



LUNDS
UNIVERSITET

DEPARTMENT OF PSYCHOLOGY

***Psychological Safety, Work Engagement and
Staff Retention in Swedish Home Care***

Óluva Hansen

Master's Thesis (30hp)
Spring 2021

Supervisor: Roger Persson
Examiner: Åse Innes-Ker

Abstract

With an aging population, the need for elderly care is expected to grow significantly in the coming years. One challenge associated with this growth is hiring and retaining home care workers. The aim of this study was to investigate factors in the psychosocial work environment that may be of value to make people stay in elderly care. There are several factors at play, however the present study focused on psychological safety and work engagement and how these concepts are related to intention to stay. Further, the study examined whether there is a link between work team size and psychological safety and work engagement. Accordingly, a cross-sectional web-survey was conducted among home care workers ($N = 54$) in Skåne, Sweden. The survey included the psychological safety survey, the Utrecht Work Engagement Scale (UWES), demographic questions and two items concerning intention to stay. The results showed that 63% of the participants reported high psychological safety. Compared with norm-values, participants reported medium levels of work engagement and high levels on the UWES subscale *dedication*. Half of the respondents (50%) reported it being unlikely that they will stay in home care and 52% reported it unlikely they will stay at their current workplace. Both psychological safety and work engagement were positively correlated to intention to stay at current workplace and in home care. No significant effect was found of work team size on psychological safety or work engagement. These results could be part of guiding efforts to improve intention to stay in elderly care.

Keywords: Intention to Stay, Retention, Psychological Safety, Work Engagement, Home Care, Elderly care, Psychosocial work environment.

Acknowledgements

First, I would like to thank everyone who participated in this study, as well as the home care unit managers who helped me distribute the survey. I also want to thank my mother for encouragement, and my sister for providing valuable input at the end of the writing process. Finally, I would like to thank my supervisor Roger for his patience, support and for pushing me when needed.

Introduction

With an aging population, the need for elderly care is expected to grow significantly in the coming years (Devi et al. 2021; Genet et al. 2011). Already today there are shortcomings and given the expected growth in the home care sector, the situation is unsustainable. Some of the challenges are to hire and hold on to home care workers, as well as the fact that the level of sick-leave and staff-turnover is high (Socialstyrelsen, 2020). While several factors may contribute, a growing number of reports and research papers point to the work environment as a significant factor in the difficulty of retaining employees (Socialstyrelsen, 2020; Strandell 2020; Szebehely et al., 2017). Working in Swedish home care often implies a mentally and physically demanding job, paired with poor employment and working conditions (Strandell, 2020). Although employment conditions in this sector differ (Howe et al., 2012), similar challenges are present in many countries (Devi et al. 2021). The present study aims to investigate factors in the psychosocial work environment that may be of value to guide efforts to make people stay, hence reduce staff-turnover in elderly care.

The work environment in the home care sector

The work environment and conditions in Swedish home care have deteriorated since early 2000's and at the same time there has been a significant increase in intention to leave the job among home care workers (Szebehely et al., 2017). Political changes and austerities are considered as a main reason for this development (Szebehely et al., 2017). In a report describing the working conditions in elderly care in Sweden, Szebehely et al. (2017) mention several factors contributing to the difficulty of retaining employees. For example, home care workers report an increased number of clients, lack of influence on their work and schedule, staff shortage, high workload, feelings of being insufficient, lack of manager support and time to discuss with colleagues, as well as poor work-life balance and development opportunities (Szebehely et al., 2017). It is also noteworthy that the situation seems to be more challenging in Sweden than in the other Nordic countries with a similar government. Compared with the neighbouring countries, the intention to leave the home care job is higher in Sweden (Szebehely et al., 2017). When looking at differences in the work environment, home care workers in the neighbouring countries meet their managers more often, receive more support and opportunities for development, and are more satisfied with their work schedule (Szebehely et al., 2017).

Given the current situation it is obvious that the working conditions of home care workers are far from optimal. Not only do the working conditions affect the worker, but also the quality of the care given to elderly people (Socialstyrelsen, 2019). Those receiving home care meet several different care givers, in Sweden, elderly people meet on average 16 different home care workers in a period of 14 days (Socialstyrelsen, 2020). The lack of continuity may have several implications for the client. Continuity is for example important for the quality of the care, as well as the actual and perceived safety of the elderly (Socialstyrelsen, 2019). Particularly relevant during the past year, characterized by the Covid-19 pandemic, is that contact with several care workers increases the risk of virus infections.

It is no secret that the situation is challenging. Elderly care has received a lot of attention politically and in media, and there is undoubtedly an awareness that something needs to be done. On the positive side, some initiatives and measures are being taken to improve the situation, for example the Elderly Care Promotion (Äldreomsorgslyftet), which aims to increase competence in elderly care. The initiative gives employees in elderly care the opportunity to further their education during paid working hours (Socialstyrelsen, 2021). Nevertheless, improvements are called for in other areas as well in order to retain employees.

Intention to stay in the job

Retaining competent employees is of great interest across many organizations and industries. Aside from several positive outcomes, workplaces that manage to keep their employees avoid additional costs in recruiting and retaining new employees. International research has shown that the intention to stay in a job is greatly affected by the psychosocial work environment and has been related to a positive and supportive work environment (Astvik et al., 2020; Prakosa et al., 2020). According to Branham (2005) some of the main reasons why employees leave their job are lack of trust, feedback and support, lack of recognition and development opportunities and a stressful work situation. These critical factors are also found in studies on retention in elderly care. In a qualitative exploratory study among home care nurses, Tourangeau et al. (2013) highlight a range of factors related to intention to stay, including autonomy, flexibility, continuity, development opportunities, positive relationships with colleagues and supervisor, as well as adequate workload and payment. Other studies on intention to stay in elderly care have found determinants such as perceived manager support, work engagement (Eltaybani et al., 2018), relationship with co-

workers and clients, and learning and development opportunities (McGilton et al., 2014). Also, employment factors and organizational characteristics are important (Howe et al., 2012). Devi et al. (2012) note that elderly care is often characterized by underinvestment, long hours, low pay and demanding work. Poor working conditions in elderly care are also pointed out as a significant predictor for intention to leave (Bratt & Gautun, 2018). Intention to leave has moreover been related to behaviours such as absenteeism (Burmeister et al., 2019) and reduced work effort (Chan et al., 2013). Research has identified many challenges of the work environment in elderly care. However, Devi et al. (2021) emphasize that there is not one solution that addresses all the challenges in this sector, instead a more nuanced understanding is needed, and different efforts may be called for in different places.

Psychological Safety

In addition to the physical strain and terms of employment in elderly care, researchers state several features in the psychosocial work environment as contributing factors to the challenge of retaining employees. The psychosocial work environment refers to the psychological aspects of the workplace, such as interpersonal and social interactions, how we perceive our tasks, how much influence we have on our situation, and development opportunities (Karasek & Theorell, 1990). The psychosocial work environment is complex and includes several factors. One concept encompassing various aspects of the psychosocial work environment is psychological safety. A psychologically safe work climate is characterised by mutual trust and respect, and makes it easier to take interpersonal risks, to speak up and share information (Edmondson, 1999; Edmondson & Lei, 2014). The concept was introduced in the 1960's by Schein and Bennis who argued that psychological safety was necessary to make people adapt to organizational challenges and change (Schein & Bennis, 1965). Psychological safety can help people cope with the defensiveness that may arise in connection with change, and thereby enable focus on collective goals – instead of self-protection (Schein & Bennis, 1965). After years of limited attention, the research on psychological safety was renewed in the 1990's by primarily Kahn (1990) and Edmondson (1999) but has only recently become an emerging subject of research (Edmondson & Lei, 2014). At its core, psychological safety is about how safe interpersonal- and social interactions facilitate learning and effectiveness at the workplace (Edmondson, 1999). Edmondson (1999) points out that learning occurs when people share information, seek feedback, ask for help and talk about mistakes. However, when engaging in this kind of

learning behaviour, people put themselves at risk of losing face and appearing incompetent and thus endanger future career opportunities. When the consequences of taking these risks are deemed to be high, people are reluctant to share their doubts and mistakes. Edmondson (1999) emphasizes that psychological safety is not the same as group cohesiveness or group think, but rather a feeling of confidence of not needing to worry about being embarrassed or punished for speaking up in their team. Psychological safety includes but is not equal to trust. Being a group-level construct, it reflects a perceived group norm – a shared perception (Edmondson (1999). Even though learning and effectiveness has been the main focus of research, psychological safety has also been found to entail other positive results such as motivation and work engagement (May et al., 2004; Nembhard & Edmondson, 2006), commitment (Edmondson, 2019; Frazier, Feinshmidt et al., 2017), promoting well-being and acting as a buffer against burnout (Fransen et al., 2020; Jung & Yoon, 2020).

Psychological safety among home care workers and in elderly care in general, seems to be a mainly unexplored area. Nevertheless, psychological safety has been more widely studied in the healthcare context, where it is considered to be of great importance to patient safety. By enabling people to ask questions and admit mistakes, psychological safety is hypothesized to facilitate learning, and improvement of processes, procedures and skills – thereby also patient safety. Patient safety is often operationalized by number of errors (Leroy et al., 2012). One of the early studies by Edmondson, an eminent researcher in the field of psychological safety, initially puzzled the researcher as it showed that higher levels of psychological safety co-varied with higher numbers of reported errors. It turned out that when perceived consequences of making mistakes were low there was a greater willingness to report errors (Edmondson, 1996). Even Leroy et al. (2012) found that the number of reported errors rose with a higher level of psychological safety. After further investigation they found that team priority of safety was more negatively related to error when team psychological safety was high, meaning that the combination of priority of safety and psychological safety had the greatest effect on patient safety (Leroy et al., 2012). Further, psychological safety is found to predict engagement in quality improvement in health care (Nembhard & Edmondson, 2006). Apart from being of great importance to patient safety, psychological safety is also believed to promote retention among healthcare staff (Rangachari & Woods, 2020).

Although studies exploring the association between psychological safety and intention to stay are scarce, there seems to be a clear relationship. In a study among social workers,

Kruzich et al. (2014) found psychological safety to be significantly associated with intention to remain employed. Exploring different aspects of the psychological climate's influence on intention to stay, psychological safety had the strongest positive effect. Another study, examining the work climate in a faculty of science and engineering, found that poor psychological safety is associated with intention to quit, particularly among female faculty members (Callister, 2006).

Antecedents to psychological safety

Given the benefits of psychological safety, there is a growing body of research seeking to identify elements in the work environment facilitating psychological safety (Newman et al., 2017). In a review identifying enablers of psychological safety O'Donovan and McAuliffe (2020a) point out several organizational-, leader-, team- and individual level factors. A similar presentation is found in Edmondson and Lei's (2014) paper on the history, renaissance and future of the concept. At the organizational level, the importance of work design and how structural features and resources are managed is emphasized (Edmondson, 1999). In a work environment that promotes psychological safety, work tasks are formulated as opportunities for learning, instead of problems to be solved. Challenges and conflicts are handled objectively, with curiosity and a desire to solve the issue together - rather than criticizing and accusing, and supportive organizational practices are in place. Support turns out to be a consistent facilitating factor at all levels (Newman et al., 2017). Leaders also have a prominent role in fostering psychological safety (Leroy et al., 2012). Leader behaviour associated with psychological safety is for example being inclusive (Nembhard & Edmondson, 2006), supportive (May et al., 2004), acknowledging their own shortcomings (Leroy et al., 2012) and asking for input (O'Donovan & McAuliffe, 2020b). Leadership styles such as inclusive leadership and transformational leadership have been linked to psychological safety (Frazier et al., 2017). Positive relations with co-workers are also important (May et al., 2004). Colleagues should show each other respect, appreciation and give feedback (Edmondson, 1999). Studies examining individual characteristics associated with psychological safety show an increase with professional status (e.g. education and experience) (Nembhard & Edmondson, 2006; O'Donovan & McAuliffe, 2020b). Also gender and personality have been found to influence the level of psychological safety (O'Donovan & McAuliffe, 2020a). In a meta-analysis comparing antecedents to psychological safety, Frazier et al. (2017) found work design and leadership to be most significant.

Work Engagement

Kahn (1990) argues that psychological safety is one of the conditions necessary for engagement, as engagement would be considered too risky in an environment lacking psychological safety. Several studies do confirm psychological safety to be associated with work engagement (Basit, 2017; Chaudhary, 2019; Chughtai & Buckley, 2013; Lyu, 2016; May et al., 2004). Psychological safety allows people to involve and engage themselves in the work-role, without being afraid of negative consequences (Kahn, 1990).

Work engagement is characterized by energy, dedication and absorption. It is considered to be the opposite of burnout and to result in a fulfilling work situation (Schaufeli & Bakker, 2004a). Some of the conditions found to promote work engagement are social support from managers and colleagues, receiving feedback, having influence on one's work, as well as learning and development opportunities (Schaufeli & Bakker, 2004a).

Work engagement has been explained in different ways. Kahn (1990) describes work engagement in terms of physical, cognitive and emotional involvement in the work role. People invest varying degrees of their selves in the work role. When engaged, people involve themselves physically, cognitively and emotionally and when disengaged, people detach from the work role. Further, Kahn (1990) states three conditions that need to be met for people to engage – meaningfulness, safety and availability. Maslach and Leiter (1997) consider work engagement as the opposite of burnout. According to them, engagement is a condition of energy, involvement and effectiveness, while burnout entails emotional exhaustion, depersonalization and low efficacy. Maslach and Leiter (1997) stress that promoting work engagement and avoiding burnout is mainly a management responsibility and less related to personal characteristics. More recently work engagement has been described by the Job demand – resource (JD-R) theory (Bakker & Demerouti, 2017). The argument is that the combination of job demands and job resources can lead to more or less work engagement. Job demands can be of physical or mental nature and include, for example, workload and emotional demands. Job resources consist of, for example, social support, feedback, autonomy and flexibility. Whereas job demands are found to predict exhaustion, job resources predict work engagement and make employees more capable of managing job demands. Job resources are particularly important when job demands are high (Bakker & Demerouti, 2017). The JD-R model was originally developed to explain burnout, linking high job demands and low job resources to burnout (Demerouti et al., 2001). Studying the JD-R model in four home care organizations, Xanthopoulou et al. (2007) found job resources to buffer against the

relation between high job demands and burnout. Considering the current literature, it is apparent that many of the job resources linked to work engagement coincide with psychological safety.

Like Maslach and Leiter (1997), Bakker and Demerouti (2017) consider work engagement to be mainly a top-down area of responsibility. The work situation is largely affected by organizational design and management, as they create the job demands and resources (Bakker & Demerouti, 2017; Bakker et al., 2005). However, employees can also affect their work situation to some extent by increasing resources (e.g., seek help, support and feedback) and managing demands (e.g., by learning new skills and how to deal with difficult situations) (Bakker & Demerouti, 2017).

Work engagement in elderly care

Several studies in elderly care conclude that managing job demands and -resources does indeed affect work engagement. In line with Bakker and Demerouti's (2017) statements, it is primarily job resources that predict work engagement. In a longitudinal study investigating the effects of demanding work schedules of nurses working in elderly care, Peters et al. (2016) found that schedules that fit with private-life increased work engagement. This finding is supported by Naruse et al. (2013), who also found a positive relationship between social support from supervisor and work engagement. Studying work engagement among Swiss home care workers, Möckli et al. (2020) also found social support, along with feedback to be associated with work engagement, while work-life imbalance correlated with emotional exhaustion. Vander Elst et al. (2016) could likewise link work engagement to social support as well as learning opportunities and task autonomy. Social support was found to buffer the relationship between workload and burnout. While job-control is generally considered being a job resource, Kubicek et al. (2014) found a curvilinear relationship between job-control and work engagement, indicating that a medium level of job-control is the most optimal for work engagement and that too much control can have detrimental effects on engagement. In a qualitative study exploring work engagement in elderly care, Foá et al. (2020) found work autonomy, training and growth, and career opportunities to promote work engagement. Low recognition and job insecurity diminish the engagement. Autonomy was also found by Maurits et al. (2015) to increase work engagement and reduce the likelihood of considering leaving elderly care.

Learning and development seem, in general, to have a positive effect on work engagement. Nevertheless, in a Danish study among home care workers, Noesgaard (2018) found professionalism to have mixed effects on work engagement. Even though a majority considered learning and development to increase their engagement, some caregivers had the opposite experience. Instead of engagement, the increasing level of professionalism led to insecurity and diminished work engagement. One explanation might be that the source of engagement varies among caregivers. Nielsen and Jørgensen (2016) identified three sources of engagement among Danish home care workers. Some were engaged by learning and development, some by the nurture and caregiving aspects, and to others, a stable employment and income was sufficient to feel engaged. Further, Noesgaard (2018) studied the link between engagement and psychological safety among home care workers. She describes how the opportunity for learning and development increases the level of psychological safety. Developing new skills made workers feel more confident in their work role and thus contributed to engagement. The same study also points out that to caregivers not oriented towards skill development, the anticipation of learning and development leads to insecurity and becomes a job demand for which they do not have the required resources (Noesgaard, 2018). As the JD-R theory argues, not having the resources to handle the demands can lead to disengagement and burnout (Bakker & Demerouti, 2017).

Work engagement and intention to stay

Work engagement has been positively linked to intention to stay (Maurits et al., 2015; Schaufeli & Bakker, 2004b; Van Bogaert et al., 2013). Explaining the underlying processes of this relationship, Schaufeli and Bakker (2004b) propose a model linking job demands and -resources to intention to stay. The model shows how two different processes lead to a similar outcome. Job resources, which predict work engagement, are linked to a motivational process that helps people reach work related goals and/or fulfil basic needs. As the work situation helps people satisfy their needs, it increases their intention to stay. Job demands, on the other hand, follow an energy process. Having spent too much energy for too long, people reach a limit and may cope with the situation by disengagement, which in turn lowers the bar for leaving the work situation. Similar reasoning is proposed by Kahn (1990) who declares that when disengaged, people detach themselves from their work-role.

Research questions

The aim of this study is to investigate the levels of psychological safety, work engagement and intention to stay among home care workers in Skåne, Sweden. Further objectives are to examine if psychological safety and work engagement are related to intention to stay in the home care job and/or the workplace, and whether work team size is related to psychological safety and work engagement.

- To what extent do homecare workers report psychological safety, work engagement, intention to stay in homecare and intention to stay at current workplace?
- To what extent are psychological safety and work engagement associated to intention to stay in home care and/or the intention to stay at the current workplace?
- To what extent is the size of the work team related to psychological safety and work engagement?

Presumably, the results from the present study could be part of guiding efforts to improve intention to stay in elderly care. Further, the study aspires to contribute to the body of research on psychological safety, work engagement and retention. Most research on psychological safety has been done in relation to organizational learning and performance. Studies on psychological safety in relation to staff retention and in elderly care settings are few, so far.

Method

Study design and procedure

The present study was based on a quantitative cross-sectional web-survey. The survey was compiled using the survey tool Sunet Survey and consisted of 27 questions including background variables, the Team Psychological Safety Survey (Edmondsson, 1999), UWES-9 (work engagement) (Schaufeli & Bakker, 2004a), and finally two items about intention to stay in the job. The survey began with the respondent giving informed consent, and it took about 5-10 minutes to complete. All questions were mandatory, and it was not possible to complete the survey if all items were not answered.

Depending on available contact information, home care area- and unit managers in 12 municipalities in Skåne (Sweden) were contacted with information about the study and a request to participate. 10 home care units in 4 municipalities agreed to participate and

thereafter received a letter to the participants and a link to the survey. The letter and the link were then forwarded to 384 employees by their unit manager. The letter included information about the study, the approximate duration of answering the survey and that participation was voluntary and anonymous. Data collection took place during 2 ½ weeks in April-May 2021.

Participants

The participants in this study were 54 home care workers in Skåne, Sweden. The majority of the participants were female (91%), 9% were male. The mean age of the total study sample was 44 years ($SD = 11,75$ years, $min = 20$ years, $max = 67$ years). A majority, 81%, were assistant nurses or care assistants, whereas 19% had other professions (e.g. nurse, coordinator and occupational therapist). The average number of persons in the work teams was 17 ($SD = 13,89$, $min = 0$, $max = 60$). The mean number of clients per week reported was 23 ($SD = 21,56$, $min = 0$, $max = 100$). Further descriptive demographic data is presented in Table 1.

TABLE 1

Descriptive data for working hours, years working in home care, years working at current workplace and frequency of group meetings.

Variable	Number (n = 54)	Percent (%)
Working hours		
Mainly daytime	37	68.5
Mainly evenings	10	18.5
Daytime and evenings	7	13
Years working in home care		
<1 year	0	0
1-3 years	6	11.1
3-6 years	11	20.4
6-10 years	9	16.7
>10 years	28	51.9
Years at current workplace		
<1 year	6	11.1
1-3 years	16	29.6
3-6 years	17	31.5
6-10 years	6	11.1
>10 years	9	16.7
Frequency of group meetings		
<once per week	1	1.9
Once per week	2	3.7
A few times a week	22	40.7
Every day	29	53.7

Materials

Background variables

To provide descriptive information, a number of background variables were included in the survey. The respondents were asked questions about age, gender, job title, working hours, number of years working in homecare and at current workplace, number of people in work group, frequency of work group meetings, and number of clients each week.

Psychological Safety

Psychological safety was assessed using the Team Psychological Safety Survey by Edmondson (1999). The scale consists of 7 items measured on a 7-point response scale (1= strongly agree, 7= strongly disagree). A high value indicates a high level of psychological safety. Examples of the items are: “*If you make a mistake on this team, it is often held against you*” and “*members of this team are able to bring up problems and tough issues*”. Translation of the items, from English to Swedish, was adopted from a previous study by Frennby and Grumert (2018). Cronbach’s alpha for the psychological safety scale in the present study was $\alpha = .75$.

UWES-9 (Work Engagement)

In order to measure work engagement, the short version of the Utrecht Work Engagement Scale (UWES-9) (Schaufeli & Bakker, 2004a) was included in the survey. In its totality the scale consists of 17 items, the shortened version consists of 9 items and has similar psychometric properties as the longer version (Cronbach’s $\alpha = .91$) (Schaufeli & Bakker, 2004a). UWES-9 measures three different dimensions of work engagement: vigour, dedication and absorption. Three items measure each dimension on a 7-point response scale (0 = never, 1 = almost never, 2 = rarely, 3 = sometimes, 4 = often, 5 = very often and 6 = always) where a high score indicates a high level of work engagement.

Work engagement is often considered being the opposite of burnout and UWES-9 shows a strong negative correlation with the MBI-GS burnout scale (Schaufeli & Bakker, 2004a).

Intention to stay in the job

The intention to stay was measured by two items: “*Do you think you will be working at your current workplace in two years*” and “*Do you think you will be working in home care in two years*” on a 7-point response scale (1= very unlikely, 7= very likely). Intention to stay is often measured by 1-3 items (Kruzich et al., 2014; Persson et al., 2011), but there seems to be no generally established scale measuring the construct. To be able to differentiate between participants’ intention to stay at their current workplace and home care in general, two questions were included in the survey. Intention to stay and intention to leave are often used synonymously. Despite a great overlap, the two wordings do not measure the exact same construct. The wordings are not dichotomous, reasons to stay are not necessarily the opposite of reasons to leave (Howe et al, 2012; Nancarrow et al, 2014). In this study the wording *intention to stay* was used, mainly due to the more positive phrasing making it less sensitive to respond to.

Ethical considerations

Participation in this study was not considered to imply any personal risks. The data was collected through a web-survey and did not include any interventions. Prior to filling in the survey, all participants were required to give informed consent, and informed that participation was voluntary and that they at any time could terminate participation. The responses were handled confidentially and anonymously. Results are only presented on group level and it will therefore not be possible to identify individual participants.

Data analysis

Statistical analysis was performed using IBM/SPSS and the significance value used is $p < .05$ (2-tailed). As all questions in the survey were mandatory, there were no missing values.

Initially, the values for work engagement were recoded to correct the values reported in the dataset (1 - 7) to be in accordance with the manual (0 – 6) (Schaufeli & Bakker, 2004a). Negatively worded items in the psychological safety scale were reversed and subsequently the total scales were calculated for psychological safety, work engagement and the subscales of work engagement. The work team size did not show a normal distribution and was therefore divided into 3 groups (1-9 = small, 10-15 = medium, above 16 = large). The grouping was

based on groupings displayed in the data, as well as seeking for roughly equal group sizes in order to perform an ANOVA. In lack of established norm values for psychological safety, the scale was dichotomised into high and low levels of psychological safety based on the theoretical mean value. Values ranging from 5 – 7 were grouped into high psychological safety and values ranging from 1 - 4.99 into low psychological safety. This approach was also applied by Frennby and Grumert (2018). The two scales for intention to stay were also dichotomized into high and low based on the theoretical mean. Values ranging from 5 - 7 were grouped into high likelihood of staying and values ranging from 1 – 4 into low likelihood of staying.

Before the statistical analyses were performed, distribution of the variables was examined. Histogram, skewness and kurtosis showed that psychological safety and work engagement were normally distributed. For the two variables measuring intention to stay, histograms showed that the variables were not normally distributed and displayed a U-formed shape. In order to give a clear picture of the results, these variables are reported by median values (*Md*) and percentiles, as well as frequency and percent (%). Psychological safety is reported by mean values (*M*), standard deviation (*SD*) and percent (%) and work engagement is reported by mean values (*M*) and standard deviation (*SD*).

The second research question was examined by correlation analysis. As the intention to stay variables were not normally distributed, a Spearman rank correlation was performed to examine the relationship between psychological safety, work engagement and intention to stay. A 95% confidence interval (95% CI) was calculated for each correlation coefficient using a bootstrap procedure. Answering the third research question, a one-way ANOVA was conducted to determine whether work team size was related to level of psychological safety and work engagement.

Results

Descriptive mean levels and associated measures of dispersion for psychological safety and work engagement are presented in Table 2. The results showed that 63% (*N* = 34) of the participants reported high psychological safety, whereas 37% (*N* = 20) reported low psychological safety.

Compared with norm values, the participants reported medium levels of work engagement and a high level on the work engagement subscale *dedication*. According to the manual, mean levels of work engagement in the following range 2.89 – 4.66 are medium, and mean levels of dedication in the following range 4.71 – 5.69 are high (Schaufeli & Bakker, 2004a).

The frequency distributions of the two intention to stay items are presented in Table 3. Values for intention to stay at *the current workplace* showed that 52% ($N = 28$) reported low likelihood of staying and 48% ($N = 26$) reported high likelihood of staying, ($Md = 4$, 25th percentile = 1, 75th percentile = 7). For intention to stay *in home care* 50% ($N = 27$) reported low likelihood of staying and 50% ($N = 27$) reported high likelihood of staying in homecare the next two years, ($Md = 4.5$, 25th percentile = 2, 75th percentile = 7).

TABLE 2

Descriptive data of psychological safety, work engagement (UWES) and the three subscales of UWES.

Variable	N	M	SD	Min. value	Max. value
Psychological Safety	54	5.14	1.18	1.57	7
UWES	54	4.27	1.25	0.11	6
UWES - vigour	54	4.00	1.40	0.33	6
UWES - dedication	54	4.73	1.18	0	6
UWES - absorption	54	4.08	1.41	0	6

TABLE 3

Frequency and percent for intention to stay (ITS) at current workplace and in home care ($N = 54$).

	ITS at current workplace			ITS in home care		
	Frequency	Percent	Cumulative percent	Frequency	Percent	Cumulative percent
1. Very unlikely	14	25.9	25.9	12	22.2	22.2
2.	7	13	38.9	6	11.1	33.3
3.	4	7.4	46.3	4	7.4	40.7
4.	3	5.6	51.9	5	9.3	50
5.	5	9.3	61.1	3	5.6	55.6
6.	3	5.6	66.7	4	7.4	63
7. Very likely	18	33.3	100	20	37	100

Associations between psychological safety, work engagement and intention to stay

The second research question, how psychological safety and work engagement are related to intention to stay, was examined by performing a Spearman rank correlation. The results are presented in Table 4 and show positive correlations between both psychological safety and work engagement, and intention to stay. The strongest correlation was found between work engagement and intention to stay in home care ($r = .56, p < .01$).

TABLE 4

Spearman correlations between psychological safety, work engagement (UWES), the three subscales of UWES and intention to stay (ITS) at current workplace and in home care (N=54).

Variable	ITS at current workplace		ITS in homecare	
	ρ	95% CI	ρ	95% CI
Psychological safety	.472**	[.238, .658]	.346*	[.117, .543]
UWES	.552**	[.326, .746]	.559**	[.358, .744]
UWES - vigour	.544**	[.337, .727]	.526**	[.304, .724]
UWES - dedication	.487**	[.243, .701]	.495**	[.265, .701]
UWES - absorption	.492**	[.250, .731]	.514**	[.289, .728]

***Correlation is significant at the 0.01 level (2-tailed).*

**Correlation is significant at the 0.05 level (2-tailed).*

Associations between the size of the work team and the level of psychological safety and work engagement

To answer the third research question, a one-way ANOVA was conducted to examine if the size of the work team (small, medium, large) was associated with mean differences in the reports of psychological safety and work engagement. The results showed no significant effect of work team size - small group ($M = 4.20, SD = 1.09$) medium group ($M = 4.02, SD = 1.68$) and large group ($M = 4.68, SD = 1.00$) on psychological safety [$F(2, 51) = 2.55, p = .088$] and work engagement [$F(2, 51) = 1.34, p = .234$].

Discussion

The aim of this study was to investigate the levels of psychological safety, work engagement and intention to stay among home care workers in Skåne, Sweden. Furthermore, the study examined if psychological safety and work engagement are related to intention to stay at current workplace and in the home care job, and finally whether there is a link between work team size and psychological safety and work engagement. The results, from a cross-sectional

web survey, showed a high level of psychological safety ($M = 5.14$) and that 63% of the participants reported high psychological safety. Compared with norm-values (Schaufeli & Bakker, 2004a), the participants reported medium levels of work engagement ($M = 4.27$) and high levels on the work engagement subscale *dedication* ($M = 4.73$). Half of the respondents (50%) reported it being unlikely that they will stay in home care. Similar values were reported for intention to stay at current workplace where 52% reported low likelihood of staying. The findings also demonstrate positive correlations between psychological safety and both intention to stay at current workplace ($r = .472$) and intention to stay in homecare ($r = .346$). Also work engagement is positively correlated to intention to stay at current workplace ($r = .552$) and intention to stay in homecare ($r = .559$). All correlations are of medium to large strength according to Cohen's conventions (Aron et al., 2009), however, none was significantly stronger than the others as verified by overlapping confidence intervals. No significant effects were found of work team size on psychological safety nor work engagement.

Levels of psychological safety, work engagement and intention to stay in the sample

The results show a predominantly high level of psychological safety, which is a positive finding. A high level of psychological safety indicates that a majority of the homecare workers in the present study feel confident interacting with their colleagues, speaking up and sharing information with each other - a behaviour considered to for example promote learning and effectiveness (Edmondsson, 1999). Learning new skills can in turn lead to more confidence and contribute to engagement, as noted by Noesgaard (2018). The presence of psychological safety reflects a positive aspect in the psychosocial work environment of the participating home care units, a job resource that may help employees deal with challenges that the work entails (Bakker & Demerouti, 2017). Working in home care often implies a mentally and physically demanding job (Strandell, 2020), and therefore the presence of job resources is of great importance to avoid exhaustion (Bakker & Demerouti, 2017). A high prevalence of psychological safety suggests that there are facilitating conditions in the work environment. Although this study does not include topics such as organizational characteristics and leadership, previous studies show strong associations between psychological safety and a supportive (Nembhard & Edmondsson, 2006) and inclusive (May et al., 2004) leadership, as well as supportive organizations that handle challenges in collaboration with their employees (Edmondsson, 1999). However, this

reasoning contrasts with the findings of Szebehely et al. (2017) which show that there is rather a lack of manager support in the work environment in Swedish home care. Another possible explanation is that other factors associated with psychological safety, such as positive relations with colleagues (May et al., 2004), have a large impact in this particular sample. A great majority of the participants report frequent meetings with their work team (Table 1), which may be a good opportunity to provide support and discuss issues with their colleagues. At the same time there are participants (37%) who report a low level of psychological safety. Being a group-level factor, it is possible that the level of psychological safety differs among the participating home care units. Ten units in four municipalities participated in the study and it may be, that some units experience a high level of psychological safety while others have a low level. A low level of psychological safety could imply that doubts and mistakes are not discussed or handled properly. This can hinder learning and development and may in turn pose a risk to client safety (Edmondson, 1999).

The results also show a medium level of work engagement and a high level of the work engagement subscale *dedication*. Dedication implies identification with one's work, finding it meaningful and a feeling of significance and pride (Schaufeli & Bakker, 2004a). The nature of the job, assisting elderly people in need of help, corresponds well with this finding and may be a significant factor for the overall level of work engagement. The participants score lower on the other two subscales of work engagement - *vigour* and *absorption*. Vigour refers to the level of energy and resilience (Schaufeli & Bakker, 2004a) and the findings of this study support previous observations by Strandell (2020), indicating that working in home care is demanding. The moderate level of work engagement in this sample, shows that there is room for improvements. It is plausible that the high job demands of working in home care are a great challenge to the work engagement and that lowering the demands by for example decreasing workload would increase engagement. Work engagement is, however, mainly predicted by job resources (Bakker & Demerouti, 2017), and in line with this, an increase of job resources is called for. Improving job resources could imply an increase of social support and feedback, as well as a greater degree of autonomy and flexibility for the employees (Bakker & Demerouti, 2017). Since there can be different sources to engagement (Nielsen & Jørgensen, 2016) a variety of job resources may be needed.

Despite the high level of psychological safety and a medium level of work engagement, a large proportion of the participants deem it unlikely that they will stay at their current workplace or in the home care profession. Half of the sample (50%) reports low

values for intention to stay in home care. This result corresponds well with the findings reported by Szebehely et al. (2017) who found that 49% of Swedish home care workers consider leaving home care. This does not necessarily mean that they will leave their job, however, the result indicates that there are many who are not satisfied with their work situation. Studies point to both high job demands and lack of job resources as reason for wanting to leave the job. These concepts are also the basis for a model proposed by Schaufeli and Bakker (2004b), explaining how job resources are linked to a motivational process increasing intention to stay, and how job demands are linked to an energy process lowering the bar for leaving. Based on the results from the present study, it is difficult to determine which process causes the low level of intention to stay – presumably, both processes play a role. That there are various reasons is also what appears in Szebehely et al.'s. (2017) study who found that home care workers perceiving a lack of support from managers and colleagues are twice as likely to consider leaving the job. The same study could also link high job demands to intention to leave.

Psychological safety and work engagement in relation to intention to stay

The present study found both psychological safety and work engagement to be positively correlated with intention to stay at current workplace and in homecare. Several studies do point to work engagement as a key element in retaining employees (Eltaybani et al., 2018; Maurits et al., 2015; Schaufeli & Bakker, 2004b; Van Bogaert et al., 2013), which also highlights the relevance of the concept. As discussed above, work engagement is closely associated with job resources, and therefore an effort to increase intention to stay in homecare may benefit from increasing and strengthening job resources. The literature suggests several ways to accomplish this in elderly care, organizations and managers can for instance strive to provide adequate social support, feedback and recognition (Möckli et al., 2020), offer development opportunities (Foá et al., 2020) and give the employees greater influence over their work (Vander Elst et al., 2016). Nevertheless, the strained work situation, which is often reported in home care, must be taken into account. Managing job demands is also central to engagement and may include reducing workload and organizing the work in a way that allows for a better work-life balance (Peters et al., 2026; Szebehely et al., 2017).

In line with previous, although very scarce, studies (Callister, 2006; Kruzich et al., 2014), the present results also show positive correlations between psychological safety and

intention to stay. As expected, participants with higher levels of psychological safety report a higher level of intention to stay at current workplace and in home care in general. A possible interpretation of this result is, that psychological safety constitutes a significant job resource that in different ways helps the home care workers to handle the challenges they meet. Psychological safety reflects a group norm where it is safe to talk about difficulties and mistakes, share doubts and ask for help and feedback (Edmondson, 1999). Altogether this could contribute to more confidence in dealing with the daily demands and challenges they meet. Moreover, psychological safety may provide a work context supporting the basic need for relatedness and thereby motivate the home care workers to stay (Schaufeli & Bakker, 2004b).

The results did not show any significant effect of team size on psychological safety or work engagement. Research on this topic seems to be scarce and it is not obvious how team size possibly could affect the level of psychological safety or work engagement. One idea is that smaller teams might make it easier for managers to keep frequent contact with their employees and thereby meet everyone's need for support, feedback and recognition – and that this in turn could have a positive effect on psychological safety and work engagement.

Limitations and strengths

One limitation in the present study is that the selection of participants may have been influenced by several factors and thereby affected the representability of the sample. Of the 12 municipalities contacted, care units from only four of them chose to participate. Among those who did not participate, there were several who did not answer the request and some who answered that they did not have the time. One can of course speculate in who chose to participate and who did not want to participate. Participation may for example reflect the overall work situation. The units who did participate may experience a more adequate work situation lead by engaged managers, while the units who did not participate may encounter a more pressured work situation with no time or space to engage in this type of activity. On the other hand, one could also argue that units with the greatest challenges were most motivated to participate.

Further implications are the relatively small sample size ($N=54$) and the low response rate (14%) which may also affect the representativeness of the sample. It was a challenge to recruit participants, and of the 71 respondents who started filling in the survey, 17 did not

complete it. Some possible reasons for not completing the survey may be that it was perceived as sensitive to answer, it could also be that some non-native respondents had difficulties understanding the Swedish survey, or it could simply be that they missed to click the “send” button at the end of the survey. The representativeness of the sample may also be influenced by who chose to participate. Employees who experience a heavy workload may refrain from participation, while those with a more adequate workload may be more willing to participate. Higher level of engagement may further have increased willingness to participate. Another concern regarding the sample is that it includes various professions who may have different working conditions. A majority (81%) were assistant nurses or care assistants and 19 % had various other professions within home care. A solution to this concern could be removing respondents with “*other professions*”, but this was not done as it would have further reduced the already low number of participants.

One strength of the study is that most results, despite limitations related to the sample, are in line with previous research. This also indicates reliability of the instruments used in the survey. The Team Psychological Safety Survey (Edmondson, 1999) and the Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2004a) are both well tested, valid instruments with satisfying psychometric properties. Further, the availability of norm-values for UWES enables comparison. The two items measuring intention to stay were, with inspiration from other studies, formulated for the present study and thereby not previously tested. Nevertheless, the data corresponded well with previously found results for intention to leave Swedish home care by Szebehely et al. (2017). The design of the survey does, however, have some shortcomings. Not all background variables turned out to be useful and some could have been better formulated. One example is the “*number of persons in the work team*” which varied from 0 – 60. It seems likely that the participants have understood this question differently, some may have considered the whole unit and others that they work alone. Another issue with this particular item is that it was presented as a continuous variable. In order to conduct the tests needed to answer the third research question, it was necessary to subsequently divide it into groups, which in turn may have affected the results. Likewise, the two items measuring intention to stay were dichotomized. In the case of intention to stay, it might have been preferable to initially dichotomize the items – instead of presenting a 7-point response scale. However, this would probably have made a limited difference in the present study as data showed that many responses were either very high or very low on the scale (see Table 3).

Regarding the study design, there are also some limitations. A cross-sectional survey does not allow causal inferences to be made. However, theory and former studies suggest that psychological safety and work engagement have an effect on intention to stay, and not the other way around (Kruzich et al., 2014; Maurits et al., 2015; Schaufeli & Bakker, 2004b). The choice to use a web-survey was made by convenience, but also necessity due to the Covid-19 pandemic. A web-survey makes it possible to reach out to many potential respondents, but it can be a challenge to get them to respond – which is also reflected by the low response rate in this study. Making use of paper surveys and being present and available to assist if questions should arise, could have increased the response rate.

Finally, the contribution of knowledge in some not very well studied research areas may be considered a strength of this study. Research on psychological safety in relation to intention to stay is scarce, and so are studies about psychological safety in the home care setting. The present study also differentiates between intention to stay at current workplace and homecare in general. This may reveal if the intention to stay is related to the particular workplace or the profession per se.

Practical implications

The results from the present study confirm previous reports and studies in the challenge of retaining employees in home care, which further highlights a current and future societal challenge. This knowledge may strengthen the argument for the importance of improving the working conditions in home care. The study also presents positive correlations between psychological safety and intention to stay, as well as work engagement and intention to stay. These findings may help guiding efforts to increase intention to stay employed in home care. Striving to increase psychological safety and work engagement in home care may in turn increase the willingness to stay, hence reduce staff-turnover in home care.

Future studies

Few studies have so far investigated the link between psychological safety and intention to stay. The findings of the present study suggest that there is a link, however future studies could confirm this association as well as investigate the relationship in other contexts. Further, interventional studies exploring the actual effects of efforts to improve psychological safety and work engagement on intention to stay could be valuable. It may also be fruitful to

examine the concept of psychological safety in relation to other concepts. Research on the topic has mainly focused on learning and effectiveness, while this study confirms that psychological safety is also associated with other concepts. One interesting research question would be if psychological safety affects the success of organizational change as originally theorized by Schein and Bennis (1965), yet still very relevant in today's society. Although the present study could not confirm any effect of team-size on psychological safety, this question could be interesting to examine in a better designed study along with other factors related to work procedures and -organization, for example, frequency of team meetings and meetings with manager.

Conclusions

The current study shows that a majority of the sample, consisting of home care workers in Skåne (Sweden) experiences a high level of psychological safety, a moderate level of work engagement and a high level of the work engagement subscale *dedication*. Half of the respondents (50%) report it being unlikely that they will stay in homecare, 52% report it being unlikely that they will stay at their current workplace. Further, the study finds psychological safety and work engagement to be positively correlated with intention to stay at current workplace and intention to stay in home care. Results in the present study confirm previous, but scant, research in that psychological safety is positively associated with intention to stay. Also the previously found relationship between work engagement and intention to stay is confirmed. Furthermore, the level of intention to stay in home care reported in the present study corresponds well with previously found levels of intention to leave in Swedish home care. The study contributes foremost to the limited research about psychological safety in relation to intention to stay and psychological safety among home care workers.

References

- Aron, A., Aron, E. N., & Coups, E. J. (2009). *Statistics for Psychology*. Upper Saddle River, NJ: Pearson Education.
- Astvik, W., Welander, J., & Larsson, R. (2020). Reasons for Staying: A Longitudinal Study of Work Conditions Predicting Social Workers' Willingness to Stay in Their Organisation. *The British Journal of Social Work, 50*(5), 1382–1400.
- Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology, 22*(3), 273–285.
- Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job Resources Buffer the Impact of Job Demands on Burnout. *Journal of Occupational Health Psychology, 10*(2), 170-180.
- Basit, A. A. (2017). Trust in Supervisor and Job Engagement: Mediating Effects of Psychological Safety and Felt Obligation. *JOURNAL OF PSYCHOLOGY, 151*(8), 701–721.
- Branham, L. (2005). *The 7 Hidden Reasons Employees Leave: How to Recognize the Subtle Signs and Act Before It's Too Late*. New York, NY: AMACOM.
- Bratt, C., & Gautun, H. (2018). Should I stay or should I go? Nurses' wishes to leave nursing homes and home nursing. *Journal of Nursing Management, 26*(8), 1074-1082.
- Burmeister, E. A., Kalisch, B. J., Xie, B., Doumit, M. A. A., Lee, E., Ferraresion, A., Terzioglu, F., & Bragadóttir, H. (2019). Determinants of Nurse absenteeism and Intention to Leave: An International Study. *Journal of Nursing Management 27*(1), 143–153.
- Callister, R. R. (2006). The Impact of Gender and Department Climate on Job Satisfaction and Intentions to Quit for Faculty in Science and Engineering Fields. *Journal of Technology Transfer, 31*(3), 367–375.

- Chaudhary, R. (2019). Corporate social responsibility perceptions and employee engagement: role of psychological meaningfulness, safety and availability. *Corporate Governance: The International Journal of Business in Society*, 19(4), 631–647.
- Chan, Z. C. Y., Tam, W. S., Lung, M. K. Y., Wong, W. Y., & Chau, C. W. (2013). A Systematic Literature Review of Nurse Shortage and Intention to Leave. *Journal of Nurse Management*, 21(4), 605-613.
- Chughtai, A. A., & Buckley, F. (2013). Exploring the impact of trust on research scientists’s work engagement: Evidence from Irish science research centres. *Personnel Review*, 42(4), 396–421.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The Job Demands–Resources Model of Burnout. *Journal of Applied Psychology*, 86(3), 499–512.
- Devi, R., Goodman, C., Dalkin, S., Bate, A., Wright, J., Jones, L., & Spilsbury, K. (2021). Attracting, recruiting and retaining nurses and care workers working in care homes: the need for a nuanced understanding informed by evidence and theory. *Age & Ageing*, 50(1), 65-67.
- Edmondson, A. C. (1996). Learning from mistakes is easier said than done: Group and organizational influences on the Detection and Correction of Human Error. *Journal of Applied Behavioral Science*, 32(1), 5-28.
- Edmondson A. (1999). Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly* 44(2), 350–83.
- Edmondson, A. C., & Lei, Z. (2014). Psychological Safety: The History, Renaissance, and Future of an Interpersonal Construct. *Annual Review of Organizational Psychology and Organizational Behavior*, 1(1), 23–43.
- Edmondson, A. (2019). The Role of Psychological Safety. *Leader to Leader*, 2019(92), 13-19.

- Eltaybani, S., Noguchi-Watanabe, M., Igarashi, A., Saito, Y., & Yamamoto-Mitani, N. (2018). Factors related to intention to stay in the current workplace among long-term care nurses: A nationwide survey. *International Journal of Nursing Studies, 80*, 118–127.
- Foà, C., Guarnieri, M. C., Bastoni, G., Benini, B., Giunti, O. M., Mazzotti, M., Rossi, C., Savoia, A., Sarli, L., & Artioli, G. (2020). Job satisfaction, work engagement and stress/burnout of elderly care staff: a qualitative research. *Acta Bio-Medica: Atenei Parmensis, 91*(12–S), e2020014.
- Fransen, K., McEwan, D., & Sarkar, M. (2020). The impact of identity leadership on team functioning and well-being in team sport: Is psychological safety the missing link? *Psychology of Sport & Exercise, 51*.
- Frazier, M. L., Feinshmidt, S., Klinger, R. L., Pezeshkan, A., & Vranceva, V. (2017). Psychological Safety: A Meta-Analytic Review and Extension. *Personnel Psychology, 70*(1), 113–165.
- Frennby, C., & Grumert, K. (2018). *Psychological safety som prediktor för psykisk belastning och tecken på psykisk ohälsa - En kvantitativ tvärsnittsstudie på räddningstjänstpersonal* [Master Thesis, Department of Psychology, Lund University]. Lund University.
- Genet, N., Boerma, W. G. W., Kringos, D. S., Bouman, A., Francke, A. L., Fagerström, C., Melchiorre, M. G., Greco, C., & Devillé, W. (2011). Home Care in Europe: a Systematic Literature Review. *BMC Health Service Research, 11*(207), 11-14.
- Howe, A. L., King, D. S., Ellis, J. M., Wells, Y. D., Wei, Z., & Teshuva, K. A. (2012). Stabilising the aged care workforce: an analysis of worker retention and intention. *AUSTRALIAN HEALTH REVIEW, 36*(1), 83–91.
- Jung, H. S., & Yoon, H. H. (2020). Sexual harassment and customer-oriented boundary-spanning behaviours: The role of burnout and psychological safety of deluxe hotel employees. *International Journal of Contemporary Hospitality Management, 32*(1), 3–19.

- Kahn, W. A. (1990). Psychological Conditions of Personal Engagement and Disengagement at Work. *The Academy of Management Journal*, 33(4), 692–724.
- Karasek, R., & Theorell, T. (1990). *Healthy Work*. New York, NY: Basic books.
- Kruzich, J. M., Mienko, J. A., & Courtney, M. E. (2014). Individual and work group influences on turnover intention among public child welfare workers: The effects of work group psychological safety. *Children and Youth Services Review*, 42, 20–27.
- Kubicek, B., Korunka, C., & Tement, S. (2014). Too much job control? Two studies on curvilinear relations between job control and eldercare workers' well-being. *International Journal of Nursing Studies*, 51(12), 1644–1653.
- Leroy, H., Dierynck, B., Anseel, F., Simons, T., Halbesleben, J. R., McCaughey, D., Savage, G. T., & Sels, L. (2012). Behavioral Integrity for Safety, Priority of Safety, Psychological Safety, and Patient Safety: A Team-Level Study. *Journal of Applied Psychology*, 97(6), 1273-1281.
- Lyu, X. (2016). Effect of organizational justice on work engagement with psychological safety as a mediator: Evidence from China. *Social Behaviour and Personality*, 44(8), 1359–1370.
- Maslach, C., & Leiter, M. P. (1997). *The Truth about Burnout: How Organizations Cause Personal Stress and What to Do About It*. San Francisco, CA: John Wiley & Sons.
- Maurits, E. E. M., de Veer, A. J. E., van der Hoek, L. S., & Francke, A. L. (2015). Autonomous home-care nursing staff are more engaged in their work and less likely to consider leaving the healthcare sector: A questionnaire survey. *International Journal of Nursing Studies*, 52(12), 1816–1823.
- May, D. R., Gilson, R. L., & Harter, L. M. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of the human spirit at work. *Journal of Occupational and Organizational Psychology*, 77(1), 11–37.
- McGilton K. S., Boscart V. M., Brown M., & Bowers B. (2014). Making tradeoffs between the reasons to leave and reasons to stay employed in long-term care homes: Perspectives of licensed nursing staff. *International Journal of Nursing Studies*. 51(6), 917-926.

- Möckli, N., Denhaerynck, K., De Geest, S., Leppla, L., Beckmann, S., Hediger, H., & Zúñiga, F. (2020). The home care work environment's relationships with work engagement and burnout: A cross-sectional multi-centre study in Switzerland. *Health & Social Care in the Community*, 28(6), 1989–2003.
- Nancarrow, S., Bradbury, J., Pit, S. W., & Ariss, S. (2014). Intention to stay and intention to leave: are they two sides of the same coin? A cross-sectional structural equation modelling study among health and social care workers. *Journal of Occupational Health*, 56(4), 292–300.
- Naruse, T., Sakai, M., Watai, I., Taguchi, A., Kuwahara, Y., Nagata, S., & Murashima, S. (2013). Individual and organizational factors related to work engagement among home-visiting nurses in Japan. *Japan Journal of Nursing Science*, 10, 267–272.
- Nembhard, I. M. & Edmondson A. C. (2006). Making it safe: The effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behaviour*, 27(7) 941-966.
- Newman, A., Donohue, R., & Eva, N. (2017). Psychological safety: A systematic review of the literature. *Human Resource Management Review*, 27(3), 521–535.
- Ng, S.-M., Fong, T. C. T., & Wang, X.-L. (2011). The role of holistic care culture in mitigating burnout and enhancing engagement: A study among elderly service workers in Hong Kong. *Aging and Mental Health*, 15(6), 712–719.
- Nielsen, M. S., & Jörgensen, F. (2016). Meaning creation and employee engagement in home health caregivers. *Scandinavian Journal of Caring Sciences*, 30(1), 57-64.
- Noesgaard, M. S. (2018). How Home Health Caregivers' Perceive the Influence of Professionalism on Their Experienced Work Engagement. *Journal of Career Development*, 45(4), 378–392.
- O'Donovan, R., & McAuliffe, E. (2020a). A systematic review of factors that enable psychological safety in healthcare teams. *International Journal for Quality in Health Care*, 32(4), 240–250.

- O'Donovan, R., & McAuliffe, E. (2020b). Exploring psychological safety in healthcare teams to inform the development of interventions: combining observational, survey and interview data. *BMC Health Services Research*, 20(1), 1–16.
- Persson, R., Kristiansen, J., Lund, S. P., Hitomi Shibuya, H., & Nielsen, P. M. (2011). Classroom acoustics and hearing ability as determinants for perceived social climate and intentions to stay at work. *Noise and Health*, 15(67) 446-453.
- Peters, V., Houkes, I., de Rijk, A. E., Bohle, P. L., Engels, J. A., & Nijhuis, F. J. N. (2016). Which resources moderate the effects of demanding work schedules on nurses working in residential elder care? A longitudinal study. *International Journal of Nursing Studies*, 58, 31–46.
- Prakosa, M. M., Dewanti, N., & Purwanza, S. W. (2020). The Impact of Perceived Organizational Support (POS) for Increasing the Intention to Stay: A Systematic Review. *Jurnal Ners*, 14(3), 301–304.
- Rangachari, P., & Woods, J. L. (2020). Preserving Organizational Resilience, Patient Safety, and Staff Retention during COVID-19 Requires a Holistic Consideration of the Psychological Safety of Healthcare Workers. *International Journal of Environmental Research and Public Health*, 17(12), 1-12.
- Schaufeli, W., & Bakker, A. (2004a). *UWES: Utrecht Work Engagement Scale*. (Utrecht University, Occupational Health Psychology Unit).
file:///C:/Users/Oluva/Documents/LU/Master%20uppsats%202021/Test_manual_UWES_English.pdf
- Schaufeli, W.B., & Bakker, A.B. (2004b). Job Demands, Job Resources, and Their Relationship with Burnout and Engagement: A Multi-Sample Study. *Journal of Organizational Behavior*, 25(3), 293–315.
- Schein, E. H., & Bennis, W. (1965). *Personal and Organizational Change Through Group Methods*. New York, NY: Wiley.
- Szebehely M., Strantz A., & Strandell R. (2017). *Vem ska arbeta i framtidens äldreomsorg?* (Stockholm University, Department of Social Work). <http://su.diva-portal.org/smash/get/diva2:1082859/FULLTEXT01.pdf>

- Strandell, R. (2020). Care workers under pressure – A comparison of the work situation in Swedish home care 2005 and 2015. *Health and Social Care in the Community*, 28(1) 137–147.
- Socialstyrelsen (2021). *Satsningen Äldreomsorgslyftet*.
<https://statsbidrag.socialstyrelsen.se/kommuner/satsningen-aldreomsorgslyftet/>
- Socialstyrelsen (2020). *Vård och omsorg om äldre – Lägesrapport 2020* (Artikelnummer 2020-3-6603). <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2020-3-6603.pdf>
- Socialstyrelsen (2019). *Öppna jämförelser 2018 – Vård och omsorg om äldre Jämförelser mellan kommuner och län* (Artikelnummer 2019-2-2).
<https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/oppna-jamforelser/2019-2-2.pdf>
- Tourangeau, A., Patterson, E., Saari, M., Thomson, H., Rowe, A., Macdonald, G., Cranley, L., & Squires, M. (2013). Factors influencing home care nurse intention to remain employed. *Journal of Nursing Management*, 22(8), 1015–1026.
- Van Bogaert, P., Wouters, K., Willems, R., Mondelaers, M., & Clarke, S. (2013). Work engagement supports nurse workforce stability and quality of care: nursing team-level analysis in psychiatric hospitals. *Journal of Psychiatric & Mental Health Nursing*, 20(8), 679–686.
- Vander Elst, T., Cavents, C., Daneels, K., Johannik, K., Baillien, E., Van den Broeck, A., & Godderis, L. (2016). Job demands–resources predicting burnout and work engagement among Belgian home health care nurses: A cross-sectional study. *Nursing Outlook*, 64(6), 542–556.
- Xanthopoulou, D., Bakker, A. B., Dollard, M. F., Demerouti, E., Schaufeli, W. B., Taris, T. W., & Schreurs, P. J. G. (2007). When do job demands particularly predict burnout? The moderating role of job resources. *Journal of Managerial Psychology*, 22(8), 766–786.