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The Landscape of Work Engagement in Brain Injury Rehabilitation

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Abstract

This study examined work engagement among brain injury rehabilitation professionals with specific attention to how they engage with their work (the extent to which they experience vigor, dedication, and absorption while working) and how they engage with people (the degree to which they are welcoming towards others and demonstrate integrity, responsibility, transparency). This study also tested a theoretical model of work engagement that predicted a relationship between engagement and personal, interpersonal, and organizational capacity. Eighty-one staff employed in a hospital-based brain injury program participated in the study. A quantitative self-report survey was used to measure participants' levels of capacity and engagement and a qualitative question was included to identify initiatives that could be introduced to enhance job performance. As predicted by the model, there were statistically significant positive correlations among all three capacity variables and engagement with work and statistically significant positive correlations between ethical engagement and personal and interpersonal capacity. The results of the qualitative data analysis revealed three broad categories of recommendations for improving job performance (more learning opportunities, more resources to support professional development, and the need to build greater team cohesion). These findings provide initial support for a theoretical model that emphasizes the link between capacity and engagement, which could be used to guide theory-driven interventions aimed at improving the work environment.

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CHAPTER ONE: INTRODUCTION TO THE STUDY

This study examined work engagement among brain injury rehabilitation professionals, that is, how they engage with work (how vigorous, dedicated, and absorbed they feel while working) and how they engage with people at work (the extent to which they act in an inviting way, with integrity, responsibility, and transparency) (Novak, 2002; Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002; Walker, 1998). Interest in work engagement has grown in the past decade and coincides with the rise of appreciative inquiry as an approach to organizational life where the focus is on exploring human strength and optimal functioning as opposed to weakness and malfunction (Cooperrider & Srivastva, 1987; Sheldon & King, 2001). Compared to the downside of employee functioning, organizational theorists' knowledge of employee strength and optimal performance is limited (Schaufeli & Salanova, 2005). This is particularly true in brain injury rehabilitation where the topic of work engagement has received little attention. Although the brain injury rehabilitation setting is not a traditional teaching environment, rehabilitation is about teaching and learning (Durgin, Schmidt, & Fryer, 1993). Hence, there is a need to better understand how work engagement unfolds in the brain injury rehabilitation setting.

The purpose of this study was to develop and evaluate a model of how engagement proceeds in the workplace using contributions from organizational theory, psychology, sociology, ethics, and education. The model proposes three capacities that need to be in place for the hands, hearts, and minds of people to be fully engaged: personal, interpersonal, and organizational capacity. A survey was developed and implemented in an acquired brain injury (ABI) rehabilitation program to reveal patterns

of engagement and to assess the extent to which the model could be used as a guide for enhancing work engagement in ABI rehabilitation and other nontraditional education contexts.

Background of the Study

Occupational stress is a concern in the human service and helping professions, particularly among general educators, special education teachers, and those who provide related services to people with disabilities (Burke & Greenglass, 1995; Reid, Johnson, Morant, Kuipers, Szmukler, Bebbington, & Prosser, 1999; Rose & Rose, 2005; Wisniewski & Gargiulo, 1997). Over a period of time, the cumulative effects of dealing with limited resources, difficulty meeting student needs, and stressful interpersonal interactions may lead to a condition described as *burnout* which is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). Burnout is linked to numerous negative outcomes including poor health, absenteeism, low commitment to the organization, and a negative spillover into home life (Maslach, Schaufeli, & Leiter, 2001). It is also considered to be one of the reasons special education teachers are leaving the profession (Wisniewski & Gargiulo, 1997).

Burnout is not only an issue for special education teachers working in traditional school settings, but also for those who teach learners with special needs in less traditional educational contexts such as brain injury rehabilitation programs (Durgin, Schmidt, & Fryer, 1993; Van Den Brock & Lyc, 1996; Wittig, Tilton-Weaver, Patry, & Matcer, 2003). Brain injury can result in physical, cognitive, communicative, and behavioral sequelae, which interfere with the ability to fully participate in living, loving, and doing.

Depending on the nature and severity of the brain injury, individuals may require rehabilitation to acquire functional skills and compensatory strategies to optimize their participation and inclusion in society (Durgin, Schmidt, & Fryer, 1993). Banja (1990) describes rehabilitation as a “holistic and integrated program of medical, physical, psychosocial, and vocational services that empower a person with a disability to achieve a personally fulfilling, socially meaningful, and functionally effective interaction with the world”. To achieve these goals, rehabilitation professionals focus on the maintenance of existing abilities and roles, the promotion of health, the prevention of further impairment, the prevention and reduction of disability, the restoration of function and roles, and the minimization of handicap. According to Prior and Smith (2002), the activities of rehabilitation professionals generally cluster around seven domains of practice: 1) adopting a rehabilitation approach (i.e., adopting a wellness model of care that focuses on abilities rather than disabilities), 2) teaching and coaching, 3) observation, assessment, and interpretation, 4) administering and monitoring therapeutic interventions, 5) management of rapidly changing situations, 6) management, advocacy, and coordination, 7) and monitoring and ensuring the quality of health care practice.

ABI rehabilitation professionals work in various settings including hospitals, residential programs, clinics, homes, workplaces and schools. Even though teaching focuses predominantly on the development of self-care and maximizing the independence and quality of life of the patient, the focus also extends to the needs of the family, significant others, and caregivers. Although the teaching may not occur in a traditional education setting, ABI rehabilitation professionals have much in common with teachers, particularly special education teachers. First, in both cases teaching does not occur in a

vacuum; rather it happens within a context and is shaped by personal factors (e.g., abilities, beliefs, values, and expectations), interpersonal factors (e.g., team norms and communication patterns), organizational factors (e.g., access to opportunities for growth and development), and societal forces (e.g., social policies for people with disabilities) (Mitchell & Sackney, 2001).

Second, like special education teachers, rehabilitation professionals enter the profession because of a desire and commitment to improve the quality of life for persons with a disability (Durgin, Schmidt, & Fryer, 1993). In both cases, they work with learners with special needs and thus require highly developed behavior management skills, rapport building skills, teaching skills, and the ability to adapt curriculum to meet the needs of the learner (Ducharme, 1999, 2000; Ylvisaker, Feeney, & Urbanczyk, 1993). Furthermore, both professionals may find themselves working within a transdisciplinary team model comprising multiple stakeholders such as administrators, health care professionals, and parents. The transdisciplinary team model demands effective and frequent communication among members as well as the sharing of knowledge, skills, and responsibilities *across* traditional boundaries in assessment, goal setting, service planning, and delivery. In order to provide individuals with brain injuries with ample opportunities to practice skills, there is a certain amount of boundary blurring and training across disciplines, which distinguishes the transdisciplinary approach from other team models (Cox, 2001; Durgin, Schmidt, & Fryer, 1993). Finally, in both cases teaching and learning are closely interconnected and interdependent. As Wineburg and Grossman (1998) point out, schools cannot become exciting and effective learning places for students until they first become exciting teaching places for adults (p. 350). Along the

same lines, Snell (1990) posits that the single most influential factor in transforming the quality of existing programs for people with disabilities is the quality of the staff, that is, the competencies they bring as well as the values and passion they operate from. Consequently, in both the ABI and special education setting, the quality of the teachers has a direct impact on the learners.

Given the similarities between special education teachers and ABI rehabilitation professionals, the ABI rehabilitation setting, albeit not a traditional education environment, constitutes a teaching and learning setting and one that is worthy of consideration when it comes to examining the well being of staff. Presently there are only a handful of such studies, the bulk of which focus on negative states such as stress and burnout (Cranswick, 1997; McLaughlin & Erdman, 1992; Schlenz, Guthrie, & Dudgeon, 1995; Van Den Broek & Lye, 1996). This is not surprising given that the field of occupational health psychology has been preoccupied with negative states for almost a century. In fact, this is true of psychology as a whole. The prevailing negative bias is evidenced in the fact that the number of publications on negative conditions outnumbers publications on positive conditions by a ratio of 14:1 (Myers, 2000).

The failure to recognize the positive aspects of work is a problem because it is inconsistent with the reality of working life which suggests that over 75 percent of employees indicate they are satisfied with their jobs, whereas a much smaller percentage report feeling dissatisfied (Veroff, Douvan, & Kulka, 1981). Furthermore, a preoccupation with negativity is inconsistent with the mandate of occupational health psychology, which espouses the promotion of health, and therefore should not just be about trying to make the “troubled less troubled” (Seligman, 1992, p. 96). Proponents of

appreciative inquiry agree it is time to change directions and explore more fully the positive aspects of organizational life (Cooperrider & Srivastva, 1987). As might be expected, this has sparked an interest in positive states, such as work engagement.

Although interest in work engagement has heightened over the past 10 years, the concept itself can be traced back to the early 1900s when organizational theory was at a fledgling state. Since then, the concept of work engagement has evolved from being considered strictly a matter of the hands doing work in the most efficient way known to science (Taylor, 1916), to a phenomenon that is thought to be greatly affected by the structural arrangement of work (Kanter, 1977), and to the point where it is now considered to be a positive, work-related state that is characterized by vigor (physical component), dedication (emotional component), and absorption (cognitive component) (Kahn, 1990; May, Gilson, & Harter, 2004; Schaufeli & Salanova, 2005).

Though there is ongoing debate about the exact nature of work engagement and how it should be studied, the past decade of research has resulted in some common ground. For example, there seems to be consensus that work engagement is a matter of the hands, heart, and mind; that it is a systemic phenomenon shaped by personal factors (e.g., beliefs, values, expectations), interpersonal factors (e.g., group dynamics), and organizational factors (e.g., access to goods and resources); and that it represents a state of being that is worth increasing. There is a growing body of evidence to suggest that, indeed, engagement is linked to good health, job satisfaction, organizational commitment, low turnover intention, and that it helps people derive benefits from stressful work (Britt, Adler, & Bartone, 2001; Demerouti, Bakker, Janssen, & Schaufeli, 2001).

Despite the fact that work engagement results in positive outcomes for individuals and the organization, interest in work engagement continues to be heavily influenced by the efficiency imperative, that is, society's preoccupation with producing more output with less input, an outcome that ultimately serves the best interest of the organization by reducing costs and maximizing profit (Tverdek, 2004). However, as Kahn (1990) points out, there is a need to focus on the extent to which engagement allows people to bring themselves into or remove themselves from particular task behaviour (p. 692). In other words, efficiency need not be the sole driver of people's interest in work engagement; rather, values such as effectiveness, benevolence, justice, and equality (i.e., ethical considerations) should also help shape the conceptualization and study of work engagement.

As it stands, the way that work engagement is currently conceptualized precludes the concept from being examined from an ethical perspective because its rightness seems to be taken for granted. Work engagement is defined as a positive state without any qualification of what *positive* means and for *whom* it is positive. Essentially, the normative (ethical) aspect of work engagement (i.e., how one engages with others at work) has been ignored. Yet, as ethicist Margaret Urban Walker (1998) and sociologist Rosabeth Moss Kanter (1977) point out, what people engage in and how they engage with each other, has the power to shape their moral understandings and to confer their identities. Thus, there is a need to ask what kinds of things are people engaging in, whose interests are served by that way of engaging, who determines the rules of engagement, what authority do they have to do so, whose values are reflected in those rules, and what kinds of identities are being created as result of that engagement (Kanter, 1977; Walker,

1998). In other words, there is a need to bring the concept of work engagement into the realm of ethics.

Statement of the Problem

There is a paucity of research examining the well being and work engagement of rehabilitation professionals who work in ABI. The limited research that exists is primarily grounded in the disease model where the spotlight has been on stress and burnout. It is time to shift from the disease model towards an affirmative approach to organizational life that focuses on the nature and prevalence of positive states such as engagement, its causes, consequences, correlates, and the ways it can be assessed and promoted (Cooperrider & Srivastva, 1987; Schaufeli, 2004).

Work engagement is an important concept that warrants further examination as it relates to ABI rehabilitation professionals and other teachers for several reasons. First, research to date on work engagement reveals it is indeed linked to good outcomes for the worker and for the organization (Schaufeli & Salanova, 2005). Organizations and workers benefit from an energized workforce because employees work well together, relationships are supportive and inspiring, and information can be shared (Cartwright & Holmes, 2006). As a result, the quality of services that are provided is enhanced. Consequently, work engagement has the potential to better the lives of workers, coworkers, patients, and the organization as a whole.

Second, although the conceptualization of work engagement has evolved over the years to reflect major transitions in society, it continues to be treated mainly as a descriptive concept, not a normative one. There appears to be an underlying assumption that engagement is inherently good and as long as employees are happily engaged with

their work (i.e., they feel vigor, dedication, and absorption at work), then organizations can rest assured that they have a healthy workplace. Consequently, the bulk of the research to date on work engagement has focused primarily on measuring how much of it exists and what can be done to increase it. However, as has been pointed out, engagement is also about how people engage with each other. It is a normative phenomenon and should be treated as such. Accordingly, it behooves organizational theorists to expand the concept of work engagement to capture its normative and relational nature.

Finally, the workplace is the main arena within which vocational knowledge and skill development occur over the course of people's lives (Billett, 2002; Dienhart, 2002). The knowledge, skills, and values that rehabilitation professionals bring to their job are considered to be strong predictors of the quality of services for people with brain injury (Snell, 1990). This is yet another compelling reason to study work engagement in the brain injury rehabilitation setting because in doing so organizations learn about the extent to which they are furthering or hindering the vocational knowledge and skills of rehabilitation staff.

Purpose of the Study

The purpose of this study was to develop a conceptual model of work engagement that integrates the work of Kahn (1990, 1992), Walker (1998), and Kanter (1977, 1983). The model was used to provide a profile of work engagement in the ABI rehabilitation program in which the study was conducted in order to reveal and celebrate what was working well in the program. In addition, this study set out to test the relationships predicted by the model in order to assess the extent to which it can serve as guide for

building a more engaging teaching environment for ABI rehabilitation professionals and those working in related fields such as special education.

Theoretical Framework

The conceptual model of work engagement that was developed represents an amalgamation of Kahn's (1990, 1992) theory of psychological presence, Kanter's (1977) theory of structural power in organizations, Kanter's (1983) theory of group dynamics, and Walker's (1998) expressive-collaborative model of ethics. In order to combine these theories in a meaningful way Mitchell and Sackney's (2001) theory of a learning community was used as an overarching framework. Their model views learning as an interactive, participative, and embedded phenomenon that occurs within a context that comprises personal, interpersonal, and organizational factors.

According to Mitchell and Sackney (2001), in order to create a learning community, capacity must be developed in three areas: personal, interpersonal, and organizational capacity. Although their model is specific to the development of a learning community, the capacities they identify lend themselves nicely to an organizing structure that can be used to weave the ideas of Kanter (1977, 1983), Kahn (1990, 1992), and Walker (1998) into a theory of work engagement. The model of work engagement put forward in this study is depicted in Figure 1 and shows that in order for work engagement to be optimized, the following three capacities must be developed:

Personal Capacity

Personal capacity refers to individual strengths needed to optimize engagement and a person's willingness or readiness to engage. Willingness is greatest when there is a sense that work is meaningful, a sense the self can be shown without fear of negative

Figure 1. Model of work engagement.

consequences, and a feeling that one possesses the physical, cognitive, and emotional might needed in role performance (Kahn, 1990, 1992; May, Gilson, & Harter, 2004).

Interpersonal Capacity

Interpersonal capacity refers to the interpersonal strengths needed for optimal team work. It includes inviting and supportive coworker and supervisor relations, equality within the group, and a shared and transparent system of expectations and responsibility (Kanter, 1983; Novak, 2002; Walker, 1998).

Organizational Capacity

Organizational capacity refers to structural arrangements that optimize engagement by providing people with access to sources of power such as formal power (derived from the characteristics of one's work), informal power (derived from alliances with people), lines of information and supply, opportunity for learning, and membership in the dominant group (Kanter, 1977).

Work Engagement

In this study, work engagement was approached from two perspectives, that is, how one engages with their work and how one engages with people at work (ethical engagement). Engagement with work is defined as a positive, fulfilling, work-related state of mind, characterized by a) vigor: high levels of energy while working and a willingness to invest effort in work, and persistence when faced with difficulties; b) dedication: sense of enthusiasm, inspiration, pride and challenge; and c) absorption: being happily engrossed in one's work, whereby time passes quickly and one has difficulties detaching (Schaufeli, Salanova, Gonzalez-Roma, & Bakker (2002). Ethical engagement with people is characterized by a) the presence of an inviting stance:

behaving in a way that makes others feel welcome and included (Novak, 2002), b) integrity: being reliably and consistently accountable in terms of the accounts one gives and stands by, c) responsibility: being responsive and dependable to moral matters, and being aware of to whom and to what one is committed, and d) transparency: being clear and open about one's values and responsibilities (Walker, 1998).

Questions to be Answered

The questions of interest in this study were threefold. First, what does the landscape of capacity and work engagement look like for individuals working in brain injury rehabilitation? Second, what is the relationship between engagement, personal capacity, interpersonal capacity, and organizational capacity? Third, does the social composition of people (how many there are of a particular type and whether one is a member of the many or the few) influence capacity and engagement?

Importance of the Study

This study is important for several reasons. First, it explored the issue of engagement in a subset of educators that have otherwise gone unnoticed in the occupational health literature, namely ABI rehabilitation professionals. In doing so, it opens the door for further dialogue and research on this topic. By approaching work engagement from an affirmative stance, this study helps to expose the things that should be recognized, celebrated, and promoted (Cooperrider & Srivastva, 1987). Furthermore, the positive tone of this study may stimulate further affirmative research.

Second, this study expanded the definition of work engagement to include a normative component. In doing so, the concept of work engagement has been brought into the realm of moral deliberation rather than being treated as an imperative whose

rightness is considered a “given” (Walker, 1998). By holding work engagement accountable in this way, it is less likely that it will be privileged to the point of becoming law and allowed to displace other values in the way that the efficiency imperative has managed to make people slaves to the bottom line (Kumar & Mitchell, 2004).

Third, at a time when recruitment and retention are key issues in education and healthcare, this study can help inform education and health care administrators about how work engagement unfolds. In turn, this information can be used to guide theory-driven interventions to enhance the teaching and learning environment. Furthermore, when the need to tweak or restructure jobs is unavoidable, this study can also inform administrators about how to make changes in a way that preserves or at the very least minimizes the impact on engagement.

Finally, this study is important because it sets the occasion for further research in intervention, evaluation, and longitudinal analysis. These are important and much needed areas of research in occupational health psychology (Schaufeli, 2004). Unless studies like this one lead to intervention and evaluation research, there is a danger that the work engagement research will be criticized for the same reasons the burnout research has been criticized, namely a preoccupation with fact finding and instrument development.

Scope and Limitations of the Study

The findings from this study need to be considered in light of several limitations which are briefly summarized here. One limitation relates to the model itself. In attempting to provide a holistic account of work engagement that is not overwhelming and too cumbersome to understand, it is possible that a number of personal, interpersonal, and organizational factors that influence work engagement were left out. A second

limitation relates to the design of the study. Although the model that was tested is recursive, the analysis and conclusions are limited by the use of cross-sectional data and the results should be interpreted with caution. In order to understand the recursive and changing nature of work engagement, further longitudinal research is needed. Another design limitation is that the study relied solely on self-report data and did not bring in different data sources to confirm one another and to reduce potential bias. Finally, owing to the correlational nature of the study, cause and effect statements cannot be made about the model.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

This study focused on work engagement, what it is, its antecedents, consequences, how it unfolds, and how it can be optimized within the brain injury rehabilitation setting and other nontraditional teaching environments. This chapter provides a critical review of the literature on work engagement and is divided into four parts.

Part one describes the nature of work-life today as it relates to ABI rehabilitation professionals, the sources of stress and satisfaction in their work, and how the study of worker wellness has been approached. The argument is made that, for too long, the focus has been on ill health and weakness and there is a need to look at the other side of the coin, that is, good health and capacity. Part one demonstrates why work engagement is of interest today.

In part two, the concept of work engagement is considered from a historical perspective to show how it has been dealt with by structural functionalists, human relations theorists, power and politics theorists, and systems theorists. The salient features of each theory and its relevance to ABI rehabilitation is discussed and an appraisal of each theory's strengths and limitations is provided.

In part three, the ethical nature of behaviour in organizations and the role organizations play in scripting people's identity and behavior is discussed. Literature from the fields of ethics and sociology is consulted in order to evaluate the utility of work engagement as it is currently conceptualized. The case is made that the current conceptualization of work engagement falls short in its ability to carry organizations through to the 21st century because it lacks a normative dimension.

Finally, part four provides an overview of the type of research that has been conducted on work engagement as well as current issues and debates within the field. Suggestions for future research are provided and the argument is made that there is a need to expand the theoretical framework of work engagement by combining Kahn's (1990, 1992) theory of psychological presence, Kanter's (1977) theory of organizational power, and Walker's (1998) expressive-collaborative model of ethics.

Work-life Today

Since 1965, several fundamental shifts within the economy, society, and families have significantly impacted work-life. One transition has been from a homogenous to a diverse workforce. Compared to 30 years ago, there are more single-parent and dual-income families, more women in the workforce, and the composition of the workforce has become increasingly culturally diverse as a result of changing immigration patterns (HRDSC, 2005). New opportunities have been created for women and minorities, widening their arenas for power and success. As they have gained increasing access to positions that were once rare, the workplace increasingly contains people from many different social and cultural categories (Kanter, 1993). As a result of greater workplace diversity, more than ever before, people have to learn how to work across their differences as peers.

A second important change that has occurred is a movement from fat to lean organizations, or as Kanter (1993) puts it a shift away "from 'bigger is better' to 'smaller is beautiful' and more flexible" (p. 290). The last two decades have witnessed a significant increase in mergers and acquisitions, alongside the downsizing of many organizations (Cartwright & Holmes, 2006). Organizations are employing more people

on a part-time, short-term basis and they are more likely to rely on outsourcing and external suppliers for internal services, and to impose overtime and overload on existing staff before adding others (Kanter, 1993, p. 290). In Canada, 1 in 4 people work 50 hours per week or more (compared to 1 in 10 only 10 years ago) and 1 in 6 report having to work at a high speed all of the time (HRDSC, 2005). Although overtime work, contract work, and outsourcing strategies make organizations more flexible and cost efficient, they also strain people's stamina and undercut their security (Kanter, 1993). Yet these consequences have not hindered the practice of outsourcing in the least. On the contrary, outsourcing has morphed into a new phenomenon known as *crowd sourcing*.

Crowd sourcing refers to posting specific work-related tasks on the World Wide Web in order to allow the public at large (crowd) to bid on the task (Canadian Broadcasting Corporation, radio broadcast, July 11, 2006, 8:30 a.m.). Proponents of crowd sourcing claim that it improves efficiency, increases market competition, and infuses capacity into an organization at times when capacity among the existing workforce is insufficient to get the job done. Not only does this arrangement benefit the organization, advocates say, but it also benefits the "crowd" in that anyone with a good idea is able to profit.

Critics of crowd sourcing argue that it absolves the organization of its responsibility for the health and well being of those who labor on its behalf. The organization does not sponsor health care or pension plans in this arrangement and has no long-term commitment or obligation to the crowd. In other words, the organization benefits at the expense of the crowd, which according to critics, is an example of capitalism at its finest. Moreover, although crowd sourcing is a convenient and efficient

way for organizations to deal with knowledge and skill gaps within the existing core workforces, one cannot help but question what impact this may have on an organization's commitment to the ongoing education and professional development of its staff, after all, crowd sourcing is really about farming out knowledge, skill, and creativity gaps. If it is more efficient and less costly to fill these gaps externally, why bother investing in existing staff?

Crowd sourcing raises important practical and ethical questions about work-life. For instance, how do you run a crowd efficiently? Is there a danger that the crowd will displace employees, and if so, who stands to gain and who stands to lose? Who is the organization trying to engage? Who will be engaged and who will be exempted from engagement? Will crowd sourcing and head hunting initiatives render education and development initiatives unnecessary? At a time when employees already question job security, crowd sourcing represents yet another source of anxiety.

Yet another change that has taken place in organizations over the past few decades is a weaker employee-employer attachment. The expectation that people will be loyal to their employers and hold a "job for life" is on the decline (HRDSC, 2005). At one time, institutions took the lead in creating careers, which they set out as a sequence of steps up the rung of job ladders. Along the way, people accumulated the experience and contacts that helped them move up in a particular company, and they stayed loyal and committed to that company for their working years. Today, people are taking charge of their careers and are relying more on developing *portable* career assets that they can apply anywhere, a phenomenon referred to as the *protean* career.

The protean career describes a process in which the person, not the organization, manages the career. The career is considered to be a lifelong series of experiences, learnings, transitions, and identity changes that is reinvented from time to time as the person and the environment change. As Hall and Moss (1998) point out, “organizational transformation is taking place on a global scale. To be competitive, firms have to be smaller, smarter, and swifter in their responses to changing market conditions...[and] employees must be equally flexible and adaptive” (p. 22). To realize the full potential of the new protean career, individuals must learn how to develop self-knowledge (identity awareness) and adaptability. In other words, they have to acquire meta-competencies (i.e., the skills required for learning how to learn). Consequently, whereas employee development was once about formal training, retraining, and upward mobility, today development is about opportunities for continuous adaptability and identity learning, which employees may or may not use to climb up the ladder of the organization that provides the opportunities.

The new protean career contract is not a pact with the organization; rather, it is an agreement with one’s self and one’s work, and is ultimately motivated by the quest for *psychological* success rather than vertical success. The existence of the protean career in Canada is evidenced in the fact that workers are likely to change jobs eight times and careers three times over the course of their life (HRDSC, 2005). Whereas the old employee-employer contract might be considered paternalistic, the new one boasts growth, responsibility, empowerment, performance, and hard work. However, this is not to say everyone will embrace the protean career. Although some might cherish the freedom and autonomy it offers, others might find the lack of support and stability

stressful. As Kanter (1993) points out, “self-reliance sounds good only when there is work to be found” (p. 290). Furthermore, those who are accustomed to security are unlikely to welcome competitors for fewer, less secure positions. This begs the question who will succeed in this new contractual arrangement and who will be left behind? The protean career contract raises other issues and challenges for employees and employers. For example, if the new contract is with the self and not the organization, then who is responsible for the employee’s career? What is the role of the organization in a contract where employees might be viewed as “free agents”? What responsibility does the organization bear for providing the resources and opportunities for core employees to grow and develop in their careers (Hall & Moss, 1998).

In addition to changes in the employee-employer relationship, technological advances have also had a profound impact on how and where work is conducted. Today more work is done by email, fax, and telephone, and people are working in less traditional work environments such as home offices and automobiles. Mobile phones and personal assistant devices (PDAs) such as the Blackberry device allow people to stay connected to work any time and in any place. There is no doubt that these technologies increase accessibility and make it easier to share information, and in doing so, they enhance people’s ability to get the job done. However, they are not without negative consequences. According to Baker (2006), today’s technologies foster an impatience for what work really requires. People want quick access to information, quick responses, quick solutions, and they expect others to be accessible at all times. Baker points out that not only has technology given rise to rude and socially inappropriate behaviour, but it has also blurred the line between work-life and home life. There are a growing number of

people, known as *Crackberry addicts*, who cannot seem to turn off their BlackBerry. So great is the problem of addiction to PDAs that rules of etiquette have been developed to help users discriminate what times and places are socially appropriate for conducting work (www.busjournals.com). The need to spell out good manners seemed excessive to me until a colleague described her experience of being seated next to a woman at a funeral whose head was bowed the entire time, not in mourning as one might expect, but to type on her BlackBerry. Perhaps there is a need for rules of etiquette after all.

Technology has also changed the context in which work is conducted, from the real world to the virtual world. According to Mindich (2005, p. 91), the virtual work arenas in which work happens differs from the live work arenas in several ways. First, real communities require a level of work, sacrifice, and accommodation that virtual ones do not always share. For example, when business is conducted by email or on the Internet, people are more likely to ignore or drop the virtual neighbors they dislike or disagree with, and attend to those who will support them. Second, devices such as the cell phone and Blackberry immerse people in private as opposed to collective worlds, whereby they connect individually, but *disconnect* socially (Rosen, 2004, p. 26). The result, according to Kenneth Gergen (2002), is an erosion of “face-to-face community, a coherent and centered sense of self, moral bearings, [and] depth of relationship” (p. 236).

The social needs of employees for friendship and support were identified many years ago by human relations theorists, yet the changing nature of work has eroded the opportunities to socially connect with others. Not only has society’s predilection for technology resulted in increased work demands, greater time pressures, and more remote working, but it has also contributed to reduce the quality and quantity of interpersonal

communication (Cartwright & Holmes, 2006). Baker (2006) claims that just because technologies are amoral (without morals) this does not mean they are value free. There is a difference between moral neutrality and value neutrality. Technologies carry inherent values that shape people's values and they have consequences, good and bad. There is no doubt technology has changed the nature of work-life, but the question remains at whose benefit and whose expense? They most certainly increase efficiency and profit for some, but at what cost to the human condition?

Finally, the global economy, rapid advances in technology, the shift to a knowledge-based economy, coupled with an aging population, is creating labor shortages in all areas of industry in Canada and around the world (HRDSC, 2005). This is particularly true in health care where the average age of Canadian health care professionals in 2003 was 41.6 years. Assuming most professionals retire at age 65, Canada was expecting to lose 28 percent of its nurses by the end of 2006 (CIHI, 2005). Similar shortages were projected for other health care professionals as well. Consequently, labor shortages place yet another demand on organizations and employees.

The changes that have occurred in the workplace over the past three decades have significantly increased the demands placed on employees, often to the detriment of their health and personal life. Individuals are becoming increasingly disenchanted and disillusioned with work and fatigued by the constant demands to change and be flexible in response to the organizations needs. It is therefore not surprising that employee cynicism and mistrust have increased (Cartwright & Holmes, 2006, p. 206). Moreover, the combined pressures of juggling work-life with home life, labor shortages, increased workload, job losses, and job insecurity are taking a toll on the well being of workers

(Maslach, Schaufeli, & Leiter, 2001). Those working in human service and helping occupations are considered to be especially vulnerable to stress and consequently comprise the most frequently studied groups in occupational health research (Schaufeli & Greenglass, 2001).

Teaching has been identified as a particularly stressful occupation, especially among those in special education settings (Hakanen, Bakker, & Schaufeli, 2006). The collective and cumulative effects of addressing cognitive and behavioral problems of learners, work overload, poor physical work conditions, and ongoing systems pressures to do more with fewer resources place enormous pressures on special education teachers personally and professionally, leaving some feeling burnt out and dissatisfied with their job (Cox, 2001; Hastings & Brown, 2002; McKnab, 1995). It is estimated that 8 to 10 percent of special education teachers leave the field each year (Boe, Bobbitt, & Cook, 1997; Russell, Altmaier, & Van Velzen, 1987; Wisniewski & Gargiulo, 1997). Burnout is believed to be one of the main reasons increasing numbers of competent teachers are leaving the profession for alternative careers. In addition to turnover, burnout is associated with other negative consequences such as poor health, absenteeism, a negative contagious effect on coworkers, and a negative spillover effect on home life. This makes burnout a justifiable area of concern for employees and employers (Maslach, Schaufeli, & Leiter, 2001).

Psychologist Herbert Freudenberger coined the term *burnout* in 1974, and the concept has enjoyed a high profile in the literature since then. Despite the passage of time and resources devoted to the study of burnout, there is still debate as to what it is, its antecedents, consequences, and how it can be prevented. Maslach and Jackson's (1981)

definition of burnout remains one of the most frequently adopted descriptions. They conceptualize burnout as a prolonged response to chronic emotional and interpersonal stressors on the job, a state that is characterized by emotional exhaustion (feeling as though one has nothing left to give to others on an emotional or psychological level), depersonalization (distancing oneself from the learner, developing callous attitudes toward the learner, family members, and colleagues), and reduced personal accomplishment (no longer feeling effective in one's professional responsibilities with learners, colleagues, or family members).

The past 25 years of research has established the complexity of the construct and revealed a multiplicity of variables that are linked to burnout including personal factors (e.g., age, years of experience, coping style, personality type, and job expectations), interpersonal factors (e.g., support from colleagues, role overlap, role ambiguity), work factors (e.g., work demands, participation in making decisions, quality of feedback and supervision, lack of recognition and reinforcement, emotional demands of the job), and organizational factors (e.g., opportunities for growth and advancement, and perceived equality in the distribution of goods and resources) (Maslach, Schaufeli, & Leiter, 2001; Wisniewski & Gargiulo, 1997).

Stress and burnout are not only concerns in traditional teaching contexts but also in less traditional teaching settings such as ABI rehabilitation. The worry is understandable given the risk factors inherent in the work, such as the severity of learners' problems (e.g., self-injurious behaviour, verbal and physical aggression), the emotional demands of the job (e.g., fear of being hurt, rejection by clients, having to maintain a helping demeanor despite verbal and physical aggression), dealing with role

conflict within rehabilitation teams (e.g., role ambiguity, turf wars), and lack of recognition and reinforcement from the learner's family and friends (e.g., individuals with severe behaviour difficulties often alienate family and friends and thereby reduce staff's access to these sources of reinforcement). On the other hand, there are numerous rewarding aspects of the job, such as satisfaction in helping others, making a positive contribution to the lives of people with a disability, being part of a team, learning on the job, and receiving recognition for providing a valued service (Wittig, Weaver, Patry, & Mateer, 2003; Durgin, Schmidt, & Fryer, 1993). Despite the positive aspects of working in ABI rehabilitation, it is the negative impacts of the job that seems to have caught the interest of researchers.

A preoccupation with negative states such as burnout is not limited to the field of brain injury rehabilitation. Rather, the bulk of the research in occupational health psychology over the last 25 years has been dominated by a negative discourse where the focus has been on identifying and fixing what is wrong with someone as opposed to amplifying and promoting what is right and desirable (Maslach, Schaufeli, & Leiter, 2001; Schaufeli, 2004; Wright & Cropanzano, 2000). As a result, organizational theorists still know relatively little about human thriving in organizations and how it can be encouraged.

The disease approach to occupational health has been criticized because it normalizes negative states and encourages a powerless victim stance (Cooperrider & Srivastva, 1987). In other words, burnout comes to be seen as a given, and an "if you cannot stand the heat then get out of the fire" approach to problem solving is perpetuated. What's more, a negative construction of organizational life detracts from the positive

experiences of those who are content and enthusiastic and who find their work rewarding and satisfying. Not only is this a disservice to those who are happily engaged at work, but it may also deter people from entering the profession (Hakanen, Bakker, & Schaufeli, 2006; Harkness, Long, Berbach, Patterson, Jordan, & Kahn, 2005).

Proponents of appreciative inquiry advocate for a positive construction of organizational life where the goal is to “nourish the appreciative soil from which new and better guiding images grow” (Cooperrider & Srivastva, 1987). According to psychologist Barbara Frederickson (2001), approaching life from a positive stance increases positive emotions, which in turn broadens the scopes of attention, cognition, and action and builds physical, intellectual, and social resources. Another advantage of positive discourse is that it translates into a positive goal for intervention because it is easier to assess the presence of something than the absence of something. Finally, a focus on positive states is more consistent with the self-image of occupational health psychology whose mandate is to improve the quality of working life and promote the health, safety, and well being of workers (Tetrick & Quick, 2003). Likewise, a focus on positive states is more consistent with the mission, vision, and values of organizations that espouse a concern for the health and *well* being of staff (Maslach, Schaufeli, & Leiter, 2001).

Rene ten Bos (2000) offers a different explanation that might account for the rising interest in positive states. He argues that postmodern life is marked by escapism, that is, an obsession with movement and change. People are constantly trying to escape from the world in the name of promises that will outshine the unsatisfactory present. To use his words, “ours is a poly-escapist society. We have music, drugs, dance-halls, headphones, monasteries, happiness courses, kitsch, tourism, Prozac...with which to

reduce the world's obtrusive presence" (Ten Bos, 2000, p. 9). In other words, there is a psychological readiness to think away the world and its complexities. It is possible, then, that people's interest in positive states is motivated by a need to escape and get over with as quickly as possible the unpleasantness of negative states such as stress and burnout.

Whether people's interest in positive states is a product of appreciative inquiry or postmodern escapism is an interesting question but is beyond the scope of this literature review. The point is that, as a result of the growing interest on strength, optimal functioning, and capacity, the work on burnout has expanded and led to new conceptual models that allow room for affirmative concepts such as engagement.

The Concept of Work Engagement

Although work engagement is not a new concept, it is only in the past 10 years that it has started to receive the attention and resources it deserves. The conceptualization and study of work engagement has changed significantly over the years to reflect the social, political, cultural, and philosophical reality of a given time and place. The following overview examines how structural functionalists, human relations theorists, power and politics theorists, and systems theorists have dealt with the concept.

Structural Functionalism

The conceptualization and study of work engagement can be traced back to the early 1900s in the writings of structural functionalists Henri Fayol (1916) and Frederick Winslow Taylor (1916). They considered work engagement to be a matter of the hands performing a job in a way that is consistent with what science had proven to be the most efficient and effective way, much like an automaton performing a programmed task.

Work engagement was conceptualized as a discreet, observable, and measurable phenomenon that could be predicted and controlled using scientific methods.

The concept of work engagement interested structural functionalists for one reason: because of its direct impact on productivity and profit. This is not surprising, given the sociopolitical context of the time. The industrial revolution had just started, and Adam Smith, the father of capitalism, had nicely laid out the economic rationale for the division of labor in his revolutionary book *The Wealth of Nations* (1776), in which he described the optimal arrangement of a pin factory. Thus, Smith effectively set the tone for a preoccupation with wealth and productivity, one that has lasted to this day.

Taylor (1916) gained credence for the notion that organizational operations could be planned and controlled systematically by experts using scientific principles, and thus he had a revolutionary effect on the fields of business and organizational administration. His work led to many time and motion studies to find the one best way to perform work, and it stimulated others such as Max Weber and Harrington Emerson to continue the search for principles of efficiency (Shafritz & Ott, 2001, p. 32). Many of Taylor's concepts and precepts are still in use because, sadly but unmistakably, a preoccupation with efficiency continues to make organizations slaves to the "bottom line" (Kumar & Mitchell, 2004; Tverdek, 2004). To some extent, this is understandable because who would argue that there is anything wrong with wanting to be efficient. At the rate at which the planet's resources are being depleted, people certainly cannot afford to be wasteful.

The reality of the modern workplace is that it continues to change at a radical pace in response to globalization. To stay competitive, organizations need to run

efficiently; otherwise, they are likely to relocate to a place where the cost of doing business is cheaper. As Bauman (1998) points out, mobility has emerged as the new stratifying force in our globalized world, signaling a freedom for some, but descending as a cruel fate on others. While some people become truly *global*, others remain fixed in their locality – a predicament which Bauman claims is “neither pleasurable nor endurable in the world in which the ‘globals’ set the tone and compose the rules of the life game” (p. 2). At a time when mobility has climbed to the top of the list of coveted values, freedom of movement signals social promotion, advancement, and success whereas immobility exudes the “repugnant odor of defeat, failed life, and being left behind” (p. 121). According to Bauman, power has come to acquire a spatial dimension, characterized by the ability to move without having to account for the mess and fall out left behind. It is the promise of greater efficiency and profit that has some organizations picking up and moving when staying on no longer satisfies. Consequently, like it or not, efficiency is an important concern because it is tightly linked to the sustainability of organizations and communities.

Like everywhere else, concern about efficiency is a reality in brain injury rehabilitation and in health care overall. Rehabilitation programs are currently required to report efficiency data to the Canadian Institute for Health Information (CIHI) through the National Rehabilitation Reporting System (NRS), which is a clear indicator that efficiency matters. A quarterly report is generated by CIHI that allows programs to compare themselves against their peers, which perpetuates a “survival of the fittest” mentality, and a “get ahead by any means necessary” attitude (Gini, 1996, p. 4). The long-term objective in rehabilitation is to use these data to create a funding formula that

determines how much money should be allocated to a patient for rehabilitation. If and when funding is allocated on the basis of a formula, there will be even more pressure on rehabilitation teams to do more, in less time, and with fewer resources. Thus, the reality is that rehabilitation programs and hospitals need to focus on ways of engaging at work that are cost effective.

On the other hand, just because structural functionalism has credence on the grounds that efficiency is important, this theoretical approach is not without criticism. Postmodernists, for example, object to its linear view of human behaviour, arguing that it fails to account for the various elements that make up a system or for the forces, both inside and outside the system, that influence human behaviour (Bergquist, 2001; Kahn, 1990, 1992). Furthermore, they take exception to structural functionalism's obsession with universal truths, order, lawfulness, prediction, control, and homogeneity – a way of thinking that is grounded in rationality and reductionism (Shafritz & Ott, 2001). According to postmodernists, the objectivism that characterizes structural functionalism is no longer a viable way of approaching organizational life, given today's pluralistic and global world. Instead, postmodernists argue that there is a need to “construct models of social reality and social value that are fluid, or at least flexible, and open to new data and to social conditions that change in rapid and unpredictable fashion” (Bergquist, 2001, p. 479).

Human Relations Theory

When Elton Mayo's (1933) report on the studies at the Hawthorne Western Electric Company was published, it ignited an interest in the social aspect of work and gave rise to human relations theory. According to human relations theory, work is more

than the mechanics involved in performing a job. Rather, there is a human, social component to work that must be taken into consideration. The organization is not the independent variable to be manipulated in order to change the behaviour of workers. Instead, it is both an independent and a dependent variable, in that it influences behaviour and is also shaped by behaviour. Human resource theory is built around the assumptions that organizations exist to serve human needs (rather than the reverse), that organizations and people need each other, and that a good fit between the individual and the organization benefits the worker and the organization (Shafritz & Ott, 2001, p. 146).

The notion that work is more than just about earning a living was not a discovery of human relations theorists and is evidenced in earlier writings such as in the work of American poet and philosopher, Henry David Thoreau (1817-1862) who was best known for his endorsement of living alone in natural simplicity, apart from modern society. In one of his later works entitled *Life without Principle* (1863) he wrote “the aim of the laborer should be, not to get his living, to get a ‘good job’, but to perform well at a certain job”, and one should feel as though he is not “working for a livelihood merely, but for scientific, or even moral ends”. Thoreau’s recognition and appreciation of the emotional component of work is apparent when he advises employers “do not hire a man who does your work for money, but him who does it for love of it”.

Despite the fact that the human aspect of work was recognized much earlier, it was not until the human relations movement in the 1900s that these ideas were more fully developed. Several theories of work motivation emerged during this time to explain how workers could be encouraged to actively engage in their work. These theories emphasized the importance of factors such as the meaningfulness of a job (Hertzberg, 1966), job

design (Hackman & Oldman, 1976), the social needs of employees (Roethlisberger & Dickson, 1930), and managerial and leadership style (Burns, 1979; McGregor, 1957). Key areas of concern for human relations theorists included how to get people to buy into working towards common goals, how to set those goals, how to help people grow, and how to increase worker satisfaction.

It was during the human relations movement that the concept of work engagement was extended to include an emotional component (feelings and sentiments) and a cognitive component (beliefs, values, expectations). The inclusion of emotion in the conceptualization of work engagement is particularly noteworthy because for a very long time an unacceptable hierarchical relationship between reason and emotion has dominated western thinking, in which emotion is clearly subordinated to reason (Ten Bos & Willmot, 2001). Ten Bos and Willmot lament that the privileging of reason has shaped the patterns of discourse in organizations in ways that are concerning. Chris Argyris (1990, 1994) explains how this happens and what are the consequences.

According to Argyris (1990), although people in organizations espouse what he calls Model II world-views (i.e., they value open communication, public testing of assumptions, and the expression of passionate, heart felt discourse), during moments of stress they are more likely to adopt Model I views that are based on a desire to control the environment and to protect the self and others. Model I views lead to deeply entrenched defensive routines such as leaving potentially embarrassing facts and beliefs unstated and having a preoccupation with being polite and maintaining upbeat positive behaviour at all times. As a result, people stop openly questioning the value of what they hear because they do not want to violate Model I governing values. In other words, they censor their

hearts and emotions. Argyris (1994) claims that it is precisely this kind of *good* communication that gets in the way of organizational progress because it prevents people from engaging in the kind of inquiry that is needed to critically reflect upon how things are done, what works, what needs to change, and how.

Bauman (1998) makes a similar argument in his book *Globalization The Human Consequence* when he says that the trouble with the contemporary condition of our modern civilization is that it stopped questioning itself. According to Bauman, not asking certain questions is “pregnant with more dangers than failing to answer the questions already on the official agenda” (p. 5). The act of asking the seemingly *right* questions, he says, helps to obscure the truly important issues. For Bauman, inquiry should be a given, not an option. To put it in his words “questioning the ostensibly unquestionable premises of our life is arguably the most urgent services we owe our fellow humans and ourselves” (p. 5). Although it was said differently, the need for open and candid communication was recognized long ago by Thoreau (1854) who writes “say what you have to say, not what you ought. Any truth is better than make-believe” (www.psymon.com/walden/quotes).

Not only are emotions vital in critical reflection and inquiry, but they are also important to the notion of self and are strongly linked to motivation and behaviour (Cartwright & Holmes, 2006; Stanley & Burrows, 2001). By bringing an emotional component into the concept of work engagement, human relations theorists helped restore a balance between reason and emotion, a balance that Ten Bos and Wilmot (2001) believe is long overdue. Thus, the conceptualization of engagement as a matter of the hands, heart, and mind was a major step forward. These components continue to pervade

definitions of work engagement to this day (Kahn, 1990; May, Gilson, & Harter, 2004; Shaufeli & Bakker, 2003).

At the same time, the early ideas arising out of human relations theory are subject to the same criticism that has been directed at structural functionalists. Despite an emphasis on the human and social aspect of work, their interest in work engagement was largely motivated by the hypothesis that a happily engaged worker means a more productive worker, which ultimately results in greater economic gain for the organization. The fact that productivity and profit continue to be key drivers of work engagement to this day is evidenced in Ulrich's (1997) book entitled *Human Resource Champions*, in which he writes "employee contributions become a critical business issue because in trying to produce more output with less employee input, companies have no choice but to try to engage not only the body but the mind and soul of every employee" (p. 125).

Although doing away with the imperative of efficiency is not a tenable option, its damaging impact on people and this planet cannot be ignored. As Tverdek (2005) points out, efficiency is only one worthwhile goal among many and should not be unduly advantaged by giving it preferential treatment with respect to other social values. To bring it into the realm of work engagement, this means that efficiency need not necessarily be the sole driver of interest and effort in work engagement. Values such as beneficence (concern for the wellbeing of ABI patients and staff) and social justice (equal access to work that is engaging) should also compel organizations to work towards creating an optimally engaging work environment. Work engagement is not just about how one engages with work, it is also about how one engages with people at work.

Power and Politics Organizational Theory

The civil rights, feminist, environmentalist, and peace movements that marked the 1960s and 1970s resulted in the emergence of power and politics as dominant themes in organizational theory. Organizations were viewed as complex systems of individuals and coalitions with their own interests and agendas and with each competing for limited resources and power (Shafritz & Ott, 2001). One of the earliest theorists to explore how inequalities in the workplace influence work engagement was sociologist Rosabeth Moss Kanter (1977). According to Kanter, the structural arrangements of work limit and delimit people's access to power, opening doors for some and slamming doors for others. The degree of power one has, she says, is a manifestation of how their work is structured and not a manifestation of inherent personality traits.

In contrast to traditional views of power as coercion or control, Kanter (1977) defines power as the ability to get things done in an organization. She argues that the ability to get things done is largely affected by where one is located in formal and informal systems. Power is derived from the activities associated with a job (formal power) and one's internal and external connections (informal power). Formal power is found in jobs that are visible to the rest of the organization, relevant to the organization's goals, and extraordinary (innovative and beyond the normal or expected). Informal power comes from alliances with people that enable one to get things done.

In addition to formal and informal power, Kanter (1977) describes three organizational structures that further influence people's ability to get things done: power, opportunity, and proportions. The structure of power involves access to lines of information (e.g., data, knowledge, and expertise), lines of support (e.g., feedback and

guidance from superiors, peers, and subordinates), and lines of supply (e.g., time, supplies, equipment). The structure of opportunity refers to job conditions that provide a sense of challenge, an opportunity for learning and growing, and a chance to advance within the organization. Those who have access to opportunity tend to show greater ambition and engagement whereas those who feel stuck or otherwise blocked from access to opportunity structures exhibit depressed aspirations and low engagement.

The structure of proportions refers to the social composition of people, how many there are of a particular type, and whether one is a member of the many or the few. Kanter (1977, p. 249) maintains that people whose type is represented in high proportion are more empowered because they fit in, find it easier to gain credibility, and are more likely to be sponsored by higher-status members of the organization, whereas people whose type is represented in small proportions are less empowered because they tend to feel more pressure to conform, find it harder to gain credibility, and have fewer opportunities to be sponsored because of the rarity of higher-placed people like them.

The structure of proportions is particularly relevant to the ABI program in which I work because two broad categories of staff, namely professionals whose practice is regulated by law (e.g., nurses, occupational therapists, speech pathologists) and professionals who are unregulated (e.g., rehabilitation therapists, community intervention coordinators), work in the ABI program in disproportionate numbers. Although unregulated staff members outnumber regulated staff members within the ABI program, the opposite is true within the hospital at large. Relative to the rest of the hospital, professionals who are unregulated represent the few and those who are regulated are among the many.

Upon closer examination, there is some evidence of inequality between the two groups which to some extent creates haves and have nots. For example, regulated professionals such as nurses have access to more sources of education funding and a greater number of professional development opportunities (e.g., dedicated conferences, mentoring programs, and the Late Career Nursing Initiative that allows nurses who are 55 years and older to get involved in special project work) than unregulated professionals. Furthermore, regulated professionals are represented on the Professional Advisory Committee, which provides a hospital wide platform for their voices to be heard, whereas unregulated professionals currently have no such representation, voice, or platform, within the hospital. Finally, there is a designated professional practice leader for each of the regulated health professions. Practice leaders provide leadership, support, and clinical education for their profession. They play a key role in leading practice change initiatives, program planning, policy and procedure development, and consultation regarding practice standards and professional development, at both the department and organization level. At the moment, there is no practice leader for unregulated professionals to help advance their profile and practice.

Despite the fact that regulated and unregulated professionals contribute to the financial stability of the hospital and make it possible for education funding to exist, one could argue that it is the professional staff that benefits from the labor of the nonprofessionals. Whenever a dominant group benefits from the labor of a subordinate group, as Iris Young (2000) points out, the seeds for exploitation have been planted. Kanter's theory begs the question to what extent inequality exists between regulated and unregulated staff members and how does this influence work engagement in the ABI

program? To my knowledge, this question is yet to be explored within the context of ABI rehabilitation.

Kanter's (1977) thesis, that people are capable of far more than their organizational positions ever give them the tools or the time or the opportunity to demonstrate, is in keeping with the ideas of present day theorists in education and healthcare (Billett, 2001; Kahn, 1992; Mitchell & Sackney, 2001; Laschinger, 1996). Kanter's theory has been tested extensively, and there is considerable evidence to suggest that structural empowerment is linked to job satisfaction, mental health, organizational commitment, and work effectiveness (Laschinger, Finegan, Shamian, & Wilk, 2004; Laschinger & Haven, 1997; McDermott & Laschinger, 1996; McDermott, Laschinger, & Shamian, 1996; Laschinger & Wong, 1999). In addition, research on the antecedents of engagement reveals that it is positively related with job resources, social support from coworkers and superiors, performance feedback, coaching, job control, task variety, and training facilities (Schaufeli & Salanova, 2005), all of which is in keeping with Kanter's theory.

Kanter's (1977) theory advanced the concept of work engagement by emphasizing the important role that social ordering (one's position in the organizational and social hierarchy) plays in limiting and delimiting people's access to the power needed to get the job done. Social ordering is important not only because it affects work engagement, but just as important, because it influences how one sees others and how people come to see themselves. In other words, it confers people's identity by scripting what certain people are like, how they should behave to those above and below them on the social hierarchy, what they are entitled to, and what they are exempted from (Walker,

1998, p. 43). To put it in the words of ethicist Margaret Urban Walker (1998) “in every time and place human beings will learn and be taught – be socialized in a right way of going on” (p. 203). That *right* way is a direct reflection of one’s position in the social order.

Although many agree it is important to highlight the role that structure plays in helping and hindering engagement, others argue that theories like Kanter’s (1997) contain a lingering homage to Taylor’s (1911) scientific management in their presumption that workers (like machines) will do (perform) as long as they have access to a power supply (Kahn, 1992). Her theory is weak in that it underplays the influence of individual factors such as motivation and personality on work engagement. By her own admission (Kanter, 1977, p. 11), she sees empowerment as largely a matter of structure rather than psychology, and yet research suggests otherwise. For example, self-efficacy, defined by Bandura (1977) as “beliefs in one’s capabilities to organize and execute the course of action required to promote given attainments” (p. 3), has been shown to be positively related to work engagement (Schaufeli & Salanova, 2005). There is also evidence to suggest that people who take positive experiences from home to work (or vice versa) exhibit higher levels of engagement compared to those who do not allow for overlap in the two domains (Montgomery, Peeters, Schaufeli, & Den Ouden, 2003). Finally, Kahn (1990) and May, Gilson, and Harter (2004) have shown that work engagement is influenced by psychological conditions, namely, meaningfulness, safety, and availability. Consequently, Kanter’s theory on its own does not sufficiently account for how engagement unfolds in the workplace.

Systems Theory

The field of organizational theory saw further changes in the mid 1960s due to a growing predilection for computers, statistics, information production, and exchange. By this time, it had become apparent that the old machine analogies and linear views of organizations that once characterized organizational theory would no longer suffice in an information age (Shafritz & Ott, 2001). Daniel Katz and Robert Kahn's *The Social Psychology of Organizations* (1966) provided the basis for a new perspective, a systems perspective, which views the organization as a complex set of dynamically intertwined and interconnected elements.

The systems perspective made its way into William Kahn's (1990) model of work engagement in which he outlines the systemic nature of engagement and the interplay between individual factors (e.g., physical and emotional energies), social system factors (e.g., relationships, group dynamics, norms), work elements (e.g., tasks, roles, interactions), and engagement. According to Kahn, engagement is more than physical energy that is pooled and ready to flow at a constant rate if only the correct motivational techniques are used. Engagement is about psychological presence; that is, the occupation of an organizational role such that one's thoughts, feelings, and beliefs are accessible within the context of role performance. Kahn identifies four dimensions of psychological presence: feeling attentive, connected, integrated, and focused during role performance. In other words, he sees engagement as a matter of the hands, heart, and mind working together so that one feels alive at work and *there* (present) in the fullest way possible. Kahn's conception of work engagement as representing a cognitive, physical, and emotional state of being is consistent with how others describe work engagement. For example, Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002) define work

engagement as vigor (high levels of physical energy), dedication (a sense of enthusiasm, inspiration, and pride), and absorption (being cognitively engrossed in one's work).

Likewise, Maslach and Leiter (1997) define work engagement as vigor (physical dimension), dedication (emotional dimension), and effectiveness (cognitive dimension).

Kahn's (1992) major contribution has been to shift the spotlight towards the importance of the self. He complains that too much attention has focused on how to increase the energy of workers towards performing tasks that meet the goals of the organization and not enough attention to the "harnessing of organizational member's selves to their work roles" (p. 694). According to Kahn, for work to be personally engaging to the point that one feels psychologically present, three psychological conditions need to exist: meaningfulness (a sense of return on investments of self in role performance), availability (sense of possessing the physical, emotional, and psychological resources needed for engagement), and safety (being able to show employ the self without fear of negative consequences) (p. 705). Meaningfulness is influenced by the nature of job tasks, the degree of fit between job roles and one's preferred self-image, and the quality of interpersonal interactions (i.e., interactions with more or less promotion of dignity, appreciation, and sense of value). Safety is influenced by interpersonal relationships that offer more or less support, trust, openness, flexibility, and room to express parts of the self without fear of threat, and by management style (e.g., the degree of support, trust, and consistency exhibited by managers) as well as group norms (i.e., shared system of expectations about member behaviours and emotions that leave room for one to express themselves fully). Finally, availability is influenced by the level of

confidence in one's own abilities as well as the issues faced outside of work that leave a person feeling more or less available for investments of self during role performance.

Kahn's (1990) notion of fit is consistent with current research that suggests there is growing pressure from individuals who want their work to be more aligned with their personal values (Collins & Porras, 1994; Miller & Skidmore, 2004). Authentic participation, Kahn says, creates vibrant, developing relationships and the organizational communities to sustain them. It is when people are fully present that they are best able to create connections with each other that allow for difficult gaps to be bridged. Authentic engagement also benefits the organization, which needs people to involve themselves in ways that help the organization reflect on itself and change accordingly. In other words, organizations need members to be role innovators rather than custodians – they need people to be psychologically present (*fully there*) (p. 323). In a similar vein, Loehr and Groppe (2003) suggest that, when employee values and beliefs are aligned with those of the organization, when they focus their energy on things that truly drive the mission, when they summon the emotions that serve the mission and act in ways that are consistent with the mission, then the powerful forces and synergy of alignment and full engagement become available.

In addition to focusing on how work fits with one's personal values, Kahn (1990, 1992) also examines the extent to which interpersonal interactions affect work engagement. He argues that individuals derive meaning from the social identities they receive from group membership. Consequently, when coworker interactions foster a sense of dignity, appreciation, value, belonging, and connectedness, then a stronger sense

of social identity and meaning emerges, which in turn has a positive influence on work engagement.

Kahn is not the only one to stress the importance of interpersonal factors. In her book entitled *Change Masters*, Kanter (1983) expands on how interpersonal interactions can either help or hinder team functioning. She reveals four inequalities that can get in the way of a team's ability *to do* by driving a wedge between individuals and the team: the seductiveness of the hierarchy, the knowledge gap, differential personal resources, and the seniority gap.

The seductiveness of the hierarchy refers to the tendency to duplicate the organizational hierarchy in miniature inside the team, whereby team members slip into deference patterns which give those with higher status more air time, give their opinions more weight, and generally provide them with a privileged position within the group, much like the one they occupy outside the group. As Kanter (1983) points out, just pulling differently placed people together and calling them a team does not necessarily overcome segmentation. Walker (1998) agrees and claims that "we are not all in the same discursive positions any more than we are all in the same social ones" (p. 107). Higher status people "run the show," and lower status people are treated as though they have been assigned to the higher ups instead of being partners in a joint task. This phenomenon is particularly noteworthy given the transdisciplinary nature of teamwork in the ABI program and the fact that the team comprises staff members who are not equally privileged depending on whether they are regulated or not.

The knowledge gap refers to the inequalities that are reproduced inside teams as a result of members' knowledge about the matters at hand. Kanter (1983) points out that it

takes knowledge and information to be an effective contributor to team tasks and that knowledge comes from somewhere. Keeping in mind that the structure of work influences access to power (Kanter, 1977), it becomes evident that those who have access to information and opportunities for growth *outside* the team enjoy an advantaged position *inside* the team. The knowledgeable are more likely to speak and be heard, whereas the less knowledgeable may not show up at all or might end up simply endorsing decisions.

Differential personal resources relates to the inequalities that arise as a result of unequal distribution of skill and personal resources, such as personal attractiveness, verbal skills (articulating opinions, developing arguments, and reaching decisions), and access to information-bearing networks. The pattern of talk and action in team meetings constitutes social structures that reveal what kinds of conversations matter and what kind lead to nowhere (Hardy, Lawrence, & Phillips, 1998, p. 68). Those who figure out the “rules of the game” and are skilled enough to play by those rules are more likely to be heard, whereas those who are not privy to the rules or are unskilled in using the sanctioned discourse patterns are likely to remain on the sidelines (Riehl, 1998).

A final source of inequality comes from the relative seniority of members within the group and the extent to which they welcome newcomers or shut them out. Outsiders or newcomers often feel uncomfortable speaking up, especially if the group has developed its own language, understandings, and rules. Teams can turn into oligarchies with senior people taking over and forcing others to fall in line (Kanter, 1983, p. 262).

It stands to reason, then, that teams can either help or hinder work engagement, depending on how members interact with each other. According to Novak (2002), the

quality of interpersonal interactions is enhanced when a person applies the craft of inviting, which involves being ready, doing with, and following through. *Being ready* is about preparing the environment so that it is inviting, safe, and relaxing and about preparing oneself by confronting prejudices and blind spots. *Doing with* involves attending to some basic feature of good communication, such as developing goodwill, reaching a variety of people, reading situations, and making invitations attractive. Finally, *following through* is about making sure that what was offered is made available and about reflecting on the process.

Kahn (1990, 1992), Kanter (1977, 1983), and Novak's (2002) theories of how interpersonal relations are particularly relevant in ABI rehabilitation as the bulk of patient care is delivered by a *team* of health care professionals from several disciplines. Three different team models (multidisciplinary, interdisciplinary, and transdisciplinary teams), are described in the rehabilitation literature. Within the practice of multidisciplinary teaming, different team members in their particular area of expertise evaluate and treat the patient independently. Each team member presents results of his or her evaluation to other team members, which is essentially additive and integrative in terms of approach (Stepans, Thompson, & Buchanan, 2002). Interdisciplinary teaming also involves different team members carrying out independent assessments and treatments; however, results are shared and discussed among all team members. The presence of interaction among and between disciplines is a key feature of interdisciplinarity (Kline, 1990; Stepans, Thompson, & Buchanan, 2002).

The transdisciplinary approach to teaming involves the "deliberate pooling and exchange of information, knowledge, skill, crossing and re-crossing traditional

boundaries by various team members” (United Cerebral Palsy Association, 1976, p. 1). There are five key premises underlying transdisciplinary teamwork: (1) role extension (staff members expand their professional responsibility by learning more about their specific area of expertise), (2) role enrichment (staff members learn about the function of other disciplines), (3) role expansion (staff members of a discipline educate team members about their area of expertise, which in turn enables team members to go beyond their own areas of expertise to meet the needs of patients), (4) role release (occurs when a team member meets a patient’s needs using techniques learned from another discipline), and (5) role support (feedback is provided to team members observed implementing activities specific to one’s own discipline) (Stepans, Thompson, & Buchanan, 2002).

Transdisciplinary teaming has been adopted by many hospital and community based ABI rehabilitation programs in Ontario, based on the belief that it is cost-effective, it decreases fragmentation of care and duplication, it is linked to better patient outcomes, and it increases professionalism through interprofessional learning (Ruddy & Rhee, 2005). Despite the absence of research to substantiate these claims, there is growing interest in transdisciplinary teaming not only within the field of ABI rehabilitation but also with stroke and spinal cord populations. Consequently, it behooves us to examine the ways in which team dynamics help and hinder work engagement within transdisciplinary teams. As Kanter (1983) points out, although people are often put on a team and expected to function well, effective teams do not just happen, they need to be developed. Good teamwork involves the presence of team members who are perceived to be competent, a unified commitment, collaborative climate, trust, respect, equality, and good communication. Different perspectives on patient care can lead to conflict, particularly

when the authority of one team member trumps that of others. In addition, role ambiguity, turf wars, and perceived social inequality have been identified as key barriers to successful transdisciplinary teaming. Kahn (1990, 1992), Kanter (1977, 1983), and Novak's (2002) work can shed light on the ways in which teamwork can either help or hinder work engagement, depending on how members interact with each other.

To bring the discussion back to Kahn (1990), his theory advanced the concept of work engagement by stressing the importance of fit between the self and the organization, and in doing so, he brings the concept of work engagement into the realm of ethics. His model prompts several normative questions about work engagement that will be discussed in Part three.

The Evolution of the Work Engagement Concept

The concept of work engagement has evolved considerably since it first appeared in the literature. A summary of how the concept has been dealt with by each of the main schools of thought within organizational theory is shown in Table 1. Due to the contributions of human relations theorists, power and politics theorists, and systems theorists, the concept of work engagement is now considered to be more than one's hands being busy at work. Instead, it is about engaging the hands, hearts, and minds of people. In addition, work engagement is seen as more than just a dependent variable. Rather, it is a complex systemic phenomenon, one that influences and is influenced by personal, interpersonal, and organizational factors. Moreover, work engagement is also a function of power structure, for as Kanter (1977) points out, differently placed people within an

Table 1

A Historical Overview of the Conceptualization of Work Engagement

Period	1880 – 1930	1930 - 1960	1960 – 1970	1970 - today
Nature of society	Industrial Age		Information Age	
Nature of work	Physical, Factory, Machinery		Social Services	Abstract Computer Mediated
Organizational Theory	Structural Functionalism	Human Relations	Power & Politics Theory	Systems Theory
Nature of Work	Scientific	Social	Socially Constituting Confers Identities Shapes Moral Lives	Changing Chaotic Global Technical Mobile
Nature of People	Parts of a Machine Expendable	Social Creatures Thinking and feeling	Haves Have nots	Diverse Interconnected Globalized
Conceptualization of Work engagement	Hands doing work efficiently and obediently	Hands, heart, and mind, doing work that fits needs of organization and person	Influenced by the structural arrangement of work	Systemic, embedded and recursive phenomenon
Motivating Force	Imperatives of efficiency and reason	Imperatives of efficiency and reason Emotion	Social justice	Sustainable organizations and communities

organization experience work engagement to a greater or lesser extent depending on what kinds of power sources they can access.

Despite these advances, current models of work engagement still do not provide an adequate account of what it is and how it unfolds because they fail to consider the relational and ethical nature of engagement, that is, how people engage with each other while they are at work. Thus far, the concept of work engagement has been approached solely from an egocentric perspective with a focus on how engagement affects the *self*. The relational aspect of work engagement (how one engages with others) has not made its way into definitions of work engagement. The need for a model that accounts for the relational and ethical character of work engagement will be discussed next.

An Ethical Perspective

If organizational theorists wanted to contemplate the moral nature of work engagement, then what kinds of questions should be brought to bear on the matter? Ethicist Margaret Urban Walker (1998) identifies several questions that are worth considering when reflecting on the moral nature of human behavior, including behavior at work. For instance, what is the way of engagement (how are people engaging with each other), what good comes from this engagement (what do people get from it), what can be said for it (what is its price), what should people engage in (what values and whose values should be pursued), and how is the “right” way to engage determined (who sets the expectations and what authority do they have to do so). Given that work engagement is most certainly about how people lead their lives at work, it behooves organizational theorists to scrutinize work engagement in this way. This section explores the moral aspect of work engagement in more detail.

The Worrisome Nature of Work-life

Work-life today is riddled with drama and trauma, and one does not need to look past the day's newspaper headlines for examples of unethical behavior in the workplace. When I googled the term *corporate corruption*, 12 million hits were generated, including a CNN website that boasts a corporate scandal timeline with infamous faces populating the line (December 7, 2005:11:15 EST, CNN). Closer to home, there have been reports in the past year of fraudulent activity, cover-ups, scandalous and questionable behavior among senior executives in Hydro One, The Ontario Lottery and Gaming Commission, the Ontario Provincial Police, and Royal Canadian Mounted Police. Sadly, these realities are an indicator that unethical behaviour is not a "one of" situation that threatens to tarnish the otherwise upstanding image of organizations. Instead, unethical behaviour in the workplace has become an all too familiar mantra, a "broken record" so to speak.

Further evidence of the worrisome nature of conduct in organizations comes from a 1990 U.S. national survey in which 68% of respondents believed that the unethical behaviour of executives is the primary cause of the decline in business standards, production, and success. Moreover, because of the perceived low ethical standards of senior executives, respondents also expressed feeling justified in behaving in kind, through absenteeism, petty theft, and generally poor performance on the job (Gini, 1996).

As a final example of the sad state of affairs, the results of a Gallup Employee Engagement Index survey in the United States revealed that only 29% of employees are actively engaged in their jobs. These employees work with passion and feel a strong connection to their company. Fifty-four percent of employees are not engaged and have essentially "checked out," sleepwalking through their workday and putting in time but

not passion into their work. Even more disturbing, as many as 17% of employees are actively disengaged, spending their time acting out their unhappiness and undermining what their engaged coworkers are trying to accomplish (Seijts & Crim, 2006). Given this bleak portrayal of the workplace, one cannot help but be concerned about the ethical nature of engagement at work and what it says about people's lives.

The Scripting of Moral Lives and Behaviour

As the noted sociologist Emile Durkeim (1961) points out, the complex structures, institutions, and systems that people create to organize the work they do in turn shapes the choices they make at work and, in so doing, influences their moral lives. Work is where people spend a large part of their lives and the lessons there, good or bad, play a part in the development of their moral perspectives and manners (Gini, 1996). Walker (1998) warns that commonly accepted moral theories have ignored the power dynamics embedded in the process of moral theorizing, which has given certain people the power to decide for others what is right and what is wrong. She argues that to some extent what is important enough to attend to, what is worthy of moral consideration, what is worth defending, and what is worth giving up is scripted for people by the creators of moral codes. Over time, one's moral filter contorts to reflect the values of those who create the codes, which in the end helps to sustain their position. The danger comes when a moral code is elevated to god status such that it is treated as an imperative and escapes scrutiny. With respect to work engagement, Walker (1998) would say that there is reason to be concerned when the ways in which people engage at work are treated as a given and no longer up for debate. That is, people engage in a particular way because "this is the

way it has always been done” or because it is taken for granted that this is the “right way.”

Along the same lines, Bauman (1991) argues that organizations attempt to suppress and redirect the individual moral impulse to maintain prediction and control and therefore to protect the best interests of the organization. However, this arrangement can be harmful to the individual because, as Jackall (1998) contends, when work has people bracketing the moralities that they might otherwise hold outside the workplace, it results in disjointed living and causes psychological and internal stress. It is well documented that stress depletes the cognitive, emotional, and physical reservoir of energy that is needed to fully engage (Maslach, Schaufeli, & Leiter, 2001); thus it stands to reason that, when work is not aligned with one’s personal values, there will be a negative effect on engagement.

The lesson to be learned from Bauman (1991) and Walker (1998) is that organizational theorists cannot take for granted that work engagement is itself a good thing that always warrants increasing. Although work engagement is defined as a positive state (Kahn, 1990; May, Gilson, Harter, 2004; Schaufeli & Bakker, 2003), the outcomes of that engagement need not be positive for everyone. This is well illustrated by Bauman who points out that it was precisely passionate engagement that led to the death of millions of Jewish people during Hitler’s dictatorship. Instead of treating work engagement as an imperative (i.e., a condition that warrants increasing *carte blanche*), therefore, there is a need to ask what kind of engagement is taking place, who stands to gain, and who stands to lose from that engagement (Walker, 1998). In other words, there

needs to be an assessment of the ethical nature of work engagement before it can be decided whether engagement should be increased or not.

Assessing the Normative Aspect of Work Engagement

The question of how to assess the normative nature of work engagement presents an ethical dilemma in itself. Within the landscape of moral theorizing, the most valuable real estate is the moral high ground. Should a theoretical juridical approach be used whereby the keepers of the high moral ground are consulted and the rules they set out serve as judge and jury as to what kind of work engagement is ethical? This option is appealing because having rules makes it easier to keep people in check and judge the “rightness” and “wrongness” of their actions (Bauman, 1991). However, as Bauman cautions, rules can turn into judge and jury, which essentially reduces humans to automatons while at the same time protecting the status of the rule makers.

In a similar vein, Mitchell and Kumar (2001) warn that displacing morality with rules centers the discourse in the realm of knowledge and principles rather than in the realm of interests and relationships (p. 55). Positioning a moral code as the “right one,” they argue, “renders invisible the political ramifications of the process by which the code first became articulated and advantaged” (p. 56). In other words, it keeps the spotlight off the creators of the moral code, that is, the occupants of the moral high ground and in doing so, absolves them of their accountability.

Finally, the literature warns further about what happens when stories, or in this case moral codes, become a monologue. When one voice narrates the saga and spreads the officially approved meaning, then there is a danger that the workplace becomes a place for collusion, control, and inequality (Anderson, 1998; Richl, 1998; Salzer-

Morling, 1998). Monologues are dangerous because they promote the view of an ultimate truth, a final statement, one correct voice, and one logic (Salzer-Morling, 1998). As postmodernists point out, humanity will always encounter other different people, perspectives, beliefs, and values. There will never be just one way of representing things or one set of understandings; rather, heterogeneity will be the norm (Powell, 1998). Thus, these are compelling reasons to search for another way to incorporate an ethical dimension into the definition of work engagement.

An alternative to the theoretical juridical approach that holds promise is Walker's (1998) expressive-collaborative model of ethics. According to Walker, morality does not live in rules and codes, but rather it is interpersonal and collaborative. It lives in relationships and practices that reveal what is important and who is important. The essence of moral life is about responsibility, integrity, and transparency. Integrity is about being reliably and consistently accountable in terms of the accounts one gives and stands by. Responsibility lies in practices that tell who gets to do what to whom, who is supposed to do what for whom, what kinds of things people are exempted from doing, and to whom and what a person feels a commitment towards (e.g., adherence to rules and universal imperatives, doing "good", the pursuit of personal power and progress, the desire to achieve more with less, profit and growth, etc.).

Responsibility is also about being aware of the affect one's words and actions have on others, that is, how one's actions serve to confer people's identities and how they constitute and sustain the social order. Socially sustained practices of responsibility reveal a group's shared understanding of how to live, which is made apparent in the ways people praise, blame, invite, accept, refuse, deflect, and negotiate specific assignments of

responsibility. These practices are constructed through social negotiation, whereby members of diverse communities of roughly shared moral beliefs try to refine understandings and agree on an outcome that represents a best fit at that time and place. In other words, Walker sees practices of responsibility, and hence morality, as constantly changing. No one moral agent, moral theory, or moral principle is given carte blanche advantage. Instead, morality is historically and culturally situated in real time, and it is about what works for here, for now, and for these people. She argues that ethical life is about charting the trail of responsibility so that everyone can clearly see what matters and to whom, who gets to do what to whom, who is supposed to do what for whom, and what kinds of things people are excused from doing. Thus, for her, ethical behavior is very much about transparency.

The characterization of morality as a layered, malleable, socially shaped phenomenon is not unique to Walker (1998) and is supported by philosophers such as Michel Foucault and Jurgen Habermas (Rebore, 2001). There is value in incorporating Walker's notion of moral sensitivity, integrity, responsibility, and transparency into the conceptualization of work engagement because it allows a normative component to be introduced without scripting once and for all what kind of engagement is right in every time and place and with all groups of people.

A Lay of the Land

As is evident from the foregoing review, the concept of work engagement has undergone considerable transformation since the 1900s. However, compared to other conditions such as burnout and stress, the concept of work engagement has received relatively little attention. It comes as no surprise, therefore, that, although there is some

agreement about what it is and how it should be studied, there is also much debate and a great deal that is unknown. The following is an overview of the current state of affairs with respect to the conceptualization and study of work engagement and where to go from here.

Typology of Work Engagement Research

The bulk of the research on work engagement is quantitative in nature, relying largely on the use of survey data. Kahn's (1990) ethnographic study of a summer camp and architectural firm is one of the few qualitative studies on work engagement. Most of the research is also descriptive in that the focus is on the accurate description of a particular state of affairs, that is, establishing the extent to which workers in a particular profession or organization are engaged. This research has been mostly cross-sectional, with very few longitudinal designs.

The main contribution of the fact finding research has been the identification of antecedents to work engagement (i.e., job resources, social support from coworkers, performance feedback, coaching, job control, task variety, and training facilities, self-efficacy) and the consequences of work engagement (e.g., job satisfaction, commitment to the organization, good mental health, personal initiative, proactive behaviour, learning motivation, and better job performance) (Schaufeli & Salanova, 2005). In addition, much of the research has focused on the development of tools for measuring work engagement, with very little in the way of intervention and evaluation research.

Common Ground

Interest in work engagement continues to grow, and researchers appear to agree that it is a condition worthy of further investigation. In fact, those who previously took a

pathogenic approach and focused on stress and burnout have turned their attention to work engagement and are reconfiguring their original ideas to make room for it in their theories (Bond, 2004). Maslach and Leiter (1997), for example, have rephrased burnout as an erosion of engagement with work, arguing that what starts off as meaningful and challenging work becomes unpleasant, unfulfilling and meaningless.

Although work engagement is at times used interchangeably with other terms such as *involvement* and *flow*, there also seems to be agreement that engagement differs from these concepts. Involvement is defined as a cognitive or belief state of psychological identification (Kanungo, 1982) whereas engagement is a matter of hands, heart, and mind (May, Gilson, & Harter, 2004; Schaufeli & Salanova, 2005). Likewise, flow is defined as the “holistic sensation that people feel when they act with total involvement” (Csikszentmihalyi, 1990, p. 36), which differs from work engagement in that flow is largely about cognitive absorption and represents a unique peak experience whereas work engagement is more than cognitive involvement; it also entails the active use of emotions and physical resources (Kahn, 1990, 1992; May, Gilson, & Harter, 2004; Schaufeli & Salanova, 2005).

Finally, most researchers seem to agree that work engagement represents a cognitive, emotional, and physical state of being, even though the labels given to these dimensions vary from theory to theory (e.g., Kahn, 1990; May, Gilson, & Harter, 2004; Schaufeli & Salanova, 2005). It is also generally accepted that work engagement is a systemic phenomenon that is both *influenced by* personal, interpersonal, and organizational factors and in turn *influences* these factors. In other words, work engagement is an independent and dependent variable.

Worlds Apart

One area of disagreement is whether work engagement is simply the opposite of burnout or a different construct altogether. According to Maslach and Leiter (1997), work engagement is the antithesis of burnout. They measure engagement using the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996). Engagement is characterized by vigor, dedication, and effectiveness, absorption, which is considered the complete opposite of burnout (exhaustion, cynicism, and ineffectiveness). Although there is some research to suggest that burnout is negatively related to work engagement, the pattern of relationships is not perfectly correlated along all three dimensions (Gonzalez-Roma, Schaufeli, Bakker, & Lloret, 2006). Hence it seems premature to conclude that work engagement is the polar opposite of burnout.

A second debate revolves around the nature of engagement, that is, whether it is a static or dynamic phenomenon. According to Kahn (1990) and May, Gilson, and Harter (2005), engagement fluctuates in response to individual, interpersonal, and organizational factors and the different roles people occupy. One factor that may influence the extent to which engagement fluctuates across time is resiliency, that is, the “self-righting tendencies” of the person, “both the capacity to be bent without breaking and the capacity, once bent, to spring [or bounce] back” (VanBreda, 2001, p. 5). For example, in a longitudinal study on recovery and work engagement, it was shown that individuals are more likely to engage in proactive behaviours at work (i.e., personal initiative, taking charge, flexible role orientation, etc.,) when they have sufficient time to recover from preceding workload (Sonnentag, 2003). On the other hand, Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002) define work engagement as a persistent and

pervasive state. In fact, they argue that this is precisely what distinguishes it from the concept of flow. Further longitudinal research that uses exact time measurements of engagement at work, as people are occupying different roles, will be needed to elucidate the nature of work engagement.

A third debate relates to the extent to which work engagement differs from *workaholism*. According to Schaufeli and Salanova (2005), work engagement and workaholism are not related to each other at all, with the exception of absorption, which correlates moderately positively with the workaholism scale that assesses excess work. The difference is that, although both types of employees work hard and are loyal to the organization, in the case of workaholism, this goes at the expense of the employee's mental health and social contacts outside work whereas engaged workers feel quite good, both mentally as well as socially. In addition, whereas engaged workers are absorbed because their work is intrinsically motivating, workaholics are absorbed because of an inner drive they cannot resist. However, if one accepts Kahn's (1990) argument that work engagement is dynamic and changes over time, this begs the question can positive engagement evolve into workaholism, and if so, how does this happen? Further longitudinal research is required to explore the relationship between work engagement and workaholism, how they are the same, and how they differ.

Finally, although there is consensus that engagement is a systemic phenomenon, the differential weight that factors carry in terms of their influence on work engagement is not known. For example, it is not known what has the greatest influence on work engagement: personal, interpersonal, organizational factors, or some combination

thereof? Likewise, the extent to which work engagement influences personal, interpersonal, organizational factors differentially is also not known.

Future Direction

In light of the unresolved issues and the ethical arguments that have been raised thus far, it is apparent that current models of work engagement fall short in their ability to carry organizations through the 21st century. There is still important work that lies ahead with respect to the conceptualization and study of work engagement.

To begin with, there is a need for a more comprehensive and holistic approach to understanding work engagement that accounts for the personal, interpersonal, and organizational factors that influence how people engage at work (Bond, 2004). Kahn's (1990, 1992) model of work engagement is comprehensive in that it offers a systemic account of work engagement. However, he does not probe into how an employee's position on the social and organizational hierarchy affects work engagement by limiting and delimiting that person's access to power, in the way that Kanter (1977, 1983) does. Similarly, Kanter focuses on how power structures within organizations and groups influence work engagement, but she essentially ignores the importance of personal factors. This is problematic because the psychological approaches workers bring to work situations are known to influence work engagement and therefore should not be minimized. Integrating Kahn and Kanter's ideas could achieve a more robust account of work engagement. The study of work engagement could further benefit from research that examines the relationships among work engagement, personal capacity, interpersonal capacity, and organizational capacity.

Another necessary step is to expand the definition of work engagement to include an ethical component. Thus far, the conceptualization of work engagement has been shaped by the efficiency imperative, that is, interest has been on how to define, measure, and increase work engagement. Work engagement has focused on how people engage with their work and the positive feelings they derive from engaging with work. Getting more out of employees cannot be the only factor that shapes and drives work engagement. Nor should the focus be so egocentric such that interest rests solely on how work engagement affects the *self*. Interest in work engagement must extend beyond a concern for how much people engage with work and how this affects the self, and examine how people engage with *others* (i.e., with *whom* they engage, *how* they engage, and how that way of engaging affects *others*). Hence, an ethical perspective needs to be incorporated into the conceptualization of work engagement. This could be accomplished by incorporating Walker's (1998) notions of integrity, responsibility, and transparency as well as Novak's (2002) conception of invitation stance, into the existing definition of work engagement proposed by Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002).

My study has helped to advance the conceptualization and study of work engagement by addressing some of the aforementioned gaps. More specifically, the study here tested a theoretical model that offers a robust account of work engagement and one that introduced an ethical dimension into the conceptualization of engagement.

CHAPTER THREE: METHODOLOGY AND PROCEDURES

This chapter describes the research methodology, design, and procedures that were used in this study to obtain a profile of capacity and work engagement among ABI rehabilitation professionals and to test the proposed model of work engagement. The chapter opens with an overview of the methodology that other researchers have used to approach the study of workers' attitudes, beliefs, and behaviour in organizations. The methodological approach used in this study and the justification for this selection are discussed first. The research questions and hypotheses are outlined next, followed by a description of the research site and participant selection process. The instrumentation and the method used to collect, code, and analyze the data are described. Finally, steps that were taken to protect the rights of participants are outlined.

Research Methodology and Design

Organizational researchers are interested in understanding workers' preferences, attitudes, practices, concerns, and interests. The methodological approach that they use to study organizational phenomena, such as work engagement, is influenced by the nature of the question or topic being investigated and the researcher's ideological stance. Underlying a quantitative approach is the belief or assumption that the workplace is a relatively stable, uniform, and predictable environment that people can measure, understand, and generalize about (Gay & Airasian, 2003, p. 8). Thus, quantitative methods appeal to researchers who believe that there are patterns in human behaviour that can be confirmed through observation, translated into theory, and then used to predict future behavior. When the research goals are to investigate relationships, study cause-effect phenomena, and test the utility of a theory, quantitative methods are a

sensible choice. In fact, organizational theorists have complained that the field as a whole could benefit from more theory-driven investigations that test causal models of human behaviour, which can then be used to guide organizational change efforts (Montgomery & Rupp, 2005). Consequently, there appears to be a need for quantitative approaches within the field of occupational health research.

In the case of work engagement, quantitative methods have been used to test Kahn's (1990) theory of psychological presence (May, Gilson, & Harter, 2004) and Kanter's (1977) theory of power in organizations (Laschinger, 1996; Laschinger & Havens, 1997; Laschinger & Finegan, 2005; Laschinger & Wong, 1999) and to generate recommendations that can be used to guide organizational change efforts. For example, as a result of extensive research testing Kanter's theory, a workplace empowerment program has been established at the University of Western Ontario whereby Kanter's model is being extended to empower and improve the lives of nurses (www.uwo.ca).

In addition to examining relationships and studying cause-effect phenomena, researchers have also relied on quantitative methods to describe current conditions in organizations. In terms of work engagement, there has been a great deal of interest in measuring *how* engaged people are at work, which is not surprising given society's general preoccupation with efficiency and predilection for numerical descriptions. When the purpose of research is to quantify the extent of work engagement, the use of quantitative methodology is appropriate (Gay & Airasian, 2003). As long as efficiency continues to enjoy a high profile among the plethora of values espoused by organizations, quantitative methods are useful and necessary because they provide the kind of data that are needed by those who have to answer for an organization's efficiency.

Recently, there has been a rise in the use of qualitative methods by researchers who do not agree that the workplace is stable, coherent, and uniform. Proponents of qualitative research claim that how an employee makes sense of the workplace is influenced by that person's perspective or context, and since different people and groups have different contexts, there are many different ways of constructing reality, none of which is necessarily more valid or true than another (Gay & Airasian, 2003, p. 9). Qualitative researchers are concerned with nuances, not generalizations. They probe deeply into organizational life in order to obtain an in-depth understanding about the way things are, why they are that way, and how the participants in the context perceive them. Unlike quantitative research, which is used to test theory, qualitative research often generates theory.

There is some, albeit not as much, qualitative research that has been conducted to elucidate the characteristics of work engagement and the cultural patterns and perspectives of the group that is being studied. For example, Kahn (1990) used a qualitative approach to explore the conditions at work in which people personally engage and disengage, which led to the development of a theoretical model of personal engagement. In a similar vein, Schaufeli, Taris, Le Blanc, Peeters, Bakker, and De Jonge (2001) used qualitative methods to examine features of the work environment that influence work engagement. Qualitative methodology is most useful when the purpose of research is to understand better how the context influences people's attitudes, beliefs, and behaviour.

Despite their differences, quantitative and qualitative research methods need not be oppositional. The nature of the research topic will typically determine which approach

is most appropriate. As Gay and Airasian (2003, p. 9) point out, the two approaches are not mutually exclusive; rather, they can be used to complement each other and to increase the richness of the research findings. For example, Fuller, Stanton, Fisher, Russell, and Smith (2003) used a combined methodology to study how mood, stress, and satisfaction change over time. In addition to completing baseline quantitative measures of variables such as job satisfaction, personality, and stress, participants were required to respond to qualitative questions about events at work and outside of work that were stressful. Although the responses to the qualitative questions were analyzed using quantitative methods (i.e., a total word count was used to quantify the severity of stressful events), the study is an example of an attempt to combine quantitative and qualitative methodologies in order to understand better the experience of employees.

The purpose of my study was to investigate the extent to which ABI rehabilitation professionals are engaged at work and to test a proposed theoretical model of work engagement. Given that the purpose of the study was to test relationships between several variables, namely personal capacity, interpersonal capacity, organizational capacity, and work engagement, a quantitative approach was selected. As an educator, I was also interested in knowing what can be done from an education perspective to enhance staff members' capacity to do a good job. I wanted to probe more deeply into the professional development activities staff believe would enhance their personal capacity. Consequently, a qualitative approach was added to unearth information about staff development initiatives that could be introduced by the program to enhance personal capacity.

Design

Research on work engagement has relied primarily on the use of a survey design to assess employee attitudes, opinions, preferences, demographics, and behaviour. Self-report instruments seem to be the preferred method of surveying people and have been used for a variety of purposes such as to measure engagement (Hakanen, Bakker, & Schaufeli, 2006; Schaufeli & Bakker, 2004), to test the structure of work engagement instruments (May, Gilson & Harter, 2004; Gonzalez-Roma, Schaufeli, Bakker & Lloret, 2006; Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002), to test work engagement theories (Demerouti, 2004; Laschinger & Finegan, 2005; Maslach & Leiter, 1997; May, Gilson & Harter, 2004), to study the crossover of burnout and engagement among working couples (Bakker, Demourti & Schaufeli, 2005), to investigate the extent to which work engagement allows people to derive benefits from stressful events (Britt, Adler, & Bartone, 2001), to explore the dynamics of engagement in work and family roles (Rothbard, 2001), and to examine whether individual differences make a difference in work engagement (Langelaan, Bakker, van Doornen, & Schaufeli, 2006). Others such as Schaufeli, Taris, Le Blanc, Peeters, Bakker and De Jonge (2001) have relied on structured qualitative interviews to understand the characteristics of workers who score high on work engagement.

Wright and Cropanzano (2000, p. 9) have raised concerns about the over-reliance on self-report measures in occupational health research, arguing that there is a need to include more objectively derived measures of health and well being, such as work attendance, participation in work groups, and membership in committees, to name a few. To date, very few quantitative studies have tried to corroborate self-report data by using

different data sources to confirm each other, a strategy known as triangulation (Gay & Airasian, 2003, p. 215). One example where triangulation was used is Kahn's (1990) ethnographic study in which he combined a number of qualitative methods such as observation, document analysis, self-reflection, and in-depth interviewing to explore personal engagement and disengagement among camp counselors and members of an architectural firm.

In addition to relying heavily on self-report survey designs, occupational health researchers have also favored cross-sectional designs. Wright and Cropanzano (2000, p. 9) suggest that cross-sectional research has been privileged for pragmatic, not theoretical reasons, and as a result, the field of occupational health research as a whole has been compromised because of the failure to examine the predictive impact of change in people's attitudes and behaviour over time. There are a few studies that have used a longitudinal design to explore work engagement. One example is a time-series study by Sonnentag (2003) where a longitudinal design was used to examine how recovery attained during leisure time affects people's engagement and proactive work behaviour on the subsequent workday. Along the same lines, Laschinger, Finegan, Shamian, and Wilk (2004) conducted a longitudinal study to test predictions proposed by Kanter's (1977) model.

Given that one reason for conducting this study was to examine and describe perceptions of work engagement among ABI professionals, a self-report survey design was appropriate for collecting the data. In addition, this study set out to test a model of work engagement that predicts certain relationships between engagement (dependent variable) and personal, interpersonal, and organizational capacity (independent

variables). Consequently a correlational survey design was chosen to examine the relationships among these variables. Finally, given the time and resources available for this study, a cross-sectional design was used for practical reasons, knowing it would impose limits on which aspects of the model could be tested.

The Proposed Model, Dependent, and Independent Variables

The model of work engagement that was being examined in this study characterizes work engagement as an embedded, inter-related, and interdependent phenomenon that is influenced by the degree of overlap among three capacities or strengths: personal, interpersonal, and organizational capacity. The patterns of overlap over time among the three capacities create a picture of the landscape of engagement. To borrow an analogy from Mitchell and Sackney (2001), work engagement evolves “not in a smooth, linear flow, but in eddies and swells as well as in dips and depressions when no [engagement] appears to be going on” (p. 8). Within this landscape of engagement, the high points reveal what is working well, what should be amplified, and what can be celebrated. In turn, “the dips and depressions are opportunities to understand what individuals [groups, and structures] are trying to conserve, as this can give insights into why they do not embrace particular initiatives” (Mitchell & Sackney, 2001, p. 8).

In the proposed model, engagement is conceptualized as a dynamic, not a static phenomenon. It is believed to ebb and flow in response to changes in personal, interpersonal, and organizational capacities. Research on resiliency theory, for example, suggests that engagement may fluctuate depending on one’s resiliency, that is, their ability to “bounce back” from challenging and difficult situations. Likewise, resiliency may be affected by one’s ability to engage in stress- reducing activities that facilitate

recovery, such as engagement in leisure activities, vacations, and other breaks from work. Consequently, it is possible that engagement is not only influenced by resiliency but it also influences resiliency (VanBreda, 2001).

The model of work engagement that was examined in this study is also predictive in nature. The peaks and high points in work engagement are expected to occur when there is a high degree of personal, interpersonal, and organizational capacity. On the other hand, the dips and depressions in engagement are a sign that overall capacity is low, perhaps because one or more components are missing or low. For example, if one has the personal capacity (knowledge, skills, readiness) to engage, but opportunities are minimal (low organizational capacity), work engagement will suffer. Likewise engagement is expected to dip when there is low interpersonal capacity (e.g., the group actions do not invite or support engagement) or low personal capacity (e.g., the person lacks the cognitive resources).

The model is also purported to be recursive in that these three capacities are believed to mutually influence one another and in that growth in each domain is built upon prior growth. For example, work engagement may lead to growth in personal capacity (knowledge, skills, connections), which in turn may open up opportunities for further engagement, and so on.

Based on Kanter's (1977) model of structural empowerment, membership in the dominant group is believed to enhance empowerment, which in turn is expected to enhance work engagement. Bearing in mind the recursive nature of the model, enhanced work engagement should then result in an increase in capacity over time. Consequently, it

was hypothesized that staff members who belong to the dominant group would have a higher overall capacity than those who do not belong to the dominant group.

Dependent Variable

The dependent variable in this study is work engagement. Since work engagement is not a new concept, there are several existing definitions that were considered for this study. One definition of work engagement, proposed by Maslach and Leiter (1997), positions engagement as the antithesis of burnout. Engagement is characterized as vigor, dedication, and effectiveness (the opposite of burnout, which is exhaustion, cynicism, and ineffectiveness), and is measured by the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996). Although there is some research to suggest that burnout is negatively related to work engagement, the pattern of relationships is not perfectly correlated along all three dimensions (Gonzalez-Roma, Schaufeli, Bakker & Lloret, 2006; Schaufeli & Taris, 2005). Thus, it seems premature to conclude that work engagement is the complete opposite of burnout and that it can be measured using a burnout inventory.

Some definitions of work engagement define and measure engagement as a separate concept from burnout (Kahn, 1990; Schaufeli et al. 2002). For example, Schaufeli et al. (2002) define engagement as a positive, fulfilling, work-related state of mind, characterized by (a) vigor: high levels of energy while working, a willingness to invest effort in work, and persistence when faced with difficulties; (b) dedication: sense of enthusiasm, inspiration, pride, and challenge; and (c) absorption: being happily engrossed in one's work, whereby time passes quickly and one has difficulties detaching.

The Schaufeli et al. (2002) definition of work engagement is similar to Kahn's (1990) conceptualization of psychological presence in that they get at the same

underlying cognitive, emotional, and physical dimensions of work engagement. The advantage of the Schaufeli et al. (2002) definition is that it has resulted in the development of the Utrecht Work Engagement Scale (UWES), a tool that has good factorial validity, internal consistency, and good stability, and that is freely available for academic and research purposes (Schaufeli & Bakker, 2003). For this reason, the Schaufeli et al. (2002) definition was used in this study. However, on its own, it did not suffice because it does not include a normative component. Consequently, Walker's (1998) notions of moral awareness, integrity, responsibility, and transparency, as well as Novak's (2002) conception of an inviting stance, were added to the definition to capture the ethical essence of work engagement.

In this study work engagement was considered from two perspectives, namely engagement with work and ethical engagement (engagement with people). Engagement with work is defined as a work-related state of mind, characterized by vigor, dedication, and absorption (as defined by Schaufeli et al., 2002). Ethical engagement is characterized by the presence of an inviting stance (being welcoming and inviting towards others), integrity (being reliably and consistently accountable in terms of the accounts one gives and stands by), responsibility (being responsive and dependable to moral matters, and having an awareness of towards whom and what one feels a commitment), and transparency (being clear and open about one's values and responsibilities).

Independent Variables

The independent variables in this study are personal capacity, interpersonal capacity, and organizational capacity. The independent variables were defined on the basis of the preceding literature review.

Personal capacity. Personal capacity refers to individual strengths needed to optimize engagement and a person's willingness or readiness to engage, as proposed by Kahn (1990, 1992). It is characterized by meaningfulness (a sense of return on investments of self in role performance), psychological safety (a sense of being able to show and employ the self without fear of negative consequences), and psychological availability (a sense of possessing the physical, emotional, and cognitive resources needed in role performance).

Interpersonal capacity. Interpersonal capacity refers to the interpersonal strengths needed for optimal teamwork. It is based on Kanter's (1983) theory of power in groups and Walker's (1998) model of ethics. Interpersonal capacity is characterized by coworker interactions that foster a sense of equality (e.g., discourse patterns allow for equal air time and equal consideration of opinions regardless of one's seniority or position in the organizational hierarchy; a sense that everyone has knowledge and skill to be a contributor and not just endorser, equal access to information-bearing networks, new members are made to feel welcome) (Kanter, 1998). Interpersonal capacity is also characterized by the presence of a shared and transparent system of expectations and lines of responsibility (Walker, 1998).

Organizational capacity. Organizational capacity is based on Kanter's (1977) theory of structural power in organizations and Walker's (1998) model of ethics. Organizational capacity is characterized by structural arrangements of work that provide people with access to the following sources of power: formal power (jobs that are visible, relevant, and extraordinary), informal power (jobs that help build alliances with people), lines of information and supply (e.g., access to data, knowledge, time, supplies,

equipment), opportunity for learning and growing, and membership in the dominant group. In addition, organizational capacity is also characterized by the presence of clear and transparent rules of who can access these power sources and how.

Hypotheses

Research hypothesis 1: Work engagement will be positively related to personal capacity.

When personal capacity is high, work engagement is high.

Research hypothesis 2: Work engagement will be positively related to interpersonal capacity. When interpersonal capacity is high, work engagement is high.

Research hypothesis 3: Work engagement will be positively related to organizational capacity. When organizational capacity is high, work engagement is high.

Research hypothesis 4: Work engagement will be positively related to overall capacity.

When overall capacity is high, work engagement is high.

Research hypothesis 5: There is a difference in capacity between regulated and unregulated professionals. More specifically, capacity is expected to be higher among regulated professionals because they are members of the dominant group, whereas unregulated professionals represent the minority. Furthermore, differences in capacity will result in differences in work engagement between the two groups. That is, work engagement is expected to be higher among regulated professionals.

Site Selection

The target population of interest in this study was ABI rehabilitation professionals in Ontario who are directly involved in working with individuals with an ABI in either a clinical or teaching capacity (e.g., to assess strengths and deficits related to the brain injury, to recommend and implement rehabilitation protocols, to teach compensatory

strategies and new skills, to monitor and evaluate progress, etc.) or in a case management capacity (e.g., to identify needs, gaps, and service requirements; to help individuals navigate through the services; to monitor progress and provide follow-up, etc.). There were a number of publicly funded and private programs in Ontario that employ rehabilitation professionals who serve the needs of individuals with an ABI. Given the time and resources available to conduct this study, it was not possible to survey all rehabilitation professionals in the province of Ontario that fit these criteria. Consequently, this study was conducted in the ABI program of teaching hospital in Ontario.

The ABI program comprised seven subprograms: a five-bed slow-to-recover program, a five-bed behavioral program, an eight-bed community integration program, a fee-for-service outreach program, a Ministry of Health funded outreach program, an outpatient program, and one eight-bed ABI-mental health program. These ABI subprograms served adults with varying degrees of brain injury severity (i.e., mild, moderate, severe, and minimally responsive individuals). The health care team comprised rehabilitation therapists, advanced rehabilitation therapists, behaviour therapists, nurses, physicians, physiotherapists, occupational therapists, speech-language pathologists, social workers, dietitians, nutritionists, pharmacists, therapeutic recreationists, and case managers. The composition of each team and the teaming model varied from subprogram to subprogram (i.e., some programs used an interdisciplinary team approach whereas others used a transdisciplinary model). Despite differences in team approaches, the model of service delivery in all programs revolved around the goals of the individual

with the ABI and his or her family. These goals were defined in specific operational terms and measured with a system of data collection and analysis.

In addition to serving a diverse patient population, the ABI program comprised private and publicly funded subprograms. Admission to the program was determined by a comprehensive referral process, which is designed to determine the functional rehabilitation needs of the individual and to develop an intervention strategy. The needs of the individual may be met in the person's home through community intervention, through referral to the outpatient program or outreach, or through admission to one of the inpatient units. Because of their diversity and comprehensiveness, the ABI programs at this teaching hospital presented a rich environment in which to study work capacity and work engagement.

Sample

All staff members who were employed in the ABI programs in a teaching, clinical, or case management capacity were invited to participate in the study (N=155). Since the distribution of staff was not balanced across subprograms and very small in some areas, a nonrandomized stratified sampling technique was used to select participants. This is an accepted research practice when the population is small (Gay & Airasian, 2003, p. 283).

A total of 155 surveys were distributed to staff members. In all, 83 staff members completed and returned the survey, representing a 54% response rate. Any surveys that were returned without a consent form and surveys that had more than 5 blank responses in the quantitative section of the questionnaire were excluded from the study. Based on

these exclusionary criteria, two surveys were deemed unusable, providing a final sample of 81 useable surveys.

Instrumentation

All data were derived from a five-part questionnaire that was developed for this study to measure each of the variables. The questionnaire that was distributed to respondents is included in Appendix A. The questionnaire that was used for data analysis purposes is included in Appendix B. The first section of the questionnaire contains demographic questions presented in a multiple-choice format. The second section contains a total of 75 questions presented in a rating scale format that assess respondents' perceptions of personal capacity, interpersonal capacity, organizational capacity, and work engagement. The last section of the questionnaire contains two qualitative questions.

Demographic questionnaire. The demographic questionnaire asked respondents to provide their gender, age, full time or part time employment, the number of years they have worked in the program, regulated or unregulated professional status, the number of years of postsecondary education, and the ABI subprogram in which they work. Participants were not asked to identify their specific role within the subprogram because in some parts of the program only one such role existed, which would make it possible to identify individual respondents.

Capacity and work engagement questionnaire. Using a 6-point scale where responses ranged from 1 (*seldom*) to 6 (*almost always*), respondents were required to rate a total of 82 items in terms of how often they feel a particular way. A rating scale that required participants to quantify how frequently they experienced feelings associated

with capacity and work engagement was selected because it lends itself to examining the model's assertion that greater capacity is linked to greater engagement, more so than an agreement scale, for example.

When constructing the questionnaire, a number of strategies were used to reduce response bias. For example, the questions were as clear and precise as possible, and the use of leading phrases was avoided. Only a short series of similar questions was asked at one time. A six-point scale with no clear middle point was selected rather than a five-point scale in order to encourage participants to make a selection in one direction or the other and to avoid neutral responses. In an effort to reduce the likelihood of the data being artificially skewed in one direction or the other, the rating scale comprised an equal number of negative points (representing low levels of a particular feeling) and positive points (representing higher levels of a particular feeling). A strategy that is often recommended to reduce the likelihood of habituation (i.e., giving the same answer regardless of the content of the question) is to reverse the wording or the scale in some of the questions so that participants must read each item carefully. Although this helps reduce response bias, a negative aspect of this technique is that the data need to be modified following data collection for data analysis purposes. Given the large number of variables to be coded (82 variables), this technique was not used for practical and time constraint issues.

Work engagement. The work engagement portion of the questionnaire measures two aspects of work engagement: engagement with work and ethical engagement (engagement with people).

Engagement with work was measured using a short version of The Utrecht Work Engagement Scale (UWES-17), developed by Schaufeli and Bakker (2003). The short version of the UWES - 9 contains nine items; three items are used to measure vigor, three items are used to measure dedication, and three items are used to measure absorption. The shortened version shows encouraging psychometric features as compared with the longer version (Schaufeli & Bakker, 2003). Psychometric results of the long version confirm that work engagement consists of three highly related aspects: vigor, dedication, and absorption. The internal consistency of the three scales of the longer version is good and scores are relatively stable over time. Cronbach's α values have been computed for the UWES short version ($N=9,679$). The range of α for each work engagement factor are as follows: vigor (.75 - .91), dedication (.83 - .93), and absorption (.70 - .84) (Schaufeli & Bakker, 2003, p. 14). The UWES-9 (see Appendix C) is available for research and education purposes at no cost (see Appendix D). The UWES-9 was modified for this study to make the scale consistent with the rest of the questionnaire. A mean engagement with work score was obtained by summing the engagement with work items (nine items) and calculating the average.

Ethical engagement (engagement with people) was measured using 17 items that were divided into four subscales. The first subscale measures the extent to which one shows an inviting stance (five items) derived from Novak's (1992) theory of invitational leadership. The remaining subscales comprise questions derived from Walker's (1998) expressive collaborative model of ethics. The second subscale measures integrity (two items), the third subscale measures responsibility (eight items), and the fourth subscale measures transparency (two items). Mean scores were calculated for each subscale. An

overall ethical engagement score was obtained by summing the engagement with people items (17 items) and computing the average.

An overall work engagement score was obtained by summing the engagement with work items (nine items) and the ethical engagement items (17 items) and computing the average.

Personal capacity. This portion of the questionnaire comprises 20 items derived from Kahn's (1990, 1992) model of psychological presence, and is divided into three subscales. The first subscale measures meaningfulness (nine items), the second subscale measures psychological availability (six items), and the third subscale measures psychological safety (four items). Mean scores were computed for each subscale. An overall personal capacity score was obtained by summing all of the personal capacity items (20 items) and computing the average.

Interpersonal capacity. This portion of the questionnaire comprises eight questions derived from Kanter's (1983) theory of power in groups and Walker's (1998) expressive-collaborative model of ethics. The questions are divided into two subscales. The first subscale measures group interactions (five items) and the second subscale measures transparency of expectations, norms, and lines of accountability (three items). Mean scores were computed for each subscale. An overall interpersonal capacity score was obtained by summing all of the interpersonal capacity items (eight items) and computing the average.

Organizational capacity. An adapted version of the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) developed by Laschinger, Finegan, Shamian, and Wilk (2001) was used to measure organizational capacity (see Appendix E). This tool

was selected because it is derived specifically from Kanter's (1977) theory of power in organizations. Permission to use this tool and to adapt the wording for the population in this study was obtained from the authors (see Appendix F). The scale was modified to make it consistent with the rest of the tool.

The CWEQ-II comprises six subscales that measure each of Kanter's (1977) power structures: opportunity (four items), information (three items), support (three items), resources (three items), formal power (three items), and informal power (three items). The construct validity of the CWEQ-II was substantiated in a confirmatory factor analysis that revealed a good fit of the hypothesized factor structure ($\chi^2 = 279$, $df = 129$, $CFI = .992$, $IFI = .992$, $RMSEA = .054$) (Laschinger, Finegan, Shamian & Wilk, 2001). One additional item that was not on the CWEQ-II was added to measure support ("I receive encouragement to develop new skills"). In addition, a seventh subscale was added to measure Walker's (1998) notion of transparency (three items). Mean scores were computed for each subscale. An overall organizational capacity score was obtained by summing all of the organizational capacity items (21 items) and computing the average.

An overall capacity score was computed by summing the personal capacity (20 items), interpersonal capacity (8 items) and organizational capacity (21 items) and computing the average.

Qualitative questionnaire: One open-ended question was included to assess respondents' beliefs about education initiatives that they believed would enhance their personal capacity ("What education, training, and professional development activities do you think would increase your capacity to do a good job?"). Space was also provided for

respondents to record any questions and comments about the questionnaire so that this information could be used to refine the instrument in the future.

Procedure

An information letter and questionnaire were developed and distributed to the sample population. The information letter introduced the study as research on work engagement and included an overview of the purpose of the study, its importance, the risks and benefits for participating in the study, and to whom and how the results would be communicated. The letter stressed that participation was voluntary and there was no penalty for opting not to participate. Respondents were asked to fill out the questionnaire in private and mail it to the researcher using the return envelope. The letter indicated that the researcher would follow up with nonrespondents three weeks and five weeks after the first mailing in an attempt to increase response rate. Consequently, it was emphasized that anonymity could not be protected. However, participants were reassured that all responses would be kept confidential by the researcher and only aggregate data would be included in the final report. Consent to participate was obtained using a consent form which participants were asked to return with the questionnaire. The information letter and questionnaire were shared with friends and family who were not participating in the study for the purposes of checking the clarity of the questions and to determine the length of time needed to complete the questionnaire. Ethics approval was obtained from the Research Ethics Boards of the hospital and Brock University prior to distributing the survey (see Appendix G).

Each eligible participant was assigned an alphanumeric code, which was recorded on the distributed questionnaire. This allowed respondents to be tracked for the purposes

of follow up. A master list containing the names of eligible participants and their alphanumeric codes was kept separate from the returned surveys in a location that could only be accessed by the researcher. Prior to mailing the questionnaire, an email was sent to all eligible staff members announcing the study and inviting them to participate. Within three days, 155 survey packages were mailed to eligible participants. Staff members received their package at work through the interoffice mail system. Each package included a cover letter, a questionnaire, and a return envelope preaddressed to the researcher. A five-week deadline for responding was identified.

A number of strategies suggested by Mertens (1998) were used to maximize the return rate. To motivate staff members to participate, the information letter informed them that specific feedback about the study variables and recommendations for improving work engagement would be made available to each subprogram upon completion of the study. Two reminders were sent by email three and four weeks after the first mailing. As a token of appreciation for taking the time to complete the questionnaire, participants received a food voucher to a popular coffee shop. Finally, to make it easier for staff to complete the surveys, the researcher visited several subprograms during regular working hours with extra surveys and information packages. Those who completed the surveys immediately received a voucher. To be considered usable, the demographic and quantitative portions of the questionnaire needed to be completed and a consent form needed to be returned with the survey. Surveys containing missing or unreadable information, or those returned with no consent form, were excluded from the study.

Data from the surveys were coded and transferred into a database that could only be accessed by the researcher. The raw data were stored in a safe and secure filing cabinet, accessible only by the researcher, for a period of three years.

Data Analysis

The quantitative data were analyzed using Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics were used to present the demographic characteristics of the sample and to describe and interpret the data on the independent and dependent variable. First, the means and standard deviations for each of the following capacity variables were calculated to provide a profile of capacity across subprograms and to allow for a comparison between regulated and unregulated professionals:

Personal Capacity – Meaningfulness

Personal Capacity – Psychological Availability

Personal Capacity - Safety

Overall Personal Capacity

Interpersonal Capacity – Group Interactions

Interpersonal Capacity – Group Transparency

Overall Interpersonal Capacity

Organizational Capacity – Opportunity

Organizational Capacity – Information

Organizational Capacity – Feedback

Organizational Capacity – Resources

Organizational Capacity – Formal Power

Organizational Capacity – Informal Power

Organizational Capacity – Transparency

Overall Organizational Capacity

Second, the means and standard deviations for each of the following engagement variables were calculated to provide a profile of engagement with work and people across subprograms and to allow for a comparison between regulated and unregulated professionals:

Engagement with Work (dedication, vigor, and absorption)

Engagement with People – Inviting stance

Engagement with People – Integrity

Engagement with People – Responsibility

Engagement with People – Transparency

Ethical Engagement (mean of engagement with people subscales)

Overall Work Engagement (engagement with work plus ethical engagement)

The Pearson r correlation coefficient was calculated for each of the following variables: personal capacity, interpersonal capacity, organizational capacity, overall capacity, engagement with work, ethical engagement, and overall engagement. These correlation coefficients were computed in order to test the following hypotheses:

Hypotheses 1: engagement variables will be positively related to personal capacity.

Hypothesis 2: engagement variables will be positively related to interpersonal capacity.

Hypothesis 3: engagement variables will be positively related to organizational capacity.

Hypothesis 4: engagement variables will be positively related to overall capacity.

The Pearson r was chosen because the sets of data to be correlated represent continuous, interval data (Gay & Airasian, 2003, p. 317). The level of confidence was set

at $p = 0.05$ (there is 95% confidence that a real, significant relationship exists between two variables and the hypothesis can be confirmed).

To determine whether there was any difference between regulated and unregulated professionals, mean scores for capacity and work engagement variables were compared for the two groups. To examine the similarity of the two groups being compared, demographic information regarding their age, gender, years of experience, and level of education was described. Since different tests of significance are appropriate for different sets of data, it was important to consider the type of variables being compared when selecting a test of significance (Gay & Airasian, 2003, p. 485). The dependent variable (rating scale score for total capacity) represents interval data, whereas the independent variable represents nominal data (regulated or unregulated professional). Given that two means were being compared and the observations between the two groups were not paired, interdependent, or associated in any way, the t test for independent means was used to determine whether the two groups differ significantly in terms of capacity and work engagement.

The consequences of making a Type I and Type II error were considered when establishing the significance level that would be used to accept or reject the hypothesis. The null hypothesis states there is no difference between the two groups. A Type I error would be committed by concluding that the null hypothesis is false; that is, claiming there is a significant difference when there is not. A Type II error would be committed by concluding that the null hypothesis is true; in other words claiming that there is no difference between the two groups when in fact the null hypothesis is false, and there is a difference. One reason for conducting this study was to examine whether membership in

the dominant group (regulated professionals) increases overall capacity and engagement, so that steps could be taken to guide change efforts aimed at elevating the status and professional representation of staff members who currently do not have a professional voice. Given that change efforts are a costly investment, there is a need to be fairly confident that the research hypothesis is true (i.e., there is a difference between the two groups). Therefore, the consequences are greater if a Type I error is committed (i.e., concluding that professional regulation and representation makes a difference, which may result in time and money being invested in change efforts that are not substantiated by the research) than if a Type II error is committed (i.e., concluding that professional regulation makes no difference in terms of work engagement and as a result, life continues as usual). In order to reduce the likelihood of a Type I error (concluding that there is a difference between the two groups, when there is not), a small probability level of $\alpha = .05$ was selected (Gay & Airasian, 2003, p. 453). A two-tailed test of significance was used to allow for the possibility that a difference between the two groups may occur in either direction, that is, either group may be higher than the other in terms of overall capacity and engagement.

The qualitative data in this study represent respondents' beliefs about education and development initiatives that enhance personal capacity. These data were reviewed, coded, and classified into categories. The constant comparison method was used to analyze the data. This involved constantly comparing identified data and their concept to determine their distinctive characteristics so that they could be placed in different and appropriate categories (Gay & Airasian, 2003, p. 233). As each new piece of data was identified, it was compared to existing categories to see if it was similar to, or different

from, one or more existing categories. Categories were modified as needed to fit new data and were further tested by new data. A number of themes emerged, which were used to organize and report the data.

Ethical Considerations

Researchers have an obligation to explain how they show concern for two key ethical principles when working with human subjects, namely respect and justice (Mertens, 1998, p. 24). Since survey research can intrude on people's privacy when researchers ask people about their perceptions and feelings, it is important to treat all respondents with dignity and to reduce anxiety or discomfort. Several guidelines were used in this study to ensure that the rights of participants were protected and that they were treated with respect and justice.

First, participants were informed about the purpose of the study, how and to whom the final results would be presented, and how the information would be used. Participation was voluntary and all responses were kept confidential. The identity of each participant and non-participant would not be released to anyone. Second, the master list containing the names of eligible participants, their alphanumeric code, and the surveys were stored in a locked area that could only be accessed by the researcher. The data from the surveys were entered into a computer and kept in a separate database that could only be accessed by the researcher. Third, the final results of the study report only aggregated data only so that no response could be traced back to an individual. This was particularly important in this study because in some subprograms there was only one person representing a particular profession (i.e., social work, physiotherapy, occupational therapy, psychology). Consequently, in order to protect the confidentiality of individual

responses, a broader category (i.e., regulated and unregulated professionals) was used when reporting the final results.

In addition to protecting the rights of participants, researchers also have an obligation to consider the overall ethical implications of the research that is being conducted (i.e., what are the potential outcomes and who is affected). One group that may be affected by the outcomes of this research are the participants themselves, as well as ABI professionals working in other settings, and teachers who work with learners with special needs. One of the three key ethical principles that should guide scientific research as identified by The National Commission for the Protection of Human Subjects is a concern for beneficence, that is, goodwill and compassion (Mertens, 1998, p. 24). This study has the potential to better the lives of rehabilitation professionals by improving their work conditions, which in turn has the potential to enhance the services provided to individuals with ABI and other disabilities. Hence, a key strength of the study is that it showed a concern for the benefit of those who work with people with disabilities, as well as a concern for people with disabilities.

Another group of stakeholders that may be affected by this research are senior administrators in organizations such as hospital and community based ABI rehabilitation programs as well as administrators in schools. This study has the potential to inform administrators about the relationships among personal capacity, interpersonal capacity, organizational capacity, and work engagement which will hopefully allow them to make more informed decisions about intervention efforts aimed at improving the work place. Once again, this study demonstrated a concern for the well being of staff members and the populations served by staff members.

Finally, this study has the potential to influence the broader research community, particularly those who are interested in studying work engagement. How this study was approached and how the results were interpreted sends a message to future researchers about what is valued, what is worthy of research attention, and how future research should be conducted. One of the reasons this study was conducted was to test a proposed model of work engagement. Consequently, a quantitative approach was selected to examine the relationships proposed by the model. However, it is important to stress that no science, no matter how rigorous, will be able to uncover an enduring order in organizations that can be used to predict future order because the human beings who are responsible for constructing organizations are themselves complex and unpredictable (Greenfield, 1975, p. 76). In other words, it needs to be emphasized that, although theory can be used to inform practice and guide human behaviour, practice could and should also be used to inform theory (Greenfield & Ribbins, 1993, p. 12).

CHAPTER FOUR: PRESENTATION OF RESULTS

This study was conducted to obtain a profile of work engagement and capacity among health care professionals working in brain injury rehabilitation, to test a theoretical model of work engagement that predicts certain relationships between work engagement and capacity, and to investigate what can be done from an educational perspective to enhance staff members' capacity to do a good job. This chapter provides details on the results emerging from the investigation and is divided into five parts. The results of the descriptive analysis, including a demographic summary of the participants as well as a profile of capacity and work engagement across each ABI subprogram and for the program as a whole, are presented first. The result of the correlation analysis, which was conducted to explore the association between capacity and work engagement variables, is presented next. Part three outlines the findings from the inferential analysis that was undertaken to examine differences between regulated and unregulated health professionals on capacity and work engagement. In part four, the results from the qualitative analysis are presented. The key themes regarding factors that participants believe influence personal capacity and their ability to do a good job are described. Finally, the chapter concludes with a summary of the findings.

Descriptive Analyses

One reason for conducting this study was to obtain a profile of personal capacity, interpersonal capacity, organizational capacity, and work engagement among professionals working in brain injury rehabilitation. A quantitative, self-report survey method was used to gather demographic information about the participants and to examine their perspectives regarding engagement and capacity. All staff members who

were employed in the brain injury programs of a large teaching hospital in a teaching, clinical, or case management capacity were invited to participate in the study (N=155). Of the 155 surveys that were distributed to staff members, 83 staff members completed and returned the survey, representing a 54% response rate. Two surveys were deemed unusable, providing a final sample of 81 useable surveys.

The frequency and percentage for each demographic variable in the study were obtained in order to provide a profile of participants' characteristics (see Table 2). The means and standard deviations for all capacity and engagement variables were calculated for the ABI program as a whole and for each program (see Tables 3, 4, 5, 6 and 7).

Demographic Characteristics

As shown in Table 2, a total of 81 staff members participated in the study. The majority were female (81.5%), 35 years of age and older, with the largest number of participants falling in the age range of 35 to 39 years (28.4%). Most participants worked full time (70.4%) and had worked in the ABI program for six years or more. All participants had completed some form of post-secondary education with the majority holding a university degree (46.9%). The breakdown of regulated (under the regulatory control of a professional college or body) and unregulated (not regulated by a professional college or body) health care professionals was 35.8% and 64.2% respectively. When considering the breakdown of participants by subprogram, it is important to note that some participants ($N = 30$) worked in more than one ABI subprogram. This means that each person was counted in every program in which they worked. Keeping this in mind, the largest numbers of participants were in the behavioural program (39.5%) and the community reintegration program (35.8%).

Capacity and Work Engagement Ratings

To determine participants' judgment of their perceived level of capacity and engagement, they were asked to respond to relevant questions on 6-point scales where 1 = almost never feeling that way (a few times a year or less), 2 = rarely feeling that way (once a month or less), 3 = sometimes feeling that way (a few times a month), 4 = often feeling that way (once a week), 5 = very often feeling that way (a few times a week), and 6 = almost always feeling that way (every day). The higher the rating, the greater the amount of capacity or work engagement perceived. Descriptive analyses were conducted to provide a profile of capacity and work engagement for the program as a whole and for each subprogram for the purposes of generating unit-specific recommendations. Inferential statistical analyses of mean ratings across subprograms were not conducted because the purpose of the study was not to compare one subprogram with another.

Personal capacity ratings. An overall Personal Capacity rating was derived by summing the ratings from three personal capacity subscales: Meaningfulness (9 items), Psychological Availability (7 items), and Psychological Safety (4 items), and computing a mean Personal Capacity rating. A Meaningfulness rating was derived by computing the mean of 9 subscale items that measured meaningfulness, a Psychological Availability rating was derived by computing the mean of 7 subscale items that measured psychological availability, and a Psychological Safety rating was derived by computing the mean of 4 subscale items that measured psychological safety.

The mean Personal Capacity rating for the entire ABI program was 5.04 (see Table 3). An analysis of the three subscale ratings for engagement indicates that, for the

ABI program as a whole, Psychological Availability received a rating of $M=5.26$, Psychological Safety received $M=5.07$, and Meaningfulness received ($M=4.85$).

An examination of mean Personal Capacity ratings across subprograms reveals that scores varied across subprograms (see Table 3). Personal Capacity received a rating of $M=5.32$ in the outreach program and $M=4.79$ in the slow to recover program. An analysis of the mean ratings on the Personal Capacity subscales indicates that Meaningfulness was $M=5.24$ in the outreach program and $M=4.38$ in the slow to recover program, Psychological Availability was $M=5.61$ in the outreach program and $M=5.18$ in the fee-for-service program, and Psychological Safety was $M=5.40$ in the fee-for-service program and $M=4.87$ in the community reintegration program.

Interpersonal capacity ratings. An overall Interpersonal Capacity rating was derived by summing the ratings from two interpersonal capacity subscales: Group Interactions (5 items) and Group Transparency (3 items), and computing a mean Interpersonal Capacity rating. A Group Interactions rating was derived by computing the mean of 5 subscale items that measured group interactions, and a Group Transparency rating was derived by computing the mean of 3 subscale items that measured transparency.

The mean rating for Interpersonal Capacity for the entire ABI program was 4.35 (see Table 4). An analysis of the two subscale ratings indicates that, for the ABI program as a whole, Group Interactions and Group Transparency received almost the same ratings ($M=4.39$ and $M=4.30$ respectively).

The summary of mean Interpersonal Capacity ratings across subprograms indicates that it received a rating of $M=5.00$ in the outreach program and $M=3.87$ in the

slow-to-recover program (see Table 4). An analysis of the mean ratings on the Interpersonal Capacity subscales indicates that Group Interaction received a rating of $M=5.08$ in the outreach program and $M=3.72$ in the slow to recover program. The mean rating for Group Transparency was $M=4.87$ in outreach and $M=3.86$ in the behavioral program.

Organizational capacity ratings. An overall Organizational Capacity rating was derived by summing the ratings from seven organizational capacity subscales: Access to Opportunity (4 items), Access to Information (3 items), Access to Feedback (3 items), Access to Resources (3 items), Formal Power (3 items), Informal Power (3 items), and Organizational Transparency (2 items), and computing a mean Organizational Capacity rating. A rating for each subscale was derived by computing the mean of the items comprising that subscale.

The mean rating for Organizational Capacity for the entire ABI program was $M=3.88$ (see Table 5). An analysis of the subscale ratings indicates that, for the ABI program as a whole, Access to Opportunity received a rating of $M=4.71$ and Access to Feedback received a rating of $M=3.19$.

Analysis of the mean ratings for Organizational Capacity across subprograms reveals that it received a rating of $M=4.37$ in the outreach program, $M=4.36$ in the ABI/mental health program, and $M=3.50$ in the slow to recover program (see Table 5). With respect to subscale items, Access to Opportunity received a rating of $M=5.27$ in the ABI/mental health program and $M=4.43$ in the behavioral program. Access to Information received a rating of $M=4.83$ in the outreach program and $M=3.75$ among the case management group. Access to Feedback received a rating of $M=3.70$ in the outreach

program and $M=2.87$ in the slow to recover program. Access to Resources received a rating of $M=4.31$ in the ABI/Mental health program and $M=2.64$ in the slow to recover program. Formal Power was rated $M=4.15$ in outreach and $M=2.89$ in the slow to recover program. Informal Power received a rating of $M=4.79$ in outreach and $M=3.95$ in the behavioral program. Finally, Organizational Transparency received a rating of $M=4.65$ in the ABI/mental health program and $M=3.21$ in the fee-for-service program.

Work engagement ratings. An overall Engagement with Work rating was derived by computing the mean of 9 items measuring engagement with work. An overall Engagement with People rating was derived by summing the ratings from four Engagement with People subscales: Inviting Stance (5 items), Integrity (2 items), Responsibility (8 items), and Transparency (2 items). Mean ratings for each of the subscales were derived by summing the subscale items and computing the mean.

The mean rating for Engagement with Work for the ABI program was $M=4.54$ and the mean rating for Engagement with People was $M=5.40$ (see Table 6). An analysis of subscale ratings reveals that all ratings were above 5, with Integrity receiving a rating of $M=5.48$ and Transparency a rating of $M=5.32$.

A summary of engagement ratings across subprograms indicates that the Engagement with Work received a rating of $M=5.05$ in the ABI/mental health program and $M=3.40$ in the slow to recover program (see Table 6). In terms of Ethical Engagement (engagement with people), ratings were consistently above 5 across subprograms. Engagement with people received a rating of $M=5.55$ in the ABI/mental health program and $M=5.19$ among the case management group. Ratings on the Engagement with People subscales were consistently high (above 5) across subprograms.

Overall capacity and overall engagement ratings. An overall capacity rating was derived by summing the ratings from the three capacity subscales: Personal Capacity (20 items), Interpersonal Capacity (8 items), and Organizational Capacity (21 items), and computing a mean overall capacity rating. An overall Engagement rating was derived by summing the ratings from the two engagement subscales: Engagement with work (9 items) and Engagement with People (17 items), and computing a mean Engagement rating.

The overall mean level of capacity for the ABI program as a whole was $M=4.43$ and the overall mean level of engagement was $M=5.10$ (see Table 7). Overall capacity received a rating of $M=4.86$ in the outreach program and $M=4.09$ in the slow to recover program. Overall Engagement received a rating of $M=5.38$ in the ABI/mental health program and $M=5.10$ in the slow to recover program.

Relationships Between Capacity and Engagement

A second reason for conducting this study was to test a theoretical model of work engagement that predicted certain relationships between engagement and personal, interpersonal, and organizational capacity. The specific relationships that were predicted were:

Research hypothesis 1: Engagement will be positively related to personal capacity. When personal capacity is high, engagement is high.

Research hypothesis 2: Engagement will be positively related to interpersonal capacity. When interpersonal capacity is high, engagement is high.

Research hypothesis 3: Engagement will be positively related to organizational capacity. When organizational capacity is high, engagement is high.

Research hypothesis 4: Engagement will be positively related to overall capacity. When overall capacity is high, engagement is high.

In order to investigate the association between capacity and engagement variables, the Pearson Correlation coefficient was calculated for each capacity and work engagement variable of interest in the study. An underlying assumption of the Pearson Correlation coefficient is that scores on one variable are normally distributed for each value of the other variable and vice versa. However, if the degrees of freedom are greater than 25, as was the case in this study, failure to meet this assumption has little consequence (Morgan, Leech, Gloeckner, & Barrett, 2004, p. 111).

The statistical analyses supported all four hypotheses (see Table 8). There was a statistically significant positive correlation between Personal Capacity ratings and Overall Engagement ratings ($r(79) = .71, p < .01$). This means that participants who had relatively high ratings in Personal Capacity were likely to have high ratings on Overall Engagement. Using Cohen's (1988) guidelines to measure the magnitude of the treatment effect, the effect size is much larger than typical. Interpersonal Capacity ratings were found to have a statistically significant positive correlation with Overall Engagement ($r(79) = .54, p < .01$). This represents a large or larger than typical effect size. Similarly, a statistically significant positive correlation was found between Organizational Capacity and Overall Engagement ($r(79) = .45, p < .01$), which is approaching a medium effect size. Finally, Overall Capacity had a statistically significant positive correlation with Engagement with Work ($r(79) = .70, p < .01$), demonstrating a much larger than typical effect size. Overall Capacity also had a statistically significant positive correlation with Ethical Engagement ($r(79) = .38, p < .01$) which is a medium effect size. A significant

positive correlation was also found between Overall Capacity and Overall Engagement ($r(79) = .65, p < .01$), which represents a large effect size. Statistically significant positive correlations were also seen between Personal Capacity and Ethical Engagement ($r(79) = .50, p < .01$) and Interpersonal Capacity and Ethical Engagement ($r(79) = .36, p < .01$) which are both medium in effect size. The correlation between Organizational Capacity and Ethical Engagement did not reach statistical significance ($r(79) = .20$)

A Comparison of Regulated and Unregulated Professionals

A third reason for conducting this study was to explore Kanter's (1977) proposition that members of the dominant group (the many) have greater access to empowerment structures than members of the non-dominant group (the few), and that this unevenness in the distribution of power would yield differences in capacity and engagement between dominant and non-dominant groups. More specifically, it was predicted that capacity and engagement would be higher among members of the dominant group.

In the hospital in which this study was conducted, there were two broad categories of front line health care professionals that existed in disproportionate numbers across the hospital at large. The bulk of the health care professionals were regulated (i.e., staff members whose profession is regulated by a college such as nurses, physiotherapists, occupational therapists, physiotherapists, speech and language pathologists, psychologists, etc.). The hospital employed unregulated healthcare professionals (i.e., front line clinical staff members whose job function and practice are not regulated by a professional college or body), but in far fewer numbers. Hospital-wide, regulated health

care professionals represented the many or dominant group, whereas unregulated health care professionals represented the few or non-dominant group.

The opportunities for professional representation as well as access to funding within the hospital seemed disproportionate for these two groups. Regulated professionals appeared to have a stronger identity, well established representation on professional practice committees, and greater access to education funding than unregulated professionals within the hospital at large. Consequently, this study was interested in examining whether this disproportionate access to empowerment structures as a result of one's profession being regulated or not, would yield any differences in capacity and work engagement. It was hypothesized that capacity and engagement would be higher among staff members in the ABI program who were members of the dominant group within the hospital at large (regulated health care professionals) than among those who are not in the dominant group (unregulated health care professionals such as Rehabilitation Therapists, Advanced Rehabilitation Therapists, Community Intervention Coordinators, and Clinical Coordinators).

To determine how representative the final sample was of the eligible population, they were compared on the basis of two demographic characteristics: professional regulation and gender. These two variables were selected because this information could be obtained easily without having to extract data from human resource files. Table 9 shows a breakdown of the professional regulation and gender of staff members in the ABI program who were eligible to participate in the study ($N = 155$). The eligible population comprised a relatively balanced number of regulated professionals (42.6%) and unregulated professionals (57.4%). This is very important to consider when

interpreting the findings from this study because this ratio was not typical of the patterns seen elsewhere in the hospital where regulated professionals outnumber unregulated professionals. In terms of gender, the eligible population comprised more females (76.1%) than males (23.9%).

The final sample comprised almost twice as many unregulated professionals (64.2%) as regulated professionals (35.8%) (see Table 10). This ratio differed from the distribution seen in the eligible population, where the ratio of unregulated professionals and regulated professionals was more balanced (57.4% and 42.6% respectively). In terms of gender, the final sample constituted 81.5% females and 18.5% males, which was similar to the ratio seen in the eligible population (76.1% females, 23.9% males). There were more unregulated males ($N = 13$) than regulated males ($N = 2$) in the final sample, which was also consistent with the eligible population (unregulated males $N = 29$, regulated males $N = 8$). Finally, there were more unregulated females ($N = 39$) than regulated females ($N = 27$), resulting in a less balanced distribution than that seen in the eligible population (unregulated females $N = 60$, regulated females, $N = 58$). Hence, the final sample was not entirely representative of the eligible population with respect to professional regulation and gender.

In order to determine how alike and different regulated and unregulated professionals were with respect to other demographic variables, the two groups were compared in terms of gender, age, years employed, full/part-time status, subprogram, and education (see Table 10). Subsequently, a t test was conducted to investigate if there were any statistically significant differences between regulated and unregulated professionals in terms of capacity and engagement variables, as was predicted by the model.

As shown in Table 10, regulated and unregulated professionals differed in age. The majority of regulated professionals were 50 years of age or older whereas the majority of unregulated professionals were between the ages of 35 and 39. The groups were alike in terms of employment status in that the majority of respondents in both groups were employed full-time and had worked in the program for more than 10 years.

Regulated and unregulated professionals differed with respect to level of education. There was less homogeneity and greater disparity in level of education among regulated professionals than among unregulated professionals. The majority of regulated professionals held either a college diploma (44.8%) or a Master's or Doctoral degree (37.9%), which represented a significant parity within the group. The job descriptions for these positions were reviewed to determine which professions fell into which education category. Based on this analysis, it was determined that the majority who held a college diploma represented the profession of nursing whereas those who held a Master's or Doctoral degree represented regulated professions for which a Master's or Doctoral degree has been required in the province of Ontario for some time (i.e., psychology, social work, speech pathology, etc.). Consequently, within the category of regulated professionals, there were two distinct categories of professions, namely nursing and what are often referred to as allied health care professions (i.e., clinical health care professions that are distinct from nursing such as occupational therapy, speech pathology, nutrition, etc.). There was greater homogeneity and less disparity in terms of education among unregulated professionals who were employed as Rehabilitation Therapists, Advanced Rehabilitation Therapists, Case Managers, and Clinical Coordinators. The majority of

these professionals held a university degree (63.5%), with far fewer having a diploma, Master's, or doctoral degree.

Finally, there were some similarities between the two groups in terms of the subprograms in which they worked. Most of the regulated professionals worked in the behavioral program (44.8 %) and the community reintegration program (51.7%). Likewise, the majority of unregulated professionals worked in the behavioral program (36.5%) and the community reintegration program (26.9%). This was not surprising because although these inpatient programs served different patient populations, they were located on the same wing of a hospital and they shared many of the same staffing resources. However, there were far fewer unregulated professionals (7.7%) than regulated professionals (41.6%) in the slow to recover program and more unregulated professionals than regulated professionals in fee-for-service program (19.2 % and 6.9% respectively), ABI/mental health program (19.2% and 8.3% respectively), and among the case management group (15.4% and 0% respectively).

To investigate whether there was a statistically significant difference between regulated professionals ($N = 29$) and unregulated professionals ($N = 52$) on levels of capacity and engagement, an independent samples t test was conducted. No statistically significant difference was found between the two groups on the overall ratings of personal, interpersonal, and organizational capacity. However, there were statistically significant differences in ratings on some of the capacity subscales (see Table 11). With respect to Personal Capacity, a statistically significant difference was found between regulated professionals ($M=5.41$) and unregulated professionals ($M=5.20$) on ratings of Psychological Availability ($t(79) = 2.19, p < .05$). The effect size was computed by

subtracting the mean of the second group from the mean of the first group and dividing by the pooled standard deviation of both groups (Morgan, Leech, Gloeckner, & Barrett, 2004, p. 89). This calculation yielded a small effect size ($d=.23$) according to Cohen's (1988) guidelines. On the Organizational Capacity subscale of Access to Resources, there was a statistically significant difference ($t(79) = -3.38, p < .01$) between regulated professionals ($M=2.92$) and unregulated professionals ($M=3.84$). The effect size ($d = .40$) is approaching a medium effect size (Cohen, 1988).

Table 12 shows a comparison of regulated and unregulated professionals on mean ratings of engagement. Once again, there were no statistically significant differences between the two groups on overall engagement variables. However, a statistically significant difference was found on the Inviting Stance subscale ($t(79) = 2.50, p < .05$) between regulated health professionals ($M=5.60$) and unregulated professionals ($M=5.20$). The effect size ($d = .32$) is small (Cohen, 1988).

Qualitative Results

Participants were asked to identify education, training, and other professional development activities that would increase their capacity to do a good job. The qualitative data they provided were analyzed using the constant comparison method (Gay & Airasian, 2003, p. 233). This analysis yielded three broad categories of recommendations: increased opportunity, increased resources, and enhanced interpersonal relations and team dynamics.

Opportunity

Participants saw the need for more guided learning opportunities as the most important factor influencing their ability to do a good job. They identified education in-

service sessions, lunch-and-learn sessions, academic courses, medical rounds, and conferences as important means of gaining expertise. They identified specific topics of educational interest including the management of challenging behaviour, dealing with aphasic clients, community reintegration strategies, building rapport with clients, conducting qualitative and quantitative research, and management and leadership courses. In addition to education in-service sessions offered in the workplace, participants recognized the importance of pursuing post-secondary education at the Bachelor's, Master's, and doctoral levels. One participant also noted the value of belonging to a professional organization such as a regulatory college or association.

In addition to having greater access to guided learning experiences, participants also identified engagement in everyday work tasks as an important means of gaining expertise. They outlined a need for more contact with colleagues who worked in similar roles, both within and outside the organization, as well as the need for cross training and opportunities to learn from more experienced colleagues. Time to engage in independent self-study and self-reflection was also mentioned, as was access to feedback regarding job performance. A number of participants highlighted the importance of having the opportunity to engage in everyday work tasks that enabled career movement and that were novel and challenging. Finally, some participants expressed concern regarding the lack of access and encouragement to take courses other than those supported by management, and they called for more support from management to access educational opportunities that staff perceived to be interesting and relevant.

Resources

Participants described access to resources as important in enabling them to do their job well. The most frequently cited resource was money to support continuing education and professional development (e.g., to cover the cost of tuition, conference registration, books, etc.). Several participants suggested that staff should have an allotment of education dollars per fiscal year, whereas others felt that the program should fund 100% of the associated costs when staff were attending or presenting at professional conferences. It was suggested that there be one path for accessing education funding, and that the process be made more transparent.

The need for dedicated time to pursue continuing education, professional development, and research activities, as well as time to teach others, emerged as a common theme related to resources. Some participants suggested that staff receive an allotment of education hours to use on a yearly basis. Participants recognized that, although helpful, dedicated time for learning in and of itself might not be enough to completely enable staff to fully participate in learning activities. They indicated that the backlog of work created when staff members take time away from their regular duties to participate in learning opportunities often acts as a deterrent. Consequently, the need for temporary relief was identified as an important adjunct to dedicated learning/teaching time.

Participants recognized that limited hospital resources (money), the inability to backfill for positions, especially nursing positions, and the need to balance staff education with the clinical needs of clients were barriers to being able to access and participate in learning activities. Some participants pointed out that access to time, money, and

opportunity to engage in learning were not distributed symmetrically across staff. For example, it was pointed out that staff members who were able to flex their hours (outreach staff, health care disciplines) could access guided learning events such as educational in-service sessions, rounds, and conferences more easily than those who were unable to flex their hours and who needed to be replaced (e.g., nursing staff, rehabilitation therapists who work in the inpatient programs). Beyond money and time, the need for educational resources such as more computers, updated audiovisual equipment (digital video camera), and access to professional journals and reference materials was also identified as an important enabler to do a good job.

Interpersonal Relations/Team Dynamics

Participants described team dynamics as an important factor that influenced their ability to do a good job. Cliques, hidden agendas, lack of respect for team members, absence of team cohesion, and poor communication among team members were among the top interpersonal circumstances that were cited as interfering with people's ability to do a good job. Participants suggested that planned social activities, which brought together people from different roles, hierarchical positions, and parts of the program, might help the team "mesh" together. Others suggested that a greater understanding of the transdisciplinary team model, each other's roles, how they interface, and what it takes for the transdisciplinary teaming model to function at an optimal level was needed, along with more planned team-building experiences.

A number of participants voiced a concern that the role of the nurse was marginalized and least respected by colleagues and management. They indicated that nurses were often not consulted during the clinical process. It was mentioned that, when

clients and family members brought issues forward, nurses felt that management tended to “side” with the client or family, whereas nurses’ concerns were minimized. They highlighted the need for more support of nurses from management, particularly when dealing with difficult clients and families. They specifically highlighted the importance of increased awareness among senior management of the physical risks to which nurses were exposed and the injuries they could sustain when working with individuals with ABI who become physically aggressive.

Summary of Results

This study was conducted for several reasons. One aim was to describe the levels of personal capacity, interpersonal capacity, organizational capacity, and work engagement among rehabilitation professionals working in brain injury rehabilitation. The results revealed that staff members perceived personal capacity to be the highest of the three capacities. This means that they felt they possessed the individual strengths needed to optimize engagement. That is, they felt their work was meaningful, they felt they possessed the physical, cognitive and emotional might needed to do a good job, and they felt psychologically safe at work. Interpersonal capacity received the middle rating, which indicates that to a lesser extent, participants felt that the team possessed the interpersonal strengths needed to optimize engagement. Finally, organizational capacity, that is, the presence of structural arrangements that provide people with access to opportunity, information, feedback, resources, formal and informal power, and transparency, was perceived to be the lowest of all.

In terms of engagement, participants saw themselves as more engaged with people than with their work. That is, they felt they interacted with others in ways that

were inviting, demonstrated integrity, responsibility, and transparency more so than the extent to which they experienced vigor, dedication, and absorption with their work.

A second reason for conducting this study was to test a theoretical model of work engagement that predicted certain relationships between engagement and personal, interpersonal, and organizational capacity. It was hypothesized that engagement would increase as capacity increased. The findings from this study confirmed that there was a positive association between personal capacity and engagement. In other words, the higher a person's rating of personal capacity, the higher their rating of engagement. Similar positive correlations were found between interpersonal capacity and overall engagement, and organizational capacity and overall Engagement. Finally, as predicted, as overall capacity got higher, so did overall engagement.

A third reason for conducting this study was to investigate whether being a member of the many (dominant group) or the few (non-dominant group) made a difference in terms of one's perceptions of capacity and work engagement. Two distinct categories of professionals that existed in disproportionate numbers within the hospital were compared, namely regulated professionals (majority) and unregulated professionals (minority). It was predicted that as a result of having disproportionate access to goods and resources, these groups would differ in terms of their perceptions of capacity and work engagement. More specifically, it was proposed that regulated health professionals would report higher ratings of capacity and engagement than unregulated health professionals. However, the results of the study did not support this predication. There was no significant difference between the two groups in terms of their ratings of capacity or engagement.

The final reason for conducting this study was to identify specific education and professional development activities that could be introduced to enhance staff members' ability to do a good job. Three broad categories of recommendations emerged from this study. The most widespread recommendation was the need to improve staff members' access to guided learning opportunities (e.g., education in-service sessions, conferences, courses, etc.) and everyday work tasks that are novel, challenging, enable career movement, and provide contact with more seasoned colleagues. A second pervasive theme that emerged from the study was the need for more money, time, and educational resources to support staff members' continuing education and development. The need for more equitably distributed resources such as time, money, opportunities to engage in work that elevates knowledge/skills, was also identified. Finally, participants identified the importance of positive team dynamics and called for improved group cohesion, team relations, and understanding of the transdisciplinary model and what is required for the model to function optimally. Nurses in particular, expressed feelings of being marginalized and least respected.

Table 4

Mean Ratings of Interpersonal Capacity

Program	Interpersonal Capacity		Group Interactions (Subscale)		Group Transparency (Subscale)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Outreach	5.00	.78	5.08	.85	4.87	.81
Case managers	4.75	1.02	4.80	1.07	4.68	1.05
Outpatient	4.70	.75	4.66	.84	4.75	.71
Fee-for-service	4.69	.61	5.00	.76	4.31	.83
ABI/Mental health	4.37	1.00	4.26	1.07	4.54	1.13
Community reintegration	4.17	.70	4.30	.84	3.95	.85
Behavioral	4.03	.68	4.13	.76	3.86	.91
Slow to recover	3.87	.86	3.72	1.11	4.10	.80
ABI Program Overall	4.35	.89	4.39	1.03	4.30	.98

Table 5

Mean Ratings of Organizational Capacity

Program	OC ^a		Access to Opportunity (Subscale)		Access to Information (Subscale)		Access to Feedback (Subscale)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Outreach	4.37	.46	4.96	.77	4.46	.75	3.70	.97
ABI/Mental health	4.36	.81	5.27	.74	4.38	1.04	3.33	1.43
Outpatient	4.12	.48	5.19	.67	4.83	.71	3.25	1.32
Fee-for-service	3.84	.66	4.90	.76	4.01	1.32	3.16	.95
Community reintegration	3.74	.70	4.44	1.14	4.07	1.19	3.03	1.06
Behavioral	3.72	.75	4.43	1.16	3.87	1.42	3.07	1.17
Case managers	3.71	.66	4.53	.56	3.75	.90	3.13	.75
Slow to recover	3.50	.89	4.50	1.09	3.79	1.23	2.87	1.59
ABI Program Overall	3.88	.78	4.71	.99	4.05	1.22	3.19	1.19

^aOC = organizational capacity

Table 5 (continued)

Mean Ratings of Organizational Capacity

Program	Access to Resources (Subscale)		Formal Power (Subscale)		Informal Power (Subscale)		OT ^a (Subscale)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Outreach	3.88	.99	4.15	.88	4.79	.78	4.44	.73
ABI/Mental health	4.31	1.53	3.90	1.24	4.44	1.20	4.65	1.09
Outpatient	2.92	.94	3.56	1.44	4.50	1.17	4.25	.89
Fee-for-service	2.90	.92	3.85	1.27	4.28	.91	3.21	1.27
Community reintegration	3.51	1.21	3.31	1.05	4.02	.98	3.64	1.10
Behavioral	3.64	1.34	3.30	1.07	3.95	.98	3.58	1.02
Case managers	2.92	.75	3.50	.98	4.21	.80	3.63	1.30
Slow to recover	2.64	1.03	2.89	1.32	4.21	1.21	3.25	1.22
ABI Program Overall	3.51	1.25	3.46	1.23	4.17	1.01	3.80	1.19

^a OT = organizational transparency

Table 6

Mean Ratings of Engagement

Program	Engagement with		Engagement with		Inviting Stance	
	Work		People		(Subscale)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
ABI/Mental health	5.05	.68	5.55	.26	5.40	.46
Outreach	4.94	.56	5.49	.52	5.37	.78
Outpatient	4.90	.62	5.40	.41	5.35	.55
Community	4.59	.69	5.39	.38	5.34	.45
reintegration						
Fee-for-service	4.67	.66	5.41	.38	5.50	.38
Behavioral	4.51	.78	5.37	.41	5.33	.49
Case managers	4.42	1.04	5.19	.66	5.23	.70
Slow to recover	3.40	1.09	5.34	.33	5.64	.37
ABI Program	4.54	.88	5.40	.42	5.41	.53
Overall						

Table 6 (continued)

Mean Ratings of Engagement

Program	Integrity		Responsibility		Transparency	
	(Subscale)		(Subscale)		(Subscale)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
ABI/Mental health	5.62	.42	5.58	.31	5.77	.44
Outreach	5.50	.60	5.58	.50	5.38	.58
Outpatient	5.25	.46	5.52	.50	5.19	.59
Community reintegration	5.48	.49	5.42	.44	5.22	.70
Fee-for-service	5.46	.45	5.41	.51	5.12	.57
Behavioral	5.43	.49	5.39	.49	5.28	.73
Case managers	5.31	.70	5.18	.70	5.06	1.02
Slow to recover	5.66	.44	5.13	.44	5.18	1.01
ABI Program	5.48	.50	5.39	.49	5.32	.75
Overall						

Table 7

Mean Ratings of Overall Capacity and Overall Engagement

Program	Overall Capacity		Overall Engagement	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Outreach	4.86	.35	5.30	.45
ABI/Mental health	4.69	.61	5.38	.35
Outpatient	4.69	.28	5.22	.43
Fee-for-service	4.54	.43	5.15	.43
Case managers	4.43	.66	4.92	.76
Community reintegration	4.32	.49	5.11	.37
Behavioral	4.27	.51	5.07	.45
Slow to recover	4.09	.66	4.88	.45
ABI Program Overall	4.43	.59	5.10	.49

Table 8

Correlations Between Capacity and Work Engagement Subscales (N = 81)

Subscale	1	2	3	4	5	6	7
1. Personal capacity	-	.63**	.61**	.86**	.71**	.50**	.71**
2. Interpersonal capacity		-	.50**	.75**	.55**	.36**	.54**
3. Organizational capacity			-	.91**	.55**	.20	.45**
4. Overall capacity				-	.70**	.38**	.65**
5. Engagement with work					-	.45**	.87**
6. Ethical Engagement (engagement with people)						-	.84**
7. Overall Engagement							-

** $p < .01$ (2 tailed)

Table 9

Demographic Profile of the Eligible Population (N = 155)

Professional Regulation	Frequency	Percent
Regulated	66	42.6
Male	8	12.1
Female	58	87.9
Unregulated	89	57.4
Male	29	32.6
Female	60	67.4
Male Health Care Professionals	37	23.9
Female Health Care Professionals	118	76.1

Table 10

Comparison of Regulated and Unregulated Professionals on Demographic Variables

Category	Regulated (<i>N</i> = 29)		Unregulated (<i>N</i> = 52)	
	Frequency	Percent	Frequency	Percent
Gender				
Female	27	93.1	39	75
Male	2	6.9	13	25
Age				
25 – 29 years	1	3.4	7	13.5
30 – 34 years	3	10.3	5	9.6
35 – 39 years	2	6.9	21	40.4
40 – 44 years	5	17.2	7	13.5
45 – 49 years	5	17.2	6	11.5
50 years old or older	13	44.8	6	11.5
Work status				
Full time	21	72.4	36	69.2
Part time	8	27.6	16	30.8
Years employed in the ABI program				
3 months – less than 1 year	2	6.9	3	5.8
1 – 5 years	10	34.5	16	30.8
6 – 10 years	6	20.7	13	25.0
10 years or more	11	37.9	20	38.5
Highest level of education completed ^a				
College diploma	13	44.8	14	26.9
University degree	5	17.2	33	63.5
Master's or Doctoral degree	11	37.9	4	7.7
ABI subprogram ^b				
Community reintegration	15	51.7	14	26.9
Behavioral	13	44.8	19	36.5
Slow to recover	12	41.4	4	7.7
Fee-for-service	2	6.9	10	19.2
Outreach	4	13.8	4	7.7
Case managers	0	0	8	15.4
Outpatient	6	20.7	2	3.8
ABI/Mental health	3	8.3	10	19.2

^a One missing response.^b Some participants (*N* = 30) work in more than one subprogram.

Table 11

Comparison of Regulated and Unregulated Professionals on Capacity Ratings

Variable	Regulated (<i>N</i> = 29)		Unregulated (<i>N</i> = 52)		<i>T</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Personal Capacity	5.10	.58	5.00	.50	.83
Meaningfulness	4.87	.91	4.83	.61	.21
Psychological Availability	5.41	.41	5.20	.49	2.19*
Psychological Safety	5.07	.82	5.06	.78	.06
Interpersonal Capacity	4.20	.93	4.43	.86	-1.15
Group Interactions	4.17	1.11	4.52	.96	-1.50
Group Transparency	4.25	.97	4.32	.99	-.30
Organizational Capacity	3.86	.84	3.90	.75	-.14
Access to Opportunity	4.97	1.07	4.56	.92	1.81
Access to Information	4.20	1.24	3.97	1.22	.78
Access to Feedback	3.16	1.40	3.20	1.08	-.14
Access to Resources	2.92	1.08	3.84	1.23	-3.38**
Formal Power	3.21	1.36	3.60	1.14	-1.35
Informal Power	4.34	1.00	4.08	1.01	1.15
Transparency	3.86	1.25	3.76	1.15	.37
Overall Capacity	4.42	.66	4.43	.56	-.07

* $p < .05$ ** $p < .01$

Table 12

Comparison of Regulated and Unregulated Professionals on Levels of Engagement

Subscale	Regulated ($N = 29$)		Unregulated ($N = 52$)		t
	M	SD	M	SD	
Engagement with Work	4.46	1.04	4.6	.78	-.62
Ethical Engagement	5.47	.35	5.36	.45	1.10
(Engagement with people)					
Inviting Stance	5.60	.39	5.30	.56	2.50*
Integrity	5.60	.43	5.41	.53	1.64
Responsibility	5.37	.47	5.4	.51	-.24
Transparency	5.34	.74	5.23	.76	.52
Overall Engagement	5.12	.46	5.10	.51	.22

* $p = < .05$

CHAPTER FIVE: SUMMARY, DISCUSSION, AND IMPLICATIONS

This study examined work engagement among brain injury rehabilitation professionals, with specific attention to how they engage with their work (the extent to which they experience vigor, dedication, and absorption when working) and how they engage with people at work (the extent to which they are welcoming towards others and demonstrate integrity, responsibility, and transparency). The study also sought to understand how engagement unfolds and how it relates to personal, interpersonal, and organizational capacities. This chapter is organized into three parts. Part one provides a brief synopsis of the study. In part two, key findings from the study are discussed in terms of their meaning, their connection to the theoretical model, their fit with other theory and research, and their importance. Part three is devoted to the implications of the study for practice, for theory development, and for further research. The chapter concludes with a discussion of some of the dilemmas that may arise when working towards building capacity.

Summary of the Study

This study was conducted in a hospital-based acquired brain injury (ABI) program comprising seven ABI subprograms. All staff members employed in either a teaching, clinical, or case management capacity were invited to participate in the study. A quantitative, self-report survey method was used to collect demographic data about participants and to examine their perspectives regarding personal, interpersonal, and organizational capacity, and engagement. To determine levels of capacity and engagement, participants responded to questions on a 6-point scale whereby higher ratings represented higher levels of capacity and engagement.

A total of 81 staff members participated in the study. The majority were female, 35 years of age and older, worked full time, had worked in the ABI program for six years or more, and held a university degree. More unregulated professionals (i.e., professionals whose practice is not regulated by a college or the Regulated Health Professions Act) than regulated health care professionals (i.e., professionals whose practice is regulated by a professional college or by the Regulated Health Professions Act) participated in the study. Most participants worked either in the unit that specialized in the treatment of challenging behavior or the unit that focused on community integration, or both.

The descriptive analysis revealed that levels of capacity and engagement fluctuated within and across subprograms. Personal capacity received the highest rating, interpersonal capacity the middle rating, and organizational capacity the lowest rating, consistently across programs. Levels of engagement with work varied within and across programs, whereas levels of ethical engagement (engagement with people subscale) were consistently skewed towards the high end of the scale across all programs.

To investigate the relationships among the study factors, the Pearson correlation coefficient was calculated for each capacity and engagement variable in the study. There were statistically significant positive correlations between each of the capacity variables and engagement with work. Overall capacity (the mean rating of the three capacities) was also positively correlated with overall engagement (the mean rating from the two engagement subscales). There were two statistically significant albeit small correlations between personal capacity and ethical engagement and between interpersonal capacity and ethical engagement.

A comparison of regulated and unregulated professional groups indicated that the groups were alike in terms of employment status and years employed, but that they differed in age and level of education. The results of an independent samples *t* test revealed no statistically significant difference in overall capacity and overall engagement levels between the two groups. However, statistically significant differences were found on three subscales. Regulated professionals reported higher levels of psychological availability (personal capacity subscale) and higher levels of inviting stance (engagement with people subscale), whereas unregulated professionals reported higher levels of access to resources (organizational capacity subscale).

Finally, to identify initiatives that could be introduced by the ABI program to enhance staff members' ability to do a good job, a qualitative question was included in the questionnaire. The constant comparison method of analysis revealed three broad categories of recommendations. The most widespread recommendation was the need for more learning opportunities to improve knowledge and skills, such as access to workshops, education in-service sessions, and courses and opportunities to learn on the job by engaging in challenging work and learning from experienced staff. A second dominant theme was the need for more resources to support professional development (i.e., time, money, staff relief to offset workload issues associated with taking time off for education). The need for greater equality in the distribution of resources as well as transparent and accessible policies was also mentioned. Finally, participants identified the need to build team cohesion and respect among team members and to enhance understanding of the transdisciplinary model.

Discussion of Key Findings

The profile of capacity and work engagement that emerged from the analysis revealed that the strongest source of personal capacity was derived from people feeling a high sense of psychological availability (i.e., they have the cognitive, emotional, and physical resources to do a good job), whereas feelings of job meaningfulness were weakest. Positive feelings about group interactions (i.e., the perception that coworkers treat each other equally and make others feel welcome and included) was the highest source of interpersonal capacity while perceived transparency of group norms and expectations was lowest. Finally, the strongest source of organizational capacity was related to people feeling they have access to opportunity within the program to engage in challenging work, gain new skills, and knowledge, whereas access to feedback was the weakest.

These findings highlight the unique strengths of the ABI program in which this study was conducted and areas that require a boost in capacity. By having a profile of each subprogram, interventions can be tailored to suit the unique needs of each rather than using a one size fits all approach to intervention. Furthermore, subprograms that were particularly high in capacity and engagement should be studied further to understand what it is about people, teams, and structures that make these subprograms strong. This exploration into the nature and prevalence of positive states, their causes, correlates, consequences, and ways they can be promoted, represents what Cooperrider and Srivastva (1987) term *appreciative inquiry*. Rather than focusing solely on weaknesses, this study highlighted what works and is therefore cause for celebration. In doing so, it fulfilled the call for more affirmative approaches to research rather than the

traditional disease model that has characterized the bulk of the research on occupational health to date.

A key finding was that personal capacity was rated highest and organizational capacity was rated lowest across all subprograms. This result supports the contention from attribution theory (see Weiner, 1980) that, because people are motivated to preserve a positive self-image, they are more likely to claim responsibility for successes than failures and to attribute successes to personal characteristics rather than to characteristics of others or to environmental factors. This attribution bias may explain why participants rated themselves as having high levels of personal capacity and even higher levels of ethical engagement. Consequently, the results should not be over-interpreted when making inferences about *where* capacity-building efforts should be directed, *how* capacity-building efforts should be prioritized, the extent to which people *actually* possess the strengths that comprise personal capacity, and the extent to which people *actually* engage with others in an ethical way. This point is made even clearer when the qualitative findings are brought to bear on the matter. When respondents were asked to identify initiatives that might enhance their ability to do a good job, the majority of the recommendations centered on enhancing personal capacity.

The theoretical model in this study predicts that the high points in engagement with work (i.e., the degree of vigor, dedication, and absorption one feels when working) will occur when personal, interpersonal, and organizational capacity are high. Likewise, engagement is expected to dip when personal, interpersonal, and organizational capacity is low. As predicted by the model, significant positive correlations were found between each of the capacity variables and engagement with work. Thus, the findings here are

initial indicators of a predictive relationship between personal capacity, interpersonal capacity, organizational capacity, and work engagement. They are also in keeping with other research that has demonstrated similar positive correlations between engagement and personal factors (Billett, 2001, 2002; Kahn, 1992; May, Gilson, & Harter, 2004), interpersonal factors (Kahn, 1992; May Gilson, & Harter, 2004), and organizational factors (Laschinger & Finegan, 2005; Schaufeli & Salanova, 2005).

The findings here corroborate the work of Mitchell and Sackney (2001) and Billett (2001, 2002) who argue that to create a rich learning community one must build capacity at the personal, interpersonal, and organizational levels. How individuals are permitted to engage in workplace activities, the kinds of activities they are able to practice, the support they can secure, and how they themselves elect to engage in workplace activities that are afforded to them are central to their learning. What sets this study apart from others is that the findings here lend support to a more holistic model of work engagement than the ones put forward by Kahn (1992), whose model focuses mainly on psychological factors, and Kanter (1977, 1983), who concentrates largely on interpersonal and organizational factors and virtually ignores psychological factors.

Statistically significant positive correlations were also found between ethical engagement and personal capacity and interpersonal capacity. These findings, however, must be interpreted with caution because levels of ethical engagement were skewed towards the high end of the rating scale, which can be at least partly explained by attribution theory (Weiner, 1980). The results require scrutiny in light of other research that has examined how personal, interpersonal, and organizational variables influence ethical engagement. For example, in a study examining moral conflict among nurses,

Begat, Ikeda, Amemiya, Emiko, Iwasaki, and Severinsson (2004) found that environmental factors such as work demands and time pressures were positively associated with more moral conflicts on the job and negatively associated with demonstrating ethical values when caring for patients. In a separate study, Lutzen and Schreiber (1998) discovered that, when faced with moral tensions, some of the personal tactics used by health care professionals to manage or ameliorate their ethical difficulties were highly questionable. Kumar and Mitchell (2004) revealed that this type of cover-up behavior is not restricted to the healthcare environment. Rather, administrators in education settings use similar tactics to distance themselves from moral fallout of their decisions. Along the same lines, Lutzen (1998) showed that individual characteristics such as nurses' own values and beliefs were linked to their using different types of subtle coercion in order to achieve their own goals or moral ends for the patient.

The results from this study are important because, when considered alongside other research, they provide initial evidence that personal factors (job meaningfulness; the ability to manage the physical, emotional, and cognitive demands of work; and feeling safe to be oneself at work) and interpersonal factors (positive team relations) may play a role in ethical engagement. As Antonovsky (1984, p. 26) cautions, although it is tempting to think that those who enter the helping professions are highly principled people with strong humanitarian and ethical values, it may not be so. Thus, this study sets the stage for further research into the variables that help and hinder people's ability to engage with others in a respectful way, with integrity, responsibility, and transparency.

Finally, the results in this study make it difficult to unequivocally accept or reject Kanter's (1977) theory regarding the structure of proportions. Kanter asserts that access

to power is influenced by one's membership in the numerical majority or minority. She was one of the first researchers to show how the structure of proportions disadvantages women in organizations. According to Kanter, when women are represented in very small numbers (especially when performing work that is not considered to be "women's" work), they tend to be more isolated, are under greater pressure to conform, are more likely to be excluded from peer networks, have fewer opportunities to be sponsored because of the rarity of people like them upwards, have more difficulty assimilating into the dominant culture (try to become socially invisible), find it harder to gain credibility, face more personal stress and greater turnover, and experience a greater failure rate than their male counterparts. Kanter argues that this pattern of marginalization is not restricted to women, but is also echoed in the experiences of people of any kind who are rare and scarce, including the lone black person among whites or the lone foreigner among natives. Evidence to support Kanter's structure of proportions can be found in the work of Galicia, Klima, and Date (1997) who have shown that, in working towards securing high-level management positions, women have more difficulty identifying and establishing mentoring relationships and are less likely to have a mentor than men (mentors are an important source of power and play a critical factor in the success of top-level female managers). Nugent, Childs, Jones, and Cook (2004) have shown that this marginalization is not specific to women and that similar inequalities exist among ethnic and racial groups.

In the present study it was predicted that greater levels of capacity and engagement would be seen among regulated professionals compared to unregulated professionals because of the higher number of regulated professionals in the organization.

Although there were statistically significant differences between the two groups on a few capacity and engagement subscales, not all the differences were in the expected direction. Furthermore, there are a number of concerns about the way the structure of proportions was investigated in this study that make it difficult to draw any definitive conclusions about the validity of Kanter's thesis regarding the structure of proportions. First, classification into the dominant or non-dominant group was based on the distribution of proportions within the hospital at large and not within subprograms. This may have muddied the waters because, although regulated professionals represented the dominant group hospital wide, they represented the few in most (but not all) subprograms. Second, differences in education between groups and the disparity in education between nurses and non-nurses within the regulated professional group raises the possibility that education may have had a moderating effect on levels of engagement and capacity.

The idea that level of education influences access to power is not a stretch when one considers what Young (2000) has to say about the ways in which education leads to privilege. According to Young, higher education has an expansive, progressive character, which is often linked to career advancement and rise in status for the professional. The life of the less educated nonprofessional is powerless by comparison in the sense that it lacks this orientation towards progressive development of capacities, avenues for recognition, and upward mobility. Young argues that professionals enjoy more day-to-day autonomy and more authority over others than nonprofessionals, who by comparison are less autonomous and who tend to stand under the authority of professionals. Finally, Young points out that the distinction between the more educated who engage in "mental work" and the less educated who engage in "manual work" designates not only a division

in working life, but in nearly all aspects of social life (i.e., differences in socioeconomic class, taste, preferences, health and educational needs, and patterns of socialization). Given Young's stance on education, it would be surprising if education did not influence capacity and work engagement levels in this study. However, this is simply speculation at this point and warrants further investigation.

According to Devos (1996), not enough attention is given to how differences in power, whether structured along axes of education, gender, class, race, ability, or sexual orientation, frame relationships and life within organizations. Where inequalities, imbalances, or struggles between groups are discussed, Devos claims they tend to be dismissed as a feature of a specific work environment rather than the product of the larger economic, social, and political landscape within the organization or society. Rather than draw attention to inequalities and the contested nature of organizational life, Devos argues, people in organizations work hard to sustain a story of social justice, equality, and universal access to power and goods irrespective of gender, class, race, ability, and sexuality. This espoused equality may obscure underlying subtexts (the unspoken and unwritten practices and ways of relating) that reveal actual inequalities and injustice based on gender, race, ability, class, and sexuality orientation.

As Young (2000) makes clear, the reality is that oppression can and does rear its ugly head inside and outside the workplace. The systemic constraints and deep injustices that some groups suffer are not so much the result of the intentions of a tyrant, but more so a consequence of often unconscious assumptions and reactions of well meaning people in ordinary interactions. People live within a system that vests them with varying levels of power and privilege. Within the workplace, Kanter (1977) maintains that the social

division of labor (who works for whom, who does not work, and what work is done) defines one's institutional position relative to others and in doing so limits or delimits access to power, resources, and opportunities to develop and exercise one's capabilities. Differences in power, whether structured along axes of gender, education, race, class, ability, or sexuality, are likely to lead to differences in capacity and engagement and should not be dismissed as a mere "hiccup" or problem within the local work environment. Rather, such differences speak to a subtext that may be operating at an organizational level, a subtext that Walker (1998) argues must be made transparent if there is any hope of leveling the playing field.

The notions of equality, social justice, and transparency bring the discussion back to the ethical nature of work engagement and emphasize the point that work engagement cannot be treated as a purely descriptive or prescriptive phenomenon. In my analysis, the literature to date has assumed an uncritical position on the nature of work and engagement. This is reflected in the lack of attention given to a discussion of the ethics of engagement and in the silence in the literature on how workplace engagement shapes moral lives and confers people's identities. Work engagement has been largely approached from a prescriptive stance driven by the assumption that it is a positive, desirable state that warrants celebration and enhancement. Consequently, research has focused on unearthing its correlates so that engagement can be improved.

The way work engagement has been conceptualized until now has precluded the concept from being examined from an ethical perspective because its rightness has been taken for granted. Work engagement has been defined as a positive state without any qualification of what *positive* means and *for whom* it is positive. Essentially, the

normative (ethical) aspect of work engagement (i.e., *how* one engages with others at work and *to what effect*) has been ignored. Yet, as Walker (1998) and Kanter (1977) point out, what people engage in and how they engage with each other has the power to shape their moral understandings and to confer their identities. Thus, there is a need to ask, chart, and make transparent what kinds of things people are engaging in, whose interests are served by that way of engaging, who determines the rules of engagement, what authority they have to do so, whose values are reflected in those rules, and what kinds of identities are being created as result of that engagement.

The costs of not taking a more critical position on work engagement, not debating its ethical nature, and not making visible the effects of engagement are enormous for humankind. One could argue it was the passionate engagement of many German soldiers that led to the death of millions of Jewish people during Hitler's dictatorship. If one were interested in critically examining work engagement among Hitler's army, would it be enough to consider the extent to which they engaged in their work with vigor, dedication, and absorption without also considering the effects of their engagement? This question helps to illustrate and clarify why work engagement cannot and should not ever be separated from its moral implications. By introducing a normative component into the conceptualization of engagement, this study pushes the concept into the realm of ethics. That is, work engagement is repositioned in the discourse such that it is no longer rendered as a positive, desirable state that warrants celebration and enhancement *carte blanche*. Rather, by asking *what, how, with whom, and to what effect* are people engaging, the moral fabric of engagement can be scrutinized and people's actions can be held rightly accountable.

Implications for Practice, Theory, Research

This section explores the implications of the findings for practice, for theory, and for research. Implications for practitioners and administrators in ABI rehabilitation and special education settings are presented first. Ways to enhance the conceptualization of engagement are discussed next, followed by new research questions raised by this study. The section concludes with a discussion of the challenges that might be encountered during capacity-building efforts and what will be required to see capacity-building efforts through to fruition.

Implications for Practice

Organizational theorists have complained that the field as a whole could benefit from more theory-driven investigations (Montgomery & Rupp, 2005). The findings here are important because they provide front line practitioners, teams, and administrators with a framework to guide theory-driven organizational interventions that could be used to improve capacity and the work environment. Based on the systemic nature of the model of engagement presented here, one implication is that no single capacity-building innovation by itself is likely over time to improve engagement significantly. Rather, a comprehensive, integrated approach will likely be needed whereby a number of methods to enhance each area of capacity are used concurrently.

Furthermore, given that capacity and engagement are contextual phenomena that do not occur in a vacuum, a second implication is that, without understanding and analyzing the context, it is not possible to articulate an exact path for building capacity and improving engagement that will work for all work environments and all people. A wealth of information can be gleaned from the literature to guide capacity-building

efforts, but there are no quick fixes to be concocted, nor a magic formula that will work for every environment. The specifics of where the people in each work setting wish to go and the path that needs to be taken to get there must be contested and negotiated at a local level, by everyone with a stake in the claim. It is possible, however, to offer some guidelines that can serve as a starting point, a springboard for discussion that will help people to select practical strategies that are tailored to their needs.

The first step is to recognize that improving work engagement is a continuous, looping process that begins with using multiple sources of data (e.g., surveys, performance reviews, competency checklists, observation of team interactions, absenteeism records, etc.) to determine strengths and gaps in personal, interpersonal, and organizational capacity. To maintain a spirit of affirmation, high points in capacity should be acknowledged, celebrated, and taken as indicators of what should continue to happen, whereas low points can serve as the basis for improvement efforts. Goals or targets need to be set so that intervention strategies can be evaluated. The evaluation data could then be used to redirect and refine future interventions, and so on. Throughout this process, everyone at all levels has a role to play. As Kanter (1977) points out, capacity building is not “something that the top orders the middle to do for the bottom” (p. 244). Rather, it is everyone’s business, and it involves intrapersonal change, interpersonal change, and organizational change. Attention should focus not only on the target, goal, or desired output, but also on the process that is used to achieve those ends. It is vital that transparency, integrity, responsibility, and respect not be seen simply as things to be studied and measured in others, but that they are also applied to the capacity-building process itself. Capacity building implemented respectfully involves speaking a language

that is inviting to all types of employees. It requires attention and an awareness of how certain words, such as marriage, husband, and wife, are not neutral, but convey the privileging of heterosexuality and therefore need to be used with caution when discussing, for example, the impact of engagement on work-life balance. Integrity in the capacity-building process means ensuring that interventions and strategies are applied consistently across people (one can expect the same process regardless of who is in charge of the process). Transparency means making the process and the outcomes of capacity building visible and accessible to all employees. Finally, responsibility means clearly charting what is expected of each person and team at all hierarchical levels in the capacity-building process and to whom individuals and teams are accountable.

The cornerstone of personal capacity is the feeling that one's job is meaningful and important and that one's work can make a positive difference. Job meaningfulness is particularly important in brain injury rehabilitation because the slow rate of patient progress can often leave practitioners questioning their ability to make a positive impact on patients' lives. Schaufeli and Salanova (2005) offer a number of strategies that can be used to enhance job meaningfulness: reminding staff members of the importance of their work; celebrating even the smallest patient gains; encouraging the exchange of stories (both successes and failures); exposing staff to mastery experiences so they can see their efforts having a positive impact on patients' lives; making people more aware of their strengths, skills, limitations, values, motives, and needs; and encouraging them to use this information to monitor their own engagement and capacity levels and to develop learning goals and career plans that are aligned with their personal preferences.

A second important aspect of building personal capacity is the presence of sound workplace pedagogy that enables staff to acquire the competencies needed to do a good job. Mitchell and Sackney's (2001) work on learning communities and Billett's (2001, 2002) model of workplace pedagogy are particularly well-suited for capacity building because these authors position workplace learning as a dynamic, systemic phenomenon that is dependent on a person's willingness to engage, on the opportunities afforded by the organization, and on the ties people establish with other people in their communities. Corrigan, Williams, McCracken, Kommana, Edwards, and Brunner (1998) and Donat (2001) have identified a link between competence in behavior management and increased job satisfaction, lower stress, and lower burnout. Based on their research, as well as the volumes of research in the *Journal of Applied Behavior Analysis* that tout the benefits of behavior analysis for special populations including individuals with brain injuries, workplace learning in the ABI setting should focus on equipping staff with the skills to manage and cope with challenging behavior. Having said that, as Corrigan (1995) and Brunner (1998) have pointed out, although they can be very effective, behavioral interventions are frequently underutilized or implemented incorrectly in many settings. Donat and McKeegan (1990) suggest that lack of staff knowledge and competence is a one key reason this happens. However, other impediments such as too few staff, lack of administrative support, overcrowded ward conditions, lack of fiscal resources (Corrigan, Kwartarini, & Pramana, 1992), and high levels of work-related stress (Corrigan, Holmes, & Luchins, 1993) can make it difficult to implement behavior plans properly. Consequently, interpersonal capacity (i.e., buy in from all team members) and organizational capacity (i.e., administrative support, resources) must also be strengthened

to enable staff to effectively implement behavioral programs and to help them cope with and recover from the inevitable stressors they are likely to face.

A final aspect of building personal capacity that needs to be addressed is enhancing psychological safety, (i.e. one's ability to fully express the self at work). The cornerstone of psychological safety is the presence of work conditions that are inviting and respectful towards a variety of differences in people, including but not limited to differences in religious affiliations, gender identity, sexual identity, generational identity, socioeconomic backgrounds, and physical features and abilities. According to Harro (2000, p. 464) building an inviting environment requires a cycle of socialization that is aimed at liberation and emancipation. The cycle involves change and competence at all levels (personal, interpersonal, and systemic change). It begins with recognizing the need for intrapersonal change (dismantling one's oppressive beliefs, privileged attitudes, biases, and behaviors that limit others and then equipping oneself with the skills and tools that allow people to talk across differences). The next stage is reaching out towards others, to those "like us" for support and people "different from us" for building coalitions and questioning assumptions, rules, roles, and structures. The third stage involves coalescing, organizing action, lobbying, and educating to critically transform systems and create a new culture. Finally, the cycle involves efforts to sustain change, to spread hope and inspiration, and to provide a model for others.

Interpersonal capacity building is also critical in brain injury rehabilitation and special education settings because, more often than not, work is accomplished in teams. To function optimally, teams require a unified commitment, collaborative climate, trust, respect, equality, good communication, and confidence in team member's abilities.

However, different perspectives on patient care can lead to conflict, particularly when the authority of one team member trumps that of others. Role ambiguity, turf wars, and perceived social inequality are other barriers to successful teamwork, which can lead to social ruptures within the team. As Kanter (1983) points out, effective teams do not just happen; they need to be developed. According to Steinert (2005), a first step towards building interpersonal capacity is the provision of interprofessional education (i.e., two or more professions learn together with the object of cultivating collaborative practice). Anderson, Monsen, and Rorty (2000) propose that this education be geared towards fostering understanding and respect for similarities and differences in the role of each professional, improving communication and sharing of information among team members, enhancing the team's ability to work collectively towards a shared vision, and making transparent the boundaries that divide each discipline as well as the areas of overlap. In light of Kanter's (1977) assertion that social schism can occur within teams as a result of perceived or real differences in power, equality within the team must also be addressed.

To foster understanding and respect for similarities and differences, understandings and misunderstandings about the model of teamwork (i.e., what it is, why it was adopted, what distinguished it from other models, its strengths and challenges, and what needs to be in place for the model to function at an optimal level) needs to be tackled first. Second, according to Argyris (1985, 1990, 1994), to improve communication a shift from Model I thinking (views that are based on a desire to control the environment and to protect the self and others) to Model II thinking (questioning the governing variables themselves and subjecting them to scrutiny) may be needed. Argyris

argues that, although people espouse Model II thinking, they often resort to deeply entrenched defensive routines, especially during times of stress, whereby potentially embarrassing facts and beliefs are left unstated, what is said and heard is censored, and there is a preoccupation with being polite and maintaining upbeat behavior at all times. This can lead to poor conflict resolution, avoidance, mistrust, conformity, face-saving, rivalry, invalid information for important problems and valid information for unimportant problems, misperceptions, miscommunication, and parochial interests. He maintains that true learning and growth occur only when Model II practices occur whereby inquiry, debate, and difference are welcome and seen as opportunities to deepen understanding rather than as problems to be avoided.

To help a team reach a shared moral understanding, Walker (1998, p. 65) indicates that the terms of interaction (i.e., what to expect of each other and what is expected of each person) must be negotiated and sorted out by the team rather than being imposed from the outside. She goes on to say that tacit understandings with respect to tasks, burdens, expectations, when and to whom standards apply, complaints, and the flow of mutual accounting should be made explicit and charted so that it is clear who is responsible to whom and for what (p. 202). The boundaries that divide each member of the team and the extent to which boundaries can be permeated to permit cross-pollination and training should be made transparent. This is especially important in healthcare given that the Regulated Health Professions Act and other legislation prescribes what practices are controlled, what can be delegated and assigned, and what conditions need to be in place to ensure that delegation and assignment happen effectively. Furthermore, Walker

maintains that the system of mutual expectations should address not only on norms for performance but also causes of disappointment (p. 94).

Finally, interpersonal capacity building involves establishing equality within the team. As Kanter (1983, p. 257) makes clear, higher status outside the group; access to greater knowledge and to information-bearing networks; greater seniority; level of education; and personal characteristics such as attractiveness, verbal skills, and interest in the task can give some members privileged status within the group. Riehl (1998) takes this a step further and argues that how people engage with each other during routine rituals, such as team meetings, can reveal a great deal about power differentials. The patterns of talk, participation, and silence constitute social structures that tell what kinds of conversations mean something and will lead to somewhere and what kinds mean nothing and lead to nowhere. In a similar vein, Anderson (1998) claims that power is rooted in the hierarchy of knowledge that exists in meetings. This hierarchy often positions the “experts” at the top of the agenda and in doing so privileges the voices of the educated and well connected, while silencing the voices of others. Fear of reprisal for “crossing” a powerful figure may make lower-status people in the group hold back or stay silent, even when the purpose of the meeting is to solicit a variety of opinions.

According to Kanter (1983), a first step in leveling the playing field is to acknowledge that power imbalances exist and need to be addressed rather than left to drive a wedge between individuals and the team. This requires attention to how teams are initially constructed, how power differentials within the team and practices sustain imbalances, how agendas are established and by whom they are established, the order in which topics are presented, and how the order influences whose voice is privileged and

whose might be silenced. Walker (1998) points out that involving everyone with a stake in the issue in making decisions can help reduce problems of power by ensuring that all those with input and interest have an equal chance to get involved (p. 275). Walker also adds that the types of behaviors that are excused or allowed by the group should be based on negotiated and shared expectations rather than a person's status. Establishing and posting the group's ground rules for a democratic ethos and respectful exchange can be helpful here.

For Kanter (1977), building organizational capacity is about rigging structural arrangements in such a way that people have access to formal power (jobs that are visible, relevant, and extraordinary); informal power (jobs that help build alliances with people); access to lines of information, support, and resources; and access to opportunity (to engage in tasks that promote learning and growth). To put it in Mitchell and Sackney's (2001, p. 11) terms, structural arrangements can open doors for learning, growth, and mobility for some and close doors for others. Kanter (1977, p. 267) indicates that blocked opportunities and powerlessness affect the quality of work life and tend to generate employees who, among other things, have low aspirations and lack of commitment. Rebores (2001, p. 25) goes on to say that institutional structures are situated either for or against the common good or the good of some, and in doing so convey who and what people ought to be concerned about and what ought to be done. This is in keeping with Walker's (1998) position that workplaces have the power to confer individual identities through practices that tell what matters and who matters. Walker argues that some people are given dignity automatically whereas for others, recognition, value, freedom, and authority must be sought in narrower constraints. Thus organizations

have a moral obligation to examine their structures and consider what kinds of identities are being conferred and what kinds of moral lives are being shaped by the very structures people have created to work within.

In her books *Men and Women of the Corporation* (1977) and *Change Masters* (1983), Kanter describes in detail how the structural determinants of behavior can be manipulated in such a way as to provide people with greater access to power and opportunity. She advises that opportunity-enhancing efforts are needed wherever people are concentrated in low mobility jobs where there are few prospects for growth in skills and advancement and few open pathways out and up (e.g., there is a long time-span between moves, tasks do not change, promotion rates are low). In these situations, obtaining a clear picture of the skills and training required by different jobs so that bridges between jobs can be identified may enhance opportunity. Other opportunity-enhancing strategies include the development of job competencies; career paths; the provision of feedback and encouragement for learning; the presence of a sound performance appraisal system; and enhanced opportunities for developing knowledge and skill on the job through job redesign, job rotation, and involvement in project work.

According to Kanter (1977), access to power sources is another structural constraint that requires attention. She claims that limited access to lines of information, lines of supply, and lines of support has an organizational impact (it influences a person's ability to gain cooperation from others and do the job) and a social psychological impact (it results in feelings of powerlessness that often promote rigid, controlling behavior). Kanter argues that power has less to do with personal characteristics and the presence of a mystical charismatic element and more to do with one's position in the social and

organizational hierarchy. She describes three positions that are susceptible to powerlessness: first-line supervisors, staff professionals (one-of specialists who tend to work behind the scenes), and top executives. To expand power, Kanter argues that information, support, and resources must be shared. Just as opportunity-enhancing efforts involve changing formal structures (career paths and ladders), empowerment also changes structures by flattening the hierarchy (spreading formal authority), decentralizing work (creating more autonomous work units), opening communication channels, equipping people with the resources they need, and enhancing people's social ties (offering role models, potential sponsors, and allies).

Finally, a third structural constraint that requires change stems from the numerical proportion of people of minorities in the organization and the problems that may arise when one type vastly outnumbers another type. Tokenism (being among the few or being the only one of a particular type) is not so much a problem when people are concentrated in jobs that fit their social identity (such as when women work in typical "female" jobs). However, it becomes a problem for those who occupy jobs that are not in keeping with the dominant views of who should do what (e.g., the belief that men are better suited for leadership positions than women or visible minorities). Kanter (1977) outlines several number-balancing strategies that can be used to avoid the pitfalls of tokenism when people are brought into positions where they are numerically rare. For example, she argues that batch hiring (rather than one-by-one hiring) and clustering people (rather than spreading them out) can reduce loneliness, ease the challenges associated with assimilation, and enable minority members to establish alliances. The presence of role models, she claims, is especially important for people in token positions. Finally, she

argues that leaders themselves need to be educated about tokenism so that they come to see that the problems often faced by tokens stem from the structure of the situation rather than the personal characteristics of the tokens.

Whatever strategies are used to enhance organizational capacity, it must be made clear to staff members *who* can benefit from these empowerment strategies, *how* the power sources can be accessed, and *who* moves on and grows as a result of having access to these empowerment structures. Providing access to *supposed* empowerment structures is only one part of the equation. The other piece is to look at the consequences for those who have access. Who *actually* benefits from capacity-building strategies? Does access to power lead to growth for all or only for some? As Kanter puts it, “equality of opportunity and power are the goals, but they are hard to measure without proof of outcome” (1977, p. 242).

Implications for Theory

The concept of engagement presented here is in somewhat of a fledgling state and can be enhanced conceptually in two important ways. First, although the capacities needed to engage people’s hands (vigor), hearts (dedication), and minds (absorption) have been teased out from relevant literature, the conceptualization and measurement of ethical engagement has not been developed to the same extent. Ethical engagement is about interacting with others in a respectful and caring way while demonstrating integrity, responsibility, and transparency. To some extent, it has been assumed that the personal, interpersonal, and organizational capacities that influence engagement with work also influence ethical engagement. Although the results here provide initial evidence for a possible link between personal and interpersonal capacity and ethical

engagement, it is not possible to discern which specific capacity factors load on the concept of ethical engagement. Far more reflection, research, and analysis are needed to develop the concept of ethical engagement and to pinpoint factors that help and hinder ethical engagement. In spite of its early stage of theoretical development, however, this study has raised awareness of the key place of ethics in theories of engagement.

There is a body of research that examines a variety of mechanisms that operate on the individual moral impulse that could be consulted to advance the conceptualization of ethical engagement. For example, Bauman (1991) identifies a number of individual tactics that bureaucrats use to overwrite or redirect the moral impulse. The first involves stretching the distance between actions and the consequences of actions, so that one does not have to gaze into the eyes of another and see the impact of one's actions. The second strategy involves exempting certain others from the class of potential objects of moral conduct, which amounts to erasing their faces. The final strategy is to reduce others to a collection of traits, expunging each individual as a "self" that is worthy of moral consideration. Kumar and Mitchell (2004) propose that the imperative of efficiency can also suppress or redirect the moral impulse. They argue that, when efficiency is privileged to the point of becoming law and is allowed to displace or trump other values such as fairness and equality, then people's moral options are limited, and the moral impulse becomes a slave to the "bottom line." Another rule of business that can undermine moral sensitivity is what Gini (1996) refers to as the "law of the jungle" where the survival-of-the-fittest mentality fosters a combative us-against-them approach, condoning the imperative of "get ahead by any means possible" (p. 4). As a final example, Kumar and Mitchell (2004) explain that, because of the complex and highly

specialized nature of work, responsibility for the final product is often spread across different people. This diffused responsibility affects the moral impulse by obscuring who is responsible for what, which makes it difficult to hold any one person accountable. This results in a merry-go-round of blame when a problem occurs and allows people to dodge any moral fallout from their actions. Unearthing and understanding how these and other mechanisms influence moral sensitivity may provide clues to the conditions that stimulate the moral impulse such that a person feels compelled to act with respect, care, concern, integrity, responsibility, and transparency towards others.

A second way the conceptualization of engagement can be advanced has to do with the need to balance affirmation with reality. Although the spotlight in this study was on revealing strengths and positive states, it is important that the pendulum not swing so far in the opposite direction that interest in the role that stress plays in work engagement disappears altogether. There is no question that changes in the modern workforce have led to greater work-life conflict. As Portner (1983) points out, not having enough time to meet all the demands and expectations of work and family, having to juggle work while managing child care responsibilities, caring for elderly parents, and fulfilling household responsibilities are but a few stressors that can lead to overload. Research that has focused on the experiences of rehabilitation staff has revealed additional stressors in brain injury rehabilitation that stem from having to deal with challenging behavior, organizational red-tape, team politics and tensions, absence of collateral support (from the patient, family, other team members, other stakeholders), and ongoing system pressures to do more with fewer resources, create additional stress for rehabilitation staff

(Corrigan, Holmes, & Luchins, 1993; Hatton, Brown, Caine, & Emerson, 1995; Hatton & Emerson, 1993; Jenkins, Rose, & Lovell, 1997; Mitchell & Hastings, 2001).

The model of work engagement presented here could benefit from what the medical sociologist Antonovsky (1998) calls a salutogenic approach. Salutogenesis, which means the *origin of health*, offers a paradigm for thinking about health while at the same time acknowledging that stress is a part of human existence and must be dealt with accordingly. Salutogenesis assumes that stressors are ever-present, but unlike the pathogenic approach, the salutogenic model avoids the frenzy and preoccupation associated with eradicating stressors. Although stress is seen as having some undeniable negative consequences, the beneficial consequences of stress are also considered. For example, stress may give rise to the use of successful coping strategies, leaving a person better equipped to bounce back from similar situations in the future. According to Antonovsky (1984), salutogenesis is concerned with “how can we learn to live, and to live well, with stressors, and possibly even turn their existence to our advantage” (p. 116). Applied to the concept of engagement, salutogenesis raises the question: Why, when rehabilitation professionals are exposed to the same stress that causes some to become less engaged, do some continue to remain engaged at high levels? In asking this question, salutogenesis permits the conceptualization of engagement to be taken to a new level because it extends the discourse to factors or capacities that are needed to make individuals, teams, and organizations more resilient to stress.

VanBreda (2001) has written extensively about resiliency theory, which deals with the presence of protective factors (personal, social, familial, and institutional safety nets) that promote the ability to bounce back and maintain competent functioning in the

face of stressors. VanBreda (2001) identifies a number of factors that are linked to resiliency which were also identified by participants in this study, including individual factors (having the coping skills to deal with stress, feeling respected by others), interpersonal factors (stronger commitment to promoting each others' happiness and welfare, a greater sense of team cohesion, clearer boundaries), and organizational factors (policies that promote a social environment that is conducive to individual, family, and community well being, such as having more flexible work hours). These findings suggest the desirability of incorporating resilience factors into theories of engagement and the value of incorporating personal, interpersonal, and organizational resiliency factors into the model of work engagement presented here.

Implications for Research

The theoretical model that was developed in this study provides a holistic account of work engagement. In doing so, it is possible that a number of variables that influence work engagement have been left out. Additionally, although the findings from this study confirm significant positive relationships between capacity variables and engagement, owing to the correlational design of the study, causal inferences cannot be made about the direction of influence (i.e., whether capacity influences engagement), nor can inferences be made about the extent to which each capacity influences engagement. Further research is needed to corroborate or refute the model, to provide deeper evidence regarding the strength and direction of the relationships found in this study, and to tease out variables that need to be added and removed. Because of the low number of participants in this study, it was not possible to conduct a validity analysis to verify that the items are measuring what they purport to measure. Additional research is also needed to establish

the psychometric properties of the instrument used in this study so that it can be refined and improved.

The model of engagement in this study is portrayed as recursive in nature, meaning that, over time, high levels of capacity lead to increased engagement, which in turn fortifies each capacity, and so on. Due to the cross-sectional design that was adopted in this study, the recursive nature of the model was not examined. As Wright and Cropanzano (2000) rightly point out, without bringing in more longitudinal research, understanding of concepts such engagement will be compromised because of the failure to examine the predictive impact of change in people's attitudes and behaviors over time. Consequently, further longitudinal research is needed to explore the predictive and recursive nature of engagement and capacity. Longitudinal research should also explore the efficacy of capacity-building strategies, the long-term consequences associated with engagement (e.g., individual commitment to an organization, retention, health and well being), and the line between engagement and workaholism. There are several examples of longitudinal research to examine engagement that can guide future research. For example, Sonnentag (2003) used a longitudinal design to examine how recovery attained during leisure time affects people's engagement and proactive work behaviour on the subsequent workday. In a similar vein, Laschinger, Finegan, Shamian, and Wilk (2004) used a longitudinal design to test the hypothesis that higher levels of structural empowerment result in higher levels of psychological empowerment (meaning, confidence, autonomy, and impact), which in turn will lead to lower levels of burnout three years later.

Another line of inquiry that future research may wish to explore is how membership in the numerical minority or majority influences capacity and engagement. Although the research here did not find convincing evidence to support Kanter's (1977) theory regarding the structure of proportions, future research may wish to delve deeper into the question of who benefits from capacity-building efforts and who does not, and whether gender, race, age, ability, sexuality, education levels, and other factors play a role in helping and hindering people's access to the power needed to build capacity. This line of research is important because, as Kanter and others have pointed out, inequalities do exist, with women and other minority groups often bearing the cost (Benschop & Doorewaard, 1998; Galicia, Klima, & Date, 1997; Phillips, 1977; Noe, 1988; Nugent, Childs, Jones, & Cook, 2004).

Although it was not done in this study, future research may also wish to examine whether other factors, such as differences in patient characteristics (severity of brain injury, presence of challenging behavior, presentation of concurrent disorders), team structure (multidisciplinary, interdisciplinary, or transdisciplinary teams), work design (shift work, rehabilitation setting), collateral support (from co-workers, patients, families), and institutional red-tape, influence capacity and work engagement. There is a body of research that has established positive correlations between some of these factors and burnout, stress, and job satisfaction among health care professionals (Corrigan, Williams, McCracken, Kommana, Edwards, & Brunner, 1998; Jenkins, Rose & Lovell, 1997; Mitchell & Hastings, 2001; Van Den Broek & Lye, 1996; Wittig, Weaver, Patry & Mateer, 2003). Thus, it stands to reason that these factors may also influence capacity and engagement. Future research could probe into this question more deeply.

Finally, survey research is associated with several weaknesses that should be taken into consideration and addressed in future research. For example, when a close-ended quantitative questionnaire is used, there is a risk that something important may be lost as a result of participants' beliefs and feelings being forced into a few categories created by the researcher (Mertens, 1998). Consequently, future research may wish to corroborate the link between capacity and engagement variables in this study by using qualitative approaches that allow for richer responses. There is also the problem of habituation (respondents may have given the same response to questions despite the content). Future research should consider reversing some of the questions or the scale to reduce habituation. Finally, there is no way of knowing whether participants in this study expressed their true feelings, beliefs, and attitudes or if they distorted their responses. Although the study here relied only on self-report data, future research would be wise to heed Wright and Cropanzano's (2000) advice to bring in multiple objective data sources to corroborate self-report data when measuring constructs such as engagement and ethical behavior. For example, personal capacity levels could be corroborated with competency checklists, performance reviews, and absenteeism records. Observing how groups work together might help substantiate interpersonal capacity ratings. Organizational capacity levels could be backed up with artifacts such as human resources records that show how people move within an organization, reports relating to the distribution of resources such as education funds, and organizational policies and procedures. Finally, rather than asking respondents to rate themselves on the extent to which their behavior is ethical, an alternative approach that has been used in research elsewhere involves asking participants to identify factors that enable them to act with moral sensitivity as well as factors that get

in the way, (Lutzen, 1998; Lutzen, Cronqvist, Magnusson, & Andersson, 2003; Lutzen & Schreiber, 1998). These strategies are not without their own ethical and methodological challenges, but they warrant further consideration given the limitations of survey research.

Challenges

Capacity building is no easy feat nor is the work involved neat and tidy. It is a messy enterprise, full of tensions and obstacles that need to be navigated and conflicting values, perspectives, beliefs that need to be balanced. A number of moral quandaries may arise when basic values conflict, such as balancing the needs of the individual and the community (e.g., granting a staff member time off to take a course knowing this will create undo workload and hardship for the rest of the team), juggling immediate interests and long term outcomes (e.g., should an organization invest in people in the short run knowing they may take their skills elsewhere down the road), balancing multiple responsibilities and accountabilities (e.g., the need for fiscal responsibility to the organization while providing effective care for the patient, and a safe work environment that affords opportunity and time for staff to learn), and maintaining a balance between structure and control with freedom and latitude to make decisions (e.g., how much free reign should teams be given to establish their own codes of conduct). These and other moral quandaries make the capacity-building waters murky, not black or white.

Furthermore, capacity building is subject to the same problem cycles and dilemmas that accompany other areas of organizational growth and change. As Tichy (1980) points out, as part of their ongoing development, organizations attempt to resolve three ongoing cycles of dilemmas: the technical design problem (how to arrange the

social and technical resources so that the organization produces some desired output), the political allocation problem (how much power and resources should be devoted to achieve the desired output), and the ideological or cultural-mix problem (what values need to be held by what people in order to bring about the desired change). Tichy maintains that, because organizations are dynamic and always undergoing shifts and changes, none of these problems is ever resolved. Thus, it stands to reason that the capacity-building process will be subjected to these cycles of dilemmas. For example, technological changes within an organization that result in the potential for new products or services may trigger uncertainty and the need for training, which in turn may open opportunities for capacity building. Shifts in agreement or splits among organizational members over the goals of capacity building, for example, may spark uncertainty at the political allocation level, which in turn may have implications for how power is allocated to certain groups. Likewise, changes in people, such as new recruits into the organization who differ in some significant way from existing members (different work-life balance philosophy, different level of commitment to the organization), may trigger ideological uncertainty, which may cause the organization to revisit its beliefs about its members and the values that are needed to move capacity building forward. The problem cycles and moral quagmires that are likely to be encountered during the capacity-building process need not paralyze or render reform any less necessary. The ability to manage these tensions will to some extent hinge on effective leadership, an enabling workplace culture, and the willingness to exercise patience.

Leaders have an important role to play in fostering, nourishing, and sustaining capacity-building efforts by establishing and articulating a shared vision for the future,

enabling others to act, modeling the way, and then encouraging the heart by inspiring others to *want* to struggle for shared aspirations (Kouzes & Posner, 1992, p. 31). In addition to effective leadership, a workplace culture that places value on people and elects to invest in them, not because it *has* to do so but because it *wants* to do so, is also necessary. People are not resources to be discovered, tapped, and mined. Nor are they a commodity, human capital to be bought, spent, and discarded. Organizations are made up of people and are therefore first and foremost ethical and democratic spaces, where values such as concern, care, respect, accountability, integrity, and transparency should be applied to better not only the lives of those who are served by the organization, but also the lives of those who serve.

Finally, in working towards capacity building, patience may be the greatest challenge of all, given societies' preoccupation with movement and change. As Ten Bos (2000) points out, it seems that people today are more concerned with living quantity of life rather than the quality of life and with constantly trying to escape the reality at hand in the name of promises that will outshine the unsatisfactory present. For this reason, when the wheels of capacity building move too slowly, or when the effort required to build capacity overwhelms and arrests rather than inspires and mobilizes, "escapism" may set in whereby the temptation is to change course, use short-cuts, abandon efforts altogether, or reach for quick fixes. The ability to slow down and stand still long enough to assess, reflect, and digest is needed to see capacity building through the long haul. Without standing still, it is difficult to reflect on the past. And yet, as Kouzes and Posner (1992, p. 107) state, the ability to recall the richness of past experiences and use it as a prologue may be exactly what is needed to move forward.

Final Word

This study examined how work engagement unfolded in one brain injury rehabilitation setting. It reflects only one voice, my voice, which is colored by my biases, beliefs, values, and experiences. What I chose to examine and where I decided to shine the spotlight may not at all be what others would have done or wanted. For something to be improved, it must first be understood. In order to obtain a richer perspective of how different people, in different places, and at different times experience work engagement, the monologue here must become polyphonic, reflecting the voices, viewpoints, intentions, and perceptions of different others. This study opens the door for further testing, interrogation, inquiry, and debate regarding work engagement in other settings and in doing so, it permits the kind of discourse that is needed to prevent the theoretical model presented here from becoming a soliloquy such that it is interpreted as a guaranteed truth, a prescription of what ought to be done in every time, in every place, and with every group of people (Greenfield & Ribbins, 1993).

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Appendix A

Work Engagement Questionnaire (Distributed to Respondents)

This questionnaire is 8 pages and takes 10 – 15 minutes to complete. Please read each item carefully. **Please return** the questionnaire along with your signed consent form using the return envelope **by December 22nd 2006**.

Section 1: Demographic Information. Please put a checkmark in the appropriate box for each item.	
Gender ☐ Male ☐ Female	Do you work full time or part time? ☐ Full time ☐ Part time
Age ☐ Less than 25 ☐ 25 – 29 ☐ 30 – 34 ☐ 35 – 39 ☐ 40 – 44 ☐ 45 – 49 ☐ 50+	How many years have you worked in the program? ☐ Less than 3 months ☐ More than 3 months but less than one year ☐ 1 to 5 years ☐ 6 – 10 years ☐ More than 10 years
What is the highest level of post secondary education you have completed? ☐ College diploma ☐ University Bachelorate degree ☐ Master's degree or PhD	Is your current job regulated by a professional college? ☐ Yes ☐ No
Which program do you work in? (Check all that apply) ☐ Community Reintegration Unit (CRU) ☐ Centre for Behavioural Rehabilitation (CBR) ☐ Slow to Recover program (STR) ☐ ABI Community Services ☐ MOH Funded Outreach Program ☐ Community Intervention Coordinator ☐ Outpatient Clinic ☐ Hickory House	

Section 2. The following statements are about how you feel at work. Please circle a number from 1 to 6 to indicate how often you feel that way.

Almost Never	Rarely	Sometimes	Often	Very often	Almost Always			
1	2	3	4	5	6			
A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day			
			Almost Never		Almost Always			
			1	2	3	4	5	6
The work I do is important to me								
My job activities are personally meaningful								
My job fits with how I see myself								
I feel appreciated by my coworkers								
I trust my coworkers								
I am provided with opportunities to speak								
I feel respected by my coworkers								
My ideas are given equal consideration								
My interactions with my coworkers are rewarding								

	Almost Never					Almost Always
	1	2	3	4	5	6
I am able to think clearly at work						
I have the knowledge needed to do a good job						
I have the skills needed to do a good job						
I am able to handle the physical demands of the job						
I am able to handle the emotional demands of the job						
I am doing a good job handling issues in my personal life						
I am able to keep personal issues from affecting me at work						

Section 2. Please circle a number from 1 to 6 to indicate how often you feel that way.

Almost Never	Rarely	Sometimes	Often	Very often	Almost Always
1	2	3	4	5	6
A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
What is expected of me at work is consistent with my values				Almost Never 1	2 3 4 5 6 Almost Always
I am not afraid to be myself at work				1	2 3 4 5 6
The group norms and expectation allow me to be myself				1	2 3 4 5 6
I am not afraid to express my ideas and opinions				1	2 3 4 5 6

Section 3. Please circle a number from 1 to 6 to indicate how often you feel that way.

				Almost Never			Almost Always
My coworkers give each other an equal opportunity to speak regardless of seniority or position				1	2	3	4 5 6
My coworkers give each other's ideas equal consideration regardless of seniority or position				1	2	3	4 5 6
My coworkers make each other feel that they are equal members of the team regardless of seniority or position				1	2	3	4 5 6
My coworkers make each other feel welcome				1	2	3	4 5 6
My coworkers make each other feel included				1	2	3	4 5 6

				Almost Never			Almost Always
What is expected of everyone I work with is clear (i.e., who is responsible for what is clear)				1	2	3	4 5 6
The group "norms" where I work are clear to everyone (i.e., people know what it takes to "fit in")				1	2	3	4 5 6
The lines of accountability where I work are clear to everyone (i.e., who is accountable to whom is clear)				1	2	3	4 5 6

Section 4. Please circle a number from 1 to 6 to indicate how often you feel that way.

Almost Never	Rarely	Sometimes	Often	Very often	Almost Always
1	2	3	4	5	6
A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

	Almost Never					Almost Always
I have the opportunity to engage in challenging work	1	2	3	4	5	6
I have the opportunity to gain new skills and knowledge on the job	1	2	3	4	5	6
I have the opportunity to engage in tasks that use all of my skills and knowledge	1	2	3	4	5	6
I receive encouragement to develop new skills	1	2	3	4	5	6

	Almost Never					Almost Always
I have access to information about the current state of the hospital	1	2	3	4	5	6
I have access to information about the values of top management	1	2	3	4	5	6
I have access to information about the goals of top management	1	2	3	4	5	6

	Almost Never					Almost Always
I receive specific information about what I do well	1	2	3	4	5	6
I receive specific feedback about what I could improve	1	2	3	4	5	6
I receive helpful hints or problem solving advice	1	2	3	4	5	6

	Almost Never					Almost Always
I have the time I need to do necessary paperwork	1	2	3	4	5	6
I have the time I need to accomplish my job requirements	1	2	3	4	5	6
I have access to temporary help when I need it	1	2	3	4	5	6

Section 4. Please circle a number from 1 to 6 to indicate how often you feel that way.

Almost Never	Rarely	Sometimes	Often	Very often	Almost Always
1	2	3	4	5	6
A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

	Almost Never					Almost Always
I am rewarded when I do innovative work	1	2	3	4	5	6
I have flexibility in my job (e.g. how, when, and where I do my work)	1	2	3	4	5	6
The work I do is visible within the rest of the hospital	1	2	3	4	5	6

	Almost Never					Almost Always
I have the opportunity to collaborate on patient care with other professionals	1	2	3	4	5	6
I am sought out by my peers for help with problems	1	2	3	4	5	6
I am sought out by my manager to help with problems	1	2	3	4	5	6

	Almost Never					Almost Always
Policies and guidelines about which staff members can access resources are clear (e.g., education funds, equipment, supplies, support, etc.)	1	2	3	4	5	6
Policies and guidelines about how to access resources are clear (e.g., education funds, equipment, supplies, support, etc.)	1	2	3	4	5	6

Section 5. Please circle a number from 1 to 6 to indicate how often you feel that way.

Almost Never	Rarely	Sometimes	Often	Very often	Almost Always
1	2	3	4	5	6
A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

	Almost Never					Almost Always
At my job, I feel strong and vigorous	1	2	3	4	5	6
I am enthusiastic about my job	1	2	3	4	5	6
At my work I feel bursting with energy	1	2	3	4	5	6
My job inspires me	1	2	3	4	5	6
When I get up in the morning, I feel like going to work	1	2	3	4	5	6
I feel happy when I am working intensely	1	2	3	4	5	6
I am proud of the work that I do	1	2	3	4	5	6
I am immersed in my work	1	2	3	4	5	6
I get carried away when I am working (i.e. I lose track of time)	1	2	3	4	5	6

	Almost Never					Almost Always
I consider how my words and actions will benefit or harm others	1	2	3	4	5	6
I treat others the way I want to be treated	1	2	3	4	5	6
I value the diversity of each person	1	2	3	4	5	6
I am aware of my personal biases	1	2	3	4	5	6
I socialize with different people at work (i.e., people in different roles, from different cultures, in different levels of seniority)	1	2	3	4	5	6

Section 5. Please circle a number from 1 to 6 to indicate how often you feel that way.

Almost Never	Rarely	Sometimes	Often	Very often	Almost Always
1	2	3	4	5	6
A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

	Almost Never					Almost Always
I am consistent in how I treat others	1	2	3	4	5	6
I stand behind what I say and do	1	2	3	4	5	6

	Almost Never					Almost Always
I follow through on my commitments to others	1	2	3	4	5	6
I admit to my mistakes and accept responsibility for them	1	2	3	4	5	6
When I make a mistake, I help to fix the situation	1	2	3	4	5	6
I feel a strong commitment to "do good" towards others	1	2	3	4	5	6
I feel a strong responsibility to follow routines and policies	1	2	3	4	5	6
I feel a strong responsibility to be efficient	1	2	3	4	5	6
I am motivated by a desire to build my career	1	2	3	4	5	6
I feel a strong responsibility to this program	1	2	3	4	5	6

	Almost Never					Almost Always
I am up front about what my values are and what is important to me	1	2	3	4	5	6
I am up front about what my role is and what others can expect from me	1	2	3	4	5	6

What education, training, and professional development activities would increase your capacity to do a good job? Please write your answer below.

Please provide any additional comments about this questionnaire or study in the space below.

Thank you for completing this questionnaire.

Please return the questionnaire AND your signed consent form to Georgia Georgiou using the return envelope provided by December 22, 2006.

Appendix B

Survey #:

Work Engagement Questionnaire (Data Analysis Version)

Section 1: Demographic Information.	
Gender ☐ Male ☐ Female	Do you work full time or part time? ☐ Full time ☐ Part time
Age ☐ Less than 25 ☐ 25 - 29 ☐ 30 - 34 ☐ 35 - 39 ☐ 40 - 44 ☐ 45 - 49 ☐ 50+	How many years have you worked in the program? ☐ Less than 3 months ☐ More than 3 months but less than one year ☐ 1 to 5 years ☐ 6 - 10 years ☐ More than 10 years
What is the highest level of post secondary education you have completed? ☐ College diploma ☐ University Bachelorate degree ☐ Master's degree or PhD	Is your current job regulated by a professional college? ☐ Yes ☐ No
Which program do you work in? (Check all that apply) ☐ Community Reintegration Unit (CRU) ☐ Centre for Behavioural Rehabilitation (CBR) ☐ Slow to Recover program (STR) ☐ ABI Community Services ☐ MOH Funded Outreach Program ☐ Community Intervention Coordinator ☐ Outpatient Clinic ☐ Hickory House	

Personal Capacity. The following items are based on Kahn's (1990) theory of psychological presence and are used to measure meaningfulness, psychological availability, and psychological safety.

Meaningfulness	Almost Never				Almost Always	
The work I do is important to me	1	2	3	4	5	6
My job activities are personally meaningful	1	2	3	4	5	6
My job fits with how I see myself	1	2	3	4	5	6
I feel appreciated by my coworkers	1	2	3	4	5	6
I trust my coworkers	1	2	3	4	5	6
I am provided with opportunities to speak	1	2	3	4	5	6
I feel respected by my coworkers	1	2	3	4	5	6
My ideas are given equal consideration	1	2	3	4	5	6
My interactions with my coworkers are rewarding	1	2	3	4	5	6

Summing these items and computing the mean derive a Meaningfulness score.

Meaningfulness sub-score

Psychological Availability	Almost Never				Almost Always	
I am able to think clearly at work	1	2	3	4	5	6
I have the knowledge needed to do a good job	1	2	3	4	5	6
I have the skills needed to do a good job	1	2	3	4	5	6
I am able to handle the physical demands of the job	1	2	3	4	5	6
I am able to handle the emotional demands of the job	1	2	3	4	5	6
I am doing a good job handling issues in my personal life	1	2	3	4	5	6
I am able to keep personal issues from affecting me at work	1	2	3	4	5	6

Summing these items and computing the mean derive a Psychological Availability score.

Psychological Availability sub-score

Psychological Safety	Almost Never	1	2	3	4	5	Almost Always	6
What is expected of me at work is consistent with my values	1	2	3	4	5	6		
I am not afraid to be myself at work	1	2	3	4	5	6		
The group norms and expectation allow me to be myself	1	2	3	4	5	6		
I am not afraid to express my ideas and opinions	1	2	3	4	5	6		

Summing these items and computing the mean derive a Psychological Safety score.

Psychological Safety sub-score

Summing all Personal Capacity items and computing the mean derive an Overall Personal Capacity score.

Overall Personal Capacity score

Interpersonal Capacity: The following items are based on Kanter's (1983) theory of power in groups and Walker's (1998) model of ethics. These items measure equality within groups and the degree of transparency of norms, lines of responsibility, and accountability.

Group Interactions	Almost Never	1	2	3	4	5	Almost Always	6
My coworkers give each other an equal opportunity to speak regardless of seniority or position	1	2	3	4	5	6		
My coworkers give each other's ideas equal consideration regardless of seniority or position	1	2	3	4	5	6		
My coworkers make each other feel that they are equal members of the team regardless of seniority or position	1	2	3	4	5	6		
My coworkers make each other feel welcome	1	2	3	4	5	6		
My coworkers make each other feel included	1	2	3	4	5	6		

Summing these items and computing the mean derive a Group Interactions score.

Group Interactions sub-score

Transparency	Almost Never	1	2	3	4	5	Almost Always	6
What is expected of everyone I work with is clear (i.e., who is responsible for what is clear)	1	2	3	4	5	6		
The group "norms" where I work are clear to everyone (i.e., people know what it takes to "fit in")	1	2	3	4	5	6		
The lines of accountability where I work are clear to everyone (i.e., who is accountable to whom is clear)	1	2	3	4	5	6		

Summing these items and computing the mean derive a Group Transparency score.

Group Transparency sub-score

Summing all Interpersonal Capacity items and computing the mean derive an Overall Interpersonal Capacity score.

Overall Interpersonal Capacity score

Organizational Capacity: The following items are based on Kanter's (1977) theory of structural power in organizations and are borrowed from the CWEQ-II developed by Laschinger, et. al. (2001). They measure access to opportunity, information, feedback, resources, formal power, and informal power. Two items were added based on Walker's (1998) model of ethics. They measure the transparency of policies and guidelines.

Access to Opportunity	Almost Never					Almost Always
I have the opportunity to engage in challenging work	1	2	3	4	5	6
I have the opportunity to gain new skills and knowledge on the job	1	2	3	4	5	6
I have the opportunity to engage in tasks that use all of my skills and knowledge	1	2	3	4	5	6
I receive encouragement to develop new skills	1	2	3	4	5	6

Summing these items and computing the mean derive an Access to Opportunity score.

Access to Opportunity sub-score

Access to Information	Almost Never					Almost Always
I have access to information about the current state of the hospital	1	2	3	4	5	6
I have access to information about the values of top management	1	2	3	4	5	6
I have access to information about the goals of top management	1	2	3	4	5	6

Summing these items and computing the mean derive an Access to Information score.

Access to Information sub-score

Access to Feedback/Support	Almost Never					Almost Always
I receive specific information about what I do well	1	2	3	4	5	6
I receive specific feedback about what I could improve	1	2	3	4	5	6
I receive helpful hints or problem solving advice	1	2	3	4	5	6

Summing these items and computing the mean derive an Access to Feedback/Support score.

Access to Feedback/Resources sub-score

Access to Resources	Almost Never					Almost Always
I have the time I need to do necessary paperwork	1	2	3	4	5	6
I have the time I need to accomplish my job requirements	1	2	3	4	5	6
I have access to temporary help when I need it	1	2	3	4	5	6

Summing these items and computing the mean derive an Access to Resources score.

Access to Resources sub-score

Work Engagement: These items measure engagement with work and engagement with people. The items that measure engagement with work are based on the Schaufeli et. al. (2002) definition of work engagement (an adapted version of the UWES is used to measure dedication, vigor, absorption). The items that measure engagement with people are based on Walker's (1998) model of ethics (domains of commitment, integrity, responsibility, and transparency) and Novak's (2002) theory of invitational leadership (inviting stance).

Engagement with Work: UWES (measures vigor, dedication, absorption)	Almost Never				Almost Always	
At my job, I feel strong and vigorous	1	2	3	4	5	6
I am enthusiastic about my job	1	2	3	4	5	6
At my work I feel bursting with energy	1	2	3	4	5	6
My job inspires me	1	2	3	4	5	6
When I get up in the morning, I feel like going to work	1	2	3	4	5	6
I feel happy when I am working intensely	1	2	3	4	5	6
I am proud of the work that I do	1	2	3	4	5	6
I am immersed in my work	1	2	3	4	5	6
I get carried away when I am working (i.e. I lose track of time)	1	2	3	4	5	6

Summing these items and computing the mean derive a Engagement with Work score.

Overall Engagement with Work score

Engagement with People (Ethical Engagement)	Almost Never				Almost Always	
Inviting Stance						
I consider how my words and actions will benefit or harm others	1	2	3	4	5	6
I treat others the way I want to be treated	1	2	3	4	5	6
I value the diversity of each person	1	2	3	4	5	6
I am aware of my personal biases	1	2	3	4	5	6
I socialize with different people at work (i.e., people in different roles, from different cultures, in different levels of seniority)	1	2	3	4	5	6

Summing these items and computing the mean derive a Inviting Stance score

Inviting Stance sub-score

Integrity	Almost Never						Almost Always
I am consistent in how I treat others	1	2	3	4	5	6	
I stand behind what I say and do	1	2	3	4	5	6	

Summing these items and computing the mean derive a Integrity score.

Integrity sub-score

Responsibility	Almost Never						Almost Always
I follow through on my commitments to others	1	2	3	4	5	6	
I admit to my mistakes and accept responsibility for them	1	2	3	4	5	6	
When I make a mistake, I help to fix the situation	1	2	3	4	5	6	
I feel a strong commitment to "do good" towards others	1	2	3	4	5	6	
I feel a strong responsibility to follow routines and policies	1	2	3	4	5	6	
I feel a strong responsibility to be efficient	1	2	3	4	5	6	
I am motivated by a desire to build my career	1	2	3	4	5	6	
I feel a strong responsibility to this program	1	2	3	4	5	6	

Summing these items and computing the mean derive a Responsibility score.

Responsibility sub-score

Transparency	Almost Never						Almost Always
I am up front about what my values are and what is important to me	1	2	3	4	5	6	
I am up front about what my role is and what others can expect from me	1	2	3	4	5	6	

Summing these items and computing the mean derive a Transparency score.

Transparency sub-score

Summing all Engagement with People items and computing the mean derive an Overall Engagement with People score.

Overall Engagement with People score

Summing all Engagement with Work and Engagement with People items and computing the mean derive an Overall Engagement score.

Overall Engagement score

What education, training, and professional development activities would increase your capacity to do a good job? Please write your answer below.

Please provide any additional comments about this questionnaire or study in the space below.

Appendix C

Work & Well-being Survey (UWES) ©

The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

	Almost never	Rarely	Sometimes	Often	Very often	Always
0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

1. _____ At my work, I feel bursting with energy
2. _____ At my job, I feel strong and vigorous
3. _____ I am enthusiastic about my job
4. _____ My job inspires me
5. _____ When I get up in the morning, I feel like going to work
6. _____ I feel happy when I am working intensely
7. _____ I am proud on the work that I do
8. _____ I am immersed in my work
9. _____ I get carried away when I'm working

Appendix D

Permission to Use the UWES

Notice for potential users of the UWES and the DUWAS

- You are welcomed to use both tests provided that you agree to the following two conditions:
 1. The use is for non-commercial educational or research purposes only. This means that no one is charging anyone a fee.
 2. You agree to share some of your data, detailed below, with the authors. We will add these data to our international database and use them only for the purpose of further validating the UWES (e.g., updating norms, assessing cross-national equivalence).
- Data to be shared:

For each sample, the raw test-scores, age, gender, and (if available) occupation. Please adhere to the original answering format and sequential order of the items.

For each sample a brief narrative description of its size, occupation(s) covered, language, and country.
- Please send data to: w.schaufeli@fss.uu.nl. Preferably the raw data file should be in SPSS or EXCEL format.
- By continuing to the test forms you agree with the above statement.

<http://www.schaufeli.com/>

8/11/2006

Appendix E

Conditions of Work Effectiveness Questionnaire-II (CWEQ-II)

In 2000, Laschinger, Finegan, Shamian, and Wilk developed the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II), a short form of the CWEQ. The CWEQ-II consists of 12 items (three for each of Kanter's four empowerment structures). The JAS-II is a 3-item measure of staff nurses' perceptions of Kanter's concept of formal power. The ORS-II is a 4-item measure of staff perceptions of Kanter's informal power. The construct validity of the CWEQ-II was substantiated in a confirmatory factor analysis that revealed a good fit of the hypothesized factor structure ($\chi^2 = 279$, $df = 129$, $CFI = .992$, $IFI = .992$, $RMSEA = .054$). Laschinger, Finegan, Shamian and Wilk (2001) validated the factor structure of the 6 measures of empowerment. Based on these results, a total empowerment score is created by summing the subscales of the CWEQ-II, JAS-II and ORS-II (score range: 6-30). The tool also includes a 2-item Global Empowerment scale, which is used as a construct validity check. The CWEQ-II also correlates highly with the global measure of empowerment ($r = 0.56$), providing additional evidence of construct validity.

CONDITIONS OF WORK EFFECTIVENESS QUESTIONNAIRE - II (Laschinger 2000)

How much of each kind of opportunity do you have in your present job?

	None	Some			A Lot
1. Challenging work	1	2	3	4	5
2. The chance to gain new skills and knowledge on the job.	1	2	3	4	5
3. Tasks that use all of your own skills and knowledge.	1	2	3	4	5

How much access to information do you have in your present job?

	No Knowledge	Some Knowledge			Know A Lot
1. The current state of the hospital.	1	2	3	4	5
2. The values of top management.	1	2	3	4	5
3. The goals of top management.	1	2	3	4	5

How much access to support do you have in your present job?

	None	Some			A Lot
1. Specific information about things you do well.	1	2	3	4	5
2. Specific comments about things you could improve.	1	2	3	4	5
3. Helpful hints or problem solving advice.	1	2	3	4	5

How much access to resources do you have in your present job?

	None	Some			A Lot
1. Time available to do necessary paperwork.	1	2	3	4	5
2. Time available to accomplish job requirements.	1	2	3	4	5
3. Acquiring temporary help when needed.	1	2	3	4	5

In my work setting/job:

	None				A Lot
1. The rewards for innovation on the job are	1	2	3	4	5
2. The amount of flexibility in my job is	1	2	3	4	5
3. The amount of visibility of my work-related activities within the institution is	1	2	3	4	5

How much opportunity do you have for these activities in your present job?

	None				A Lot
1. Collaborating on patient care with physicians.	1	2	3	4	5
2. Being sought out by peers for help with problems	1	2	3	4	5
3. Being sought out by managers for help with problems	1	2	3	4	5
4. Seeking out ideas from professionals other than physicians, e.g., Physiotherapists, Occupational Therapists, Dieticians.	1	2	3	4	5

	Strongly Disagree				Strongly Agree
1. Overall, my current work environment empowers me to accomplish my work in an effective manner.	1	2	3	4	5
2. Overall, I consider my workplace to be an empowering environment .	1	2	3	4	5

Appendix F

Permission to Use the CWEQ-II

**NURSING WORK EMPOWERMENT SCALE
Request Form**

I request permission to copy the Nursing Work Empowerment Scale as developed by Dr. G. Chandler and Dr. Heather K. Spence Laschinger. Upon completion of the research, I will provide Dr. Laschinger with a brief summary of the results, including information related to the use of the Nursing Work Empowerment Scale used in my study.

Questionnaires Requested:

Conditions of Work Effectiveness-I (includes JAS and ORS): Yes

Conditions of Work Effectiveness-II: Yes

Job Activity Scale only: Yes

Organizational Relationship Scale only: Yes

Organizational Development Opinionnaire or Manager Activity Scale: Yes

Other Instruments: Global Job Satisfaction Questionnaire

Please complete the following information:

Date: February 8, 2005

Name: Georgia Georgiou

Title: Education Specialist, Acquired Brain Injury Program; Graduate Student Brock University
University/Organization: Hamilton Health Sciences

Address: Patterson 3rd floor Sanatorium Rd Box 2000, Hamilton ON

Phone: (905) 521-2100 ext. 74499

E-mail: georgg@hhsc.ca

Description of Study: I wish to examine the relationships among workplace empowerment, burn out, and job satisfaction, among rehabilitation health care professionals (regulated and unregulated) who work in transdisciplinary team model of service delivery.

Permission is hereby granted to copy and use the Nursing Work Empowerment Scale

Date: February 24, 2005

Signature: _____

Dr Heather K Spence Laschinger, Professor
School of Nursing, University of Western Ontario
London, Ontario, Canada N6A 5C1
Tel 519-661-4065 Fax 519-661-3410
E-mail: hkl@uwo.ca

Brock University Ethics Approval

Office of Research Services
 Research Ethics Office
 St. Catharines, Ontario, Canada L2S 3A1
 T: 905-688-5550, Ext 3035/4876 F: 905-688-0748

www.brocku.ca

DATE: November 16, 2006

FROM: Linda Rose-Krasnor, Chair
 Research Ethics Board (REB)

TO: Coral Mitchell, Education
 Georgia Georgiou

FILE: 06-086 GEORGIU

TITLE: The Landscape of Work Engagement in Brain Injury Rehabilitation

The Brock University Research Ethics Board has reviewed the above research proposal.

DECISION: Accepted as is

- Please send REB clearance from Hamilton Health Sciences and St. Joseph's HealthCare Hamilton before starting research.

This project has received ethics clearance for the period of November 16, 2006 to April 30, 2007 subject to full REB ratification at the Research Ethics Board's next scheduled meeting. The clearance period may be extended upon request. ***The study may now proceed.***

Please note that the Research Ethics Board (REB) requires that you adhere to the protocol as last reviewed and cleared by the REB. During the course of research no deviations from, or changes to, the protocol, recruitment, or consent form may be initiated without prior written clearance from the REB. The Board must provide clearance for any modifications before they can be implemented. If you wish to modify your research project, please refer to <http://www.brocku.ca/researchservices/forms> to complete the appropriate form **Revision or Modification to an Ongoing Application**.

Adverse or unexpected events must be reported to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants and the continuation of the protocol.

If research participants are in the care of a health facility, at a school, or other institution or community organization it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of any research protocols.

The Tri-Council Policy Statement requires that ongoing research be monitored. A Final Report is required for all projects upon completion of the project. Researchers with projects lasting more than one year are required to submit a Continuing Review Report annually. The Office of Research Services will contact you when this form **Continuing Review/Final Report** is required.

Please quote your REB file number on all future correspondence.

LRK/bb