

論文の内容の要旨

論文題目:

Assessment of work engagement, workaholism, and recovery experience, and their role in well-being among hospital nurses in Nepal

(ネパール国の病棟勤務看護師におけるワーク・エンゲイジメント、ワーカホリズム、リカバリーの評価およびウェル・ビーイングに対する効果)

氏名 ビマーラ パンティ

Bimala Panthee

Background:

Recent research in occupational health focuses on positive attitude and affect at work, such as work engagement, as an important outcome. However, this concept is understudied in developing countries, like Nepal. It is also not clear how work engagement is related to other concepts, such as workaholism and recovery experiences. The main purposes of this study were twofold: (1) to develop and validate the Nepalese versions of scales of these concepts (Utrecht Work Engagement Scale [UWES], Dutch Work Addiction Scale [DUWAS], and Recovery Experience Questionnaire [REQ]); and (2) to test several models of the association of these concepts with health and well-being in Nepalese registered nurses.

Methods:

A cross-sectional study was conducted in May-July 2014 of registered nurses of three hospitals in Nepal. Participation in this study was voluntary, and anonymity was guaranteed. A total of 587 sets of questionnaires were distributed and 455 (77.5%) were returned. Because of missing values on the key items, 438 sets of questionnaires were used in the final analysis (74.5% of the initial subjects). The mean age of the respondents was 30.9 years (SD = 10.0) and the mean work experience was 9.4 years (SD = 9.6). All nurses were informed about the objectives of this study.

The questionnaire included the Nepalese versions of 9-item UWES, DUWAS, REQ, and health and well-being outcomes (psychological distress [K6], job performance, job satisfaction, happiness, and subjective overall health). Prior to the survey, UWES, DUWAS, and REQ were translated into Nepali following a standard procedure (Wild et al., 2005). The psychological distress (K6) scale was also translated into Nepali according to the guideline provided by WHO. The draft of Nepalese versions of these scales were pilot tested and amended as necessary. The final Nepalese versions of the scales were used for the survey.

Completed questionnaires in sealed envelopes were collected through each department. Consent from participants was confirmed based on their voluntary completion and submission of the questionnaires. The study aims and procedures were approved by the Ethics Committee of Faculty of Medicine, The University of Tokyo and Nepal Health Research Council, as well as hospitals under study, before the study began.

For investigating the reliability and validity of the newly developed scales, Cronbach's alpha internal consistency reliability was calculated; exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and correlation analysis were conducted.

To understand differential direct or mediating role of work engagement on health and well-being, several hypothesized models were tested for recovery experiences and work engagement predicting different health and well-being outcomes by using structural equation modeling. These analyses were conducted using SPSS and AMOS.

Results:

Validation of Nepalese version of questionnaire: For UWES, Cronbach's alpha coefficients for the total score and each of the three subscale was sufficiently high. A hypothesized three-factor model fitted best to the data. The scale score correlated with most outcome variables in an expected direction. For DUWAS, Cronbach's alpha was moderate (0.61-0.74) for the total scale and two subscales. A three-factor structure was emerged by EFA, while the theory supposes a two-factor model, which did not fit well to the data in CFA. The work excessively subscale weakly but significantly correlated with psychological distress. For REQ, Cronbach's alpha coefficients for four subscales were sufficiently high. A hypothesized four-factor model fitted best to the data. Mastery and control subscales correlated with most health and well-being outcomes in an expected way; psychological detachment subscale rather correlated with poor health and well-being outcomes; relaxation subscale correlated with low job satisfaction.

Interrelations among recovery experience, work engagement, and well-being: Among several models tested, a model with recovery experience predicting health and well-being outcomes mediated by work engagement best fitted to the data. In this model, mastery and control subscales of recovery experience were directly and indirectly, and positively associated with well-being mediated through work engagement. However, psychological detachment subscale of recovery experience was directly and indirectly, but negatively associated with well-being mediated through work engagement.

Conclusions:

The newly developed Nepalese versions of UWES showed high internal consistency reliability and construct validity based on the factor structure and correlations with other variables. The Nepalese version of DUWAS seems to have a factor structure different from its original one; the score did not correlate with most health and well-being outcomes. There may be a cultural difference in measurement of workaholism in Nepal. Regarding REQ, the theory-based four-factor structure was confirmed. Mastery and control subscales were associated with health and well-being in an expected way, while other two subscales were not. Psychosocial function of psychological detachment and relaxation should be investigated further in the Nepali context.

In the best fit model of inter-correlations among recovery experience, work engagement, and health and well-being outcomes, it was found that mastery and control were associated with well-being mediated through work engagement. Increasing personal resources (such as mastery and control) could improve work engagement, and thus health and well-being of workers. Psychological detachment is unexpectedly associated with poor health and well-being through work engagement, which may indicate that this recovery experience may have a different role in Nepal than in the western countries. Further studies are warranted to clarify the influence of the Nepalese context on the conceptualization, measurement, and psychosocial roles of these concepts.