ) was 'I

feel worthwhile and valued' and the weakest item (M=1.43) was 'I have a best friend at work'. In the sample of doctors the strongest item (M=3.40) was 'I know what is expected of me' and the weakest item (M=1.65) was 'I have less professional efficacy than I used to have'. In the sample of nurses the strongest item (M= 3.77) was 'the amount of time spent on your job' and the weakest was the same item as for the doctors. As was anticipated, the burnout sub-scales featured highly in the medical samples and not at all in the corporate sample.

Table 1: Maximum and minimum means

Industry	N	Max	Min
Total	124	3.36	1.84
Corporate	40	3.80	1.43
Doctors	58	3.40	1.65
Nurses	26	3.77	1.65

Figure 1, below, shows the plotted means of all items in the Gallup Q12 scale for each sample. Items 2, 3, 4 and 8 show a difference between corporate and medical samples, as was expected.

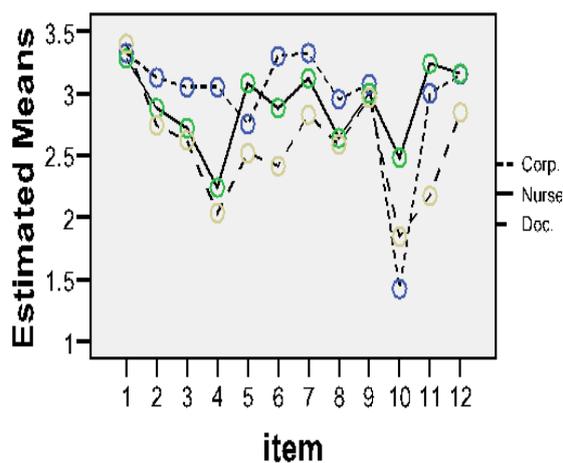


Figure 1: Estimated means of measure 1.

## Discussion

The findings in these early studies support the argument that corporate and medical samples might differ in their views on EE. The burnout subscales were originally developed in medical populations and so it is no surprise that doctors and nurses considered these items to be most relevant to disengagement and that corporate groups found them to be irrelevant. Corporate groups favoured the commercial scales, as was expected.

Future research aims to assess the construct validity of EE by testing how it relates to other established job

constructs, notably job satisfaction, commitment and intention to stay. Research also aims to explore the reliability of EE, how it relates to medical contexts and to contribute to the understanding of the relevance of a measure of EE for clinicians.

## References

- Buckingham, M. Coffman, C. (1999). *First Break all the Rules*. Sydney: Simon & Schuster UK Ltd.
- Goddard, R. G. (1999) In-time, out-time: A qualitative exploration of time use by managers in an organisation. *Dissertation Abstracts International US: Univ Microfilms International*, 60(6-A), 2121-2139.
- Goddard, R. G. (2001). Time in organizations. *Journal of Management Development*, 20(1), 19-27.
- Harter, J. K., Schmidt, F. L., & Hayes, T. L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis. *Journal of Applied Psychology*, 87(2), 268-279.
- Harter, J.K., Schmidt F. L., & Keyes, C. L. M. (2003). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis. *Journal of Applied Psychology*, 87(2), 268-279.
- hn, W. A. (1990). Psychological Conditions of Personal Engagement and Disengagement at Work. *Academy of Management Journal*, 33(4), 692-724.
- hn, W.A. (1992). To be fully there: psychological presence at work. *Human Relations* 45, 321-350.
- icGowan, M.J. (2003). Increasing Engagement in Groups: A Measurement based Approach. *Social Work in Groups*, 26(1), 5-28.
- islach, C., & Leiter, M.P. (1997). *The Truth about Burnout*. Jossey Bass, San Francisco, CA.
- islach, C., Schaufeli, W.B., & Leiter, M.P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.
- icCashland, C. R. (1999). Core Components of the Service climate: Linkages to customer satisfaction and profitability. *Dissertation Abstracts International US: Univ Microfilms International*, 60(12-A), 4290-4299.
- Miles, R. H., (2001). Beyond the age of Dilbert: Accelerating corporate transformations by rapidly engaging all employees. *Organizational Dynamics*, 29(4). 313-321
- Miller, R. B., & Brickman, S. J. (2004). A model of future-oriented motivation and self regulation. *Educational Psychology Review*. 16(1). 9-34.
- Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V., & Bakker. A.B. (2002). Burnout and engagement in university students: A cross-national study. *Journal of Cross-Cultural Psychology*, 33(5), 464-481.

