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ORIGINAL ARTICLE

An examination of work engagement's antecedents and consequences in a sample of U.S. community mental health providers

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Abstract

The study examined the relationship between job demands and resources, work engagement, and turnover intentions in a community mental health context. Using path analysis, we tested a conceptual model where we hypothesised that job demands (pressure to produce and role ambiguity) had a negative relationship to work engagement (H1) and resources (team commitment, supervisor relationship, and connection to organisational mission) were positively related to engagement (H2). Furthermore, greater engagement would be related to lower intention to leave the job (H3). Additionally, we hypothesised that there was an indirect effect of job demands and resources on turnover intention mediated via engagement (H4). The study used cross-sectional data collected in 2018 from a sample of $N = 170$ mental health providers employed in a community mental health centre in the Southwest region of the United States. The study findings suggest that the job demands tested, pressure to produce and role ambiguity, were negatively related to engagement (H1). Of the job resources tested, only team commitment and connection to mission were positively related to engagement (H2). Work engagement was negatively related to intention to leave (H3). There were indirect effects of job demands and job resources (pressure to produce, role ambiguity and connection to the organisation mission) on intention to leave mediated through engagement (H4). The findings suggest that managers and administrators in community mental health organisations may help promote a more stable workforce by bolstering the resources that lead to greater work engagement and mitigating the job demands that reduce engagement.

KEYWORDS
community mental health care, management and organisation, organisation management, quantitative research, workforce, workforce issues

1 | INTRODUCTION

Given the estimated 51.5 million adults in the U.S. who are diagnosed with a mental illness (Substance Abuse & Mental Health Services Administration, 2020), the need for a stable and healthy community mental health (CMH) workforce is great. Anticipated shortages in the behavioural health workforce and high turnover rates in the U.S. (estimated average 30%; Hyde, 2013) make building a stable workforce, a top priority (U.S. Health Resources & Services Administration, n.d.). A distinguishing feature of human service organisations is the critical role that skilled and committed frontline professionals play in service delivery (Patti, 2009). Human service work such as CMH can

be a source of great intrinsic rewards (Hasenfeld, 2010), but also can be stressful. Often CMH organisations may require employees to work with limited resources, high time pressure, high caseloads, and with consumers in crisis (Hasenfeld, 2010; Patti, 2009).

For mental health professionals, job stress, job satisfaction and organisational climate are key predictors of workforce retention (Brabson et al., 2020; Fukui et al., 2020; Yanchus et al., 2017) and service quality (Glisson & Green, 2006). Turnover is a natural occurrence, but high rates are a threat to organisations and consumers. Recruiting and training new employees are costly and turnover erodes the therapeutic relationship between provider and consumer (Hyde, 2013).

Research on mental health provider turnover has focused on job burnout (Maslach et al., 2001), which has long been cited as a threat to the stability of the human service workforce (Maslach & Leiter, 2016; Mor Barak et al., 2001; O'Connor et al., 2018). However, the concept of work engagement has gained critical importance in the industrial psychology field in an effort to explicate the factors that lead to a thriving workforce (Bakker & Leiter, 2010; Bakker et al., 2008). To date, research on the predictors of engagement among CMH providers is limited.

Leaders in CMH organisations are challenged with providing quality services while securing an engaged and stable workforce. In this study, we examine the interrelationships between job demands and resources, work engagement, and turnover intentions among a sample of CMH providers. Our study is undergirded by the Job Demands-Resources theory, which assumes that all jobs have unique demands and resources that contribute to work engagement or its antipode, burnout (Bakker & Demerouti, 2007). We tested a conceptual model of demands and resources specific to the CMH practice field as predictors of work engagement, and their subsequent impact on intentions to stay on the job. We conclude with a discussion of our findings and recommendations for CMH workforce management practice.

What is known about this topic

- Turnover continues to be a problem in the community mental health services field.
- There are unique job demands and resources to every work setting.
- Job demands and resources predict work engagement.

What this paper adds

- Pressure to produce and role ambiguity are a threat to the work engagement of community mental health providers.
- Team commitment and a connection to the organisation's mission are associated with greater work engagement among community mental health providers.
- Community mental health providers experiencing greater work engagement are less intent to leave their job.

1.1 | Defining work engagement

Work engagement is a positive, work-related state of wellbeing characterised by enthusiasm and strong identification with work (Bakker & Leiter, 2010). Research on work engagement developed in response to the disproportionate focuses on burnout within organisational psychology (Bakker et al., 2014). Burnout has long been studied and thought to be a problematic condition for human service professionals (Maslach et al., 2001). Burnout, defined as feelings of emotional exhaustion, depersonalisation, and reduced personal efficacy, stands in contrast to work engagement (Leiter & Maslach, 2017; Maslach et al., 2001). The *burnt-out* worker has been characterised as emotionally depleted and disconnected from work. Alternatively, work engagement, first introduced by Kahn (1990), refers to a worker who is connected to and fulfilled by their work (Bakker et al., 2014). The most widely used definition of work engagement is that by Bakker and Schaufeli (2015) who define it as a positive work-related state of mind consisting of feelings of energy (vigor), involvement (dedication) and absorption with one's work. A common component of many engagement measures is affective engagement, or feeling positive, enthusiastic and energised by work (Soane et al., 2012). Affective engagement is analogous to Bakker and Schaufeli's (2015) concept of vigor and represents the polar opposite of emotional exhaustion, a key factor of burnout. Research has linked engagement to a number of positive personal and work-related outcomes, such as job satisfaction, higher productivity, better job performance, more creativity, greater organisational commitment, improved subjective well-being, better quality of services and retention (Bakker & Leiter, 2010).

1.2 | Job demands-resources model

The Job Demands-Resources Model (JD-R) explains the predictors and consequences of work engagement and assumes that all occupations have unique demands and resources (Bakker & Demerouti, 2007; Demerouti & Bakker, 2011). Demands include aspects of the job that require sustained physical or psychological effort, whereas resources are anything that reduces or facilitates meeting demands or stimulates personal growth and development (Bakker & Demerouti, 2007). The JD-R model postulates that two underlying processes occur, the strain and motivation processes, which influence organisational outcomes (Bakker et al., 2007). Within the JD-R model, it is assumed that job demands will trigger a health impairment process when job demands are too high, which leads to burnout. Alternatively, resources can lead to a motivational process that can improve engagement. Job burnout and engagement are theorised to mediate the relationship between job demands, resources, and various organisational outcomes including turnover

intentions (Bakker et al., 2007; Schaufeli & Taris, 2014). Thus, to understand the factors leading to work engagement, examining job demands and resources is vital. We posit that there are unique demands and resources relevant to the CMH context that will trigger the motivational process purported in the JD-R model.

1.2.1 | Job demands

Theory and research show that an emphasis on production and a lack of clarity in work roles can be demands in the CMH context. In a meta-analytic study of work engagement antecedents, a negative relationship was found between work overload and engagement (Halbesleben, 2010). Previous research highlights the CMH organisations' overemphasis on producing. In their study of Norwegian human service providers, Martinussen et al. (2012) found a negative correlation between workload and engagement. Previous studies using samples of clinicians in the CMH field have also found that workload affects workplace experiences. For example, in their study of CMH clinicians in the U.S., Luther et al. (2017) found that those who worked overtime to meet work demands or had higher workloads had higher burnout, lower job satisfaction and lower perceived quality of service provision. In their sample of mental health clinicians providing post-traumatic stress disorder care to veterans within the U.S. Veteran's Administration, those who reported having too much clinical work had higher levels of emotional exhaustion (Garcia et al., 2014).

Similarly, role ambiguity is a job demand that impacts work engagement. JD-R theory suggests that role ambiguity, defined as a lack of information on a position's specified set of tasks and responsibilities, is a job demand negatively related to work engagement (Hakanen & Roodt, 2010; Rizzo et al., 1970). Previous research suggests a negative relationship between levels of engagement and role ambiguity (Vassos et al., 2013).

1.2.2 | Resources

Given the context of the CMH field, we postulate that relationships with peers, supervisors and feeling a connection to the organisational mission are important resources to those in this work setting. Previous research shows that working collaboratively is necessary to providing quality mental health services (Kutash et al., 2014; Onyett, 1999). Teamwork leads to effective service due to the exchange of ideas and shared learning (Singh, 2000). Another important resource is the supervisory relationship. CMH services are contingent upon a strong relationship with one's supervisor. In their meta-analysis examining the impact of supervision on health service provider outcomes, Mor Barak et al. (2009) found that supervisory support and positive interpersonal interactions with one's supervisor led to a decrease in burnout and turnover and an increase in positive intention to stay in the organisation.

Connection to the mission of the organisation is also an important resource for CMH providers. Research and theory suggest that an intrinsic motivation to help others is what draws many of those in the helping professions to fields such as CMH (Hasenfeld, 2010). Therefore, an alignment with the mission of the organisation should promote engagement with one's work. Previous research in similar fields suggests that among those in the non-profit sector, an attachment with the mission of the organisation was related to job satisfaction and intention to remain in the organisation (Brown & Yoshioka, 2003; Kim & Lee, 2007).

1.2.3 | Work engagement and turnover

Turnover of CMH staff is an ongoing problem as it increases organisational costs and poses a threat to the development of a therapeutic relationship (Leach, 2005). Previous research has found that burnout, low job satisfaction, low wages, and the emotionally demanding nature of the work are all predictors of turnover among CMH providers (Brabson et al., 2020). Work engagement is thought to mediate the relationship between job demands and resources on job-related outcomes such as organisational commitment and turnover intention (Bakker et al., 2014; Halbesleben, 2010).

1.2.4 | Study aims

The present study tests several hypotheses informed by theory and literature on work engagement. We hypothesise that job demands (pressure to produce; role ambiguity) are negatively related to work engagement (H1); resources (team commitment; supervisor relationship; connection to organisation mission) are positively related to engagement (H2); and engagement is negatively related to intention to leave (H3). We further hypothesise that there is an indirect effect of job demands and resources on turnover intention via engagement (H4; see Figure 1).

2 | METHODS

2.1 | Procedures

Data for the present study are from a cross-sectional survey carried out in a large CMH organisation in the Southwestern region of the U.S. The survey was developed by the organisation's Research and Evaluation Department as an annual survey used to monitor organisational work climate. The survey was administered online via SurveyMonkey, a proprietary online survey platform (SurveyMonkey Inc., 2018). The survey invitation and reminder emails were sent to all staff in October 2018. Participants received no incentive to participate.

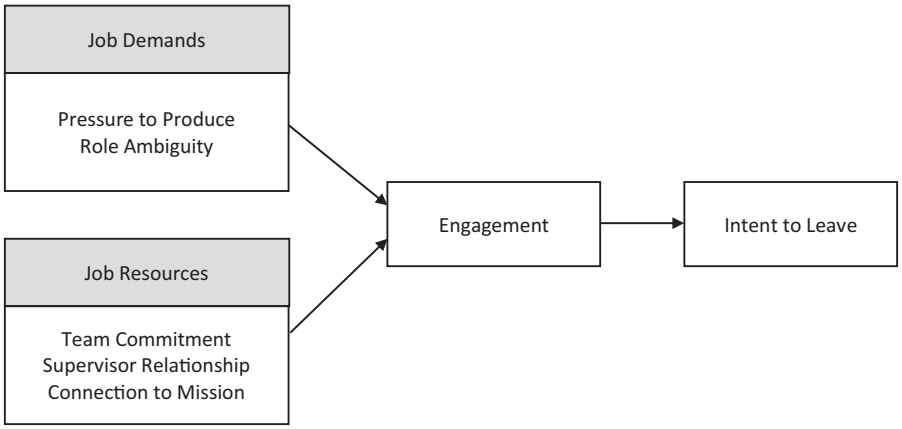

FIGURE 1 Conceptual model of job demands, job resources, work engagement, and intention to leave among CMH providers. CMH, community mental health

2.2 | Sample

All 486 employees in the CMH organisation were invited, of which, 464 responded to the survey, representing a 95% response rate. The present study focuses on a subsample consisting of outpatient clinical staff members (counsellors, therapists, care coordinators, specialists, lead clinical supervisors, nurses, psychologists and psychiatrists; $N = 173$) due to the interest in the CMH workforce and to remove any confounds of the varied non-client facing roles. After excluding participants who did not provide enough demographic information to classify them as clinical staff and be included in the subset, the response rate for outpatient clinical staff was 84%. Participants self-reported their position, division and tenure in the organisation. Position and division options were categorical. Division options were Adult Services, Child and Family Services, Substance Use, and Medical. Tenure was reported in interval years.

Participants were informed of the voluntary and anonymous nature of participation and no identifiable information was collected. The study was approved by the California State University, Fullerton Institutional Review Board.

2.3 | Measures

Unless otherwise indicated, all measurement scale response options were Likert-like responses ranging from 1 = *Strongly Disagree* to 5 = *Strongly Agree*. All scales had good reliability as evidenced by Cronbach's α (seen in Table 2).

2.3.1 | Intention to leave

Intention to leave assessed employees' thoughts and intentions of leaving the organisation within the next few years and was measured with the four-item Intent to Leave scale developed by Abrams et al. (1998). A sample item is, "In the next few years I intend to leave this organization." Higher scores represent greater intent to leave.

2.3.2 | Work engagement

Work engagement, defined as feeling enthusiasm and energy from one's work, was measured using a modified version of the Intellectual Social Affective (ISA) Engagement scale (Soane et al., 2012). The validity and reliability of the ISA has been tested in samples using public civil servants and workers in a mental hospitals (Gyensare et al., 2017; Mañas-Rodríguez et al., 2016). The full scale includes three subscales: intellectual engagement, social engagement and affective engagement (three items each). Only the affective engagement subscale was used because it was the most conceptually similar to other widely used engagement measures. The items include, "I feel positive about my work, "I feel energetic about my work," and "I am enthusiastic in my work." The original scale was modified from seven-point Likert-like response options to five.

2.3.3 | Team commitment

Team commitment, the degree to which one is connected with, inspired by, and values their relationship with their direct work unit, was measured with a modified version of the Organisational Commitment Scale (OCS; Mowday et al., 1979). The OCS asked respondents to report on their commitment to the organisation. We followed common practice methods used in other organisational studies and modified the items to assess for team commitment by replacing the word "organisation" with "team" (Gupta, 2015; Neininger et al., 2010). The original 15-item scale was reduced to six items, which were selected to be the most relevant to team commitment, to reduced item redundancy, and to reduced cognitive burden on respondents. The six retained items addressed the core aspects of the construct, which were a strong belief in and acceptance of the teams goals and values ("I find that my values and the team's values are very similar"); a willingness to exert considerable effort on behalf of the team ("I am willing to put in a great deal of effort beyond what is normally expected in order to help my team be successful"); and a strong desire to maintain membership in the team ("I could just as

well be working for a different team as long as the type of work was similar" [reverse coded]). The seven-point Likert-like response options were reduced to five.

2.3.4 | Supervisor relationship

Supervisor relationship reflects a positive connection with an employee's supervisor and measures feelings of support, confidence in the supervisor, and the effectiveness of the working relationship. Supervisor relationship was measured with a modified version of the Leadership-Leader Member Exchange scale (Scandura & Graen, 1984). A sample item is "How well do you feel that your immediate supervisor recognizes your potential?" Unlike the other measures, each item had a four-category response ranging from low endorsement (e.g., *Never* or *Not at all*) to high endorsement (e.g., *Always* or *Completely*).

2.3.5 | Connection to mission

Connection to mission, the overall sense that the organisation is achieving its mission and that one's work is a contributing factor, was a four-item scale internally developed through review of previously established scales on organisational commitment (Allen & Meyer, 1990) and vision (Testa et al., 1998) and with consultation from the organisation's Research and Evaluation Department and key personnel. The items had strong face-validity and displayed convergent validity in their correlations to theoretically linked variables, specifically, engagement (positively) and intention to leave (negatively). The items were "My personal values align with the mission and goals of the agency," "I am satisfied with the way in which [Organization] is carrying out its mission and goals," "My work contributes to the fulfillment of the agency's mission and goals," and "I understand how policy/programmatic decisions contribute to help achieve the agency's mission and goals."

2.3.6 | Pressure to produce

Pressure to Produce is the perception that one's workload is too demanding and that external production demands exist (e.g. performance monitoring, supervisor oversight and external deadlines). This perception of work pressure results in negative work outcomes (Bakker & Leiter, 2010). Pressured to Produce was measured with a modified version from the Organizational Climate Measure (Patterson et al., 2005). A sample item is "People here are under pressure to meet targets." The original scale was modified from a four-point Likert-like response to five.

2.3.7 | Role ambiguity

Role Ambiguity is the degree to which someone is clear about their work roles and responsibilities, including knowing what to do, how to do, and understanding how much authority one has. Role Ambiguity was measured with a modified version of the Role Ambiguity scale (Rizzo et al., 1970). One item was dropped from the original six-item scale based due to a lack of relevance for the organisational context. A sample item is "I have clear planned goals and objectives for my job." For ease of interpretation, scores were reversed so that higher scores represent more role ambiguity.

2.4 | Data analysis

Data were assessed and determined to meet the assumptions for path analysis. Variable data were interval, shared a linear relationship, had no evidence of multicollinearity, and was largely homoscedastic. Our study sample size met the suggested minimum sample size-to-parameter ratio of 5:1 proposed by Bentler and Chou (1987) and with 31 free parameters the minimum sample size would be $N = 155$. Moreover, data were obtained from nearly the entire organisation population of clinical staff (reducing chances of bias), normally distributed, and containing minimal missingness (<5%; Wolf et al., 2013). The path model was tested using IBM SPSS AMOS software with a full information maximum likelihood method (Arbuckle, 2020).

Power analysis was conducted using the R pwr package (Champely, 2020) and indicated that a sample of $N = 61$ was needed to detect a moderate direct path effect above the 0.80 level. Missingness for scales was completely at random as determined by Little's Missing Completely at Random (MCAR) test (Little, 1988) and minimal (<5%). Participant-scale average was imputed for each scale with one item missing, whereas listwise deletion was done for anything in excess of one. Data was compared with and without imputation and no impact was observed. Three participants were dropped through data screening and listwise deletion resulting in a final sample of $N = 170$.

3 | RESULTS

3.1 | Demographics

Participants were representative of the organisation from which it was drawn. Table 1 displays the sample demographics. Most participants were from the Adult and Family services divisions, over 40% in each. Adult Service providers served clients as young as 16 years old, but primarily served clients 18 years old or older. Family service providers served clients from 0 to 18 years old, including services involving the clients' caregivers. Many of the participants were unlicensed therapists (41.8%, $n = 71$) and nearly a third (30.1%, $n = 50$) were with the organisation for less than 1 year.

3.2 | Frequency of work engagement and intention to leave

Table 2 presents the means, standard deviations, correlations and Cronbach's alpha coefficients for the study variables. As Table 2

demonstrates, the correlations were consistent with our theoretical model (Figure 1). Job resources: team commitment ($r = 0.52$, $p < .001$), connection to mission ($r = 0.61$, $p < .001$) and supervisor relationship ($r = 0.24$, $p = .002$) had significant positive correlations with work engagement, indicating that higher levels of each were associated with greater engagement. Job demands: role ambiguity ($r = -0.58$, $p < .001$) and pressure to produce ($r = -0.38$, $p < .001$) shared correlations in the expected direction. Less clear roles and more pressure to produce were associated with less engagement and higher turnover intentions. Engagement had a strong negative correlation with intent to leave ($r = -0.54$, $p < .001$). Notably, pressure to produce also had a strong positive correlation with intent ($r = 0.58$, $p < .001$).

TABLE 1 Sample demographics ($N = 170$)

	%	n
Division		
Adult services	45.9	78
Family services	42.9	73
Medical	7.6	13
Substance use	3.5	6
Position		
Therapist I (unlicensed)	41.8	71
Therapist II (licensed)	17.1	29
Clinical supervisors	15.3	26
Other clinical roles	16.5	28
Medical roles	9.4	16
Tenure		
Less than 1 year	30.1	50
1–1.9 years	16.9	28
2–2.9 years	21.1	35
3–4.9 years	18.1	30
5 or more years	13.9	23

Note: Clinical supervisors include lead clinical supervisors, lead psychologist, training psychologist and clinical program coordinators. Other clinical roles include care coordinators, case managers, counsellors, specialist, etc. Medical roles include psychiatrists, doctors and nurses. Four participants were missing tenure information. Tenure was self-reported as interval years and collapsed into categories for reporting purposes.

3.3 | Model estimation

The theoretical model was tested and revised to improve model fit by adding direct paths from pressure to produce and team commitment to intent to leave and dropping the path for supervisor relationship on engagement. Supervisor relationship was the only non-significant path ($p = .09$) and high correlations between pressure and team commitment with intent to leave, as well as theoretical rationale, guided our decision for revision. Results of the goodness-of-fit test are presented in Table 3. After the modification, the revised model improved fit. The chi-square for the revised model was non-significant, $\chi^2(2) = 0.152$, $p = .927$, indicating that the observed and model implied covariance matrices did not significantly differ. The chi-square by degrees of freedom ratio (χ^2/df) was 0.076, CFI = 1.00, RMSEA = 0.00, 90% CI [0.00, 0.05], and SRMR = 0.004, all indicated good model fit. AIC, an incremental fit index, showed improvements from the theoretical model to the revised model.

Figure 2 displays the path diagram for the final model. The final model was formulated after reviewing and adjusting paths to improve model fit while remaining theoretically consistent. Standardised and unstandardised direct, indirect and total effects for the final model are found in Table 4.

3.3.1 | Direct effects

In the revised model (Figure 2), the work demands of pressure to produce ($\beta = -0.20$, $p < .001$) and role ambiguity ($\beta = -0.30$, $p < .001$) were significantly negatively related to lower work engagement, indicating that those who experience high levels of pressure and role ambiguity were less engaged. Alternatively, the job resources of team commitment ($\beta = 0.14$, $p = .043$) and connection to mission ($\beta = 0.33$, $p < .001$) were significantly positively related to greater engagement. Those who work in a team where they feel connected, supported and shared values were more engaged. Further, those who felt connected to the mission also tended to be more engaged.

TABLE 2 Means, standard deviations and correlations among study variables

Variable	α	M	SD	1	2	3	4	5	6
1. Intent to leave	0.90	3.22	0.94	—					
1. Engagement	0.89	3.92	0.71	−0.54***	—				
1. Team commitment	0.75	3.86	0.56	−0.52***	0.52***	—			
1. Connection to mission	0.85	4.11	0.58	−0.39***	0.61***	0.59***	—		
1. Supervisor relationship	0.87	3.28	0.58	−0.23**	0.24**	0.34***	0.28***	—	
1. Role ambiguity	0.85	3.98	0.61	0.38***	−0.58***	−0.43***	−0.52***	−0.46***	—
1. Pressure to Produce	0.85	3.92	0.72	0.58***	−0.38***	−0.30***	−0.19*	−0.19*	0.26**

*$p < .05$; **$p < .01$; ***$p < .001$.

TABLE 3 Goodness-of-fit test results

Model	χ^2 (*df*)	χ^2/df	CFI	RMSEA	SRMR	AIC
Baseline model	445.29 (21)	21.20				
Theoretical model	62.46 (5)	12.49	0.87	0.00	0.08	122.47
Revised model	0.152 (2)	0.076	1.00	0.00	0.04	50.152
Fit criteria						
Good fit	>0.05	≤2.00	>0.95	<0.05	<0.08	Smaller values indicate better model

Abbreviations: χ^2, chi-square value; χ^2/df, chi-square by degrees of freedom ratio; AIC, Akaike information criterion; CFI, comparative fit index; *df*, degrees of freedom; RMSEA, root mean square error approximation; SRMR, standardised root mean square residual.

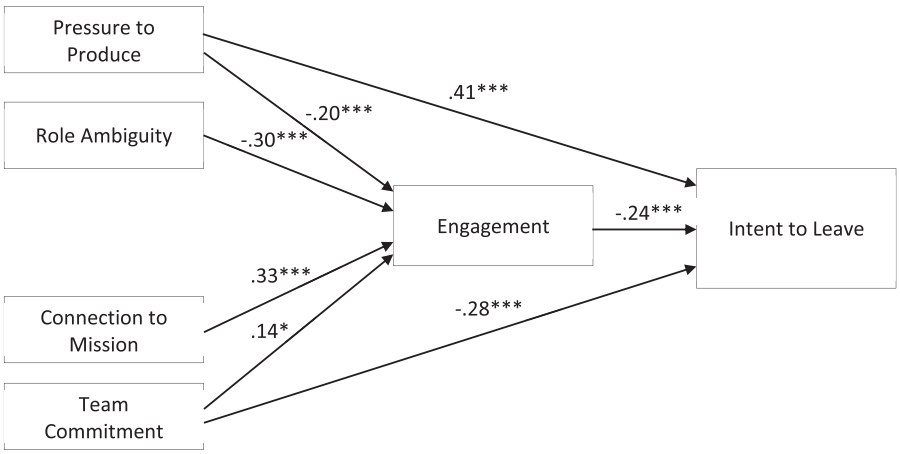

FIGURE 2 Final model of job demands, job resources, work engagement, and intention to leave among CMH providers. The final model with standardised coefficients (β) is displayed ($\chi^2 = 0.152$, $df = 2$, $p = .927$, CFI = 1.00, RMSEA = 0.00, SRMR = 0.004.). CMH, community mental health. $^*p < .05$, $^{**}p < .01$, $^{***}p < .001$

R^2 indicated that 52% of the variance in engagement could be explained by these factors. These findings supported H1 and H2.

Engagement ($\beta = -0.24$, $p < .001$) was significantly negatively related to intent to leave. Specifically, the more engaged with work the less one was intent on leaving the organisation. Pressure to produce and team commitment also had a direct effect on intent. The strongest relationship was the significant positive relationship between pressure to produce ($\beta = 0.41$, $p < .001$) and intent to leave, indicating that those who are experiencing high levels of pressure were more intent to leave. Conversely, team commitment ($\beta = -0.28$, $p < .001$) was significantly negatively related to intent, indicating that those working in positive and supportive teams tended to want to stay at the organisation. R^2 indicated that 51% of the variance in intent to leave could be explained by the model. These findings supported H3; however, the direct relationships found from pressure to produce and team commitment were not hypothesised.

3.3.2 | Indirect effects

Results from the path model indicated several indirect effects on intent to leave. In order to test the indirect effect of job demands and resources on intent to leave, bootstrap sampling with 2,000 samples was used to estimate effects, confidence intervals and significance tests (Preacher & Hayes, 2008). Standardised and unstandardised indirect effects for the final model are in Table 4. Engagement mediated the effects of pressure to produce ($\beta = 0.047$, 95% CI [0.022, 0.088], $p = .001$), role ambiguity ($\beta = 0.072$, 95% CI [0.026, 0.138], $p = .002$) and connection to mission ($\beta = -0.079$, 95% CI [−0.145, −0.033], $p = .001$) on intent to leave. Team commitment did not have a significant indirect effect on intent. Overall, this suggests that work demands tend to be associated with lower engagement, which may carry over its effects to increased intent to leave. Although the associations exist, the true causal relationship was not tested here. Additionally, the resource of connection to mission was associated with higher levels of engagement, which were both associated with lower intent to leave (indirectly for connection to mission). It is important to note that the magnitude of these effects was small. These findings largely supported H4, however, not all resources (i.e. supervisory relationship and team commitment) had an indirect effect on intent.

4 | DISCUSSION

We tested a theory-informed conceptual model of the interrelationships between job demands, job resources, work engagement and turnover intentions among CMH providers. Our model allowed us to explicate how CMH-specific job demands and resources affects work engagement and turnover intentions.

We hypothesised that job demands (negatively related; H1) and resources (positively related; H2) would be significantly related to work engagement. Our findings partially supported our hypotheses. Our findings suggest that greater pressure to produce and

TABLE 4 Standardised and unstandardised results for path model effects

	β		*B*		*SE*		*p*	
Model	**Engagement**	**Intent to leave**	**Engagement**	**Intent to leave**	**Engagement**	**Intent to leave**	**Engagement**	**Intent to leave**
Direct effects								
Engagement		−0.24		−0.32		0.06		<0.001
Team commitment	0.14	−0.28	0.18	−0.46	0.08	0.06	0.043	<0.001
Pressure to produce	−0.20	0.41	−0.19	0.53	0.05	0.06	<0.001	<0.001
Role ambiguity	−0.30		−0.35		0.09		<0.001	
Connection to mission	0.33		0.40		0.08		<0.001	
Indirect effects								
Team commitment		−0.03		−0.06		0.02		0.051
Pressure to produce		0.05		0.06		0.02		0.001
Role ambiguity		0.07		0.11		0.03		0.002
Connection to mission		−0.08		−0.13		0.03		0.001
Total effects								
Engagement		−0.24		−0.32		0.06		0.002
Team commitment	−0.14	−0.31	0.18	−0.52	0.08	0.06	0.075	0.001
Pressure to produce	−0.20	0.45	−0.19	0.59	0.05	0.06	0.001	0.001
Role ambiguity	−0.30	0.07	−0.35	0.11	0.09	0.03	0.002	0.002
Connection to mission	0.33	−0.08	0.40	−0.13	0.08	0.03	0.001	0.001
R^2	0.52	0.51						

Note: Standardized effects (β), unstandardized effects (B), standardized standard errors (S.E.) and significance testing for indirect and total effect were obtained through bootstrap analysis with 2,000 samples.

role ambiguity were related to lower levels of work engagement. However, of the three resources examined, only team commitment and connection to the mission were significantly related to engagement. The non-significant relationship between supervisory relationship and work engagement is incongruent with previous human service provider research (Mor Barak et al., 2009). It is possible that there was limited variance in supervisor relationship scores in the study sample. Means and standard deviations suggest that most of the respondents were satisfied with their supervisors. Another possible explanation is that the measure used to capture the supervisory relationship focused largely on the quality of the relationship, but it did not capture the competence of the supervisor in providing supervision (i.e. problem solving skills, critical thinking, and supervisory support). That is to say, our study did not capture how much of a resource or instrumental support the supervisor is providing.

As hypothesised (H3), engagement had a negative direct relationship to intent to leave. Our findings suggest that a more engaged CMH provider is more likely to want to stay at the organisation. We further hypothesised that job demands and resources affect intention to leave mediated through engagement (H4). Results supported indirect effects of pressure to produce, role ambiguity and connection to mission on intent to leave mediated by engagement. This suggests that engagement may be a potential pathway through which work experience impact turnover intentions. As proposed by the JD-R model, imbalances in job demands or resources may affect engagement levels, which in turn leads to negative or positive performance outcomes, in this case turnover intentions. Although the results are suggestive of a mediated effect, an important caveat is the small magnitude of the indirect effects and the assumed temporal precedence of job demands and resources before engagement.

As hypothesised (H1), both of the job demands examined in the present study (pressure to produce and role ambiguity) were significantly related to decreased engagement. Our study findings have implications that can inform workforce retention efforts within CMH. Our findings suggest that pressure to produce and role ambiguity are threats to engagement and are associated with turnover intentions. As managers and organisational leaders seek to promote work engagement and workforce stability, they can consider areas where production and time pressures might be mitigated. Work in the CMH context is time sensitive and pressure to produce often takes the form of administrative work and billing requirements. Leveraging technology through increased training on advanced computer skills, investment in better clinical applications (electronic health records) and practicing collaborative documentation may help alleviate administrative burdens.

Contracted providers under a fee-for-service model cannot avoid hourly billing requirements, which inexorably lead to production pressures. However, reframing the requirements to focus on clinical outcomes may help change that perception to one of good clinical care. For example, a provider may meet the billing expectations with the time that goes into clients who do not miss appointments, follow the course of treatment, and discharge to a lower level of care. Presenting providers with expectations centred on targeted treatment outcomes may not only promote better client care, but also remove the perceptions of unattainable productivity requirements.

Role ambiguity should also be mitigated to ensure that workers understand their prescribed job roles and responsibilities. Role clarity starts from a well-developed framework that distinctly sets expectations and parameters around job tasks, position responsibilities, and behavioural reactions to anticipated functions and obstacles (Rizzo et al., 1970). Role clarity is especially important to help guide a model of care for health professionals. Not knowing the bounds of your authority and the expectations required of you can be a hindrance to responding effectively to complex patient care situations. In a CMH setting, it is especially important to have a manageable turnover rate as a high turnover can exacerbate issues with role clarity as staff take on new or expanded responsibilities until replacements are hired.

Defining the professional role and designing it as a fundamental element, instead of an assumed feature of the job, not only dispels ambiguity but provides for a superior understanding (O'Rourke & White, 2011). As an example, the O'Rourke Model of the Professional Role™ clearly defines the roles for registered nurses as one of interacting competencies and responsibilities (O'Rourke, 2007). Specifically, the nurse's professional role is one of a practitioner, a scientist, a leader and a transferor between each component, which have specified responsibilities, defined parameters of authority and expected competencies. Creating a model of the professional role organises the different facets of a job into an integrated set of behaviours and helps staff understand and internalise their functions as health providers.

Connection to mission and team commitment are important factors that may promote engagement and buffer against turnover intentions. Understanding that individuals who are highly connected to the mission tend to be more engaged and more intent to stay can help inform hiring practices and organisational communication. Ensuring applicants' values align with the organisational mission may result in more engaged new hires which may increase the expected tenure. The organisation should also promote and connect staff's work with the mission on a regular basis so the values are sustained and ubiquitous. To achieve this, it is important to establish the mission in concrete terms, which include how the goal will be achieved and how the individual plays a part (Mor Barak & Cherin, 1998).

These shared values also have a role in team cohesion, which may help preserve and spread a strong sense of connection. A shared sense of commitment and positive working relationship with coworkers have consistently been found to be associated with employee retention (Tett & Meyer, 1993). Furthermore, team commitment has been associated with increased frequency of organisational citizenship behaviours (e.g. volunteering for extraprofessional activities, supporting co-workers, following rules and demonstrating persistence of enthusiasm; Foote & Tang, 2008). Managers should seek to build strong and supportive teams but be cautious when trying to create teams where a team experience may not exist as this

can negatively influence morale and productivity (Greenberg et al., 2006).

4.1 | Limitations

Although this study makes unique contributions to understanding work engagement among CMH providers, there are some limitations. The study draws on data collected from one organisation, limiting the generalisability of the findings. Because of the cross-sectional design, causal relationships are indeterminate, limiting our ability to make claims on the role of engagement as a true mediator. Data was collected using self-reported surveys, which may have a potential bias toward favourable or inaccurate responses.

Modification of several of the scales poses a potential threat to the validity of the measures used. Modifications of scale responses were done to reduce cognitive burden on staff, making scale ranges consistent across measures. Changes in response options were minimal in degree and could be argued that the distinction participants would make from on a seven-point or five-point may be arbitrary. A meta-analysis on response option choices found that the number of scale options is positively related to reliability but not related to validity (Peter & Churchill, 1986). Although most modifications to the scales were minimal, the most notable changes were made with the team commitment scale, which posed a threat to the validity of the scale. In the present study, only a few aspects of validity could be evaluated. Retaining items that reflected the core aspects of the construct offered some evidence for content validity, whereas convergent validity was supported by observed correlations between theoretically associated variables (e.g. team commitment's strong positive relationship with connection to mission and engagement).

Additionally, although the measures used include factors found to be most salient in the literature and applicable to CMH, other relevant factors that are not included in the current study may exist that help predict work engagement and intention to leave. Despite these limitations, our study provides important findings that shed light on how resources and demands are associated with work engagement and intention to leave.

4.2 | Future research

Future work should continue to explore additional demands and resources that may be relevant to CMH providers. As our understanding of job demands and resources pertinent to the CMH workforce increases, organisational leaders will be better equipped to create a workplace that fosters engagement. To strengthen the findings, future research should seek to test the casual relationships between job demands and resources on engagement and other outcomes with a quasi-experimental or longitudinal design. Further, expanding the study to include providers from a representative national sample may increase generalisability. Our sample includes many individuals early in their career, which may be representative of CMH organisations across the U.S. However, a larger systematic study of a representative sample of CMH providers can help deepen our understanding of the mental health workforce in the U.S. and generalise findings to help guide organisational leaders to improve the employee well-being and facilitate the provision of quality clinical care to consumers.

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CONFLICT OF INTEREST

The authors have no conflict of interest to declare, and they must also state this at submission.

AUTHOR'S CONTRIBUTION

All authors developed the survey, and F.P, S.L. and D.D. carried out the administration. F.P. and E.L. designed the model and the computational framework, whereas E.L. analysed the data. All authors wrote and contributed to the manuscript.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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