A capability approach intervention in the healthcare sector to promote sustainable employability

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Abstract

Due to the shortage of healthcare workers, the focus on their sustainable employability (SE) becomes increasingly important. One way to stimulate SE is by focusing on what people value in their work, which can be found in the capability approach (CA). This study aims to provide insight into the impact of a CA intervention on healthcare workers personally. The CA intervention consisted of a dialogue, which entailed a discussion about what employees value in their work and about what is needed to achieve those values. Subsequently, the dialogues were evaluated to determine further actions which can contribute to realizing employees' work values. To gain insights in the impact of the CA intervention, in-depth interviews were conducted with 18 healthcare workers from a non-university hospital in the south of the Netherlands. Those interviews were audio-recorded, transcribed, and analysed by using Atlas.ti 8.0. To analyse the interviews, the three-step method developed by Strauss and Corbin (1990) was used. First, the results indicate that participants did not experience any changes in the four indicators of SE (work engagement – job satisfaction – person-job fit – intention to leave) as a consequence of the intervention. However, participants did experience personal benefits from the intervention: (1) evaluate the current situation; (2) improved team atmosphere; (3) understanding colleagues better; (4) learning more about themselves; (5) feeling of being heard. Second, the way in which those personal benefits were influenced, was by the dialogue itself, and specifically, by having the conversation, for which enough time had been made, in an open and safe environment about topics they would usually not discuss easily. In conclusion, this research illustrates that having the CA conversation in an open, safe, and respectful setting about difficult topics, is a stimulating mechanism in experiencing positive personal feelings towards someone's job.

Keywords: Capability Approach Intervention, Positive Psychology, Sustainable Employability, Healthcare, Work Engagement, Job Satisfaction, Person-job Fit, Intention to Leave

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1. Introduction

Today, in the Netherlands the healthcare sector is coping with the highest level of sickness absence since 2014. In that year, the percentage of unexpectedly missed days per employee was 5.25, and it had already increased to 6.07 in 2019 (Vernet, 2019). This rising trend is expected to continue in the next coming years (Gulland, 2013). High sickness absence rates are associated with lower job performance, poorer well-being and higher levels of turnover (Simmons, Jones, Siriwardena & Bridle, 2019). However, considering the aging population, even a larger amount of healthcare workers is needed. Many reasons exist to explain those high sickness absence rates. The healthcare sector, for example, faces substantial workload, burden of administrative duties, and lack of flexibility (Hageman, 2019). Consequently, since a rising number of employees are leaving the healthcare sector, those problems will only get worse.

An essential factor in stopping this turnover trend is to concentrate more on the well-being of healthcare workers (Johnson et al., 2018). Currently, that focus is lacking, and the importance is often ignored. Policymakers should address this problem by making the healthcare sector more attractive for employees to apply to and to stay at a healthcare job (Vernet, 2019). In other words, policymakers should ensure employees are increasingly sustainably employable by preventing them from leaving the healthcare sector, meaning they have the knowledge, skills, and possibilities to find work and to continue doing their work (van der Klink et al., 2016). In literature, sustainable employability (SE) is seen as the ability to continue employment throughout someone's work life (Fleuren, de Grip, Jansen, Kant & Zijlstra, 2016). However, this research focuses on someone's current job, instead of someone's whole career. Therefore, it focuses on the ability to continue employment in their current healthcare job. To summarize, in this research the concept SE will be considered to be the ability to continue using knowledge and skills in someone's current job.

Traditionally, organisations tend to focus on the treatment instead of the prevention of work-related problems (e.g., burnout and turnover) (Bolier et al., 2013). However, a good working prevention approach could be achieved by concentrating on positive psychology interventions, which consist of creating conditions for employees to optimize their functioning (Gable & Haidt, 2005). Positive psychology focuses on positive characteristics and experiences of individuals that contribute to them functioning optimally (Alex Linley, Joseph, Harrington & Wood, 2006). It is mostly aimed at fostering the strengths of the employees (Bakker & van Woerkom, 2018). However, positive psychology pays less attention to achieving someone's

personal values at work. In the work context, focussing on personal values is considered useful, since employees who achieve their personal values in their work, experience better work outcomes, such as lower sickness absence, more working years, and better performance, ability, and functioning (Abma et al., 2016). The focus on what people value in their work can be found in the capability approach (CA), which can be seen as an approach from a positive psychology mindset (Jayawickreme & Pawelski, 2013). The CA is introduced by Amartya Sen (1993) and states that well-being is based on an individual's opportunity to do and be what they believe has value. This approach evaluates employees' well-being by the level of achieving someone's life plans (Robeyns, 2005).

The CA has been applied in the work context by van der Klink (2017). He describes the opportunity to do and be what someone believes has value in a job as "work values". Once those work values are achieved, employees experience a higher level of well-being and will be longer sustainably employable in their current job (van der Klink, 2017). In recent years, increasing worker's well-being by paying attention to work values is of great importance, since employees experience work as a place to develop and as a place to achieve their personal goals. Currently, there is a lack of attention to work values in the work context. Applying a CA intervention will help to foster the focus on work values.

This master thesis, which is part of an overarching study, is evaluating the experience of nurses about the execution of a CA intervention. The intervention consists of a questionnaire about work values, and a conversation between the team leader and a small group of employees, to promote the focus on creating value for employees. It helps team leaders- and members to (1) identify the aspects that employees or teams value in their work, (2) work context factors that affect these values, and (3) individual or team actions that contribute to realizing these values. The pilot of the overarching study took place in a non-university hospital in the south of the Netherlands. This pilot research will be used as a case in this master thesis to discover in-depth information about the perceived effectiveness of the CA intervention on SE.

Work engagement, job satisfaction, person-job fit and intention to leave are self-selected concepts used as indicators to evaluate the experiences of the nurses and their perceived effectiveness of the CA intervention on SE. Those four concepts are also used as indicators of SE in the quantitative part of the overarching study. This quantitative research will measure if there are significant relationships between those indicators and SE. Therefore, it is interesting to go more in-depth with additional qualitative research in order to learn how and why those

indicators influence SE, and what mechanisms play a role in this relationship. Even though those four concepts are well-studied topics in literature, those are not yet studied within the work context of the CA. By treating the concepts of *work engagement* and *job satisfaction*, two different sides of positive psychology are explained. Work engagement covers the "active" part of positive psychology on employees since engaged employees are spending high levels of energy in their work, with certain positive outcomes as a result (Warr & Inceoglu, 2012). Job satisfaction covers the "passive" part of positive psychology on employees since it is the experience of something that has already occurred (Warr & Inceoglu, 2012). *Person-job fit* is selected as an indicator, since high scores on person-job fit, lead to lower levels of turnover, and in turn, people will stay longer in their job (Babakus, Yavas & Ashill, 2011). Finally, *intention to leave* is selected as an indicator of the expected SE since it indicates whether employees want to stay in their job, in other words, this indicates whether they will stay sustainably employable for a longer time (Tett & Meyer, 1993).

Based on the information above, the research question and sub-questions that will be examined are the following:

> *How did the capability approach intervention influence the perceived effectiveness on sustainable employability according to the healthcare workers working with this approach?*
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> - *How did the capability approach intervention influence the healthcare workers personally, and in particular their feeling of engagement, job satisfaction, person-job fit, and intentions to leave?*
> - *In what way were the personal benefits, and in particular the concepts feeling of engagement, job satisfaction, person-job fit, and intentions to leave, influenced by the capability approach intervention?*

Qualitative research enables us to supply complex descriptions of people's experiences. It enables to investigate someone's deeper beliefs, opinions and experiences (Mack, Woodsong, MacQueen, Guest & Namey, 2005). For this research, the aim is to gain in-depth information on the experiences of the intervention on healthcare workers personally. Additionally, the aim is to evaluate how the four indicators relate to each other, what mechanisms play a role in the working of the CA intervention and under what circumstances outcomes are achieved, which is still unclear in the work context of the CA. Considering this aim, a qualitative approach appears to be most appropriate.

The scientific relevance for this research can be found in the design traditionally used in research about the CA. Most research concentrating on the CA used a quantitative cross-

sectional design, which means they measured the consequences of the CA on one specific population at one point in time (Levin, 2006). However, this study focuses on the experiences of the nurses and on their deeper personal beliefs and opinions about the intervention. Additionally, yet unknown circumstances and mechanisms at play will be investigated. For those reasons qualitative research is used, which is unique in comparison to traditional research about the CA (Seale, 1999). Moreover, in their research, van der Klink et al. (2016) created a model of SE based on the CA in the work context. For further recommendations, they argue that more research needs to be done on evaluating interventions based on the CA model in the work context. This research contributes to literature in a way that an evaluation on the CA intervention in the work context in a hospital is provided. Furthermore, this master thesis is part of an overarching study, which will be a longitudinal evaluation study in multiple hospitals in order to obtain a complete view of the healthcare sector. The outcomes of this master thesis can be used to optimise and ensure complete preparation for the longitudinal evaluation study and, therefore, will contribute to the set-up of the overarching study.

The social relevance of this research is to bring theory to practice. As mentioned before, there is a shortage of healthcare workers, and the turnover increases, while at the same time, they become increasingly important due to the aging population. However, in practice, there is a lack of focus on the well-being of the healthcare workers, and the importance is often ignored. The CA is a promising approach to stimulate healthcare workers to give more value to their work since it was found to have many positive work-related outcomes (e.g., job performance and job functioning) (Abma et al., 2016). This research will bring to light whether the CA intervention is valuable in practical situations and whether it will contribute to the increase of SE of employees in the long term.

2. Theoretical background

2.1 Positive psychology interventions, CA intervention and SE

Positive psychology interventions are prepared activities aiming to acquire positive feelings, behaviours, and emotions (Koszycki, Raab, Aldosary & Bradwejn, 2010). Such an intervention is mostly focused on fostering worker's strengths to achieve positive outcomes (Carr, 2013). An example of a positive psychology intervention is an organized, targeted activity focussing on one's personal strengths to foster gratitude and altruism (Ho, Yeung & Kwok, 2014). In their research, Koszycki et al. (2010) found that positive psychology interventions enhance well-being and decrease negative feelings. The outcome well-being includes positive emotions, achievement, satisfaction, and engagement (Shoshani, Steinmetz, & Kanat-Maymon, 2016). Positive psychology interventions exist of many sub-interventions, all aiming to positively influence people (Bolier et al., 2013).

The CA intervention can be seen as a positive psychology intervention. In literature an intervention can be defined as a positive psychology intervention in case the intervention aims to identify, develop or broaden an individual (trait-like) construct (Meyers, van Woerkom & Bakker, 2013). Since the CA intervention aims to identify and implement individual values, in this research it can be considered to be a positive psychology intervention. In their research, Jayawickreme & Pawelski (2013) compared the CA approach and the positive psychology approach. The most important similarity they emphasize is that both approaches investigate individual well-being by how individuals evaluate their (work)life. Conversely, the most important difference is that the CA intervention pays attention to individual's opportunities to do and be what they believe has value, while positive psychology interventions are more focused on people's strengths (Carr, 2013; van der Klink et al., 2016). The CA is a theoretical framework introduced by Amartya Sen (1993). This framework entails people achieving well-being by concentrating on the capabilities they have, which are their valued life plans (van der Klink et al., 2016; Robeyns, 2011). The capability concept can be divided into three sub characteristics, which are (1) the abilities, (2) the facilities, and (3) the opportunities. Translated to the work context, it means that employees must have the ability to work, the facilities to perform valued tasks, and the opportunity to contribute to their personal and organisational goals, to give value to work (van der Klink et al., 2016). The CA intervention is appropriate for the work context, since employees realizing their work values, achieve better work outcomes (Abma et al., 2016). In their research, Abma et al. (2016) discovered significant positive

correlations between capabilities and job functioning, job performance, and workability. In addition, they discovered significant negative correlations between capabilities and sickness absence. By applying the CA intervention, consisting of a conversation between the team leader and a small group of employees, there will be a focus on the values important to employees. In case those values are awarded, enabled, and applied, it is expected they will influence the SE of the healthcare workers. Based on qualitative research, which is a valid method to evaluate employees' experiences and feelings, these complex relations and in-depth information will be investigated (Ritchie, Lewis, Nicholls & Ormstrong, 2013).

Van der Klink et al. (2016) explain the relationship between the CA and SE. Throughout history, income is seen as the most important work-related value added to work. However, in the post-industrial economy, other work-related values become increasingly important. For example, the use of knowledge and skills, having meaningful contacts, setting personal goals, and so on, have become more important. In recent times, work is a place where people can develop themselves and where they can achieve goals that are important to them. Since a growing amount of values became important instead of only the income level, work will be sustainable if work can provide those other work values. In other words, employees who realise their work values in an organisational setting, become more likely to continue their work, which means they will be more sustainably employable (van der Klink et al., 2016). According to Fleuren et al. (2016), SE is the ability to perform someone's work throughout their entire career. Nevertheless, in this research, SE is considered to be the ability to continue using knowledge and skills in someone's current job. Bossink (2011) explains that within the healthcare sector, managers striving for SE ensure their employees are able, vital, and motivated to perform their work and to continue performing their work. This reasoning corresponds with the well-known AMO model, which describes that employees will have a high performance in case they have the skills, motivation and opportunity to perform their work (Marin-Garcia & Tomas, 2016). In case this is pursued, it will lead to better capacity utilization, lower costs due to lower turnover and absenteeism rates, a better quality of work, and fewer legal costs (Bossink, 2011).

In this research, the focus will be on personal benefits, and in particular on four important concepts which are considered as indicators to evaluate the expected SE of the healthcare workers (work engagement, job satisfaction, person-job fit, and intention to leave). In the work context of the CA, it is still unclear how those four concepts relate to each other, and what mechanisms play a role in these relationships. Qualitative research makes it possible to evaluate how they relate and in what way those concepts are corresponding mechanisms.

Since SE is connected to the CA intervention and to positive psychology interventions, the four core concepts are expected to be connected individually to the CA intervention and to positive psychology interventions as well.

2.2 Work engagement

Work engagement is the level of vigour, dedication, and absorption that employees experience in their work. It entails having a high identification with the work the employee performs (Bakker & Demerouti, 2008).

Work engagement is a self-selected indicator of SE since it covers the "active" part of positive psychology on employees (Warr & Inceoglu, 2012). It is expected to predict SE since employees who score high on work engagement, are enjoying their work, and are highly involved and motivated (Bakker & Demerouti, 2007). Furthermore, they have positive health outcomes and are better at performing their tasks (Bakker & Demerouti, 2007). Additionally, according to van Dam, van der Vorst and van der Heijden (2009), engaged employees tend to postpone their retirement. Therefore, this is chosen as an important indicator to evaluate the expected SE of healthcare workers.

It is expected that due to a positive psychology intervention, healthcare workers will experience beneficial influences on their work engagement. The focus of positive psychology is on people's positive emotions (Sweetman & Luthans, 2010). Positive emotions have many beneficial outcomes for employees. The employees are able to overcome negative emotions, such as burnouts or job demands. Furthermore, they enable to broaden the resilience of people, which can be explained by the broaden-and-build theory of Fredrickson (2001). This theory implies that negative emotions narrow our attention focus and narrow the repertoire between thoughts and actions, which leads to, for example, stereotyping. On the contrary, positive emotions broaden the attention focus, and so the repertoire between thoughts and actions to more resourceful people. When people are more resourceful instead of narrow-focused, it leads to conditions creating efficacy, optimism, hope, and engagement (Sweetman & Luthans, 2010). Since concentrating on someone's capability will create higher levels of well-being and positive emotions, it is expected that the positive psychology intervention, in this case, the CA intervention, will influence the work engagement of employees (Shoshani et al., 2016). Albrecht (2013) explains that meaningful work is a mechanism through which positive psychology leads to work engagement. He explains that employers need to be aware of the deeper needs of their employees in order to get them more involved. McLennan (2005), Bailey

et al. (2017) and Harrison, (2013) explain circumstances in the work context which will be stimulating for experiencing work engagement. Those circumstances are interpersonal relationships, positive personal perception, and appreciation. With the aid of qualitative research we can explore how the relationship works and what mechanisms play a role in this specific context.

2.3 Job satisfaction

According to Locke (1969), job satisfaction "is the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values" (p. 316). Aziri (2011) found a direct link between job satisfaction and productivity and well-being. Job satisfaction is a condition to achieve one's goals in the job (Aziri, 2011).

Job satisfaction is selected as an indicator to predict SE since it covers the "passive" part of positive psychology on employees (Warr & Inceoglu, 2012). It is seen as a valid indicator since many previous authors have used this concept as a predictor of SE (van der Heijden & de Vos, 2015; Peters, Engels, de Rijk, & Nijhuis, 2015; Ybema, van Vuuren, & van Dam, 2017).

Both Waters (2012) and Avey, Luthans, Smith, and Palmer (2010) explained in their research that job satisfaction aligns with approaches of positive psychology since job satisfaction is one of the main indicators of psychological well-being. Furthermore, Jung and Yoon (2015) confirm this by explaining that having positive psychological capital, which entails the feeling of positive emotions, influences job satisfaction positively. It is expected that more focus on employees' work values, performed by a positive psychology intervention (in this case, a CA intervention), will positively impact the experience of job satisfaction of healthcare workers. The way in which positive psychology influences job satisfaction is also investigated in previous research. According to Luthans, Avolio, Walumbwa and Li (2005) the key condition under which this relationship will be stimulated is by a supportive organizational climate. Additionally, Brief, Butcher and Roberson (1995) found that a positive atmosphere is a key mechanism in the increase of job satisfaction. Numerous previous literature also investigated the antecedents of job satisfaction in the work context. Most common antecedents were found to be supportive management, supportive colleagues and recognition (Harrison, 2013; Dunn, Wilson & Esterman, 2005). Thus, those could be stimulating circumstances to experience job satisfaction. This research will provide insights into this relationship to discover under what circumstances it occurs in the this specific context.

2.4 Person-job fit

Person-job fit entails the match between the person and the job. It indicates that employees for whom the interests match the job requirements, will experience more satisfaction, and higher levels of well-being, mentally as well as physically (Carless, 2005).

Person-job fit is a self-selected indicator to predict SE since it influences employees turnover intentions (Babakus et al., 2011). The way it can predict SE can be explained by the Theory of Work Adjustment (Dawis, Lofquist & Weiss, 1968). This theory describes that there is a continuous interaction between the worker and its environment. In case the interaction meets its requirements, employees will be more satisfied, and the likelihood that employees will remain in the organisation will increase (Boon & Biron, 2016).

It is expected that a positive psychology intervention will influence the perceived match between the person's interests and the job. Kooij, van Woerkom, Wilkenloh, Dorenbosch and Denissen (2017) already proved that a positive psychology intervention influences a person-job fit. They applied an intervention to stimulate person-job fit through defining strengths and interests. As a result, they concluded that the intervention was useful to increase person-job fit (Kooij et al., 2017). Therefore, it is expected that the CA intervention will also influence person-job fit since both interventions are based on making employees more aware of the values and interests they have. Current literature on deeper information about the mechanism and circumstances playing a role in this relationship is lacking, which makes it even more interesting to investigate.

2.5 Intention to leave

Intention to leave, or turnover intention is the idea to abandon the job. Previous research found a positive relationship between turnover intentions and employees actually leaving the job (Bluedorn, 1982), which has a negative effect on the SE of employees. Intention to leave is chosen as an indicator of SE since it gives a clear indication whether people want to continue performing their job (Tett & Meyer, 1993).

To explain the relationship between positive psychology interventions and intention to leave, the broaden-and-build theory of Fredrickson (2001) can be used. According to this theory, positive emotions will build personal resources, which means it will meet life opportunities and life challenges, and in turn, life satisfaction. Therefore, employees who experience more positive emotions will be more satisfied and consequently will have fewer

turnover intentions (Siu, Cheung & Lui, 2015). They also investigated mechanisms and circumstances playing a role in the relationship between positive psychology and intention to leave. They explain that in case employees invested in positive psychology and experience positive emotional feelings towards the job, they are less likely to experience intention to leave. Additionally, employees experiencing stress symptoms will be more likely to experience intentions to leave even though they invested in positive psychology. Therefore, satisfaction and stress are playing roles in the relationship between positive psychology and intention to leave according to Siu, Cheung and Lui (2015). Furthermore, in their research focussing on nurses' leaving intentions, Takase, Yamashita and Oba (2008) found that nurses had lower turnover intentions when there was a match between their work values and the opportunity to reach those values. When there was a mismatch, their turnover intentions were higher. They also explain that the job environment is a circumstance playing a role in this relationship. For example, a dishonest reward structure could be a stimulating factor to experience tendencies to leave, despite the positive psychology investment. To conclude, it is expected by applying the CA intervention, employees will be more aware of the work values they have, and will evaluate whether there is a match in the opportunity to reach those values. In case there is a match, they will experience more positive emotions (Shoshani et al., 2016), and their intention to quit the job will decrease. This research will evaluate how those concepts relate and what mechanism play a role in this specific context.

In order to receive a broad and rich understanding of the consequences of the CA intervention on employees personally, and to understand how the CA intervention had impacted employees in addition to those four indicators, the scope of focus will be on more extensive consequences experienced as personal benefits by employees.

Based on the information above, the following sub-question is created:

> *(1) How did the capability approach intervention influence the healthcare workers personally, and in particular their feeling of engagement, job satisfaction, person-job fit, and intentions to leave?*

Qualitative research makes it possible to go more in-depth and discover in what way value realisation within the CA intervention contributes to influencing employees personally, and in particular in the feeling of engagement, job satisfaction, person-job fit, and intentions to leave. Therefore, the second sub-question is the following:

(2) In what way were the personal benefits, and in particular the concepts feeling of engagement, job satisfaction, person-job fit, and intentions to leave, influenced by the capability approach intervention?

In conclusion, in case healthcare workers accomplish the values that they perceive as important in their work, it is expected that they will experience positive personal benefits, and in particular more work engagement, more job satisfaction, better person-job fit, and less intention to leave.

3. Methodology

3.1 Research design

Considering the aim of collecting in-depth information on complex relations, the study is an exploratory qualitative study. Additionally, it contains a deductive aspect, since the four indicators (work engagement – job satisfaction – person-job fit – intention to leave) are pre-defined and will be tested in a healthcare environment. This master thesis is part of a pilot study, aiming to prepare for a longitudinal evaluation study taking place in the healthcare sector. For this qualitative study, semi-structured interviews are conducted with healthcare workers working at the neurosurgery department of the Elisabeth Tweesteden Ziekenhuis (ETZ). According to Ritchie et al. (2013), qualitative research provides in-depth information and can study complex relations, which is essential for evaluating employees' experiences and feelings. Since the aim of this research is to find in-depth information about the experiences of nurses, qualitative research is a valid study method to be performed. The Consolidated criteria for reporting qualitative studies (COREQ) are described in Appendix B, which consists of a detailed description of the research design (Tong, Sainsbury & Craig, 2007).

3.2 Procedure

The pilot of the overarching study started in June 2019, with a collaboration between Tilburg University and the ETZ. The CA intervention took place in the neurosurgery department of the ETZ. This department consists of the head of the department, and two team leaders, responsible for 45 employees divided over two teams. One team is responsible for short-stay patients, and the other team for long-stay patients. Before the intervention, team leaders were trained to perform the CA intervention. Thereafter, in June 2019, the intervention took place, which consisted of one dialogue per group comprising five to six employees and their team leader, which entailed a discussion about what employees value in their work and what is needed to achieve those values. This dialogue started with an individual questionnaire about work values, after which the conversation took place. Subsequently, the conversations were evaluated with the managers and trainers to determine further actions that contribute to realizing employees' work values. For this master thesis, all employees of the neurosurgery department were contacted by their supervisor with an invitation to participate in interviews about their experiences of the CA intervention. Before the interviews took place, interviewees received an introductory letter about the process, the aim, and the content of the research. This letter ensured the interviewees understood the aim of the interview and gave them the

opportunity to prepare. Thereafter, the respondents were asked whether they agreed to all conditions by signing an informed consent form. The first half of the interviews took place in an enclosed room on the neurosurgery department of the hospital, whereby the anonymity and reliability were emphasized in advance. The second half of the interviews were conducted through phone interviews since the COVID-19 restrictions started during the planned interview period. The interview guide was used to provide structure to the interviews (see Appendix A). This project has received ethical approval from the Ethics Review Board of Tilburg University (February 2019; EC-2019.59).

3.3 Sample

The team leaders of the ETZ selected employees of the neurosurgery department to participate in the interviews, based on their willingness and availability to attend the interviews and based on an approximately equal distribution over the two teams. After conducting 18 interviews, no new themes and information were identified that contributed to answering the research question. Therefore, data saturation had been achieved, and the data collection stopped (Fusch & Ness, 2015). The interviews took between 30 and 45 minutes. Three participants are male, and 15 participants are female, and their average age is 37. 66.7% of the interviewees work at the short-stay unit (N=12), and the rest works at the long-stay unit (N=6). The average organisational tenure is 15.5 years, and the average job tenure is 12.2 years. Since the characteristics of the participants are very diverse in terms of age, organisational tenure and job tenure, the sample is heterogeneous.

3.4 Instruments

An interview guide was used to perform a semi-structured interview to ensure all needed information would be obtained. The interviewer phrased questions about the experiences of the respondents of the CA intervention. The aim was to provide insights into how and why they experienced something, and how and why the intervention stimulated or held back those feelings. First, three pilot interviews with three master students were conducted to evaluate whether improvements were needed. Subsequently, one-on-one, face-to-face interviews were conducted in Dutch, based on the interview guide created beforehand (see Appendix A). Collecting qualitative data by interviews ensures complex relations and experiences can be investigated in-depth (Zohrabi, 2013). Furthermore, Ritchie et al. (2013) argue that qualitative research is reliable with the proviso that the most important concepts covered from the theory are likely to repeat, and the integrity with which they are found is sufficient.

3.5 Analysis

Three researchers each conducted six interviews. All interviews were audio-recorded, transcribed, and analysed. Interviewing and transcribing (including global analysing) were alternated to determine when data saturation was reached. After transcribing all interviews, member checking took place, which is a technique to evaluate the validity of the results (Birt, Scott, Cavers, Campbell & Walter, 2016). In this phase, participants were asked to check whether the transcript was in line with their experiences. All participants agreed and approved on their transcript being used for analysis. For the analysis, the qualitative data analysis software program Atlas.ti 8.0 has been used. The three-step method developed by Strauss and Corbin (1990) was used to analyse the interviews. The three steps consist of open coding, axial coding, and selective coding to structure useful information to answer the sub- and main research questions. The first phase, open coding, entails data was labelled, and codes were applied to the labels by breaking down the data (Moghaddam, 2006). All transcripts were open coded by two different researchers independently, and the codes were compared, which enhances the inter-rated reliability (Boeije, 2005). After this phase, axial coding started, with the aim to group the codes in categories with codes providing the same information about the same subject (Kendall, 1999). As a result, sub and head codes were distinguished. In the last phase, which is selective coding, the identified categories were related and compared to structure them (Strauss & Corbin, 1990). After the coding process, a coding tree has been created, illustrating all categories and the type of relation between the categories (see Appendix C). The final categories are used to draw conclusions about the experience of healthcare workers as a result of the CA intervention.

4. Results

In this chapter the findings will be presented, starting with the results on how personal benefits, and in particular the four different indicators of SE, are influenced by the CA intervention. Thereafter, the way in which the personal benefits, and in particular the four indicators of SE were influenced, will be presented.

4.1 CA interventions' personal benefits

Five mechanisms were found in which the CA intervention influenced participants personally: (1) evaluate the current situation, (2) improved team atmosphere, (3) understanding colleagues better, (4) learning more about themselves, and (5) feeling of being heard. These five personal benefits can be considered to be the routes through which the four indicators can be experienced, which will be further explained in section 5.1.1. The findings regarding the first research question will be outlined per overarching theme. Also, the outcomes of the influence on the four indicators of SE will be presented.

4.1.1 Evaluate the current situation

One way in which the CA intervention influenced participants personally was through an evaluation on the current situation since the dialogue made participants seriously review the current situation and possible improvements. The dialogue was seen as a moment of realization whether their values of importance could be realised within their job. Additionally, the dialogue was an incentive to start evaluating things they normally did not take into consideration. For instance, participants now considered the value of their work, the team performance, and whether the work is not at the expense of their personal life. Furthermore, it was highlighted they started to think as a team about what they could improve and what issues the team should be working on. However, they also considered individually what actions they could take to overcome their current problems.

> "*It was valuable to discuss things together we normally take for granted. It was a wake-up call and a realization that it is very special how we run everything together in our job*" (Employee 2).

4.1.2 Improved team atmosphere

From the perspective of the nurses, the CA intervention caused an improvement in the team atmosphere. Indicated reasons were that they came closer together as a team, they experienced a better relationship with their colleagues, and they experienced a more open environment. The team atmosphere is considered to be a personal benefit since it played a key role in their personal satisfaction and the experience of positive feelings towards their job. First, participants experienced they grew closer together as a team. A teambuilding feeling was stimulated since they realised they collaborated towards the same goal, and they thought, together as a team, about possible improvements. Furthermore, participants experienced that all team members respected each other, and nobody was excluded during the dialogue. Second, a better relationship with colleagues was highlighted. The dialogue itself raised more awareness among the participants of what was going on in the life of their colleagues, and their conversations obtained more depth. Therefore, a more personal connection with their colleagues was experienced, which caused a feeling of more satisfaction towards their job. Third, a more open atmosphere was experienced after the dialogue, since there was more positivity in the department, and a more open atmosphere to provide and receive feedback.

> "*Because of the conversation, a new mindset was developed, which creates an opener atmosphere to give feedback and to tackle problems together*" (Employee 3).

4.1.3 Understanding colleagues better

Due to the dialogue, participants received an insight into each other's values in work and in life, and these insights created a better understanding of their colleagues. First, everyone's roles and priorities became more clear, creating a better understanding of whom to rely on in case they need support for reaching a goal. Second, participants highlighted they attained more insights into each other and more understanding towards each other. For instance, they attained a deeper understanding of why a colleague behaves in a certain way or why they have certain priorities. Additionally, the dialogue created a realization that there are different perspectives to view certain things, and these different perspectives can be considered when interacting with colleagues.

> "*You realise you can think differently about certain things. It opens your eyes, and you realise there are different perspectives*" (Employee 2).

4.1.4 Learning more about themselves

Participants indicated they learned more about themselves due to the dialogue. The dialogue stimulated them to think about their own opinion and situation, they learned more about themselves by hearing other's opinions, and the questionnaire was experienced as a confirmation of their opinion towards the job. First, the conversation was perceived as a mirror that was held up to themselves, or as a self-reflection. For instance, participants thought about what was important for them in life and at work, whether they were still satisfied with the job, and their personal opinion towards other perspectives. Second, participants saw value in discussing and hearing the opinions of their colleagues. As a consequence of hearing those different opinions, they started seeing things differently, changed their mind about certain topics, and started to look at things from different perspectives. Also, hearing that they face the same obstacles as their colleagues made them realise they were not alone regarding some difficulties. Third, filling in a questionnaire about what they found essential in their work caused a self-reflection.

> *"The thing that was most valuable for me, would be that I have heard different opinions from my colleagues and that I started to evaluate situations differently. And I started doing things differently than I normally did*" (Employee 18).

4.1.5 Feeling of being heard

The last way in which the CA intervention influenced participants personally was through a feeling of being heard. Indicated reasons were that their team leader made an effort to listen and valued the opinion of her employees during the dialogue, and some noticed that their opinion was taken into account after the dialogue. First, a feeling appeared that the team leader thought it would be meaningful to hear the opinions of her employees, since she was attending the dialogue. Additionally, the fact that the team leader paid attention to issues they normally did not discuss was valued, such as work pressure and personal problems. Second, even though most participants did not see any actions that were taken after the dialogue, some participants experienced the team management took their discussed opinions into consideration. Especially in terms of development, the leaders regularly asked about their developmental needs.

"*I had the feeling they give us attention, and they listen to us. So it indicated that the team management is busy listening to their employees in what they want*" (Employee 14).

The overarching themes and its related sub-themes are represented in Table 1.

Table 1. *Five overarching themes and its sub-themes*

Overarching theme	**Sub-theme**
1. Evaluating the current situation	• Dialogue stimulates evaluating possibilities • Review the current situation and improvements
2. Improved team atmosphere	• Closer as a team • More open atmosphere • Better relationship with colleagues
3. Understanding colleagues better	• Roles and priorities become clear • More understanding towards each other
4. Learning more about themselves	• Learn from hearing others' opinion • Evaluation from the questionnaire • Stimulated to think about own opinion
5. The feeling of being heard	• Opinion heard and valued by team leader during dialogue • Management took into account discussed opinions

4.1.6 Influence of the CA intervention on four indicators

As indicated above, when the participants shared their experience of the intervention, several personal benefits were indicated. However, when the participants were directly asked whether they experienced any difference in work engagement, job satisfaction, person-job fit, or intentions to leave, as a consequence of the intervention, a direct influence was hardly noticed.

In terms of work engagement, participants had the feeling they were already engaged before the intervention, and did not experience any changes in their work engagement as a consequence of the intervention.

With regard to job satisfaction, participants were already satisfied with their job before the intervention, or they did not think an intervention would solve fundamental issues many healthcare workers are facing, such as work pressure. However, it was indicated that a positive team atmosphere, feeling part of the team, and having a positive connection with colleagues are the main contributors of their satisfied feelings towards their job.

Concerning person-job fit, participants did not experience any changes in their job matching their interests. First, the fit between their personal interests and the healthcare job had always been good, as the majority of the nurses participated in career tracks which tested their personal interests in the job context. Second, participants explained they did not experience changes in person-job fit, since their interests had not changed as a consequence of the intervention. In other words, they misinterpreted person-job fit as experiencing a change in their interests, and not in their interests fitting their job.

Regarding intentions to leave, participants did not experience any changes in their intentions to leave as a consequence of the intervention for two different reasons. First, they had never considered leaving their job, and the intervention did not influence this. Second, they considered leaving their job in the past. However, the reason for their consideration was not within the scope of the intervention. For instance, one of the nurses considered leaving the job because of the irregularities involved in the job. Those irregularities cannot be solved by this intervention for the fact that it is characterizing for the healthcare sector. Further, some employees considered leaving the job because they pursued development in other areas. Those considerations are also not within the scope of the intervention.

4.2 The way in which personal benefits were influenced

The personal benefits mentioned above were caused during the dialogue part of the intervention. In other words, having group conversations with a small group and the team leader caused personal gains specified above. However, the intervention was more than only a group conversation, for it included further actions that contributed to realizing employees' work values as well. Nevertheless, most participants interpreted the CA intervention as only a dialogue for the three reasons that they did not see that any concrete actions were taken

afterwards, they did not connect certain actions to the intervention, and they did not receive any feedback and communication towards the outcomes of the dialogue. Therefore, the cause of the experienced personal benefits is based on the dialogue part of the intervention.

All personal benefits had one important factor in common, namely that a secure setting was created, in which enough time had been made to have a sound discussion, where employees could discuss other topics than they would usually do.

Participants discussed topics they would not easily bring up during a regular working day. In this particular setting, they talked about topics such as valuable aspects in their job, priorities of colleagues, and skills or topics to be further developed. These are all topics they did not discuss in a regular work setting.

> "*The value of the conversations, I think, is that you have a calm moment where you can talk about other things than during the coffee breaks. You can simply zoom in on several things, and that's very valuable*" (Employee 2).

Furthermore, a stimulating factor to discuss those topics in-depth was that they experienced the atmosphere of the dialogue as sufficiently safe and open to be completely honest. First, the created setting in which they were together with a small group of colleagues they already knew, made participants feel safe. Support from their colleagues was perceived during the conversation, in which it was agreed that all discussed opinions would remain confidential. Second, an open atmosphere was created by the attitude of the team leader. Due to her open and calm attitude, an environment was created in which they could share everything they wanted. Third, all colleagues and the team leader made an effort to listen to each other, they allowed everyone to speak without interruptions, and they respected each other without any judgement. These aspects resulted in everyone feeling sufficiently confident to discuss things they normally would not discuss easily. For instance, in this particular setting, they felt confident to discuss the behaviour of the team leader and their thoughts about moving to another department.

> "*Normally, I would not say to the team that I am looking for other work. But the good atmosphere made it easier to be fully open and honest.*" (Employee 8).

Additionally, the intervention was planned in a time slot in which enough time had been made to discuss all the desired work values. On a regular working day, there is a lack of time to discuss these topics in-depth. Therefore, the part of the intervention they valued most was

having that conversation in an open and safe setting, in which enough time had been made, to discuss topics usually not discussed. And if they discussed other topics than usual in that particular setting, they started to evaluate the current situation, they came closer together as a team, they learned more about themselves, they understood their colleagues better, and they felt heard. Hence, it seems that the first step in the way that the personal benefits are influenced by the CA intervention is talking with colleagues in a safe, open, and respectful atmosphere, in which enough time had been made to have a sound discussion, about topics they would not easily discuss in the regular work setting.

5. Discussion and conclusion

The primary goal of this research was to gain in-depth information on how the CA intervention had impacted healthcare workers personally, and in what way and under what circumstances those outcomes were achieved. Since the dialogue took place in a safe, open, and respectful atmosphere, in which enough time had been made to have a sound discussion, the participants felt sufficiently confident to address topics they would normally not discuss easily. Discussing those topics in a small group of employees and with the team leader was experienced as valuable and resulted in the experience of several positive personal consequences. Due to the valuable conversation in this unique setting, they reviewed the current situation and considered the possibilities for improvement. Participants experienced they came closer as a team, experienced a more open atmosphere, and developed a better relationship with their colleagues. They received more insight into each other and created more understanding towards each other. Participants learned more about themselves by hearing other's opinions and by thinking about and sometimes even reconsidering their own opinion. Lastly, they perceived their opinion was heard and valued by the team leader, and she took the opinions into consideration in the period after the dialogue. However, unexpectedly, the participants did not experience any changes in their work engagement, job satisfaction, person-job fit, or intention to leave as a consequence of the intervention.

5.1 Discussion

5.1.1 Outcomes from the CA intervention

Unexpectedly, influences on the four indicators of SE were hardly noticed by the participants. There may be several reasons for the lack of experienced influences. First of all, the issue on SE did not appear to be a major problem in this sample. The interviewed nurses already felt engaged, they were already satisfied with their job, they experienced a fit between themselves and the job, and they did not have the intention to leave. The fact that there was no problem with SE may have caused the influences to be hardly noticed. Second, despite the CA intervention consisting of the dialogue and further actions that contributed to the realization of employees' work values, participants mostly associated the intervention with the dialogue only. This is explained by the fact that they did not experience concrete actions being taken afterwards, and they did not receive any communication on the outcomes of the dialogue. Fleuren, Wiefferink and Paulussen (2002) emphasize the importance of communication and feedback after the implementation of an intervention. A lack of communication of the outcomes

is a barrier to the success of implementation since participants do not perceive any renewal despite their effort, which will have demotivating consequences. This misinterpretation of the CA intervention could have affected the lack of effect on SE. Lastly, SE and the four indicators are long term measurements, which could mean that those influences are not yet experienced one year after the start of the intervention, but that this requires more time. Numerous different positive psychology interventions focussing on employee outcomes have already been executed and investigated. Most frequent employee outcomes from past studies were job satisfaction, well-being, job stress, work engagement, and job performance (Donaldson, Lee & Donaldson, 2019). Considering the method of those previous studies, most were longitudinal studies, in which the interventions included a pre- and post-intervention. After the post-intervention, those employee outcomes were found (Harty, Gustafsson, Björkdahl & Möller, 2016; Kaplan et al., 2014; Winslow et al., 2017). The outcomes resulting from those positive psychology interventions are not corresponding to the findings from this CA intervention. However, those positive psychology intervention results were found after a longer time, in which several intervention phases were spread over a more extended period, while this study measures its outcomes one year after the start of the intervention. Therefore, this study contributes to literature in a way that it demonstrates consequences after the first phase of an intervention, so it illustrates what precedes on long-term employee outcomes. Despite the fact that these three reasons could be responsible for the lack of experienced influences on the four indicators, the intervention still led to personal benefits which positively influenced employees' feelings towards their job.

The five overarching themes – evaluating the current situation, improved team atmosphere, understanding colleagues better, learning more about themselves, feeling of being heard - were personal benefits other than the four indicators of SE. However, these are contributing mechanisms to experience positive personal feelings towards someone's job. In previous research about positive psychology interventions it is said that these interventions aim to acquire positive feelings, behaviours, and emotions (Koszycki, Raab, Aldosary & Bradwejn, 2010). This study confirms that a positive psychology intervention has these outcomes, since the personal benefits experienced by the participants as a consequence of the intervention are all positively influencing them.

The dialogue stimulated to evaluate personal possibilities and improvements within the nurses' current job situation. Being able to evaluate is a component that provides added value to the cognitive processes of human beings, such as the ability to adapt and the ability to

develop. In turn, people that are able to evaluate are more open to learning in the workplace, have fewer difficulties with adapting to new circumstances, and are more open to new experiences (van Seggelen-Damen, & van Dam, 2016).

Further, in terms of team climate, team members came closer together as a team, and they experienced a more open atmosphere, they understood each other better and experienced better relationships. Participants already indicated a positive team climate as being the basis of enjoying their job. Positive feelings towards the job are stimulated in teams where positions of others are respected and understood, where everyone can freely and honestly bring up their ideas, and where team members respect each other (Proenca, 2007). The interpersonal relationship between nurses was confirmed by many other researchers as the significant importance of nurses' job satisfaction and work engagement (Dunn, Wilson & Esterman, 2005; McGillis, Doran, & Pink, 2008; McLennan, 2005; Meraviglia et al., 2009).

Additionally, participants learned more about themselves by hearing the opinions and experiences of others, and this stimulated them to rethink their own situation. In turn, they received a better perception of their strengths and abilities. The positive personal perception of someone's strengths and abilities are positively associated with feelings of engagement towards the job (Bailey et al., 2017).

Further, employees felt heard by their team leader, or in other words, they perceived recognition and appreciation. Both are fundamental human needs, since every individual wants to feel recognised for their work and wants to feel appreciated for their contribution. Recognition is, together with praise, one of the main factors in experiencing a preferable place to work and in satisfaction towards the job (Harrison, 2013). Additionally, both Bailey et al. (2017) and Cortese, Colombo and Ghislieri (2010) emphasize that support from managers is a vital antecedent in the feeling of work engagement and satisfaction.

Taken together, the indicators work engagement and job satisfaction are influenced by antecedents such as support from managers, recognition, and relationship with colleagues, which are in line with the personal benefits found from the interviews. The indicators work engagement, and job satisfaction are, in turn, antecedents of intentions to leave, which is the closest indicator to SE (Parry, 2008; Griffeth, Hom & Gaertner, 2000; Mathieu & Zajac, 1990; Meyer & Herscovitch, 2001). To conclude, the five personal benefits are actually the routes through which the four indicators can be experienced. In other words, even though participants were already satisfied, engaged, had a good fit with the job, and did have no intentions to leave,

this research illustrates that participants experienced stimulators for fostering SE as a consequence of the intervention, so the results are conducive to lead to more stimulation of SE in the long term. At the same time, this illustrates how the four indicators relate to each other within this specific context, which contributes to literature for the fact that previous research in this context has not yet looked into this.

5.1.2 Underlying mechanisms of the perceived personal benefits

As mentioned previously, participants mostly associated the intervention with the dialogue only. They experienced a safe and open atmosphere during the dialogue where everyone listened to each other without any judgement. Concerning this, Whitbourne (2017) explains critical conditions for having a useful conversation: listen to what the other persons are saying, express yourself open and honest, and avoid making judgements. Those conditions correspond to conditions experienced by the participants, therefore this study confirms the importance of conditions for a crucial conversation. Additionally, according to Nielsen and Randall (2009), a manager's attitude during a team-based intervention plays a crucial role in the outcomes of an intervention. This research confirms this as the open attitude of the team leader was a stimulating factor for the participants in experiencing an open atmosphere. Further, the small group of employees attending the dialogue was perceived as pleasant. Interventions in small groups are more personal, and closer communication leads to more engagement during an intervention (Fleuren et al., 2002). Moreover, enough time had been made to have an in-depth discussion about specific topics. All those conditions made it easier to discuss topics they usually did not easily discuss, which in turn made it possible to experience the personal benefits. In other words, personal benefits and consequences from the CA intervention start with having the conversation in an open, safe, and respectful atmosphere about things they would normally not discuss easily.

5.2 Strengths and limitations

In the theoretical background, four different indicators predicting SE were extensively described, and those were expected to be influenced by the CA intervention. Due to the use of a qualitative approach, it was possible to explore whether other than those four indicators were experienced by the participants. Those other findings were also in the scope of focus, which brings broader and more informative results in comparison to applying a quantitative approach. Moreover, the sample of this research is heterogeneous in terms of personal characteristics. Ensuring heterogeneity and, in turn, generalisability is not necessarily the main goal of

qualitative research (Guest, Bunce & Johnson, 2006). Nevertheless, it contributes to the strengths of this research since a broader perspective has been created. In general, different generations have different work goals and priorities. In their research, Gursoy, Chi and Karadag (2013) distinguish three different generations available within contemporary organisations. First, they explain Baby Boomers (born between 1946 and 1964) give priority to reaching goals and expect others to have the same vision and working hours as their own. Second, generation X (born between 1965 and 1980) value concepts such as development, flexibility, and feedback. Third, Millennials (born between 1981 and 2000) value recognition and being challenged most. Since those generations experience different concepts as personal benefits, it results in more comprehensive findings. Additionally, by using qualitative research, based on semi-structured interviews, detailed and in-depth human experiences could be explored, which is another strength of this research (Seale, 1999). Lastly, since this pilot study is part of an overarching study, the results are beneficial to optimise the implementation of the CA intervention in other hospitals, since it highlights what needs extra attention and improvement.

Some limitations should also be acknowledged. One limitation of this research concerns that the interviews took place one year after the start of the CA intervention. Many participants mentioned a lot of information disappeared from their memory, and many participants were not able to share their experiences on all topics since they did not remember the intervention in detail anymore. However, the period of one year between the start of the intervention and the interviews could also be perceived as a strength, since it enabled to evaluate the follow-up actions and consequences of the CA intervention.

Another limitation concerns the different indicators linked to the concept of 'sustainable employability'. It is a broad and long-term concept, which is divided into indicators by many previous researchers to enable them to measure the concept. However, in literature there is a lack of consistency in the indicators used for measuring SE. For example, some use the indicators: health, productivity, valuable work (Hazelzet, Picco, Houkes, Bosma & de Rijk, 2019); and other use: employability, work engagement, and affective commitment (van Dam, van Vuuren & Kemps, 2017). A thorough explanation of which indicators are in- or excluded is not considered in this study. Additionally, it is difficult to compare the results of this study with the results of other studies measuring SE. However, in this research, the four indicators are chosen based on theoretical information and on indicators of SE used in the questionnaire, which ensures consistency in this overarching study.

Besides, some limitations regarding the interviews should be recognized. Based on their willingness and availability, nurses were selected to attend the interviews. However, conclusions based on a voluntary response sample could have been biased in a way that only participants who were interested in the CA intervention were selected, or who were already aware of the topic of SE (Etikan, 2016). Additionally, part of the conducted interviews were phone interviews. During the period the interviews were conducted, restrictions in terms of human contact were brought by the Dutch government because of the COVID-19 crisis. Therefore, half of the interviews were not allowed to be conducted face-to-face anymore, and it was decided to continue by using the telephone. Despite phone interviews have some disadvantages in comparison to face-to-face interviews, because they are less social, more formal, conversations and there is a loss of information caused by the absence of non-verbal communication (Irvine, Drew & Sainsbury, 2010), a great amount of valuable information was still provided through these phone conducted interviews.

5.3 Recommendation for further research

For further research, it would be recommended to measure indicators of SE repeatedly over a more extended period. The results of this research indicate that the participants did not experience any changes as a consequence of the intervention on work engagement, job satisfaction, person-job fit, and intention to leave. Since SE measures the ability for employees to participate in work in the long term (Fleuren, van Amelsvoort, Zijlstra, de Grip & Kant, 2018), it is difficult to draw those long-term conclusions within one year after the start of the intervention. Participants might experience changes in those four indicators of SE after a more extended period. Despite the valuable information discovered about the precedents of these long-term concepts, it would still be valuable to measure whether these precedents actually influence the experience of concepts such as job satisfaction and work engagement. Concerning this, it would be recommended to conduct additional quantitative research, on top of the qualitative research, in order to see whether the consequences of the CA intervention are significant. For quantitative research, it would be recommended to distribute questionnaires several times after the start of the intervention, for instance, every half a year, and include on top of the four concepts also short-term concepts, such as a feeling of being heard, understanding colleagues better, etcetera. This enables to explore if and when those short-term effects change into the experience of long-term concepts.

Additionally, it would be recommended for further research to use the concept sustainable employability in its extended definition. In this research, SE is defined as the ability to continue using knowledge and skills in someone's current job. However, it would be interesting to see what influences the CA intervention would have on the ability to continue employment regardless of the job or sector. Focussing on career SE would result in broader and more comprehensive information. In addition, it could be that when employees focus on the work values they hold, they realize that these values can be utilized in other jobs or sectors as well. Consequences as such would be interesting to explore for further research.

Moreover, the underlying aim of this research was to tackle the problems in the healthcare sector in terms of poor well-being and high levels of turnover. Despite the intervention having several positive consequences for the nurses personally, it cannot be concluded with certainty that the problems in the healthcare sector will be solved with the CA intervention. This is due to the fact that all interviewees were already satisfied with their job. Therefore, it would be suggested for further research to restrict the scope of sample to nurses who experience poor well-being. That way, more investigation can be done on whether the CA intervention will tackle the problems the healthcare sector is currently facing.

5.4 Practical implications

Due to the shortage of healthcare workers, healthcare organisations should pay more attention to prevent them from leaving their job. The CA is an approach focusing on the work values of employees, to help them to give more value to work. Results from this research indicate that the CA intervention could be a promising intervention as a starting point to stimulate healthcare workers to stay longer in their job. Even though retention was not a problem in this specific sample, the intervention still has resulted in several personal benefits, which are contributors of the experience of positive personal feelings towards their job. Therefore, this research can be used as an incentive to apply this intervention within several healthcare organisations. It is crucial for organisations to take into consideration when performing a CA intervention that the dialogue takes place in an open, safe, and respectful atmosphere, in which enough time is made to have a sound discussion, since the results indicate that this helps employees to feel sufficiently confident to discuss valuable topics they usually not easily discuss. This atmosphere can be created by conducting the dialogue in a pleasant, enclosed room, with a small group of employees who already know each other, and where the team leader ensures an open attitude. Another important factor to keep in mind when

implementing the CA intervention is to ensure that, additionally to the dialogue, there is also attention for the needed actions that contribute to realizing employees' work values. This research illustrates that when employees do not perceive concrete actions taken after the dialogue and when they do not receive any feedback, they experience personal benefits only resulting from the dialogue itself. Therefore, in order to gain broader results from the complete intervention, it is important to focus on creating concrete action points, to communicate those regularly, and to provide continuous intervention related feedback.

5.5 Overall conclusion

This study aims to provide insights into how the individual employees within the healthcare sector experienced the CA intervention, by answering the research question: *How did the capability approach intervention influence the perceived effectiveness on sustainable employability according to the healthcare workers working with this approach?*. Based on the findings, participants did not experience changes in their work engagement, job satisfaction, person-job fit, or intentions to leave as a consequence of the intervention. However, they did experience personal benefits from the intervention related to (1) evaluating the current situation, (2) improved team atmosphere, (3) understanding colleagues better, (4) learning more about themselves, and (5) feeling of being heard. Besides the fact that those benefits are contributing mechanisms to the experience of positive personal feelings towards someone's job, those personal benefits are also antecedents of work engagement and job satisfaction, which are, in turn, antecedents of the intention to leave. Therefore, those personal benefits could be the basis of stimulating SE positively in the long term. Further, the way in which those personal benefits were influenced, was by the dialogue itself, and specifically, by having a conversation in an open, safe and respectful atmosphere, in which enough time has been made to have a sound discussion, about things they would usually not easily discuss. In conclusion, this research illustrates that having the CA conversation in an open, safe, and respectful setting about topics employees would normally not easily discuss, contributes to achieving long term SE.

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7. Appendix

Appendix A: Interview guide zorgmedewerkers - Aandacht voor Werk als Waarde in de zorg (Dutch)

Introductie:

- Welkom: Goedemorgen/middag. Bij voorbaat dank dat u bereid bent om deel te nemen aan dit interview. Ik zal mezelf eerst even kort voorstellen en daarna wat meer vertellen over het onderzoek waar dit interview een onderdeel van gaat zijn.
- Introductie: Naam, master Human Resource Studies, Tilburg University. Project: aandacht voor werk als waarde in de zorg. Interviews met twee andere studenten.
- Onderwerp/doel: Op de afdeling is de afgelopen tijd gewerkt met de aandacht voor werk als waarde methodiek. Hier wil ik wat vragen over stellen aan de hand van dit interview.
- Verwachting: Het interview zal ongeveer een half uur duren. We zullen het hebben over het groepsgesprek van vorig jaar, wat er vervolgens voor activiteiten zijn ondernomen en wat wel en wat niet goed werkte voor u.
- Veiligheid: Belangrijk om te vermelden is dat u vrij bent om alles te vertellen, er zijn geen goede en foute antwoorden, het gaat om uw ervaringen. Alles wat u vertelt wordt vertrouwelijk behandeld; uw leidinggevenden, collega's of anderen in uw organisatie hebben geen toegang tot deze gegevens. Als er gedurende het interview dingen onduidelijk zijn laat het me weten.
- Toestemming: het gesprek nemen we op met een audiorecorder. Dit doen we uitsluitend zodat wat is gezegd we goed kunnen verwerken en ik me tijdens het interview kan concentreren op het gesprek. De verwerkte gegevens zullen niet herleidbaar zijn tot individuele personen. Is dit akkoord?
- Formulier: Ik heb hier nog de informatiebrief en toestemmingsformulier. Het is belangrijk dat we die invullen en ondertekenen voordat we beginnen. Zodat we de data verder mogen gebruiken. Ik heb tevens een korte vragenlijst, waar we enkele achtergrondgegevens vragen (Informed consent en vragenlijst laten invullen).
- Heeft u nog vragen voordat we beginnen? Dan zetten we nu de voicerecorder aan.

<u>1. Groepsgesprek</u>

Vorig jaar, rond juni, hebben er groepsgesprekken plaatsgevonden met een aantal van uw collega's en teamleider. In dat gesprek hebt u eerst een vragenlijst over onder andere werkwaarden ingevuld en bent u vervolgens met elkaar in gesprek gegaan hierover. Klopt?

Q1.1: Kunt u wat over dit groepsgesprek vertellen?

- Met wie?
- Waar zaten jullie? Hoe was de setting?
- Wat voor gesprek?

Q1.2: Hoe heeft u het gesprek ervaren?

- In hoeverre vond je het prettig, nuttig, noodzakelijk? Waarom, kunt u daar iets meer over vertellen?
- In hoeverre was het lastig? Waarom, kunt u daar iets meer over vertellen?
- Hoe was de sfeer in de groep? Waarom, kunt u daar iets meer over vertellen?
- In welke mate ervaarde u een veilig gevoel tijdens het gesprek / open om mening te geven / eerlijk zijn? Waarom, kunt u daar iets meer over vertellen?
- Hoe was het dat uw teamleider erbij was / dat uw collega's erbij waren? Waarom, kunt u daar iets meer over vertellen?
- Doorvragen naar randvoorwaarden (randvoorwaarden niet benoemen)

Q1.3: Hoe ging je het groepsgesprek in?

- In welke mate wist je wat er van je werd verwacht? Indien, nee: Hoe vond je dat je niet wist wat het was?
- Vooraf voldoende informatie gekregen? Doorvragen: waarom wel/niet
- In welke mate had je je willen voorbereiden? Doorvragen: waarom wel/niet
- Doorvragen naar randvoorwaarden (randvoorwaarden niet benoemen)

Q1.4: Wat is er besproken in het gesprek?

- In hoeverre ging het gesprek over wat voor u belangrijk is in werk?
- In hoeverre ging het over wat voor het team belangrijk is in werk?
- In hoeverre is gesproken wat u/het team nodig heeft om te bereiken wat voor u belangrijk is?
- In hoeverre zijn er zaken boven tafel gekomen die anders niet worden besproken?
- In hoeverre zijn er concrete acties besproken?
- Doorvragen naar randvoorwaarden (randvoorwaarden niet benoemen)

Q1.5 Hoe was het om dit gesprek met collega's te voeren?

- Gaf dat nieuwe inzichten? Weet je van elkaar wat je belangrijk vindt?
- Begrip voor elkaars situatie?
- Waarom is het belangrijk om dit te bespreken met elkaar?
- Doorvragen naar randvoorwaarden (randvoorwaarden niet benoemen)

Q1.6: Wat was de rol van de teamleider in het gesprek?

- Wat deed ze?
- Hoe deed ze dat?
- Op welke manier was zij bepalend voor de sfeer?
- In hoeverre gaf ze je een veilig gevoel?
- In hoeverre zorgde ze ervoor dat iedereen aan het woord kwam?
- In hoeverre liet ze jullie aan het woord? En luisterde ze naar wat jullie zeiden en jullie gevoelens?
- In hoeverre voelde u zich gesteund en begrepen door uw teamleider tijdens het gesprek?
- Doorvragen naar randvoorwaarden (randvoorwaarden niet benoemen)

Q1.7: Wat vond u van de organisatie van het groepsgesprek?

- Hoe denkt u dat dit kan worden verbeterd?
- Is er voldoende tijd vrij gemaakt om het gesprek te voeren?
- Hoe ervaarde u het tijdstip op de dag van het groepsgesprek?
- Was er voldoende personeel aanwezig?
- Had u andere mensen bij het gesprek willen zien zitten?
- Zijn er volgens u voldoende acties uitgezet om de implementatie goed te laten slagen?
- Hoe zou u de implementatie van het groepsgesprek beoordelen?
- Wat zou er nog anders moeten?
- Doorvragen naar randvoorwaarden (niet benoemen randvoorwaarden)

Q1.8: Laatste vraag: terugkijkend op het groepsgesprek…

- Wat heeft het gesprek u opgeleverd?
- Wat was er goed aan?
- Wat heeft u het meest gewaardeerd aan het gesprek?
- Wat zijn verbeterpunten?

2. Na het groepsgesprek

We hebben het net gehad over wat er is gebeurd tijdens het groepsgesprek. Nu wil ik het graag hebben over wat er na het groepsgesprek is gebeurd.

Q2.1: Hoe werd het groepsgesprek afgerond? Hoe liep je het gesprek uit?

- Zijn er doelen gesteld? Ging dit om individuele doelen of ook om teamdoelen?
- Zo ja, welke doelen zijn er gesteld?
- In hoeverre zijn er concrete acties besproken?
- Hoe heeft u de afronding van het gesprek en het maken van concrete plannen ervaren?

Q2.2: Wat is er gebeurd na het groepsgesprek?

- Welke acties zijn er na het groepsgesprek ondernomen?
- Door wie zijn deze acties geïnitieerd? Welke rol had de teamleider en manager? Hoe vond u dat?

Q2.3: Welke impact heeft het groepsgesprek en de acties daarna gehad op u en het team?

- In hoeverre is de sfeer binnen het team veranderd?
- Gaat u nu anders met uw collega's om?
- Hoe voelt u zich binnen het team? Voelt u zich veilig binnen het team?
- Is het duidelijk voor uw waar iedereen zich momenteel op focust?
- Voelt u zich gesteund in het realiseren van uw doelen door collega's?
- Bent u gemotiveerd om dingen te veranderen? Merkt u dit bij anderen?

Q2.4: In hoeverre wordt u ondersteunt om voor u belangrijke doelen te realiseren?

- In welke mate spelt/spleen uw teamleider / manager hier een rol in?
- Is de rol van uw teamleider veranderd na het groepsgesprek?

- Welke invloed heeft de teamleider op de sfeer in het team?
- Hoe kan de teamleider u nog beter helpen?
- Hoe is uw huidige relatie met uw teamleider?
- In hoeverre is de teamleider op dit moment bezig met jouw persoonlijke werk waarden? En die van het team?
- Durft u eerlijk te zijn tegen uw teamleider?

Q2.5: Wat heeft het groepsgesprek opgeleverd voor u persoonlijk?

- Is er iets veranderd door het groepsgesprek waardoor u minder/meer tevreden bent over uw werk?
    - Waarom is dit verbeterd? Waardoor komt het? (denk bijvoorbeeld aan: de focus op het realiseren van uw werkwaardes; dat u een gesprek heeft gehad met het team; dat interesses gedeeld zijn; dat u zich gehoord voelde, etc.). Hoe komt dat dan? Wat heb je dan wel nodig om dit te veranderen? Wat in dat gesprek is het dan? Noem ook kleine voorbeelden.
    - Hoe denkt u dat dit nog invloed gaat hebben / gaat veranderen in de verdere toekomst?
- Is er iets veranderd door het groepsgesprek waardoor u zich meer/minder betrokken voelt binnen uw werk (kan zijn organisatie/afdeling/team)?
    - Waarom is dit verbeterd? Waardoor komt het? (denk bijvoorbeeld aan: de focus op het realiseren van uw werkwaardes; dat u een gesprek heeft gehad met het team; dat interesses gedeeld zijn; dat u zich gehoord voelde, etc.). Hoe komt dat dan? Wat heb je dan wel nodig om dit te veranderen? Wat in dat gesprek is het dan? Noem ook kleine voorbeelden.
    - Hoe denkt u dat dit nog invloed gaat hebben / gaat veranderen in de verdere toekomst?
- Is er iets veranderd door het groepsgesprek in de mate waarin de baan past bij uw interesses en bij u als persoon?
    - Waarom is dit verbeterd? Waardoor komt het? (denk bijvoorbeeld aan: de focus op het realiseren van uw werkwaardes; dat u een gesprek heeft gehad met het team; dat interesses gedeeld zijn; dat u zich gehoord voelde, etc.). Hoe komt dat dan? Wat heb je dan wel nodig om dit te veranderen? Wat in dat gesprek is het dan? Noem ook kleine voorbeelden.
    - Hoe denkt u dat dit nog invloed gaat hebben / gaat veranderen in de verdere toekomst?
- Zou u willen blijven op deze afdeling/ binnen deze organisatie? Hoe ziet u de toekomst hier op de afdeling? Uw loopbaan?
    - Heeft u er al weleens nagedacht om te veranderen van baan/afdeling? Heeft dit verschil gehad tussen voor en na het groepsgesprek?
    - Waarom is dit verbeterd? Waardoor komt het? (denk bijvoorbeeld aan: de focus op het realiseren van uw werkwaardes; dat u een gesprek heeft gehad met het team; dat interesses gedeeld zijn; dat u zich gehoord voelde, etc.). Hoe komt dat

dan? Wat heb je dan wel nodig om dit te veranderen? Wat in dat gesprek is het dan? Noem ook kleine voorbeelden.

- Patiënten niveau, is er iets veranderd in hoe u met patiënten om gaat?

Q2.6: Als je terugkijkt naar de periode na de groepsgesprekken, wat zijn dan de vervolgacties die zich hebben afgespeeld?

- Wat ging hierbij goed?
- Wat ging hierbij minder goed?
- Wat zou er nodig zijn om vervolgactie beter te integreren/implementeren/effectiever in te zetten?

3. Nu en de toekomst

Q3.1 Als ze heel positief zijn → wat is er nodig omdat vast te houden?

Als ze negatief zijn → wat heb je nodig in de toekomst dat je hier wel wat aan hebt?

Q3.2: Wat denkt u dat er in de toekomst nog gaat veranderen binnen het team?

- Is de methodiek voldoende om echt iets te veranderen?
- Wat is er nodig om de positieve sfeer binnen het team te behouden?
- In hoeverre gaat het contact met collega's veranderen?
- Gaan er veranderingen plaatsvinden in uw werk door de focus op werk als waarden in de zorg?

4. Afsluiting

Q4.1: Zijn er nog dingen die wij niet gevraagd hebben die u graag kwijt wilt?

Dank u wel voor dit gesprek en uw openheid. Wij gaan het interview zo snel mogelijk uitwerken, en daar krijgt u een kopie van. Vervolgens gaan we u nog vragen of u het eens bent met de uitwerking. Deze informatie zullen wij gebruiken om onze master thesissen te schrijven.

Appendix B: Consolidated criteria for reporting qualitative studies (COREQ)

Domain 1.: research team and reflexivity

1. Interviewers	Richelle Senders; Lieke Sengers; Inge Koreman
2. Credentials	BSc, currently master students
3. Occupation	Master Human Resource Studies
4. Gender	Female
5. Experience and training	All interviewers have experience in conducting in-depth, semi-structured and face to face interview
6. Relationship established	Before the interviews, there was no relationship between the interviewers and interviewees
7. Participant knowledge of the interviewer	Prior to the interview, interviewees received an information letter with all information needed for the interview. At the beginning of the interview, the most important information was repeated
8. Interviewer characteristics	Interviewers prepared for the interview by conducting knowledge of their own topic and by sharing each other's information. All interviewers were interested in conducting knowledge about the CA intervention on all different subjects

Domain 2: Study design

9. Methodological orientation and theory	Inductive, partly deductive
10. Sampling	Convenience sampling
11. Method of approach	Face-to-face interviews
12. Sample size	18 interviews
13. Non-participation setting	-
14. Setting of data collection	The interviews were conducted in the organisation of the interviewees, in a patient room of the hospital
15. Presence of non-participants	During three interviews, the mentor of the master thesis students was present, to see whether everything went well
16. Description of sample	See sample section in method
17. Interview guide	The interview guide was created by three researchers and checked, and re-checked, by the mentor (see Appendix A)
18. Repeat interviews	No

19. Audio/visual recording	All interviews were audio-recorded
20. Field notes	No
21. Duration	The interviews took 30-45 minutes
22. Data saturation	Data saturation occurred after 18 interviews
23. Transcripts returned	At the beginning of the interview, interviewees were asked about their e-mail address in order to check transcript content. After transcribing, the transcripts were send to the interviewees in order for them to agree with the content or not

Domain 3: analysis and findings

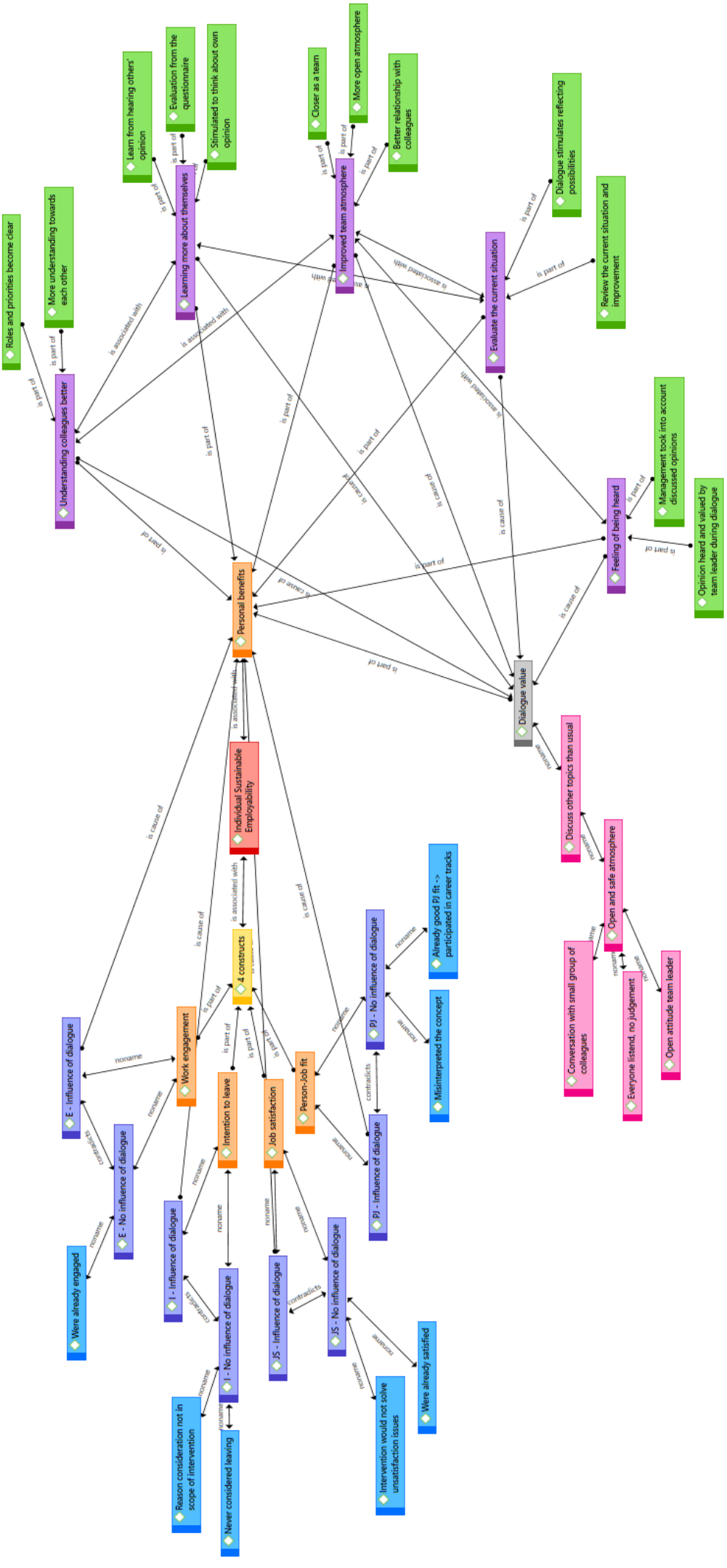
24. Number of data coders	In order to enhance inter-rater validity, every transcript was coded by two interviewers, focusing on all three subjects
25. Description of the coding tree	See Appendix C
26. Derivation of themes	Codes were made during open coding. During axial and selective coding, themes and categories were made
27. Software	Atlas.ti 8
28. Participants checking	The transcripts were checked by participants, and they all agreed
29. Quotations presented	In order to clarify the findings, and to get a feeling on how things were expressed, quotations are added in the results section. Each quotation is identified by an employee number
30. Data and findings consistent	The findings and the data are consistent
31. Clarity of major themes	Yes, the five overarching themes and the four indicators of SE are presented
32. Clarity of minor theme	Minor themes are also presented

Appendix C: Logbook steps in coding and network Analysis from Atlas.ti

Before coding, four themes were identified from the theoretical framework – work engagement, job satisfaction, person-job fit, intention to leave. However, also other personal benefits were in the focus of the scope. Therefore, the five overarching themes appeared additionally to those four indicators.

Coding procedure:

1. All 18 interviews were first summarized (including demographic characteristics), and after, transcribed.
2. All transcripts were open coded by two different researchers (two coders per transcript). All coders came up with their own codes, however, during the coding procedure, several meetings have taken place to discuss how to articulate codes.
   During open coding, directly all codes were linked to a number: 1. Describes a code covering 'barriers and facilitators of the intervention'; 2. Describes a code covering 'individual influences'; 3. Describes a code covering 'team influences'.
3. All open codes from different researchers were compared and, if needed, adapted or added.
4. All researchers separately continued with their own number: Researcher 1 continued with 1. 'barriers and facilitators of the intervention'; Researcher 2 continued with 3. 'team influences'; Researcher 3 continued with 2. 'individual influences'.
5. (This master thesis focuses on theme 2 'individual influences'). All codes with number 2 were added to a separate file, and categories were created (e.g., evaluating the current situation; feeling of being heart; etc.).
6. From those categories, a code tree was created in the open network option (see code tree below).
7. Within the code tree, all relationships were displayed.


Roles and priorities become clear
More understanding towards each other
Learn from hearing others' opinion
Evaluation from the questionnaire
Stimulated to think about own opinion
Closer as a team
More open atmosphere
Better relationship with colleagues
Dialogue stimulates reflecting possibilities
Review the current situation and improvement
Management took into account discussed opinions
Opinion heard and valued by team leader during dialogue
Understanding colleagues better
Learning more about themselves
Improved team atmosphere
Evaluate the current situation
Feeling of being heard
Personal benefits
Dialogue value
Individual Sustainable Employability
4 constructs
Work engagement
Intention to leave
Job satisfaction
Person-Job fit
E - Influence of dialogue
E - No influence of dialogue
I - Influence of dialogue
I - No influence of dialogue
JS - Influence of dialogue
JS - No influence of dialogue
PJ - Influence of dialogue
PJ - No influence of dialogue
Already good PJ fit -> participated in career tracks
Misinterpreted the concept
Were already engaged
Were already satisfied
Reason consideration not in scope of intervention
Never considered leaving
Intervention would not solve unsatisfaction issues
Discuss other topics than usual
Open and safe atmosphere
Conversation with small group of colleagues
Everyone listend, no judgement
Open attitude team leader
is part of
is associated with
is cause of
contradicts
noname