

**NURSES' WORK ENGAGEMENT PRACTICES IN A
MULTICULTURAL
HOSPITAL IN SAUDI ARABIA**

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DECLARATION

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Nurses' Work Engagement Practices in a Multicultural –Hospital in Saudi Arabia

I declare that the above dissertation/thesis is my own work and that all the sources used or quoted have been indicated and acknowledged using complete references.

DATE: 14 May 2018



Signature

DEDICATION

The dissertation is dedicated to my parents who taught me the power of love and service to humanity. Their upbringing instilled resilience, compassion, kindness, respect, humility, dignity, integrity and the power of immense faith. Their memories remain engraved in my heart, and with each passing day, my love and admiration for them increases. May their souls be sanctified and may I live my life keeping them honored.

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NURSES' WORK ENGAGEMENT PRACTICES IN A MULTICULTURAL HOSPITAL IN SAUDI ARABIA

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ABSTRACT

Employee engagement is the ability of employees to express themselves 'physically, cognitively and emotionally during role performance'. Nurse employees comprise the largest workforce in healthcare. They spend a significant time caring for patients, they have a strong impact on patient experiences. Thus, in order to improve patient care experiences, nurse employees require positive work environments with the necessary factors that drive employee engagement.

This study aimed to investigate current nurse engagement practices and the work-related aspects that impact engagement among nursing employees. The ultimate goal was to enable nursing management to identify the areas for continued sustainability and to improve gaps identified through appropriate implementation initiatives. The hospital is in the central part of Riyadh, Saudi Arabia, and consists of a multicultural population and the local Saudi nurses. The study population is nursing employees, employed for one year and longer within the organisation, and includes both genders between the ages of 18 to 60 years old. Simple random sampling was adopted using a sampling frame.

A structured questionnaire was used to collect data from the sample of nurses from the hospital. Descriptive and inferential statistical tests were performed to analyse data using Statistical Package for Social Sciences (SPSS) version 24 for Windows, while Ordered Probit regression was conducted using the Stata statistical program version 14 for Windows.

This study showed the extent of nurses' engagement using the selected constructs. Areas of strengths and weaknesses were identified. This study found that nurses were generally positive and passionate in their contribution to the organisation and connected in their work roles.

This was established statistically and literature was also used to interpret the results. Respondents placed high importance on items that assessed the extent of nurses' engagement and work-related factors. All the loadings in the eight dimensions measured were above 0.5, which shows significant correlation. In terms of organisational factors that impact nurse engagement, the estimates from the Ordered Probit regression showed that "feelings about the job" by employees had a statistically significant and positive influence on the employees' or nurses' "satisfaction about job aspects". Results suggest the need to strengthen the identified areas in order to improve the nurses' level of engagement.

Keywords: *employee engagement; multicultural hospital, nurses, organizational culture, work design.*

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ABBREVIATIONS

CFA	Confirmatory factor analysis
EFA	Exploratory factor analysis
GAON	General Administration of Nursing
IES	Institute for Employment Studies
KMO	Keiser-Meyer-Olkin
KSA	Kingdom of Saudi Arabia
KSF	Knowledge and Skills Framework
MOH	Ministry of Health
MSA	Measure of sampling adequacy
NHS	National Health Services
PCA	Principal Component Analysis
Raosoft	Sample Size Calculator
SPSS	Statistical Package for the Social Sciences

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

This chapter gives an overview of the study and provides the background of employee engagement as it relates to nurses working in a multicultural health care setting. It includes the research problem statement, purpose, objectives and significance of the study, and gives a brief description of the methodology used. The focus of this study was nurses' engagement and the work-related factors that impact their engagement.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

1.2.1 Background to the problem

Employee engagement is defined as members of an organisation who, according to Bakker (2011:265), express themselves 'physically, cognitively and emotionally during role performance'. Nurses comprise the largest workforce within a health care organisation (Veenema, Griffin, Gable, Macintyre, Simons, Couig, Walsh, Lavin, Dobalian & Larson 2016:187). Continuous pressure to successfully meet health care demands rests on the shoulders of nursing employees. Widespread concerns relating to inappropriate workforce skill mixes, issues with staff retention and recruitment, and underutilisation of the nursing workforce demands a change in the infrastructure of workflow processes for better outcomes (Veenema, et al. 2016:188). The goal of creating a more efficient, creative, innovative, and productive workforce is achievable through employee engagement practices. For improved patient experiences with the quality of care, nurses need to know which factors within the nursing work environment are of influence (Kieft, de Brouwer, Francke & Delnoij 2014:249). The overall aim is to obtain information to improve the working lives of employees within the organisation that would ultimately drive excellent organisational outcomes.

Nurse engagement is not only a commitment and satisfaction with the nursing role, it also includes a commitment to the organisation that employs the nurses, and to the nursing profession (Dempsey & Reilly 2016:2). Creativity and innovation are encouraged as employees appreciate that they add value to the organisation and take the initiative. Nurse engagement affects safety, quality of care, and patient outcomes (Dempsey & Reilly 2016:2). Engagement helps in transforming care at the bedside and also assists in altering care processes and quality practices (Dearmon, Roussel, Buckner, Mulekar, Pomrenke, Salas, Mosley, Brown & Brown 2012:668). Engaged employees are positive and passionate in their contribution to the organisation and are fully connected in their work roles (Bakker 2011:266). To encourage employee engagement on a consistent basis, a baseline of a current employees' work engagement within the organisation was required. These measures included several elements related to nursing employees' practices in their jobs, their managers, the organisation, teamwork, and other demographics that impact nurse engagement.

The selected research site in Saudi Arabia is the largest and most advanced medical complex with a total capacity of 1200 beds. The Ministry of Health (MOH) owns and operates more than half of the public sector of the Kingdom of Saudi Arabia's (KSA's) hospitals, providing provides primary, secondary and specialised care services. Nurses are recruited from over 52 countries (Al Yami & Watson 2014:10), which creates a very diverse workforce in the hospitals. The ability to actualise in the work environment and make a significant contribution requires an 'engaged nurse'. This type of engagement is of mounting importance due to the increasing nursing shortages, and the continuous rise in health care costs (Asiri, Rohrer, Al-Surimi, Da'ar & Ahmed 2016:3).

1.2.2 Statement of the research problem

Employee engagement is significant in organisations today since engaged employees are tools for strategic directives. Many drivers have been identified which impact employee performance and well-being at the workplace (Bedarkar & Pandita 2014:106).

Bakker (2011:266) claims that engaged employees are positive and passionate in their contribution to the organisation, and they are fully connected in their work roles. Nurses in Saudi Arabia are diverse, with diverse languages, ethnicities, religions, classes, and cultures. El Amouri and O'Neill (2014:106) found that professional nurses are working in situations completely different from those under which they received initial training, and they face considerable challenges as a result. There is little research on how managers and supervisors can include engagement in the job-related and practical aspects of day-to-day activities (Allen & Rogelberg 2013:543). This creates a gap in knowledge regarding nurses' engagement levels. Disengaged nurses pose a significant threat to the organisation. The levels of work engagement and the diverse nature of the healthcare workforce compel an examination of the extent of work engagement (Montgomery, Spânu, Bâban & Panagopoulou, 2015:79). Identifying the factors that drive employee engagement in areas of expected productivity can ultimately improve quality patient practices (Asiri et al. 2016:3). It is against this background that the researcher conducted the study on nurses' engagement.

1.3 PURPOSE OF THE STUDY

The purpose of this study was to investigate the extent of nurses' engagement and the work-related factors that impact engagement among nursing employees. The ultimate aim was to enable nursing management to identify the areas for continued sustainability and to improve any weaknesses.

1.3.1 Objectives of the study

The objectives of the study were:

- To measure the current level of engagement among nurses in a specific hospital in Saudi Arabia.
- To identify work-related factors that influence nurses' engagement practices based on their perceptions about their job, nursing managers, employees' safety, and personal staff development.

- To recommend measures to enhance employee engagement within the hospital.

1.4 RESEARCH QUESTIONS

The study intended to find answers to the following research questions:

- What is the level of work engagement among hospital nurses in Saudi Arabia?
- What factors influence nurses' engagement within the hospital?
- What measures would enhance employee engagement within the hospital?

1.5 SIGNIFICANCE OF THE STUDY

This study affords a valuable contribution to the understanding of a culture of employee engagement. The extent of nurses' engagement in their roles and work was identified, thus enabling recommendations for enhanced nursing performance and improved internal processes to sustain and maintain positive engagement practices.

Measures to enhance work satisfaction, higher staff performance, professionalism, empowered peers, and teamwork was shared with nursing management. Nurses' engagement results in quality patient care, empowered and satisfied patients, higher productivity, enhanced staff morale, healthy work environments, staff development, and a generation of nurses with high professional standards in nursing practice.

The researcher envisaged contributions from this research would include engagement strategies that focus on training and development, work and organisational designs, line management development, communication practices, team well-being, and reward initiatives.

1.6 DEFINITION OF KEY CONCEPTS

The following terms are relevant to this study:

A multicultural workforce: refers to a working environment in which a wide range of cultural differences exist among the employees in the organisation (Jooste 2012:45). In this study, multiculturalism is a diverse set of cultures and ethnic backgrounds in the work environment.

Employee engagement: is defined as employees who, according to Bakker (2011:4), express themselves “physically, cognitively and emotionally during role performance”. Engaged employees connect with their work roles.

Engagement practice: is defined as employees who express themselves physically, cognitively and emotionally during role performance. Engaged employees connect with their work roles. Work engagement enables nurses to have meaningful relationships in their work, and subsequently, deliver ethical care (Keyko 2014:879).

Nursing work environment: in this study is a nursing work environment that is safe, empowering, and satisfying. The nursing employees, their work, and their work environment contribute to positive patient experiences (Kieft, et al. 2014:249).

1.6.1 Operational definitions

Operational definitions relevant to this study are discussed next.

Nurses’ engagement: refers to nurses who are dedicated and immersed in their work activities. They are more productive and provide quality care because they perceive their work environment as enabling, supportive and empowering.

Nurses: in this study, refer to registered professionals who have been employed for more than one year, and who form the entire nursing workforce within the hospital setting.

Work-related factors: in this study, refer to the organisation, managers, organisational support, job performance, teamwork, personal recognition, resources, and staff development.

1.7 RESEARCH METHODOLOGY

The research methodology provides the scope of how investigations are carried out and specifies the type of information or data collected and the motive behind selecting designs and methods used in the study (Brink, Van der Walt & Van Rensburg 2014:199). In this study, the researcher used a quantitative approach. The research methodology is described in detail in Chapter 3.

1.7.1 The research design

The research design refers to the overall plan for obtaining answers to the research questions (Polit & Beck 2012:58). In this study, a descriptive non-experimental design was used. This design is useful when little knowledge about a phenomenon exists. The researcher observes, describes, and documents aspects of a phenomenon. This design or plan describes what exists, determines the frequency with which it occurs, and categorises the information to describe the phenomena, and explore and explain the relationships between the variables (Polit & Beck 2012:159). The design was appropriate for this study as the researcher did not aim to control, manipulate, or alter the predictor variable or subjects (Polit & Beck 2012:233). The aim was to investigate the extent of nurses' engagement practices in a multicultural hospital in Saudi Arabia.

Quantitative research is a method used to generate numerical data and facts from statistical, logical, and mathematical techniques to derive an outcome in an attempt to explain a phenomenon (Surbhi 2018:1). The level of nurse engagement and the work-related aspects that impact nurses' work engagement, including the environmental factors impacting engagement practices, were measured and quantified in this study.

1.7.2 Population and sample

1.7.2.1 Population

The population refers to all persons or objects that meet the inclusion criteria relevant for the intended study (Brink, et al. 2014:13). The population for this study was nurses in the selected hospital clinical setting. Inclusion criteria were predetermined. Additional information on the population is offered in Chapter 3.

1.7.2.2 Sampling and sample

Sampling is the process of taking a portion of units of a population with particular characteristics, as representative of the entire population (De Vos, Strydom, Fouché & Delport 2014:223). Probability sampling is the preferred sampling procedure used in quantitative research in that it ensures that each element in the population has a high inclusion probability, and it promotes the selection of a representative sample for making inferences (Brink, et al. 2014:134).

In this study, the researcher used simple random sampling to select the nurse employees within the clinical setting, to afford each nurse in the population a chance to be selected for the study.

The sample size was calculated using computer software known as the Raosoft sample size calculator. The margin error of +/-5%, 95% confidence level, with 50% distribution was used, with a population of N=300. The calculation yielded a sample of 169 respondents. A total of 200 questionnaires were distributed to ensure a higher response rate. One hundred and eighty-five (185) respondents returned the questionnaire. The data cleaning and validation process eliminated respondents who had not answered at least one question, and retained only cases that answered all questions. The final sample size after data cleaning was 138.

1.8 THE RESEARCH SETTING

The study setting refers to the environment in which a researcher collects data regarding the problem under investigation (Polit & Beck 2012:743). The setting was a hospital in the central part of the city of Riyadh which employs a multicultural population of nurses from countries such as Malaysia, Philippines, South Africa, Jordan, Syria, Lebanon, as well as local Saudi nurses.

The study setting included all areas where nursing employees were working in a clinical care area of the organisation.

1.9 DATA COLLECTION

Data collection is the gathering of information to address a research problem (Polit & Beck 2012:725). In this study, data collection utilised structured methods using a close-ended questionnaire. Participants received details of the research to make an informed decision whether to consent or decline to participate in the study. The information included the study's purpose and participation expectations. The purpose of giving detailed information to participants was to enable them to make an informed decision with regards to their involvement in the study. Upon agreement, participants signed a consent form. Permission to conduct the study was also sought from all relevant authorities prior to data collection.

1.9.1 Data collection instrument and process

A structured Likert scale questionnaire was adapted from the National Health Institute, United Kingdom NHS Staff Engagement Survey 2015 (NHS employers.org 2018). The instrument was closed-ended.

The tool is a multilevel questionnaire on a Likert scale with subsections under each of the core constructs. The constructs were identified from the literature of the validated instrument by the NHS. The constructs included: 1.

Background, 2. Your Organisation, 3. Your Managers, and 4. Your personal development. Additional details are provided in Chapter 3.

1.10 VALIDITY AND RELIABILITY

According to Maree (2014:147), reliability is the degree of consistency or repeatability of a measure or an instrument. Thus, if the same instrument is used at different times or if it is administered to various subjects from the same population, the findings should be the same. Validity refers to the ability of an instrument to measure what it is supposed to measure (Maree 2014:147). The instrument was validated by the NHS (2015). Permission was obtained from the Picker Institute to utilise the NHS Staff Engagement Survey 2015.

1.11 DATA ANALYSIS

Data analysis entails categorising, ordering, manipulating, and summarising the data, and describing it in meaningful terms (Brink, et al. 2014:177). During data analysis, quantitative researchers move systematically from the problem definition to solutions to the problem, following a series of predetermined stages (Polit & Beck 2012:8).

The primary emphasis in quantitative research data analysis is deciding how to analyse information obtained from the respondent in response to each question (Kumar 2014:225). Data were processed and analysed using the Statistical Package for the Social Sciences (SPSS) version 24 for Windows, using descriptive and inferential statistics to generate useful and comprehensive information about the population of interest. A statistician's services were employed for the data analysis.

1.12 ETHICAL CONSIDERATIONS

Since human participants were involved in this study, care was exercised to ensure their rights. Ethics is a system of moral values that is concerned with

the degree to which research procedures adhere to professional, legal, and social obligations to the study participants (Polit & Beck 2012:727). All relevant authorities were contacted to obtain the required permission. Before data collection, the researcher applied for ethical clearance from the Research and Ethics Committee of the Department of Health Studies, University of South Africa. Permission to conduct the study was also sought from the Head of the Research Committee at the health organisation. Participants were informed of the nature and purpose of the study, the procedures to be followed, and how the results would be published. Participants confirmed their participation by attaching their signatures on the consent forms before answering the questionnaire, and they were also informed about their option to withdraw from the study at any time, if they so wished.

1.13 SCOPE AND LIMITATIONS

The study was conducted in a unique hospital environment in Saudi Arabia in the Middle East. The focus was on employee engagement pertaining to the nurses in the clinical areas. Nurses in other areas were excluded. Other dimensions that may have impacted the extent of engagement were also excluded, to have maximum control over the specific variables.

1.14 STRUCTURE OF THE DISSERTATION

This study is divided into five main chapters.

Chapter 1: Orientation to the study

This chapter offers the introduction and background of the study, and includes the problem statement, the purpose of the study, the significance of the study, terminologies used in the study, and the research questions. The methodology, ethical considerations, research scope and limitations are also briefly discussed in this chapter.

Chapter 2: Literature review

Chapter 2 presents a review of literature that investigates the extent of nurses' engagement and work-related factors that impact engagement among nursing employees. The ultimate aim is to enable nursing management to identify the areas for continued sustainability and to improve any weaknesses.

Chapter 3: Research methodology

In this chapter, the research methodology used in the study, the research design, the study population, sampling and data collection method are presented. The research validity and the reliability of the tool used, ethical considerations, and the data analysis method used are also described.

Chapter 4: Analysis, presentation, and description of the research findings

The data analysis and research findings are described in Chapter 4.

Chapter 5: Discussions, conclusions and recommendations

Discussions, Conclusions from the study, the limitations of the study, and recommendations are offered in this chapter.

1.15 CONCLUSION

This chapter focused on the introduction to the study, the background of the problem statement, the purpose and objectives of the study. The significance of the study and the research design and methodology were discussed. The suitability of the quantitative approach to reach the objectives of the study was explained. Key study concepts were defined, and the structure of the dissertation was outlined. The next chapter presents the literature review related to the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter provides an overview of literature that relates to employee engagement. Employee engagement is related to the nursing practice, and studies that linked the concept with nursing are presented. The synthesis of reviewed literature provides an informed and comprehensive overview of the knowledge available on the topic (Baker 2016:265). The first section defines the concept, followed by interpreting this concept within the healthcare setting. Nursing in Saudi Arabia offers a background to understand the environment expatriate nurses are exposed to. Lastly, the role of nursing managers and leaders in employee engagement is outlined.

Most nurses in Saudi Arabia are from different countries and there is high diversity. As mentioned in the problem statement, El Amouri and O'Neill (2014:140) found that professional nurses working in situations completely different from those under which they received initial training face considerable challenges. Also, there is little research on how managers and supervisors can include engagement in the job-related and practical aspect of day-to-day activities (Allen & Rogelberg 2013:543), thus creating a gap in knowledge regarding nurses' engagement levels. It was also mentioned in the previous chapter that when nurses are disengaged, they pose a significant threat to the organisation. Hence, it is imperative to examine the levels of work engagement and the diverse nature of the healthcare workforce (Montgomery, et al. 2015:79).

2.2 DEFINITION OF WORK ENGAGEMENT

Kahn (1990:692), who is considered the academic parent of the employee engagement movement, coined the concept of 'personal engagement'. He defines 'personal work engagement' as the "harnessing of organisation members' selves to their work roles". This definition suggests that work engagement refers to a psychological connection with the performance of

work-related tasks rather than an attitude towards aspects of the organisation or the job (Jeve, Oppenheimer & Konje 2015:89). Employees who are engaged express themselves physically, cognitively, and emotionally during role performances (Gupta & Sharma 2016:45). On the other hand, Bakker's (2011:266) definition of engagement is holistic, as he considers engaged employees to be positive and passionate in their contribution to the organisation and fully connected in their work roles. He further postulates that they express themselves "physically, cognitively and emotionally during role performance" (Bakker 2011:4). From these definitions, it appears that engagement relates to the productivity of an employee who is committed to their professional role, while satisfaction includes aspects such as salary, recognition, and value, which need not impact patient care directly, but it is a contributing factor. A satisfied employee can be a disengaged employee who is content within the organisation, but may not necessarily be a contributor in being productive, nor render quality care (Dempsey & Reilly 2016:1).

Further emphasis on the connotation of employee engagement by Prerana (2017:101) relates to the emotional commitment the employee should have towards the organisation and its goals. An engaged employee should be fully involved in and enthusiastic about their work, and willing to give discretionary effort towards the success of the organisation (Jeve, et al. 2015:85). Engaged employees feel that they have a voice and develop a sense of pride and worthiness in their work roles. There is an increase in performance feedback, opportunities for professional development, self-efficacy, and performance (Van Wingerden, Bakker & Derks 2016:107-119).

2.3 MEASURING EMPLOYEE ENGAGEMENT WITHIN THE HOSPITAL

Interest in psychological empowerment and employee engagement has increased substantially within the last decade among practitioners and academics (Jose & Mampilly 2014:93). There are many different measures of engagement. The most common measure used within the research community, associated with the definition of engagement, is a "positive, fulfilling, work-related state of mind" (Fletcher, Robinson, Truss, Alfes, Holmes, Madden, Buzzero & Currie 2014:5-7). The 'Utrecht Work Engagement Scale'

captures feelings of vigour such as, 'At my work, I feel that I am bursting with energy', dedication, such as 'I am enthusiastic about my job' and absorption, such as 'I am immersed in my work' (Fletcher, et al. 2014:5-7).

National Health Service (NHS) employers adopted the Institute for Employment Studies' (IES) definition of employee engagement, which is a positive attitude of the employee towards the organisation and its values (Fletcher, et al. 2014:4). In this sense, engaged staff think and behave positively about their work, about people they work with, and about their organisation. In the NHS Staff Engagement Survey, engagement is measured as a multidimensional attitude. The survey assessed three dimensions that represent engagement with work, which includes motivation, advocacy, and involvement (Fletcher, et al. 2014:5-6). Therefore, the NHS has a clear and consistent way of understanding, assessing, and interpreting engagement within their healthcare context. These dimensions need to be explored and explained to appreciate their significance, taking into cognisance that work engagement is an employee's commitment towards work at an individual level, and employee engagement is the process at the organisational level (Jeve, et al. 2015:82). Empowered employees gain more meaning in their work, they are more motivated to achieve work goals, there is empowerment among peers, and increased organisational effectiveness (Portratz 2012:1). This type of engagement and empowerment is the critical difference that gives healthcare employees a sense of power and accountability in the work that they do (Portratz 2012:1).

2.3.1 Psychological aspects of employee engagement

Jose and Mampilly (2014:93) revealed a meaningful positive association between psychological empowerment and employee engagement. Further analysis reflected that all dimensions of psychological empowerment, other than self-determination, are predictors of employee engagement. Meanwhile, Boamah and Laschinger (2014:265-277) conducted a study to test a hypothesised model linking perceptions of workplace empowerment and psychological capital to new graduate nurses' work engagement. They integrated theories of empowerment, psychological capital, and work

engagement. The results suggest that the combination of personal and organisational resources is related to greater work engagement among new graduate nurses (Boamah & Laschinger 2014:265-277).

Other psychological aspects involved are vigour and dedication. Vigour pertains to high levels of energy and resilience, such as being willing to invest effort, being energetic, and persistence in the face of difficulties (Ong, Short, Radovich & Kroetz 2017:28). On the other hand, dedication refers to deriving a sense of significance from one's work, feeling enthusiastic and proud of one's job, and feeling inspired and challenged by it (Ong, et al. 2017:28-34). These two concepts resonate well with the factors listed in the conceptualisation of the concept 'employee engagement'.

There is also a connection between the concepts of employee engagement and motivation (Bhuvanaiah & Raya 2016:94). Two types of motivations exist, which are intrinsic and extrinsic. Intrinsic motivation is innate forces within the employee, while extrinsic motivation stems from external forces (Giancola 2014:25). Moreover, motivational aspects are reflected in the following questions of the questionnaire: 'I look forward to going to work', 'I am enthusiastic about my job', and 'Time passes quickly when I am working'.

2.4 EMPLOYEE ENGAGEMENT AND NURSING PRACTICE

Once the definition of engagement is understood, the need for nurse employee engagement within healthcare organisations can be better conceptualised. According to Bin Shmailan (2016:8), successful organisations recognise that employee satisfaction, performance, and employee engagement are crucial drivers for high-quality organisational outcomes.

Nurses are employees in the hospital or healthcare context. This study assumes that the principles or research findings in other settings may be applicable in the hospital environment. Understanding the factors that contribute favorably towards nurse engagement practices is a strong predictor of high employee performance and excellent organisational outcomes (Asiri, et al. 2016:15-38).

Nurse engagement is often referred to as nurses' commitment and satisfaction with their jobs; just two facets of engagement. Additional aspects of engagement include nurses' level of dedication to the organisation, and their commitment to the nursing profession (Dempsey & Reilly 2016:1). Nurse engagement directly impacts patient safety, quality, and patient outcomes experienced. Therefore, understanding the current state of nurse engagement and its drivers is a strategic imperative (Dempsey & Reilly 2016:1). García-Sierra, Fernández-Castro and Martínez-Zaragoza (2017:153-162) found that nurses who are engaged also suffer the effects of work demands, and the resources in nursing that relate most to engagement are intrinsic rewards. Based on their study results, they propose a new definition of engagement for nurses.

A systematic review by Keyko, Cummings, Yonge and Wong (2016:142-164) to determine what is currently known about the antecedents and outcomes of work engagement in professional nursing practice, showed that positive outcomes of work engagement are valuable to both performance and the individual nurse. The results offer opportunities for nurse leaders to promote work engagement in professional nurses by taking action on organisational level resources.

For nurse employees to be engaged and satisfied, the work environment for nurses should incorporate structural and psychological empowerment in the workplace. Structural empowerment is an antecedent of psychological empowerment which, in combination, culminates in positive retention outcomes, including job satisfaction (Asiri, et al. 2016:1). Staff engaged in their work exhibit passion, commitment, and a willingness to invest of themselves to help their organisations succeed (Sherman 2018).

2.4.1 Nurses' work environment

The nursing work environment is an environment that contributes to positive patient experiences (Kieft, et al. 2014:249). The nursing practice environment is also defined as factors that enhance or attenuate a nurse's ability to practice

nursing skillfully and to deliver high-quality care (Swiger, Patrician, Miltner, Raju, Breckenridge-Sproat & Loan 2017:76).

Employee engagement promotes quality patient care, patient satisfaction, and patient safety. It is essential to improve the work experience of clinical staff through establishing healthy practice environments that promote staff satisfaction and meaning within the organisation (Sherman 2018). Additionally, Kieft, et al. (2014:249) confirm that since nurses spend a significant time caring for patients, they have a strong impact on patient experiences. Thus, in order to improve patient care experiences, nurses need to know what factors within the nursing work environment are of influence.

Cramer, Staggs and Dunton (2014) agree that positive nurse outcomes of job satisfaction and retention, and positive patient outcomes, all contribute to employee engagement. According to Keyko (2014:189), engagement is essential for ethical nursing practice. The environmental and organisational factors influencing work engagement should be closely examined to create moral communities within healthcare environments.

Numerous factors impact the nurses' work environment which may also have an effect on nurse engagement. These factors include staffing, scheduling, and vacations, and have a bearing on employee engagement and the quality of patient care provided. The current challenge with the global nursing shortage and improving the nursing work environment has become a worldwide issue. Ownership for improving nursing work environments rests with the hospitals themselves.

There is a strong association between the practice environment and nurse job outcomes, including dissatisfaction, burnout, and intent to leave (Sanders 2015:1-32). Findings linked practice environments to nurse job outcomes, to nurse-reported assessments of quality, safety, and frequency of adverse events, and patient outcomes (Sanders 2015:1-32).

Pan, Mau, Zhang, Wang and Su (2017:378-383) investigated the environmental and individual factors contributing to male nurses' psychological well-being and explored the psychological mechanisms that could explain the

links between nurses' practice environment and work engagement. The results were conclusive that nurses' practice environment and psychological capital positively predicted nurses' work engagement; therefore, intellect fully mediated the influence of nurses' practice environment on work engagement (Pan, et al. 2017:378-383). The researchers further concluded that creating a supportive nursing practice environment can increase male nurses' work engagement by developing their psychological capital.

Nurse managers can then ensure reasonable workloads and pathways for male nurses to achieve their goals, thereby fostering their hope (Pan, et al. 2017:378-383). It is important to take note that the Saudi Arabian nursing workforce has a significant male presence. However, this study assumes that the findings apply to all genders.

Nazir and Islam (2017:98-114) conducted a study in India to examine the relationships between perceived organisational support, employee engagement, employee performance, and affective commitment. They found a positive relationship between employee perceived support, performance and commitment. In addition, they discovered that these relationships are also mediated by employee engagement.

Substantiating the importance of work environments, Twigg and McCullough (2014:85-92) identified that healthy work environments support retention of nurses in the clinical setting. Positive practice environments also facilitate quality patient care. Managers and administrators need to manage their practice environments using a validated tool to guide and evaluate interventions. Thirty-nine papers reported strategies for creating a positive practice environment. Strategies included an empowering work environment, a shared governance structure, autonomy, professional development, leadership support, adequate numbers and skill mix, and collegial relationships within the health care team (Twigg & McCullough 2014:85-92).

2.4.2 Nursing in Saudi Arabia

The healthcare system in Saudi Arabia relies on expatriate nurses, recruited from over 52 countries (Al Yami & Watson 2014:10). Recruitment of nurses by industrialised nations from developing countries has been standard practice for decades (Delucas 2013:76). The professional nurses in Saudi Arabia have to adapt to the local culture and the various cultures represented in the healthcare setting. Nurses in Saudi Arabia are diverse, with varied languages, ethnicities, religions, classes, and cultures. As mentioned, El Amouri and O'Neill (2014:140) found that professional nurses who are working in situations completely different from those under which they received initial training, face considerable challenges. The General Administration of Nursing (GAON) at the Ministry of Health (MOH), in coordination with the Saudi Commission for Health Specialties, is responsible for the scope of practice for nurses. Also, the MOH controls the governance of legislation, regulations, and is the professional organisation of the nursing profession within the Kingdom (Hassan 2017:1).

The increase in the number of nursing schools and government hospitals has resulted in a considerable rise in Saudis entering the nursing workforce. Within one decade, the percentage of Saudis in the nursing workforce increased from 22.3% to 50% (MOH, Health Statistical Year Book 2012). Men comprise 25% of this workforce, and 50% of all Saudi nurses (MOH, Health Statistical Year Book 2012). Thus, this is a unique and new phenomenon since previously there were fewer Saudi males that undertook nursing as their career.

However, the annual supply of Saudi nursing graduates still does not meet the demands of the expanding healthcare services. Adding to this issue is the increased turnover rates of registered nurses, which contributes to significant administrative problems, interrupts organisational plans, and results in poor service delivery (own experience). The Royal Monarchy in Saudi Arabia decreed that all sectors of the workforce would be subject to a policy of Saudisation to reduce the reliance on the expatriate workforce and to lower the unemployment rate of Saudi nationals (Al Mahmoud, Mullen & Spurgeon 2012:39-49). Still, the demand for qualified nurses and the international labor

market result in the high ratio of expatriate nurses in Saudi hospitals (Al Ahmadi 2009:412-433), thus, retaining staff requires much-needed engagement practices. The increase of foreign professional nurses into the KSA's healthcare system has some implications for the professional practice.

Azim and Islam (2018:8) studied the effect of perceived social support and perceived religious endorsement on career commitment among Saudi nurses. The investigation included the moderating role of different demographic and organisational factors in the extent of perceived social support and career commitment these nurses reported. Findings revealed that both perceived social support and perceived religious endorsement are essential antecedents of career commitment for Saudi nurses (Azim & Islam 2018:8). The findings suggest that nursing as a profession should be more openly discussed in both secular and religious contexts, to enable an adequate level of respect and compassion. The researcher deduced from Azim and Islam's study that nurses need to receive encouragement and support from the healthcare systems to remain fully engaged in their work practices.

A study conducted in the largest region of Makkah that examined the level of job satisfaction among Saudi nurses in public hospitals, found that Saudi nurses were not satisfied with their jobs (Al Shemri, Shahwan-Akl & Maude 2013:197-199). The female Saudi nurses were more dissatisfied with their jobs than their male counterparts. Nurses responsible for dependent adults and who had worked in public hospitals for a period of five to ten years, were also dissatisfied with their jobs (Al Shemri, et al. 2013:197-199). Identifying the factors that drive employee engagement in areas of expected productivity can ultimately improve quality care patient practices (Asiri, et al. 2016:3).

The nursing profession in Saudi Arabia has to commit to providing a safe and caring environment and excellent nursing services to patients. Nurses are also required to demonstrate the highest quality of care supported by professional development (Al Mutairi, McCarthy & Gardner 2014:3). Therefore, work engagement may be a means of retaining nurses in their positions.

Expatriate nurses offer valuable nursing insight, especially senior nurse leaders with years of experience, and they are contributing significantly to drive Saudi Arabia's Vision 2030.

2.4.2.1 Vision 2030 for Saudi Arabia and healthcare

Vision 2030 is a comprehensive reform plan for the entire economic structure of Saudi Arabia. The primary goals are to develop various sectors and industries to ensure that the economy is no longer dependent on oil as the primary source of income, and to decrease public spending (Bassie 2017:1). This vision identifies the need for more significant reforms within the healthcare setting, especially within the current nursing population. Moreover, the researcher envisions health reform goals that would include improving the quality, safety principles, and skills of healthcare practitioners to achieve Vision 2030. Sound governance of the health system might enhance accountability and improve employee engagement.

In an attempt to empower new graduates as per Vision 2030 for Saudi Arabia, research on nurse residency programmes has been conducted by healthcare organisations to assist new graduate nurses with daily challenges such as intense working environments and complex technologies (Al-Dossary, Kitsantas & Maddox 2016:152-158). Findings were that, overall, nurse residency programmes have proven beneficial in helping nurses to transition from the student role to independent practitioners and bedside leaders (Al-Dossary, et al. 2016:152-158).

These results highlight the importance of implementing actions such as policies and process methodologies and goal setting to improve self-efficacy, self-regulation, skills, work engagement, and job satisfaction to improve staff satisfaction and to maintain staff retention (De Simone, Planta & Cicotto 2018:130-140). The implications of these findings for nursing practice in Saudi Arabia demonstrates the importance of residency programmes in the development and enhancement of leadership skills among the new Saudi nurse graduates.

Quality improvement in Saudi Arabia is an area of increasing importance within health care, especially areas of regulatory quality, quality assurance, quality improvement, and patient safety. The issues impacting nursing care today are increasingly complex and dynamic (Al Mutair 2015:2). The lack of nursing quality relates to, among others, the absence of a favorable organisational climate and culture, no clear mission, vision, values, and policies (Al Mutair 2015:2).

Arab countries' leaders tend to prevent employees from having a say or sharing ideas. This position is observed even at the cost of improving organisational performance. Therefore, a cultural change in the Arab world is challenging as they prefer leaving things as they are. However, newer trends are emerging presently with the current Vision 2030's strategic initiatives underway.

2.5 NURSE ENGAGEMENT, NURSING LEADERSHIP, AND MANAGEMENT

Little research exists that examined the relationship, conceptual or empirical, specifically between leadership and employee engagement, and no article could be found in any academic-sponsored journals that included both the key phrases 'leadership' and 'employee engagement' (Shuck & Wollard 2009:39). Further, studies on how managers and supervisors can include engagement in job-related and practical aspects of day-to-day activities are necessary (Allen & Rogelburg 2013:543) to close the gap in knowledge regarding nurses' engagement levels. Fundamental characteristics of employee engagement are the focus of work tasks related to the immediate work of the employee (Shuck, Ghosh, Zigarmi & Nimon 2012:15). Thus, the intermediate managers become critical. Skilled nurses in senior nursing leadership and management are scarce in availability and costly to recruit; as a result, front-line and middle management positions are commonly filled by under-prepared and under-skilled nurses (Al Hosis, Plummer & O'Connor 2012:26).

Effective succession planning for nurse managers is one factor which may reduce staff turnover rates and enhance recruitment, although this remains a significant challenge for healthcare services (Al Hosis, et al. 2012:20).

Furthermore, current challenges facing healthcare systems, regarding the shortage of health professionals, necessitates managers and leaders to employ various leadership styles and staff empowerment strategies to establish a work environment that encourages nursing staff's commitment to patients and their organisation (Asiri, et al. 2016:2).

Nursing leaders are charged with responsibilities to maintain an empowering work environment which promotes employee engagement. Nursing managers and leaders may promote optimism and self-efficacy as a way of increasing work engagement (Cicolini, Comparcini & Simonetti 2013:855-871). Leadership is responsible for creating a positive work environment wherein employees feel valued and supported (Bamford, Wong & Laschinger 2012:529-540). Nursing leaders should understand that employee engagement is an ongoing journey which demands constant assessment and interventions for sustainability. To enable meaningful engagement, trust becomes essential. Committed employers ensure that the employees' expectations are met, thus delivering on the values of the organisation (Cicolini, et al. 2013:855-871). Hence, the need for a study on nurse engagement to enable nurse managers to identify areas of weakness.

Azim and Islam (2018:8) found that the impact of social support allows for a more receptive workforce since the stigma attached to the nursing profession within the Saudi Arabian culture creates strain, especially for female nurses in the workplace. The psychological component of engagement comes to the fore as nurses navigate this unknown terrain.

Managers in healthcare have a legal and moral obligation to ensure a high quality of patient care. Managers are positioned to mandate policy and systems that drive change (Parand, Dobson, Renz & Vincent 2014:1). Successful leaders are those who encourage group cohesiveness with staff, encourage employees to voice their opinions, involve them in decision making, and empower them to improve care delivery. Leaders and managers are keys stakeholders in implementing the required strategies towards employee engagement. They lead this process through their actions and words, thus showing that staff engagement is a high priority.

(Robinson, Fletcher, Truss, Alfes, Holmes, Madden, Buzzeo & Curry 2014:1-36) reviewed thirty-six studies, including eight in the healthcare context. Their findings indicated links between positive and supportive leadership and engagement. Several factors were considered in these studies, which included supervisory support and leadership style. In most of these studies, 'leadership' refers less to senior organisational leaders, and more to the line and middle managers since employees interact with direct line managers on a day-to-day basis. Evidence about the link between senior leadership and engagement is less clear. This is partly because academic researchers focus mainly on job engagement, where the line manager's influence is emphasised rather than that of the senior leader's (Robinson, et al. 2014:1-36).

Also, the researcher believes that embedding an engagement culture requires leaders and managers to instill confidence in the integrity of the organisation, recognise the fairness of its procedures, and feel valued, safe and supported. Moreover, the researcher understands that high cultures of engagement are known to deliver high-quality patient care through nurses' superior performance with commitment and absorption in their work role.

Superior management, where a manager manages performance well, is associated with higher levels of engagement. The aspects of managing performance include good quality appraisals, regular supervisory meetings focusing on sound performance management principles, giving constructive feedback, building performance through coaching, identifying and analysing training needs, and providing training and development opportunities (Robinson, et al. 2014:1-36).

Also, employees are most engaged in their roles when they have autonomy over their clinical practices, their environment, and the opportunity for growth. Staff who are provided with tools and resources at the trenches are instrumental in driving change from a bottom-up approach. Nurse managers who understand their role and who possess appropriate leadership qualities, allow employees the freedom to leverage their strengths and their unique

perspectives. They do this by investing in employees' potential which buys loyalty, trust, confidence, and longevity, among many other positive outcomes, from an employee. Robinson, et al. (2014:1-36) concluded that a definite link exists between communication, co-worker support and team-level engagement.

Ducharme, Bernhardt, Padula and Adams (2017:367-375) conducted a study examining the relationships between leaders' perceived influence over professional practice environments and clinical nurses. Results showed that engagement is essential in professional nursing practice. There is clear evidence that the relationship between the individual employee and the manager is vital for engagement (Robinson, et al. 2014:1-39).

The researcher believes that work engagement is a reliable driver to rendering high quality and safe care practices. Moreover, organisations of excellence understand that providing a positive patient experience is dependent on sound care delivery services, and the most extensive employee section of healthcare services is that of nurses. Work engagement contributes actively to Vision 2030 as it inculcates a strong work ethic. Work engagement may be a means to retain expatriate nurses as they offer a valuable contribution to health care, especially senior nurse leaders with years of cultivated expertise.

2.5.1 The effective organisational culture

The organisational culture pertains to a set of operating principles which guide employee interaction within the organisation (Grove, Gray & Burns 2014:193). Organisational culture is considered an essential determinant of management practice and is weaved intricately with leadership (Nguyen & Watanabe 2017:781). Employee engagement is a topic that discusses the symbiotic relationship between employees and the organisation. It also links employee satisfaction and performance (Bin Shmailan 2016:1-8), thus embedding a culture of employee engagement requires organisational and leadership support. Effective nursing management improves staff retention, job satisfaction, and work commitment (Asiri, et al. 2016:1).

The nurse leaders and managers need to support behaviors where employees feel valued and appreciated for the significant role they play in driving organisational outcomes. When employees synchronise with the organisational culture, the mark of organisational success is inevitable.

Enabling employees to take the initiative creates a sense of belonging and a sense of ownership. It establishes a positive attitude in an employee, thus creating value for the company through engagement. Engaged employees express themselves physically, cognitively, and emotionally during role performances (Kahn 1990:1). The researcher believes that the organisational culture created by nurse leaders and managers is critical to enhance or build a deeper connection to the work. Employees may go the extra mile when they believe that their work matters and when they consider it meaningful.

Bedarkar and Pandita (2014:106) agree that employee engagement is of vital significance in organisations since engaged employees are tools for strategic directives. Exceptional healthcare organisations understand the crucial role employee engagement plays in driving performance excellence outcomes and subsequently support clinical engagement (Salmond & Echevarria 2017:12-25). Engaged employees serve patients better and contribute more to the organisation's ongoing profitability. Engaged employees also become ambassadors for their organisation (Bin Shmailan 2016:2).

2.5.2 Staff development and mentoring

Staff development includes activities or programmes that help employees learn about their responsibilities. Such measures assist in developing the required skills and competencies necessary to accomplish institutional goals and personal and professional growth. Training and education links to nurses' career satisfaction (Bin Shmailan 2016:1-3). The role of nurse leaders and managers is critical in staff development. Healthy work environments invest in ongoing professional development opportunities to ensure continuous growth in their practice and to provide optimal quality patient care (Bin Shmailan 2016:1-3) which, in turn, will have a positive impact on work engagement.

Additionally, the non-nursing tasks pose an obstacle to improving quality care practices (Al Mutairi, et al. 2014:3). Support services play a vital role in alleviating non-nursing duties; it allows added support for operational tasks, thus allowing clinical nurses to spend their time with direct patient care. Moreover, this may further enhance a sense of worth and dedication that is vital to employee engagement. Nurses are required to demonstrate the highest quality of care supported by professional development (Al Mutairi, et al. 2014:3). Robinson, et al. (2014:1-36) discovered evidence of a link between staff development, supportive management, and engagement.

Also, nurse leaders within acute settings in hospitals can enhance nurse engagement through well structured mentoring programmes. By enabling greater participation of nursing staff in the decision-making process, these nurse empowering strategies and effective nursing management improves staff retention, job satisfaction, and work commitment (Asiri, et al. 2016:1).

2.6 CONCLUSION

Through exploration of the literature, the extent of nurses' work engagement and the work-related factors that impact engagement among nurse employees provides greater perspective for nursing administration to appreciate the need for improvement and sustainability. Chapter 3 discusses the research method used in this study, which includes the research design, sampling, the data collection approach, and data analysis.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter explains the research design, study setting, and research methods. Other aspects included in this chapter are the population and sample selection size, data collection methods, and the data analysis process. Ethical considerations form the last part of this chapter. The purpose of this study was to investigate the extent of nurses' engagement and the work-related factors that impact engagement among nursing employees. The ultimate aim was to enable nursing management to identify the areas for continued sustainability and to improve any weaknesses.

3.2 RESEARCH DESIGN

The research design refers to the overall plan for obtaining answers to the research questions (Polit & Beck 2017:137). This study adopted a quantitative, descriptive non-experimental design which was congruent with the methodological approach, the purpose, and objectives of the study. This design is useful when little knowledge about a phenomenon exists. The researcher observes, describes, and documents aspects of a phenomenon. This design or plan describes what exists, determines the frequency with which it occurs, and categorises the information to describe phenomena, and explore and explain the relationships between the variables (Polit & Beck 2012:159).

This research investigated the work-related engagement practices of which little knowledge existed within the organisation, based on the current engagement practices of nurse employees within a tertiary hospital in central Riyadh. The study described and documented data obtained on work-related aspects and addressed the extent of the various core constructs of work-related categories that impact nurse engagement practices.

3.2.1 Quantitative research

While planning research, researchers identify whether they will employ a qualitative, quantitative, or mixed methods approach. The approach is based on bringing together a worldview about research, a specific design, and research methods. Decisions about the choice of an approach are influenced by the research problem, the personal experiences of the researcher, and the audience in the field of study (Creswell 2014:52). Quantitative research aims to generate principles and prepositions that describe phenomena of interest, and is able to generalise these to other situations (Tappen 2016:43). The quantitative study commences on a problem, is focused, and narrows down to a specific viewpoint (Mertler 2015:109).

Quantitative research creates meaning through objectivity uncovered in the collected data. The approach follows the deductive form of reasoning that allows the researcher to formulate a hypothesis for testing (De Vos, et al. 2014:144). This study, however, did not hypothesise an outcome but was concerned with the description of nurses' engagement, and the data were objectively measured.

Quantitative research is a method used to generate numerical data and facts from statistical, logical and mathematical techniques to derive an outcome in an attempt to explain a phenomenon (Surbhi 2018:1). Quantitative research findings are reported in a numerical form and are appropriate to account for the relationship of a phenomenon (Kowalczyk & Biendl 2016:1-7).

Thus, the employee engagement data revealed factual information on the various aspects investigated, while the use of descriptive statistics or frequencies served as a basis for making generalisations about the nurses' engagement practices and the factors impacting employee engagement in the workplace. The numerical data in a quantitative study is analysed to draw conclusions, and quantitative data analysis using statistical tests is adopted. The goal of the analysis is to reveal the underlying patterns, trends, and relationships of a study's contextual situation (Albers 2017:215). For the

researcher to achieve the highest quality measurement possible in the research study, two primary measures are crucial in quantitative research; the reliability and validity of the study (Tappen 2016:73). In this study, these concepts were followed accordingly.

3.2.2 Non-experimental design

Non-experimental research is any quantitative or qualitative research that is not an experiment. It is the predominant kind of research design used in the social sciences (Reio 2016:676). The primary purpose of non-experimental designs is to describe a phenomenon and explore and explain the relationships between the variables (Polit & Beck 2017:138). Accurately executed non-experimental research makes a significant contribution because it can aid in conducting research when experimentation is not feasible or desired (Reio 2016:676).

The non-experimental, descriptive, quantitative methodology design was appropriate for this study as the researcher did not try to control, manipulate, or alter the predictor variable or subjects (Polit & Beck 2012:233). The aim was to investigate the extent of nurses' engagement in their daily work activities. The researcher was a "bystander" and did not influence the study with personal values, feelings, and experiences (Grove, et al. 2014:42).

3.2.3 Descriptive design

A descriptive design focuses on a single population group, and the data is collected based on the characteristics of the group and their attributes, and reported using descriptives such as the mean, median, mode, and percentages in quantitative designs (Tappen 2016:78). Descriptive designs are where the researcher studies the phenomenon of interest as it occurs naturally without manipulating individuals, conditions, or events. Examples of designs most commonly used in non-experimental quantitative designs include observational and survey research (Mertler 2015:111). This design is used to describe and interpret the current status of the individual's

circumstances such as settings, conditions, or events (Mertler 2015:108). The study attempted to retrieve first-hand information from the respondents on their work engagement processes. The descriptive approach adopted was used to measure the current level of engagement among nurses in a selected hospital in Saudi Arabia, to identify work-related factors that influence nurses' engagement practices based on the organisation, nursing management, employees' health, and personal staff development. This first quantitative technique was used, wherein the researcher administered a questionnaire to the nurse employees within their clinical areas (Mertler 2015:111).

This design describes what exists in the workplace, determines the frequency with which the work-related aspects occur, and categorises the information to describe phenomena identified. It also explores and explains the relationships between the variables (Polit & Beck 2017:389) pertinent to nurse employee engagement practices within the study setting. There were no interventions or attempts made to change the behavior or conditions of the respondents; the variables were measured based on the survey questions (Mouton 2014:110).

3.2.4 The study setting

The study setting refers to the environment in which a researcher collects data about the problem under investigation (Polit & Beck 2012:743). The setting was the medical city that comprises several hospitals of different specialties. It is in the central part of the city of Riyadh which employs a multicultural population of nurses from countries such as Malaysia, Philippines, South Africa, Jordan, Syria, Lebanon, as well as local Saudi nurses. The specific hospital used in this study has specialty clinics for diagnosing and treating diseases. There is also a Rehabilitation Hospital that offers multiple levels of care, including in-patient, day rehabilitation, outpatient services, a 224-bed Children Specialised Hospital, and a 120-bed Women Specialised Hospital.

3.3 RESEARCH METHOD

The research methodology informs the reader of how the investigation was carried out, such as how the researcher solved the research problem or

answered the research question. This study utilised a quantitative methodology of non-experimental design (Brink, et al. 2014:199).



Figure 3.1: Map of Saudi Arabia (Source: East & Arabia 2018)

A research method is a design type of inquiry within a qualitative, quantitative, and mixed methods approach that provides specific direction for procedures in research design (Creswell 2014:41). This study adopted a descriptive, non-experimental research method. Probability sampling procedures using simple random sampling were utilised to select nurses from the various clinical units. Data collected from an adapted questionnaire were analysed through the conventional quantitative approach using appropriate statistical methods.

3.3.1 Population

A population is a group of persons or objects that possess some common characteristic that is of interest to the researcher (Brink, et al. 2014:216). The population for this study was nurses in the clinical settings. Nurses working at patients' bedside were considered the core population that works directly with

patients. They form a majority in any healthcare setting, and they provided significant information regarding the employee engagement phenomenon. The target population was 300 nurses in this hospital. The researcher outlined eligibility criteria for inclusion and exclusion as follows:

Inclusion criteria

- Nurse employees who are working in the clinical setting of the hospital.
- Nurse employees who have been working in the hospital for over a year and who have undergone a three-month probationary period, including a 90-day evaluation, that implies permanency.

Exclusion criteria

- Nurse employees who were employed for less than one year within the study setting.
- Nurse employees undergoing the probationary period.

3.3.1.1 Sampling and sample

Taking a portion of units of a population which has particular characteristics of the population as representative, is termed 'sampling' (De Vos, et al. 2014:223). Probability sampling is the preferred sampling procedure used in quantitative research. Probability sampling ensures every element in the population a high inclusion probability and promotes the selection of a representative sample for making inferences (Brink, et al. 2014:134). Selecting nurse employees within their natural setting promoted better inferences for the population.

The goal of probability sampling is an unbiased sample which the researcher aimed to achieve by choosing simple random sampling in the study (Tappen 2016:118). The use of simple random sampling to select the nurse employees within the clinical setting afforded each nurse in the study population a chance of being selected for the study. The respondents were chosen from a list of employees in the nursing administrative database of the study setting. The total sample frame had a list of 300 nurse employees who met the study criteria.

The list of names was entered into a column in an excel spreadsheet and was used to generate all the names randomly with an affixed number. The sample size was calculated using computer software known as the Raosoft sample size calculator. The margin error of +/-5%, 95% confidence level, with 50% distribution was used, with a population of N=300. The calculation yielded a sample of 169 respondents. One hundred and eighty-five (185) respondents returned the questionnaire. The data cleaning and validation process eliminated respondents who had not answered at least one question, and retained only cases that answered all questions. The final sample size after data cleaning was 138. The Keiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy (MSA) criterion was applied to determine the suitability of sampling adequacy. The KMO-MSA values for the disaggregated dimensions all exceeded the minimum acceptable cut-off threshold of 0.6 statistical validity score, indicating the presence of sampling adequacy (Ganyaupfu 2018).

Since the researcher aimed to identify the relationship between various work aspects that impact employee engagement within the natural setting, probability sampling techniques were adopted to ensure a more accurate representation of the population (Mertler 2015:112). No sampling technique guarantees perfection, and probability sampling gains a more favorable approach in beating the odds (Mertler 2015:112). Accuracy was essential as the researcher attempted to describe the entire nurse employee population by collecting information from a smaller subset of the entire nurse employee population within the organisation (Mertler 2015:112).

3.3.2 Data collection approach and method

Data collection is a systematic way of gathering relevant information for the research purpose and objective of the study (Gray & Grove 2017:52). Quantitative methods require researchers to collect data in a structured manner. Thus, in this study, the researcher used a structured Likert scale questionnaire adapted from the NHS Staff Engagement Survey 2015 (NHS employers.org 2018). The questionnaire gathered information to address the research problem (Polit & Beck 2017:169) based on nurse employee

engagement and the aspects impacting employee engagement within the workplace. Thus, the study addressed areas impacting nurses' daily work activities with precise estimation.

The questionnaire was appropriate for this study as it provided 'ready-made' categories for respondents to reply to questions. Also, the researcher's retrieval of necessary information ensured easier analysis of data retrieved from the survey analysis (Kumar 2014:145), which allowed for secure collection, better coding, and effective analysis. The approach allowed the researcher to ask all the respondents the same questions in the questionnaire, thus objective data were collected throughout the study (Polit & Beck 2017:170). Permission was sought from the Picker Institute to utilise the NHS Staff Engagement Survey 2015 (NHS employers.org 2018). Annexure E offers evidence of the correspondence between the researcher and the Picker Institute.

3.3.2.1 Composition of the questionnaire

The employee engagement instrument comprised questions that solicited measurable dimensions of the employee engagement concept.

Section one was the background, and consisted of questions related to the demographic details of the nurse. It included aspects such as gender, age, nationality, the highest level of qualification, and years of employment at the organisation. Section two related to the organisational construct, and consisted of questions that elicited respondents' views regarding their job.

Section three focused on both intermediate and senior management, and section four was related to respondents' views regarding opportunities for personal development.

3.3.2.2 Data collection process

The data collection process deals with acquiring subjects and collecting data for the study (Brink, et al. 2014:148). The researcher explained the purpose of the study, procedures, possible risks, benefits and confidentiality, then

obtained informed consent from participants. Detailed information is given to participants to enable them to make an informed decision with regards to their involvement in the study.

Data collection took place over a period of 2 weeks (7 to 20 May 2017). In total, 200 questionnaires were distributed to nurse employees. Completed questionnaires were deposited in a box provided at the nurses' station. The respondents had one week to complete and return the questionnaire. A further extension of one week enhanced the response rate, and 185 questionnaires were returned. Only fully completed questionnaires were included in the data analysis.

3.4 ETHICAL CONSIDERATIONS

Researchers are responsible for ethical research. Failure to do so undermines the scientific process and may have negative consequences (Brink, et al. 2014:30). Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the study participants (Polit & Beck 2017:77). To that end, the following ethical principles were adhered to in this study:

3.4.1 Permission to conduct the study

All relevant authorities were contacted to obtain the required permission. Before data collection, the researcher applied for ethical clearance from the Department of Health Studies Research and Ethics Committee (HSREC) University of South Africa. Request for permission to conduct the study was also sought from the Head of the Research Committee at the health organisation (Annexure C). A letter was sent to the Picker Institute Europe requesting permission to use the 2015 NHS Staff Engagement Survey tool as the validated instrument of choice (Annexure D). The questionnaire distribution commenced after permission was granted by the Organisation's Research Committee.

3.4.2 Beneficence

Beneficence is a principle of doing good for both research participants and society (Moule & Goodman 2018:60). There was no physical risk anticipated with participation in this study. Respondents were protected from physical, psychological, emotional, social, spiritual, economical, legal discomfort or harm by strictly adhering to the principle of beneficence. The ethical rule that protects participants from harm, either physical or emotional, is referred to as non-maleficence (De Vos, et al. 2014:115). The information provided to respondents ensured that they were aware of their rights and participated freely without any coercion.

3.4.3 Informed consent

According to Polit and Beck (2017:350), informed consent is an ethical principle that requires researchers to obtain the voluntary participation of subjects, after informing them of possible risks and benefits. Participants were given details of the research to decide whether to consent or decline to participate in the study. The information included the study's purpose and expectations of participation before consent was requested. The purpose of giving detailed information to participants was to enable them to make an informed decision with regards to their involvement in the study. The participants were not forced or coerced, and had the right to withdraw from the study without any penalty.

Participants were cognisant of the fact the data collated were for the sole purpose of research. Providing written consent took place during the distribution of the survey, since the consent was part of the questionnaire on the covering letter.

All respondents received the contact details of the researcher to address any queries or concerns.

3.4.4 The right to self-determination and justice

The principle of self-determination implies that an individual has a right to decide whether to participate in a study or not. The respondents were not forced or coerced to participate in the study. They were informed that participation was on a voluntary basis and that they had a right to withdraw from the study without penalties if they wished. All participants were treated with respect and were older than 20 years of age. The researcher left her contact details and participants could ask for clarifications if they wished to gain a better understanding of any aspect of the research.

3.4.5 The right to privacy and confidentiality

High-security control measures to maintain anonymity were followed. The information and data collected were protected from unauthorised access. Data were kept in a secured place and only the researcher has access, to ensure privacy.

No information was shared without the respondents' knowledge or against their will. Where possible, the questionnaire was completed in a private room within the facility and precautions to limit unnecessary interference was applied. The researcher maintained confidentiality at all times, such that the names of the respondents did not appear on any of the data collection tools.

3.5 DATA MANAGEMENT TECHNIQUES AND ANALYSIS

Data analysis entails categorising, ordering, manipulating, and summarising the data, and describing it in meaningful terms (Brink, et al. 2014:177). Since this study used the quantitative approach, statistical methods were applied to analyse the data. The primary emphasis in quantitative research data analysis is to decide how to analyse information obtained in response to each question from the respondent (Kumar 2014:225). The statistical method adopted was related to the research study's objectives and questions. The researcher moved systematically from the problem definition – nurse engagement – to solutions to the problem, following a series of predetermined stages (Polit &

Beck 2017:170). Distribution graphs from all eight dimensions of the study, such as feelings about the job, job design, work aspects, satisfaction about job aspects, intermediate management, senior management, clinical practice, and personal development, were generated.

The descriptive statistical analysis took place to summarise the findings, which enabled the researcher to organise the data meaningfully, through frequency distributions and dispersion regarding the extent of engagement among nurses (Grove, et al. 2014:47).

The statistician verified and confirmed the data analysis. Statistical analysis on scale reliability, statistical validity, and factor analysis were conducted using the SPSS version 24 for Windows, while Ordered Probit regression was conducted using the Stata statistical program version 14 for Windows. Details are provided in Chapter 4.

3.6 RELIABILITY AND VALIDITY OF THE STUDY

The validity and reliability of a study assess the quality of a research study (Brink, et al. 2014:109).

3.6.1 Validity

Validity is the ability of a measure or instrument to measure what it is supposed to measure (Maree 2014:147). Validity is achieved through face validity and content validity. Face validity refers to the instrument measuring the appropriate construct, and can persuade people to participate in the study (De Vos, et al. 2014:173).

Content validity is the extent to which the instrument contains an appropriate sample of items for the construct under study, and adequately covers the construct domain (Polit & Beck 2012:336). The instrument review was undertaken by the research supervisor, the organisation's Internal Review Board Committee members, and the Nursing Educational Department research committee members. Clear instructions on how to complete the

questionnaire and to return the completed questionnaire were included on the first page of the questionnaire (Annexure D). The questionnaire, along with the objectives of the study, was given to a statistician to assess whether the instrument would generate data to address the objectives of the study. The questionnaire did not require any changes, apart from retaining pertinent questions for the researcher to adopt for the study population. Statistical validity was conducted using a factor analysis data reduction technique. Assessment of sample adequacy took place using exploratory factor analysis (Williams 2011:510).

3.6.2 Reliability of the study

Polit and Beck (2017:69/264) define reliability as the consistency with which the target attributes are measured resulting in an accurate measurement, therefore minimising errors of measurement. Permission was obtained from the Pikert Institute to use the NHS Staff Engagement Survey 2015 (NHS employers.org 2018), in this study. The scale reliability of the instrument was measured using Cronbach's alpha, computed statistically on all eight dimensions of the study.

3.7 CONCLUSION

The research methodology, research design, study population, sampling method, data collection method, validity and reliability of the tool used, ethical considerations, and the data analysis method used were described in this chapter.

Chapter 4 offers the data analysis and research findings.

CHAPTER 4

PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents results obtained from the statistical analysis undertaken on the investigation of the extent of nurses' engagement and work-related factors that impact engagement among nursing employees in Saudi Arabia. The purpose is to assemble and summarise numerical data in an interpretable format (De Vos, et al. 2014:249), to answer the research questions and draw conclusions. The chapter includes processes undertaken for data management to improve the validity and reliability of the instrument. The first section presents results on scale reliability or internal consistency of the research instrument's items, including statistical validity based on the KMO-MSA approach and alpha factoring technique.

The second section presents the research results including confirmatory factor analysis results on factor loadings of retained items under the relevant eight dimensions. Thereafter, regression results are estimated, using the Ordered Probit regression technique.

4.2 THE INSTRUMENT

4.2.1 Scale reliability

The internal consistency of the research instrument's items was examined based on the Cronbach's alpha criterion. Therefore, Cronbach's alpha coefficient was computed to statistically assess the degree to which comparable responses could be obtained from respondents should the same set of questions be posed several times under similar settings to the same set of respondents (Tappen 2016:357). This step was necessary despite adopting the instrument from the NHS Staff Engagement Survey 2015 (NHS employers.org 2018).

The overall scale reliability results on the eight dimensions covered in the research instrument are presented in Table 4.1. The eight dimensions include feelings about the job/motivation, job design, work aspects, satisfaction with job aspects, immediate manager, senior managers, clinical practice, and personal development.

Table 4.1: Scale reliability of questionnaire items

Dimension	Items	No. of Items	Cronbach's Alpha
Feelings about the job/motivation	2.1.a. I look forward to going to work. 2.1.b. I am enthusiastic about my job. 2.1.c. Time passes quickly when I am working.	3	0.315
Job design	2.2.a. I always know what my work responsibilities are. 2.2.b. I am trusted to do my job. 2.2.c. I am able to do my job to a standard I am personally pleased with.	3	0.778
Work aspects	2.3.a. There are frequent opportunities for me to show initiative in my role. 2.3.b. I am able to make suggestions to improve the work of my team/ department. 2.3.c. I am involved in deciding on changes introduced that affect my work area / team / department. 2.3.d. I am able to make improvements happen in my area of work. 2.3.e. I am able to meet all the conflicting demands on my time at work. 2.3.f. I have adequate materials, supplies and equipment to do my work. 2.3.g. There are enough staff at this organisation for me to do my job properly. 2.3.h. Team members have to communicate closely with each other to achieve the team's objectives.	10	0.779

Dimension	Items	No. of Items	Cronbach's Alpha
	2.3.i. The team I work in often meets to discuss the team's effectiveness. 2.3.j. Team members have to communicate closely with each other to achieve the team's objectives.		
Satisfaction about job aspects	2.4.a. The recognition I get for good work. 2.4.b. The support I get from my immediate manager. 2.4.c. The support I get from my work colleagues. 2.4.d. The amount of responsibility I am given. 2.4.e. The opportunities I have to use my skills. 2.4.f. The extent to which my organisation values my work. 2.4.g. The opportunities for flexible working patterns. 2.4.h. The quality of care I give to patients'/ service users. 2.4.i. The ability to deliver the care I aspire to 2.4.j. I would recommend my organisation as a place to work. 2.4.k. The standard of care provided by this organisation.	11	0.882
Immediate manager	3.1.a. Encourages those who work for her/him to work as a team 3.1.b. Can be counted on to help me with a difficult task at work 3.1.c. Gives me clear feedback on my work 3.1.d. Asks for my opinion before making decisions that affect my work. 3.1.e. Is supportive in a personal crisis. 3.1.f. Takes a positive interest in my health and well-being.	7	0.943

Dimension	Items	No. of Items	Cronbach's Alpha
	3.1.g. Values my work.		
Senior managers	3.2.a. I know who the senior managers are here. 3.2.b. Communication between senior management and staff is effective. 3.2.c. Senior managers here try to involve staff in important decisions. 3.2.d. Senior managers act on staff feedback.	2	0.853
Clinical practice	3.3.a. I would feel secure raising concerns about unsafe clinical practice. 3.3.b. I am confident that my organisation would address my concerns.	2	0.875
Personal development	4.1. Have you had any mandatory training in the last 12 months? 4.2.a. Helped me to improve how I do my job. 4.2.b. Helped me develop clear objectives for my work. 4.2.c. Left me feeling that my work is valued by my organisation. 4.2.d. The values of my organisation were discussed as part of the appraisal process. 4.2.e. My manager supported me to receive this training, learning or development.	6	0.896
Overall scale reliability		46	0.764

The estimated Cronbach's alpha coefficient value ($\alpha = 0.764$) for the selected items was above the statistically minimum acceptable ($\alpha = 0.700$) scale reliability value (Anderson, Sweeney & Williams 2009:355). The computed result demonstrates that the survey items actually measured a single unidimensional latent construct developed in the research study (Ganyaupfu 2018).

4.2.2 Statistical validity

The statistical validity of the items of the research instrument was undertaken using the factor analysis data reduction technique. In concurrence with the assessment of sampling adequacy, exploratory factor analysis (EFA) was performed to measure the underlying structure, patterns, and hidden dimensions within the dataset (Anderson, et al. 2009:510). Congruently, confirmatory factor analysis (CFA) was further conducted to select and focus on a set of items that accounted for most of the observed variance in the dataset investigating the extent of nurses' engagement and work-related factors that impact engagement among nursing employees. The sampling adequacy of the research instrument's survey items was measured based on the KMO-MSA criterion. The statistic is a measure of the proportion of variance among variables that might be common variance. The lower the proportion, the more suited the data is to factor analysis (Ganyaupfu 2018). Disaggregated statistical validity results on research dimensions and corresponding items are presented in Table 4.2.

Table 4.2: Overall Keiser-Meyer-Olkin (KMO) – Measure of Sampling Adequacy (MSA) criterion

Dimension	Items	No. of Items	KMO-MSA
Feelings about the job	2.1.a. I look forward to going to work. 2.1.b. I am enthusiastic about my job. 2.1.c. Time passes quickly when I am working.	3	0.500
Job design	2.2.a. I always know what my work responsibilities are. 2.2.b. I am trusted to do my job. 2.2.c. I am able to do my job to a standard I am personally pleased with.	3	0.500

Dimension	Items	No. of Items	KMO-MSA
Work aspects	<p>2.3.a. There are frequent opportunities for me to show initiative in my role.</p> <p>2.3.b. I am able to make suggestions to improve the work of my team/ department.</p> <p>2.3.c. I am involved in deciding on changes introduced that affect my work area / team / department.</p> <p>2.3.d. I am able to make improvements happen in my area of work.</p> <p>2.3.e. I am able to meet all the conflicting demands on my time at work.</p> <p>2.3.f. I have adequate materials, supplies and equipment to do my work.</p> <p>2.3.g. There are enough staff at this organisation for me to do my job properly.</p> <p>2.3.h. Team members have to communicate closely with each other to achieve the team's objectives.</p> <p>2.3.i. The team I work in often meets to discuss the team's effectiveness.</p> <p>2.3.j. Team members have to communicate closely with each other to achieve the team's objectives.</p>	10	0.830
Satisfaction about job aspects	<p>2.4.a. The recognition I get for good work.</p> <p>2.4.b. The support I get from my immediate manager.</p> <p>2.4.c. The support I get from my work colleagues.</p> <p>2.4.d. The amount of responsibility I am given.</p> <p>2.4.e. The opportunities I have to use my skills.</p> <p>2.4.f. The extent to which my organisation values my work.</p>	11	0.879

Dimension	Items	No. of Items	KMO-MSA
	2.4.g. The opportunities for flexible working patterns. 2.4.h. The quality of care I give to patients'/ service users. 2.4.i. The ability to deliver the care I aspire to 2.4.j. I would recommend my organisation as a place to work. 2.4.k. The standard of care provided by this organisation.		
Immediate manager	3.1.a. Encourages those who work for her/him to work as a team 3.1.b. Can be counted on to help me with a difficult task at work 3.1.c. Gives me clear feedback on my work 3.1.d. Asks for my opinion before making decisions that affect my work. 3.1.e. Is supportive in a personal crisis. 3.1.f. Takes a positive interest in my health and well-being. 3.1.g. Values my work.	7	0.917
Senior managers	3.2.a. I know who the senior managers are here. 3.2.b. Communication between senior management and staff is effective. 3.2.c. Senior managers here try to involve staff in important decisions. 3.2.d. Senior managers act on staff feedback.	2	0.743
Clinical practice	3.3.a. I would feel secure raising concerns about unsafe clinical practice. 3.3.b. I am confident that my organisation would address my concerns.	2	0.500

Dimension	Items	No. of Items	KMO-MSA
Personal development	4.1. Have you had any mandatory training in the last 12 months? 4.2.a. Helped me to improve how I do my job. 4.2.b. Helped me develop clear objectives for my work. 4.2.c. Left me feeling that my work is valued by my organisation. 4.2.d. The values of my organisation were discussed as part of the appraisal process. 4.2.e. My manager supported me to receive this training, learning or development.	6	0.846
Overall scale reliability		46	0.792

The KMO-MSA criterion was applied to determine the suitability of sampling adequacy. Given a statistically acceptable minimum KMO-MSA value of 0.600, the computed overall KMO-MSA value (0.792) for the questionnaire items confirms adequacy of the sample of items explored under all the defined dimensions. Correspondingly, the KMO-MSA values for the disaggregated dimensions “feelings about the job, job design, work, satisfaction about job aspects, immediate manager, senior managers, clinical practice, and personal development” all exceeded the minimum acceptable cut-off threshold of 0.6 statistical validity score, indicating the presence of sampling adequacy. Computed statistical validity measures on Bartlett’s test of sphericity and corresponding KMO-MSA scores of the survey instrument’s distinct dimensions are presented in Table 4.3.

Table 4.3: Statistical validity of the survey instrument's items per dimension

Dimension	No. of items	Measure	
		Bartlett's Test of Sphericity	KMO Test of Sampling Adequacy
Feelings about the job	3	$\chi^2 = 114.508$ p < 0.01	0.500
Job design	3	$\chi^2 = 57.727$ p < 0.01	0.500
Work aspects	10	$\chi^2 = 399.301$ p < 0.01	0.895
Satisfaction about job aspects	11	$\chi^2 = 717.607$ p < 0.01	0.879
Immediate manager	7	$\chi^2 = 851.299$ p < 0.01	0.917
Senior managers	2	$\chi^2 = 320.902$ p < 0.01	0.743
Clinical practices	2	$\chi^2 = 125.535$ p < 0.01	0.500
Personal development	6	$\chi^2 = 628.360$ p < 0.01	0.846

The null hypothesis of the Barlett's test at 5 percent significance level states that the observed correlation matrix is equal to the identity matrix, suggesting that the observed matrix is not factorable. The Barlett's test results were statistically significant, with p-values for all four dimensions being lower than the 1 percent significance level. The null hypothesis was therefore rejected (Ganyaupfu 2018). The computed KMO-MSA values above 0.6 for all eight dimensions thus indicate the presence of sampling adequacy (Anderson, et al. 2009:511).

4.3 DESCRIPTIVE STATISTICS

The descriptive statistics outlined will summarise the data obtained in this study and describe what was obtained from the respondents through the questionnaire.

4.3.1 Biographic data

The biographic data is the basic personal information attained from each respondent which is personal and specific, and differs from one respondent to another. The information included respondents' age, sex, nationality, number of years employed within the organisation, and highest qualification obtained.

4.3.1.1 Gender

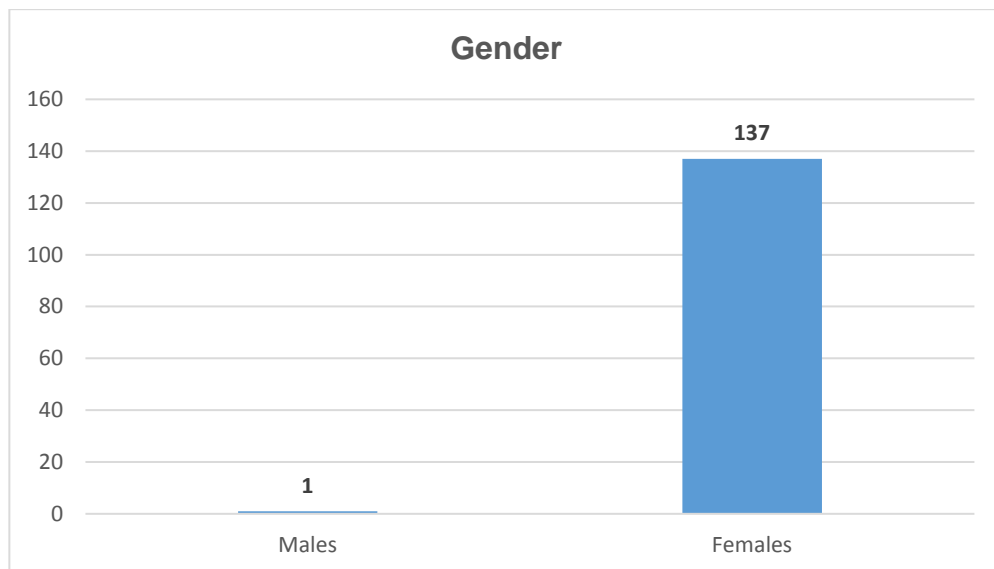


Figure 4.1: Gender distribution of the respondents

Figure 4.1 indicates that out of the 138 responses, 98.2% (n=137) were from females, and 0.72% (n=1) was from a male. On average, this hospital has a high number of males. However, they did not respond to the survey.

4.3.1.2 Age distribution

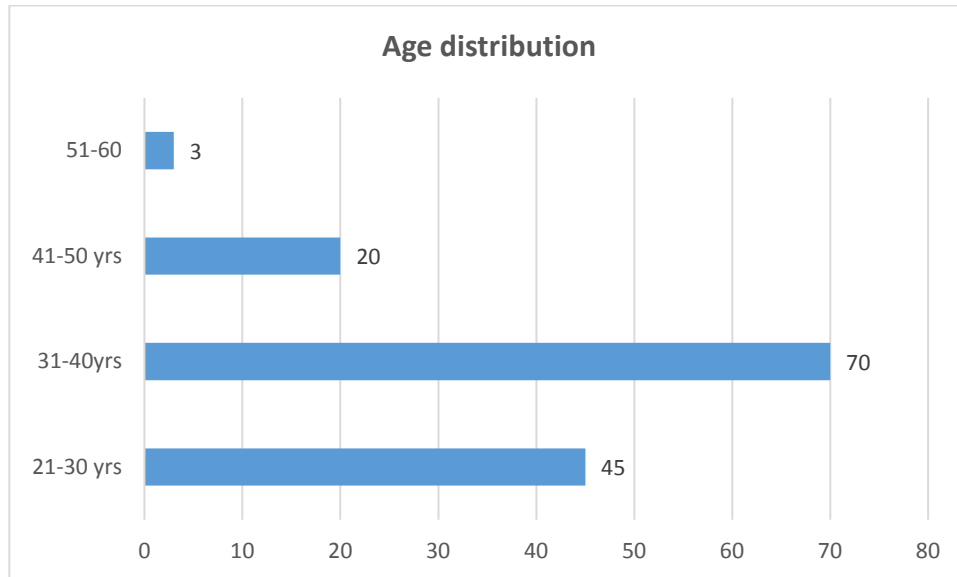


Figure 4.2: Age distribution of the respondents

The majority of respondents 50.7% (n=70) belong to the age group of 31-40 years; 14.4% (n=20) were within the age range of 41-50, and 32.6% (n=45) were between 21-30 years. The smallest percentage 2.1% (n=3) belonged to the 51-60 age range.

4.3.1.3 Nationality of respondents

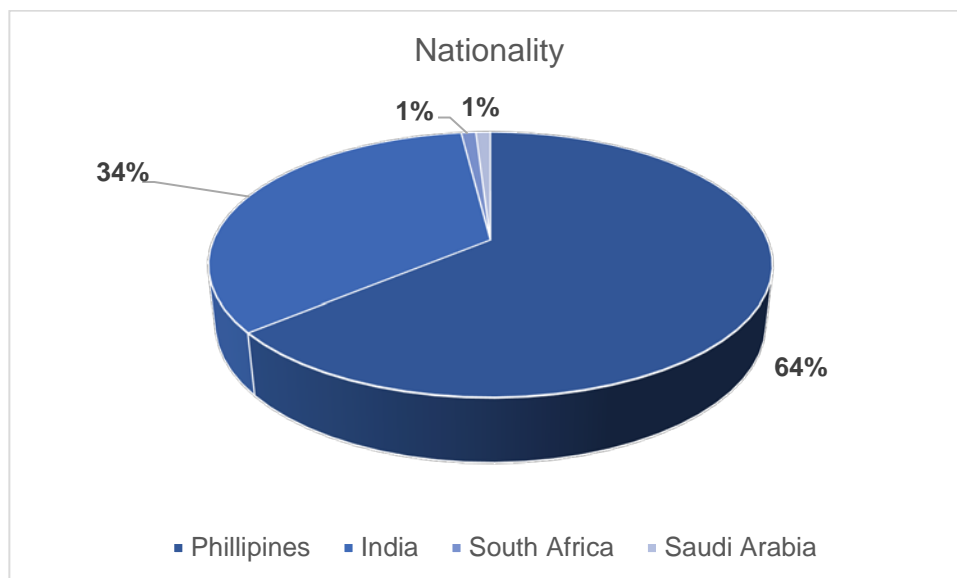


Figure 4.3: Nationality of the respondents

The majority of respondents 64% (n=88) were from the Philippines, followed by Indians ranking second highest at 34% (n=48). Both the South African and Saudis ranked last at 0.7% (n=1) respectively.

4.3.1.4 Highest qualifications

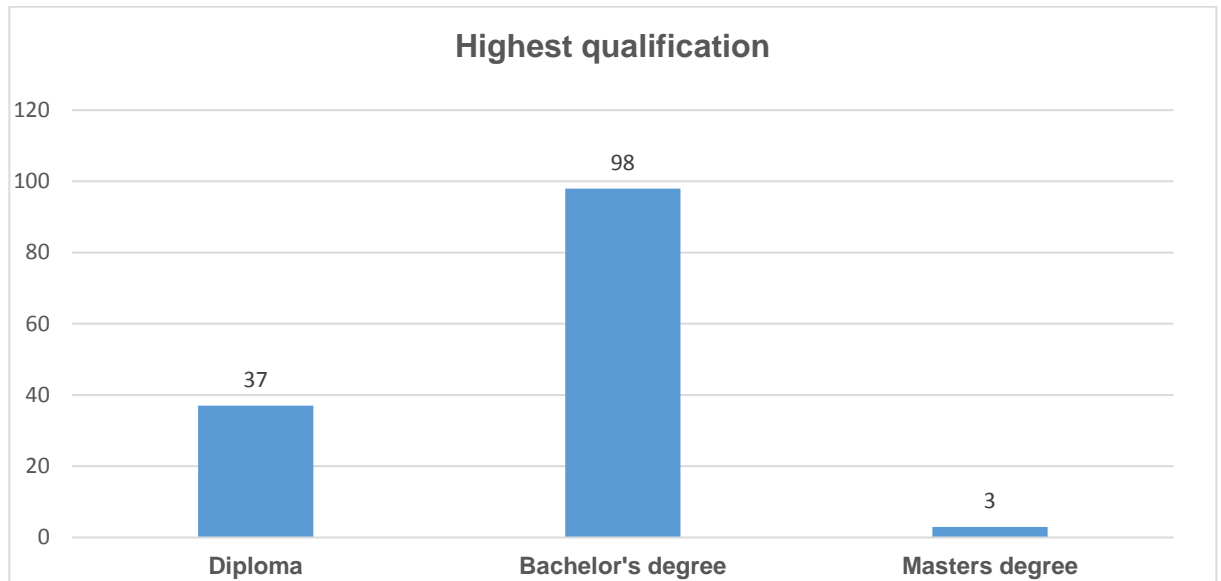


Figure 4.4: Qualifications

Most 71% (n=98) of the respondents possessed bachelor degrees, and the diploma nurses comprised 26.8% (n=37). A minority of 2.2% (n=3) were masters prepared.

4.3.2 Dimensions of employee engagement

The various aspects included in this dimension commence with 'Feelings about the job', followed by 'Job design', and it concludes with 'work aspects'.

4.3.2.1 Feelings about the job

This section asked the nurses how they felt about their job, their contribution, and the value attached to their work.

Table 4.4: Nurses feelings about their job

Nurses' feelings about their job (n=138)	Never		Rarely		Sometimes		Often		Always	
	f	%	f	%	f	%	f	%	f	%
I look forward to going to work.	3	2.2	2	1.4	27	19.6	41	29.7	65	47.1
I am enthusiastic about my job.	--	-	1	.7	22	15.9	40	29.0	75	54.3
Time passes quickly when I am working.	21	15.2	2	1.4	19	13.8	43	31.2	53	38.4

I look forward to going to work

Almost 76.8% (n=106) of respondents often and always looked forward to going to work. A small portion (20% (n=27)) only sometimes looked forward to going to work, 1.4% (n=2) rarely felt like going to work, and a minority of 1.6% (n=3) never felt like going to work.

I am enthusiastic about my job

More than half 83% (n=115) of the respondents were always enthusiastic about their job, while 15.9% (n=22) were sometimes enthusiastic about their job. A combined percentage of those who were never or rarely enthusiastic about their job equaled 0.7% (n=1). Therefore, most respondents were enthusiastic about their job, indicating a positive outlook towards their job.

Time passes quickly when I am working

The majority of respondents 69.6% (n=96) always experienced that time passed quickly while they were at work. Those who sometimes felt that time passed quickly while they were at work were 13.8% (n=19), and the lowest combination percentage of respondents who never or rarely felt that time passed quickly was 16.6% (n=23). Interestingly, most respondents experienced their day ending quickly when occupied in their work role.

4.3.2.2 Job design

Table 4.5: Job Design

Job design (n=138)	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
	I always know what my work responsibilities are.	2	1.4	-	-	7	5.1	49	35.5	80
I am trusted to do my job.	-	-	-	-	4	2.9	55	39.9	79	57.2
I can do my job to a standard I am personally pleased with.	-	-	-	-	6	4.3	61	44.2	71	51.4

I always know what my work responsibilities are

Combined, a significant proportion of respondents, 93.5% (n=129), agreed that they always know what their work responsibilities are. Less than 5% (n=7) were neutral. Respondents who disagreed that they always know what their work responsibilities are were at 1.4% (n=2). The majority of respondents understood their work and role. It is evident from the data that most respondents always knew their work responsibilities.

I am trusted to do my job

Those who disagreed with this statement were the lowest at 2.9% (n=4). An overwhelming number of respondents, 97% (n=134), agreed that they were trusted to do their job and felt they were able to deliver the standard of work that pleased them.

I can do my job to a standard I am personally pleased with

Those who agreed that they can conduct their work activities to a standard they are pleased with scored highest at 96% (n=132). A small minority of 4.3% (n=6) were indifferent to the work standard.

4.3.2.3 Work aspects

Table 4.6: Work aspects

Nurses work aspects (n=138)	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
There are frequent opportunities for me to show initiative in my role.	4	2.9	1	.7	16	11.6	92	66.7	25	18.1
I am able to make suggestions to improve the work of my team/ department.	2	1.4	4	2.9	28	20.3	85	61.6	19	13.8
I am involved in deciding on changes introduced that affect my work area / team / department.	3	2.2	8	5.8	34	24.6	75	54.3	18	13.0
I am able to make improvements happen in my area of work.	39	28.3	1	.7	19	13.8	62	44.9	17	12.3
I am able to meet all the conflicting demands on my time at work.	2	1.4	4	2.9	19	13.8	94	68.1	19	13.8
I have adequate materials, supplies and equipment to do my work.	8	5.8	11	8.0	46	33.3	62	44.9	11	8.0
There are enough staff at this organisation for me to do my job properly.	10	7.2	31	22.5	42	30.4	47	34.1	8	5.8
Team members have to communicate closely with each other to achieve the team's objectives.	1	.7	4	2.9	15	10.9	78	56.5	40	29.0
The team I work in often meets to discuss the team's effectiveness.	-	-	6	4.3	27	19.6	79	57.2	26	18.8

There are frequent opportunities for me to show initiative in my role

Most respondents 84.1% (n=117) felt that there were frequent opportunities for them to show initiative in their role, 11.6% (n=16) were uncertain, and less than 3.6% (n=5) disagreed with this statement.

Able to make suggestions to improve work

Three quarters of the respondents 75.4% (n=104))were able to make suggestions to improve the work of their team/department, 20.3% (n=28) were uncertain, and a small percentage of 4.3% (n=6) never felt that they were able to make suggestions to improve the work of their team/department. The greater proportion of respondents made suggestions to improve the work for their teams and the department.

I am involved in deciding on changes introduced that affect my work

More than half 67% (n=93) of the respondents felt they were involved in deciding on changes introduced that affect their work area/team/department, and almost a quarter, 25% (n=34), were uncertain. About 8% (n=11) did not agree that they were able to make suggestions to improve their work area/team/department.

I can make improvements happen in my area of work

Half of the respondents 57% (n=79) believed that they could make improvements happen in their area of work, with 14% (n=19) who disagreed that they can make improvements happen in their area of work, and 29% (n=40) were uncertain whether they could make improvements happen in their area of work.

I can meet all the conflicting demands on my time at work

Most of the respondents 81.9% (n=113) agreed they could meet all conflicting demands on their time at work, 13.8% (n=19) were uncertain, and 4.3% (n=6) disagreed that they could meet all conflicting demands on their time at work.

I have adequate materials, supplies, and equipment to do my work

More than 50% (n=73) of respondents agreed to having adequate equipment and supplies, while 13.8% (n=19) did not agree. Those who remained neutral consisted of 33.3% (n=46).

There are enough staff at this organisation for me to do my job properly

A 39.9% (n=55) proportion of respondents believed there is enough staff at the organisation for them to do their job correctly, with 30.4% (n=42) who were uncertain. A little over a quarter 29.7% (n=41) disagreed that staff ratios were adequate.

Team members have to communicate closely with each other to achieve the team's objectives

Most respondents 85.5% (n=118) agreed they communicate closely with each other to achieve the team's objectives, with 10.9% (n=15) who were uncertain if such communication existed, and less than five percent 3.9% (n=5) disagreed and strongly disagreed. Close communication is evident from most responses among the team members towards achieving their work objectives.

The team I work in often meets to discuss the team's effectiveness

Most respondents (76% (n=105) agreed that their team often meets to discuss their effectiveness in the workplace. Some (19.6% (n=27) were ambivalent, while the smallest percentage (4.3% (n=6) disagreed with frequent team meetings.

Table 4.7: Nurses satisfaction with job aspects

Nurses satisfaction with job aspects (n=138)	Very dissatisfied		Dissatisfied		Neither Satisfied nor Dissatisfied		Satisfied		Very satisfied	
	f	%	f	%	f	%	f	%	f	%
	The recognition I get for good work.	3	2.2	12	8.7	31	22.5	84	60.9	8
The support I get from my immediate manager.	3	2.2	7	5.1	19	13.8	89	64.5	20	14.5
The support I get from my work colleagues.	-	-	-	-	15	10.9	92	66.7	31	22.5
The amount of responsibility I am given.	2	1.4	8	5.8	14	10.1	93	67.4	21	15.2
The opportunities I have to use my skills.	-	-	4	2.9	16	11.6	94	68.1	24	17.4
The extent to which my organisation values my work.	1	.7	8	5.8	21	15.2	88	63.8	20	14.5
The opportunities for flexible working patterns.	1	.7	5	3.6	22	15.9	90	65.2	20	14.5
The quality of care I give to patients/ service users.	2	1.4	12	8.7	-	-	89	64.5	35	25.4
The ability to deliver the care I aspire to	2	1.4	7	5.1	-	-	95	68.8	34	24.6
I would recommend my organisation as a place to work.	2	1.4	4	2.9	26	18.8	81	58.7	25	18.1

Nurses satisfaction with job aspects (n=138)	Very dissatisfied		Dissatisfied		Neither Satisfied nor Dissatisfied		Satisfied		Very satisfied	
	f	%	f	%	f	%	f	%	f	%
	The standard of care provided by this organisation.	-	-	4	2.9	21	15.2	90	65.2	23

The recognition I get for good work

More than half 66.7% (n=92)) of the respondents were satisfied with being recognised for their good work, 22.5% (n=31) were undecided in their opinion about recognition in their good work efforts, and 10.9% (n=15) were very dissatisfied that their good efforts in their work were not recognised.

The support I get from my immediate manager

The majority, 89.2% (n=123), of respondents were satisfied with the support provided by their immediate manager, and only 10.8% (n=15) of respondents were uncertain about the support they receive from their immediate manager.

The support I get from my work colleagues

The support received from work colleagues earned a phenomenal score of 89.2% (n=123). The remaining respondents (10.9% (n=15)) were undecided or noncommittal in their opinion.

The amount of responsibility I am given

A majority 79% (n=114) of respondents were satisfied with the responsibility they were given. Uncertain respondents represented 10 % (n=14), while 0.07% (n=10) were dissatisfied with the number of responsibilities they were given. Most respondents appreciated the responsibilities given to them and were satisfied.

The opportunities I have to use my skills

A high number 85.5% (n=110), of respondents were satisfied with the opportunities afforded to them to use their skills, 11.6% (n=22) of the

respondents were uncertain in their opinion, and 2.9% (n=6) were dissatisfied with the opportunities provided for them to utilise their skills.

The extent to which my organisation values my work

A majority of 78.2% (n=108) of respondents were satisfied with the way the organisation values their work. Those respondents who were not satisfied with the organisation valuing their work were calculated at 15.2% (n=21). The smallest percentage at 6.5% (n=9) belonged to the opinion of those dissatisfied with the way the organisation valued their work. Organisational support is evident by the majority of respondents being satisfied that their work is valued.

The opportunities I have to use my skills

A significant portion (79.7% (n=110)) of respondents were satisfied and very satisfied with the opportunities afforded to them to utilise their skills. An undecided number of respondents who were neither satisfied nor dissatisfied amounted to 15.9% (n=22), leaving a minority of 4.3% (n=6) who were dissatisfied that they had no opportunity to showcase their talents.

The opportunities for flexible working patterns

The greatest number of respondents (78.4% (n=145)) were satisfied with the opportunities for flexible working patterns, 16.2% (n=30) of respondents were unsure in their opinion, and 5.4% (n=10) were dissatisfied regarding the opportunities for flexible working patterns. Overall, employees enjoyed the comfort and ease of flexibility which is reflected by most respondents.

The quality of care I give to patient's/ service users

A significant 89.8% (n=124) of respondents were satisfied with the quality of care given to patients/service users, while 10.1% (n=14) were dissatisfied with the quality of care provided to patients/service users. It is evident that most respondents were satisfied with the quality of care they provide to patients/service users.

The ability to deliver the care I aspire to

Astoundingly, 93.4% (n=129) of respondents were satisfied with their ability to deliver the care they aspire to. Only a small number of respondents (6.5% (n=9)) were dissatisfied with their ability to deliver the care they aspire to. Therefore, a significant percentage of respondents were proud of their care delivery service.

I would recommend my organisation as a place to work

More than half of the employees (76.8% (n=106)) would recommend their organisation as a place to work. A neutral number of 18.8% (n=26) of respondents did not commit to an opinion, while 4.3% (n=6) would not recommend the organisation as a place to work. A high percentage of respondents agreed that they would recommend the organisation as a place to work.

The standard of care provided by this organisation

The highest number of 82% (n=113) of respondents favored the standard of care provided by the organisation. The respondents who did not offer an opinion were 15.2% (n=21). Those who disagreed comprised of 2.9% (n=4) of respondents.

4.3.3 Management and nurses' engagement within the organisation

The questionnaire addresses the nurse manager's relationship with the employees. Most of the questions have an emotional element which is a foundational building block in building strong ties to the organisation and the employees.

4.3.3.1 Intermediate management

Table 4.8: Views regarding relations with immediate nurse managers

Immediate Nurse Manager and employee relationship	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Encourages those who work for her/him to work as a team.	1	1.7	3	2.2	16	11.6	86	62.3	32	23.2
Can be counted on to help me with a difficult task at work.	-	-	7	5.1	15	10.9	82	59.4	34	24.6
Gives me clear feedback on my work.	2	1.4	6	4.3	16	11.6	77	55.8	37	26.8
Asks for my opinion before making decisions that affect my work.	3	2.2	6	4.3	20	14.5	79	57.2	30	21.7
Is supportive in a personal crisis.	3	2.2	5	3.6	13	9.4	81	58.7	36	26.1
Takes a positive interest in my health and well-being.	4	2.9	6	4.3	15.0	10.9	80	58.0	33	23.9
Values my work.	3	2.2	5	3.6	16	11.6	77	55.8	37	26.8

Encourages those who work for him / her to work as a team

The majority of respondents 85.5% (n=118)) agreed that their manager encouraged teamwork. Some 11.6% (n=16)) respondents remained neutral and gave no definitive opinion, and 3.9% (n=4) of respondents were in disagreement with teamwork being encouraged by the manager. One participant did not respond. Managers promoting and encouraging teamwork was strongly recognised by employees.

Can be counted on to help me with a difficult task at work

Eighty-four percent (84% (n=116)) of respondents agreed that their manager could be relied on to assist with difficult work tasks, while 10.9% (n=15) of respondents remained ambivalent in their comment, and a few (5.1% (n=7))

respondents disagreed that they were assisted with difficult tasks by their manager. Managerial involvement in assisting with difficult tasks is thus apparent.

Gives me clear feedback on my work

Most respondents (78.9% (n=114)) agreed that they received clear feedback on their work, yet 11.6% (n=16) of respondents were undecided on whether they received clear feedback on their work. A negligible proportion (5.7% (n=8)) of respondents disagreed and strongly disagreed with this statement. Clear feedback from management is evident from the significant percentage of positive responses.

Asks for my opinion before making decisions that affect my work

Most respondents (78.9% (n=109)) agreed that their opinions were sought by their manager before decisions were made that would affect their work, 14.5% (n=20) of respondents were noncommittal about their viewpoint, and 6.5% (n=9) of respondents disagreed and strongly disagreed that their opinions were considered before decisions were made that would affect their work.

Is supportive in a personal crisis

A large number of respondents (84.8% (n=117)) agreed that they receive support in a personal crisis from their manager, 9.4% (n=13) of respondents remained detached in documenting their opinion, and 5.8% (n=8) of respondents disagreed with this statement.

Takes a positive interest in my health and well-being

The majority of respondents (81.9% (n=113)) agreed that their manager takes a positive interest in the health and well-being of the employees, 10.9% (n=15) remained noncommittal in their opinion, and 8.7% (n=16) disagreed that their manager takes a positive interest in the health and well-being of employees.

Values my work

Most respondents (81.1% (n=114)) agreed that the nurse manager valued their work, 11.6% (n=16) were indifferent in making a clear comment, leaving 5.8% (n=8) respondents who disagreed and strongly disagreed that their work was valued by the nurse manager. Employee work contributions are appreciated by nurse managers and are apparent from the overwhelming positive responses.

4.3.3.2 Managerial relationships with employees (senior management)

The second set of questions were related to senior management's involvement with staff. These aspects are concerned with the way in which managers include employees in organisational directives for change, decision making, and communication.

4.3.3.3 Senior management

Table 4.9: Views regarding senior nurse managers

Senior Manager and employee relationship	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
I know who the senior managers are here.	-	-	-	-	6	4.3	97	70.3	35	25.4
Communication between senior management and staff is effective.	3	2.2	7	5.1	22	15.9	81	58.7	25	18.1
Senior managers here try to involve staff in important decisions.	1	.7	10	7.2	23	16.7	82	59.4	22	15.9
Senior managers act on staff feedback.	2	1.4	11	8.0	20	14.5	93	67.4	12	8.7
I would feel secure raising concerns about	4	2.9	13	9.4	37	26.8	84	60.9	-	-

Senior Manager and employee relationship	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
unsafe clinical practice.										
I am confident that my organisation would address my concerns.	4	2.9	14	10.1	39	28.3	81	58.7	-	-

I know who the senior managers are here

Most (95.4% (n=132)) respondents agreed that they know who their senior managers are, while only 4.3% (n=6) of respondents were neutral and provided no concrete opinion about knowing who their senior managers are. The majority of respondents agreed that they know who their senior managers are.

Communication between senior management and staff is effective

A lot of respondents (76.8% (n=106)) agreed that communication between staff and the manager is effective, 15.9% (n=22) of respondents had an indifferent opinion, and those in disagreement and strong disagreement amounted to 10% (n=10) of respondents.

Senior managers here try to involve staff in important decisions

Respondents who agreed that senior managers involve staff in important decisions included 75.3% (n=104). The neutral respondents made up 16.7% (n=23), while 7.9% (n=11) were definitely in disagreement that they are included in important decision making by nurse managers.

Senior managers act on staff feedback

Staff who agreed that managers act on their feedback were 76.1% (n=105), and the number of indifferent respondents made up 14.5% (n=20) of responses. Those in complete disagreement that senior managers act on staff feedback amounted to 9.4% (n=13) of respondents. It appears as if senior management act on staff feedback based on the respondents' answers.

I would feel secure raising concerns about the unsafe clinical practice

More than half of respondents 60.9% (n=84) felt secure in raising concerns about unclear clinical practices. The neutral respondents who had no definitive opinion were 26.8% (n=37), and in disagreement and strong disagreement was 12.3% (n=17).

I am confident that my organisation would address my concerns

Half 58.7% (n=81)) of the respondents were confident that the organisation would address their concerns. More than a quarter of respondents 28.3% (n=39)) remained un-opinionated. Those in disagreement and strong disagreement that the organisation would address their concerns amounted to 13% (n=18) of respondents.

4.3.3.4 Personal development

Table 4.10: Nurses' views regarding personal development

Personal development	Yes		No		Can't remember	
	f	%	f	%	f	%
Have you had any mandatory training in the last 12 months?	107	77.5	27	19.6	4	2.9
	Yes, definitely		Yes, to some extent		No	
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	97	70.3	32	23.2	9	6.5

Have you had any mandatory training in the last 12 months?

Most respondents (77.5% (n=107)) indicated that they had mandatory training in the last 12 months. Less than twenty percent (19.5% (n=27)) did not have mandatory training in the last 12 months, four (2.9% (n=4)) respondents could not remember if they received mandatory training in the last 12 months. Thus, the majority of staff meet the requirements of receiving mandatory training.

In the last 12 months, have you had an appraisal, annual review, or knowledge and skills framework (KSF) development review?

A significant percentage of 70.3% (n=97) of respondents agreed that appraisals were conducted within the last 12 months. Those in disagreement comprised 23.2% (n=32) of respondents. Less than ten percent (6.5% (n=9)) disagreed that they received these developmental reviews in the last 12 months.

4.3.3.5 Outcomes of personal development

Table 4.11: Views regarding outcomes of personal development

Outcomes of personal development	Yes, definitely		Yes, to some extent		No	
	f	%	f	%	f	%
Helped me to improve how I do my job.	101	73.2	33	23.9	4	2.9
Helped me develop clear objectives for my work.	103	74.6	31	22.5	4	2.9
Left me feeling that my work is valued by my organisation.	96	69.6	34	24.6	8	5.8
The values of my organisation were discussed as part of the appraisal process.	85	61.6	45	32.6	8	5.8
The manager supported me to receive this training, learning or development.	97	70.3	35	25.4	6	4.3

Helped me to improve how I do my job

Most respondents 73.2% (n=101) agreed that personal development helped improve their job, while 23.9% (n=33) agreed to some extent that training helped them to improve their job. Only 2.9% (n=4) did not agree that training helped them improve their work. Most respondents agreed overwhelmingly that staff development assisted them to improve their work.

Helped me develop clear objectives for my work

A significant percentage 74.6% (n=103) of respondents agreed that training helped develop clear objectives for their work role. Less than five percent 2.9% (n=4) did not agree, while 22.5% (n=31) of respondents agreed to some extent. Most respondents agreed that they had clearer objectives in their work role through staff development initiatives.

Left me feeling that my work is valued by the organisation

A majority of the respondents (69.6% (n=96)) were clear about feeling valued by the organisation, and 24.6% (n=34) agreed to some extent that the organisation values their work. Only 5.8% (n=8) had negative responses to this question, and two respondents did not answer the question. A significant percentage of respondents thus agreed that they felt valued by the organisation through staff development initiatives.

Organisational values were discussed during the appraisal process

A lot of respondents 61.6% (n=85) agreed that the organisational values were discussed during the appraisal process, while 5.8% (n=8) did not agree, and 32.6% (n=45) agreed to some extent.

My manager supported me to receive this training, learning or development

The greater percentage of respondents 70.3% (n=97)) agreed that their manager supported them in receiving training, learning, and development for growth, 25.4% (n=35) agreed to some extent, and less than 5% (n=6) did not agree.

4.4 CONFIRMATORY FACTOR ANALYSIS OF NURSES' ENGAGEMENT

This section provides results on retained items with high loadings (factor loading ≥ 0.5) statistically deemed to have had significance in investigating the extent of nurses' engagement and work-related factors that impact engagement among nursing employees. The results showing retained

questionnaire items under each of the distinct dimensions are presented in Tables 4.12 to 4.20.

Table 4.12: Feelings about the job

Factor Matrix ^a	
	Factor
	1
2.1.a I look forward to going to work.	.869
2.1.b I am enthusiastic about my job.	.869
Extraction Method: Alpha Factoring.	
a. 1 factors extracted. Eight iterations required.	

Upon final iteration, results of the highest factor loadings of the items indicate the highest magnitude of importance respondents attributed to the relevant items. Factor 1 shows that respondents highly perceived that “they look forward to going to work” (loading = 0.869), and “they are enthusiastic about their jobs” (loading = 0.869). The two items had substantial relevance to nurses studied in this research.

Table 4.13: Job design

Factor Matrix ^a	
	Factor
	1
2.2.a I always know what my work responsibilities are.	.767
2.2.b I am trusted to do my job.	.767
Extraction Method: Alpha Factoring.	
a. 1 factors extracted. 8 iterations required.	

Results in Table 4.13 show that nurses who were surveyed in the research study “always know what their individual responsibilities are” (loading = 0.767), and “feel that they are trusted to do their jobs” (loading = 0.767).

Table 4.14: Work aspects

Rotated Factor Matrix ^a			
	Factor		
	1	2	3
2.3.a There are frequent opportunities for me to show initiative in my role.	.536	.098	.184
2.3.b I am able to make suggestions to improve the work of my team/ department.	.784	.211	.037
2.3.c I am involved in deciding on changes introduced that affect my work area / team / department.	.669	.215	.229
2.3.d I am able to make improvements happen in my area of work.	.149	.107	.478
2.3.e I am able to meet all the conflicting demands on my time at work.	.694	.277	.081
2.3.f I have adequate materials, supplies and equipment to do my work.	.570	.348	-.419
2.3.g There are enough staff at this organisation for me to do my job properly.	.122	.697	-.030
2.3.h Team members have to communicate closely with each other to achieve the team's objectives.	.380	.529	.272
2.3.i The team I work in often meets to discuss the team's effectiveness.	.436	.380	.085
2.3.j Team members have to communicate closely with each other to achieve the team's objectives.	.151	.436	.089
Extraction Method: Alpha Factoring. Rotation Method: Varimax with Kaiser Normalization.			
a. Rotation converged in 5 iterations.			

Results in Table 4.14 indicate that respondents placed considerable importance on seven items that assessed the extent of nurses' engagement and work-related factors that impact engagement among nursing employees. The top three items are that the nurses surveyed in this research study feel that they are able to "make suggestions to improve the work of my team/department" (loading = 0.784), they "feel that there are enough staff at their organisation for them to do their jobs properly" (loading = 0.697), and they "are able to meet all conflicting demands on their time at work" (loading

= 0.694). The remaining items shaded in green all had significance to the nursing employees on matters related to their work.

Table 4.15: Satisfaction with job aspects

Rotated Factor Matrix ^a		
	Factor	
	1	2
2.4.a The recognition I get for good work.	.414	-.083
2.4.b The support I get from my immediate manager.	.602	.393
2.4.c The support I get from my work colleagues.	.402	.417
2.4.d The amount of responsibility I am given.	.270	.592
2.4.h The quality of care I give to patients/ service users.	-.032	.177
2.4.i The ability to deliver the care I aspire to.	.561	.140
2.4.j I would recommend my organisation as a place to work.	.826	.202
2.4.k The standard of care provided by this organisation.	.712	.134
Extraction Method: Alpha Factoring.		
Rotation Method: Varimax with Kaiser Normalization.		
a. Rotation converged in 3 iterations.		

The results in Table 4.15 reveal that respondents strongly expressed that “they would recommend their organisation as a place to work” (loading = 0.826), “they are satisfied with the standard of care provided by their organisation” (loading = 0.712), and “they are satisfied with the support they obtain from their immediate managers” (loading = 0.602). Respondents were also satisfied with “the amount of responsibilities they are given” (loading = 0.592), and “they deliver the care they each aspire to” (loading = 0.561).

Table 4.16: Intermediate management

Factor Matrix ^a	
	Factor
	1
3.1.a Encourages those who work for her/him to work as a team.	.832
3.1.b Can be counted on to help me with a difficult task at work.	.898
3.1.c Gives me clear feedback on my work.	.889

3.1.d Asks for my opinion before making decisions that affect my work.	.842
3.1.e Is supportive in a personal crisis.	.816
3.1.f Takes a positive interest in my health and well-being.	.790
3.1.g Values my work.	.823
Extraction Method: Alpha Factoring.	
a. 1 factors extracted. 4 iterations required.	

Results presented in Table 4.16 show that respondents reported that their individual immediate managers “can be counted on to help them with difficult tasks at work” (loading = 0.898), “give them clear feedback on their work” (loading = 0.889), “ask for their opinions before making decisions that affect their work” (loading = 0.842), “encourages those who work for them to work as teams” (loading = 0.832), “value their work” (loading = 0.823) “are supportive in personal crises” (loading = 0.816) and “take positive interest in their health and well-being” (loading = 0.790).

Table 4.17: Senior management

Factor Matrix ^a	
	Factor
	1
3.2.b Communication between senior management and staff is effective.	.840
3.2.c Senior managers here try to involve staff in important decisions.	.978
3.2.d Senior managers act on staff feedback.	.817
Extraction Method: Alpha Factoring.	
a. 1 factors extracted. 10 iterations required.	

Results presented in Table 4.17 indicate that respondents strongly perceived that “senior managers try to involve staff in important decisions” (loading = 0.978), “communication between senior management and staff is effective” (loading = 0.840), and “senior managers act on staff feedback” (loading = 0.817).

Table 4.18: Clinical practice

Factor Matrix ^a	
	Factor
	1
3.3.a I would feel secure raising concerns about unsafe clinical practice.	.881
3.3.b I am confident that my organisation would address my concerns.	.881
Extraction Method: Alpha Factoring.	
a. 1 factors extracted. 8 iterations required.	

Upon final iteration, results of the highest factor loadings of the items indicate the highest magnitude of importance respondents attributed to the relevant items. All items loaded in factor 1, in which respondents highly perceived that “they would feel secure raising concerns about unsafe clinical practice” (loading = 0.881), and “they are confident that their organisation would address their concerns” (loading = 0.881). The two items had substantial relevance to nurse respondents studied in this research.

Table 4.19: Personal development

Factor Matrix ^a	
	Factor
	1
4.2.a Helped me to improve how I do my job.	.800
4.2.b Helped me develop clear objectives for my work.	.929
4.2.c Left me feeling that my work is valued by my organisation.	.886
4.2.d The values of my organisation were discussed as part of the appraisal process.	.817
4.2.e My manager supported me to receive this training, learning or development.	.875
Extraction Method: Alpha Factoring.	
a. 1 factors extracted. 6 iterations required.	

Results presented in Table 4.19 show that respondents reported that all factors related to training had high loading.

4.5 ORDERED PROBIT REGRESSION

This section presents results of the Ordered Probit regression conducted using Stata statistical program version 14 for Windows. The ordinal dependent variable used in the study was “satisfaction with job aspects”, while ordinal independent variables used include the dimensions “feeling about the job, job design, work, immediate manager, senior managers, clinical practice, and personal development”.

Table 4.20: Ordered Probit regression results

```
Ordered probit regression           Number of obs   =       138
                                   Wald chi2(7)     =       18.23
                                   Prob > chi2       =       0.0110
Log pseudolikelihood = -108.61863   Pseudo R2      =       0.0812
```

Satisfaction	Robust				
	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
Feeling_job	.3367687	.1649208	2.04	0.041	.0135298 .6600075
Job_design	-.0742773	.1869318	-0.40	0.691	-.4406568 .2921022
Work	.2238483	.2204423	1.02	0.310	-.2082106 .6559073
Immediate_manager	.2773695	.1680728	1.65	0.099	-.0520471 .6067862
Senior_manager	.0888615	.1777245	0.50	0.617	-.2594721 .4371951
Clinical_practice	-.0494283	.1386646	-0.36	0.721	-.3212059 .2223492
Personal_development	-.0484734	.2306161	-0.21	0.834	-.5004728 .4035259
/cut1	2.152469	1.366021			-.5248835 4.829821
/cut2	4.313762	1.400841			1.568165 7.05936

Estimates from the Ordered Probit regression show that respondents’ “feelings about the job” had a statistically significant and positive influence on the respondents’ “satisfaction about job aspects”. The dimensions “work”, “immediate manager” and “senior manager” had positive but statistically insignificant influence on respondents’ satisfaction about job aspects. Results suggest the need to strengthen the respective areas in order to improve the nurses’ level of engagement.

Conversely, the dimensions “job design”, “clinical practice” and “personal development” had negative but statistically insignificant influences on respondents’ satisfaction with job aspects.

4.6 CONCLUSION

This chapter presented results obtained from the statistical and regression analyses undertaken on the extent of nurses' engagement and work-related factors that impact engagement among nursing employees. The chapter analysed internal consistency of the research instrument's items, statistical validity of the research instrument based on the KMO-MSA approach and Chronbach's alpha factoring technique. Total variance was explained for each of the eight constructs or dimensions, CFA results on factor loadings of retained items under the eight dimensions, and regression results estimated using the Ordered Probit regression technique were offered. Statistical analysis of scale reliability, statistical validity and factor analysis were conducted using SPSS version 24 for Windows, while Ordered Probit regression was conducted using Stata statistical program version 14 for Windows.

CHAPTER 5

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter five concludes the research study findings and discusses the results, limitations and conclusions. It also addresses recommendations for nursing employees' engagement within the workplace.

The following study questions needed to be answered for this study:

- What is the level of work engagement among nurses in a selected hospital in Saudi Arabia?
- What factors influence nurses' engagement within the hospital?
- What measures would enhance employee engagement within the hospital?

This study offered baseline data for further research on work-related factors that impact engagement among nursing employees, thus enabling nursing management to identify areas for continued sustainability and to improve any weaknesses.

5.2 DISCUSSION

This study investigated the extent of nurses' engagement and the work-related factors that impact engagement among nursing employees. Employee engagement indicates a symbiotic relationship between employees and the organisation which also links employee satisfaction and performance (Bin Shmailan 2016:1-8), thus embedding a culture of employee engagement requires organisational and leadership support. Nurses' engagement is often referred to as commitment and satisfaction with their jobs, yet these are only two facets of engagement. Additional aspects of engagement include nurses' level of dedication to the organisation and their commitment to the nursing profession (Dempsey & Reilly 2016:1).

5.2.1 Background (Demographic) factors

The majority of nursing employees belong to the age group of 31-40 years and are female nurses. The Philippine population is in the majority while almost half of their ratio is Indian. All other nationalities rank significantly lower in proportion. All Philippine nurses possess a bachelor of nursing degree, which is the only platform of nurse training that is allowed from the Philippines. A small percentage is Masters prepared among the entire group of respondents. Saudi Arabia places emphasis on nurses' qualifications for promotions into higher categories of the nursing hierarchy, which requires appropriate qualifications (own experience). This study did not assume any relationship between nationality and level of engagement as that would be too complicated to measure.

5.2.2 The organisation

This section has the job aspects related to staff motivation and includes aspects such as enthusiasm about their jobs, the job design, their perceived involvement, satisfaction, relationship between employees and their immediate and senior management, and finally personal development and the outcomes of personal development. Bin Shmailan (2016:8) support these factors as related to the organisation. The author also postulates that successful organisations understand that employee satisfaction, performance, and employee engagement are crucial drivers for high-quality organisational outcomes.

Enabling employees to take the initiative creates a sense of belonging and a sense of ownership. It establishes a positive attitude in an employee, thus creating value for the company through engagement. The researcher believes that the organisational culture created by nurse leaders and managers is critical to enhance or build a deeper connection to the work. Employees may go the extra mile when they believe that their work matters and when they consider it meaningful.

Bedarkar and Pandita (2014:106) agree that employee engagement is of vital significance in organisations since engaged employees are tools for strategic directives. Exceptional healthcare organisations understand the crucial role

employee engagement plays in driving performance excellence outcomes and subsequently support clinical engagement (Salmond & Echevarria 2017:12-25). Engaged employees serve patients better and contribute more to the organisation's ongoing profitability. Engaged employees also become ambassadors for their organisation (Bin Shmailan 2016:2).

5.2.2.1 Nurses' feelings about their job and job design

This section of the questionnaire examined nurses' feelings about their job and the job design. The results show that the majority of respondents expressed positive feelings of looking forward to going to work and enthusiasm around the job. However, only 68.2% felt time passed quickly when they were at work. They were also positive about knowing their responsibilities and felt trusted. On the whole, nurses showed positivity towards their jobs. The comparison between feelings about the job/motivation and job design show variations. The nurses expressed satisfaction with being trusted that they knew their work responsibilities. This dimension scored over 90%, depicting its importance to nurses.

The nurses being pleased with the care they render followed in second place, while always knowing what their responsibilities are, was third. To enable meaningful engagement, trust becomes essential. Committed employers ensure that the employees' expectations are met, thus delivering on the values of the organisation (Cicolini, et al. 2013:855-871). Motivation is one of the factors that reflect engagement with the job. The findings on motivation are supported by Bhuvanaiah and Raya (2015:92), who found a connection between employee engagement and motivation. Also, the sentiments seem to resonate strongly with the definition of employee engagement by Kahn (1990:692), especially the link of employees and their selves to their work roles. Jose and Mampilly (2014:93) also revealed a significant positive association between psychological empowerment and employee engagement. In addition, the psychological connection is with the performance of work tasks and not just attitude towards aspects of the organisation or the job (Jeve, et al. 2015:89).

5.2.2.2 Work aspects

The work aspects reflected employee involvement in their jobs. The results showed that active team communication and frequent opportunities to show initiative had an overall score of 83% each. The ability to meet all conflicting demands during their work day scored above 80%, and their ability to make suggestions was rated as high as 75%. Engaged employees are positive and passionate in their contribution to the organisation, and are fully connected in their work roles (Bakker 2011:266). It would appear that the nurses in this hospital have a high degree of engagement as Van Wingerden, et al. (2016:119) confirm that engaged employees feel that they have a voice and have a sense of pride and merit in their work roles.

Team communication was viewed as crucial by the nurses. It is also evident that showing initiative was a constant as they performed their work-related tasks. Their views on resources such as staffing and resources showed a decline as both scored 41%, thus depicting a significant shortage in staffing and supplies in the work environment. Staffing challenges already increase the workload, and inadequate supplies and equipment add to factors that can demoralise nurses and probably impact on their sense of engagement. Sanders (2015:32) found a strong association between the practice environment and nurse job outcomes, quality, and patient safety. The impact of these on nurses' engagement was not within the scope of this study. However, the literature shows the nursing practice environment includes factors that enhance or attenuate a nurse's ability to practice nursing skillfully and deliver high-quality care (Swiger, et al. 2017:76).

5.2.2.3 Level of satisfaction with the job

Literature distinguishes between job satisfaction and employee engagement. However, the two concepts are interlinked. Dempsey and Reilly (2016:1) claimed that a satisfied employee could be disengaged because they may not necessarily contribute to organisational aspirations as expected. Results show the high agreement of 88% among respondents on their ability to deliver the care they aspire to, the quality of care they give to the patients, and support received from colleagues. Thus, this is reflective of engaged employees. Robinson, et al. (2014:36) found that in an organisation, teamwork and self-pride in delivering high standards of care were the drivers of job satisfaction. They also show a definite link between communication, co-worker support, and team-level engagement.

This study revealed the lowest scoring responses in the job aspect category were the “support I get from my immediate manager” at 76.1%, and “the recognition I get for good work” scoring 64.8%. These factors will be elaborated on in the next section. The study recognises that reward and recognition are crucial for nurse employees who are expected to demonstrate high dedication to their work. Pan, et al. (2017:378-383) found a positive relationship between employee perceived support, performance and commitment. In addition, they found these relationships also mediate employee engagement. Generally, nurses were found to have a high level of satisfaction with what they do in this hospital.

5.2.2.4 The management

The contribution nurse managers and leaders can make to employee engagement is acknowledged as literature show that nurse managers who understand their role and possess appropriate leadership qualities allow employees the freedom to leverage their strengths and their unique perspectives. Investing in employees' potential gains loyalty, trust, confidence, and longevity among many other positive outcomes (Robinson, et al. 2014:36).

This section relates to respondents' satisfaction with their managers and is based on the assumption alluded to earlier regarding the significant role of managers in fostering employee engagement. The majority of respondents (above 75%) were positive about the support that they receive from their intermediate managers. The encouragement from the managers to work as a team was highly acknowledged (83.8%), which was followed by the agreement that managers can be counted on to help them with a difficult task (81.1%), feedback and support. The study already indicated in the biographic data section that the majority of the nurse employee community is from one country. Therefore, this study assumes that such homogenous communities provide professional and emotional support to their members, thus enhancing a sense of belonging and worth. There is clear evidence that the relationship between the individual employee and the manager is vital for engagement (Robinson, et al. 2014:39). Employee engagement does have psychological aspects as mentioned in Chapter 2. However, this study cannot conclusively state that .homogeneity contributed to employee engagement

Generally, the findings show positive views of management as the lowest score in this category was 75.2% on "asks for my opinion before making decisions that affect my work". Fundamental characteristics of employee engagement are the focus of work tasks related to the immediate work of the employee (Shuck, et al. 2012:15). Thus, the intermediate managers become critical. Twigg and McCullough (2014:85) also claim that an empowering work environment, shared governance structure, autonomy and leadership support is crucial in employee engagement.

The second set of managerial questions were related to senior management and employee involvement. These aspects addressed issues regarding how senior managers include employees in organisational directives for change and decision making. Respondents agreed with most of the aspects in this subscale. The highest score of 93% was on the factor "I know who the senior managers are". This sense of knowing denoted the small social or professional distance between senior management and nurses. However, effective communication between senior management and staff scored lower at 73%. A much lower score of 69.7% was obtained for "Senior managers here tries to

involve staff in important decisions”, thus possibly attributing to the existence of another level of managers between the two. Managers at this level drive change in the hospital; they are positioned to mandate policy to ensure nurses’ satisfaction and quality patient care (Parand, et al. 2014:1-16).

About the sense of security in raising concerns, the results showed very low overall agreement at 57.3%. It was also observed that the organisation would address respondents’ concerns (55.1%). The interpretation of these findings is that staff did not feel secure in addressing matters of safety despite having a computerised automated reporting system availed with features for anonymous reporting. There could also be other factors involved beyond the scope of this study.

Al Shemeri, et al. (2014:197-199) indicated that Arab countries’ leaders prevent employees from having a say or sharing ideas, even if it can improve organisational performance. Leadership is responsible for creating a positive work environment wherein employees feel valued and supported (Bamford, et al. 2012:540). However, evidence about the link between senior leadership and engagement is less clear. This could be because the focus of engagement studies is on job engagement, where the line manager’s influence is emphasised rather than that of the senior leader’s (Robinson, et al. 2014:36).

5.2.2.5 Personal development

Cicolini, et al. (2013:855-871) stated that employees are most engaged in their roles when they have autonomy over their clinical practices, their environment, and the opportunity for growth. Results suggest that most of the respondents agreed to have received mandatory education (77.3%), and 91.9% agreed to receiving an annual appraisal. The majority of the respondents met the requirements of receiving mandatory training. More than 90% of respondents agreed that the educational outcomes were beneficial in the questions posed: “Helped to improve my job,” and “Helped me develop clear objectives for my work”. Other responses such as “My manager supported me to receive this training, learning or development”, “Left me feeling that my organisation values my work” and “The values of my organisation” are discussed as part of the

appraisal process. The data signify respondents' sentiments poignantly in this regard.

Staff development and training enhance nurses' career satisfaction (Bin Shmailan 2016:3). The results suggest that the work environment in this hospital was healthy and invested in continuing professional development to provide optimal quality patient care and enhanced employee engagement.

5.3 CONFIRMATION OF LEVEL OF ENGAGEMENT

The extent of nurses' engagement and the work-related factors that impact engagement among nursing employees was investigated, and the results presented confirm a positive correlation that reflects engagement. Respondents placed high importance on items that assessed the extent of nurses' engagement and work-related factors. All the loadings in the eight dimensions measured were above 0.5, which shows significant correlation.

Looking forward to going to work and work enthusiasm were highly perceived at loading = 0.869, and loading = 0.869 respectively, as well as knowing what their responsibilities were (loading = 0.767), and feeling trusted to do their jobs (loading = 0.767). The findings also showed that nurses felt that they could make suggestions to improve the work of their team/department (loading = 0.784). However, the variable on the adequacy of staff in the organisation was slightly lower (loading = 0.697), and the ability to meet all conflicting demands on their time at work (loading = 0.694).

Respondents strongly expressed that "they would recommend their organisation as a place to work" (loading=0.826), and "they are satisfied with the standard of care provided by their organisation" (loading = 0.712). The views on management showed the highest scores which reflect the importance of managers in the organisational setting and employee engagement.

Robinson, et al. (2014:36) reviewed thirty-six studies, including eight in the healthcare context. Their findings indicated links between positive and supportive leadership and engagement. Several factors were considered in

these studies which included supervisory support and leadership style. In most of these studies, 'leadership' refers less to senior organisational leaders, and more to the line and middle managers since employees interact with direct line managers on a day-to-day basis. Therefore, evidence about the link between senior leadership and engagement is less clear because academic researchers focus mainly on job engagement, which centres more on the manager's influence rather than that of the senior leader's (Robinson, et al. 2014:36).

Examples of superior management include a manager whose performance is associated with higher levels of engagement. These include conducting good quality appraisals, regular supervisory meetings, focusing on giving constructive feedback, building performance through coaching, identifying and analysing training needs, and providing training and development opportunities (Robinson, et al. 2014:36). Organisational culture is also considered an essential determinant of management practice and is weaved intricately to leadership (Nguyen & Watanabe 2017:781). A study examining the relationships between leaders' perceived influence over professional practice environments and clinical nurses reflect that engagement is essential in professional nursing practice (Ducharme, et al. 2017:375).

5.4 CONTRIBUTIONS OF THE STUDY

This study's focus was on the extent of employee engagement among nurses in a selected hospital. Moreover, it assumes that engaged nurses will have a positive impact on patient outcomes. Also, the study is based on the assumption that organisational factors such as the culture of the hospital, work environment, and nursing leadership will have an impact on the sense of engagement nurses will experience. Therefore, it was imperative to measure the engagement of nurses.

This study showed the extent of nurses' engagement using the selected constructs. Areas of strengths and weaknesses were identified. This is the first

study undertaken which serves as a baseline for further investigation and future comparison of the factors impacting employee engagement in hospital settings. The eight dimensions proved useful in describing nurses' responses; these were subjected to vigorous statistical analysis to strengthen findings and avoid bias. The findings revealed positive responses to all items linked to employee engagement, such as enthusiasm about the work and looking forward to going to work/motivation. Other dimensions that had higher loadings were their views regarding management and the outcomes of professional development.

The results of the study might enable nursing management to identify the areas of continued sustainability and improve any weaknesses. The study highlighted motivation, job design, and the role of management as factors that have an impact on work engagement. It also showed that the assumptions of this concept could be applied in different settings, including the hospital.

5.5 LIMITATIONS OF THE STUDY

Some limitations of the study were noted. Due to the complexities of the employee engagement concept, this study focused on the few selected variables as reported by nurses. This study did not include the impact of a multicultural setting on nurses' level of engagement nor did it include the impact of a majority versus minority domination among nurse employees based on nationality amongst expatriots. The time frame to implement the study was bound to official expectations, and that could have had a limiting impact on the scope of the study.

5.6 CONCLUSIONS

This study concludes that in general, nurses in this study demonstrated views that suggest a moderate to high level of engagement in their work. Their

motivation level was found to be very high with scores above 90%. Studies have shown the relationship between motivation and engagement, as engaged employees are also committed and satisfied with their roles. They are committed to the organisation that employs them, demonstrated by their satisfaction with the job design and the recognition they get from the management. The organisational factors that have an impact on their sense of engagement were the job design, satisfaction with job aspects, and work aspects.

The majority of respondents acknowledged their contribution to the organisation and this dimension features the most in the literature that define employee engagement. This study found that nurses were generally positive and passionate in their contribution to the organisation and connected in their work roles. This was demonstrated through recognition and acknowledgment, as well as their positive feelings towards their job. Thus, it can be concluded that this study provided evidence of the extent of engagement among the diverse nursing employees in Saudi Arabia, and highlighted factors in the organisation that influence employee engagement.

5.7 RECOMMENDATIONS

Establishing an employee driven environment that creates positive work experiences to instill and promote employee involvement requires addressing the gaps identified and recommending appropriate strategies for successful employee engagement.

Employee engagement should be central to professional development initiatives. The concepts should be interrogated and unpacked for everyone to have a similar understanding.

5.7.1 Recommended measures to enhance employee engagement within the hospital

The study findings inspired the researcher to make the following recommendations for nursing management:

- Provide supportive structures for nurses to remain enthusiastic and motivated, so that they can relate and connect well with their tasks and roles.
- Give nurses a voice, to verbalise their concerns without fear of intimidation. Afford nurses the opportunities to make improvements in their work environment through suggestions and participation.
- The working environment should be supportive and allow the nurses the opportunity to engage with their roles and have positive experiences of being valued.
- Increase support from immediate management and recognise and value employees' efforts.
- Provide adequate staffing and support services to reduce nurse workload.

5.8 Recommendations for further research.

The results from this study will assist to develop knowledge through further research on the following topics:

- A replication or similar study with a more significant sample and comparison with the present findings is suggested. Also, this will enhance understanding of the concept.
- Other measurements as described in Chapter 2 should be used to assess the reliability of the scale used in the current study.
- A mixed method approach could yield richer data on factors that influence employee engagement, as participants will have the opportunity to express their feeling without being forced to choose among given items of the research instrument.

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ANNEXURE A: DECLARATION

31862128 Aamina Annexure A Declaration

SECTION C

DECLARATION

CANDIDATE'S AGREEMENT TO COMPLY WITH THE ETHICAL PRINCIPLES SET OUT IN UNISA POLICY ON RESEARCH ETHICS

(1) Student agreement

I Aamina Khan, student number 31862128 have accessed, and have read, the Unisa Policy on Research at

http://cm.unisa.ac.za/contents/departments/res_policies/docs/ResearchEthicsPolicy_applyCourse_218e pt07.pdf

Yes: No:

I further declare that this form is a true and accurate reflection of the methodology I intend to apply, and that I have carefully contemplated possible ethical implications of the research methodology and domain specific and associated ethical issues and that I have reported on all of these.

I shall carry out the study in strict accordance with the approved proposal and the ethics policy of UNISA. I shall maintain the confidentiality of all data collected from or about the research, and maintain security procedures for the protection of privacy and anonymity. I shall record the way in which the ethical guidelines, as suggested in the proposal, has been implemented in my research.

I shall work in close collaboration with my supervisor(s) and shall notify my supervisor(s) in writing immediately if any change to the study is proposed. I undertake to immediately notify the Higher Degrees Committee of the Department of Health Studies (UNISA) in writing if participants sustain any adverse effect or injury or harm attributable to their participation in the study.

ANNEXURE B: INFORMED CONSENT

31862128 Aamina

Introduction

You are being asked to be in a research study. The purpose of this study is to investigate the extent of nurses' engagement and the work-related factors that impact engagement among nursing employees. The ultimate aim is to enable nursing management to identify the areas for continued sustainability and improve any weaknesses.

You were selected as a possible participant because you are a valuable employee within the clinical area of the hospital who can provide the best information for better work-related outcomes for staff and patients.

Full title of Project: Nurses' Work Engagement at a Multicultural Hospital in Saudi Arabia.

RESEARCHERS DETAILS

Name: Aamina Khan

Position: Head Nurse Endoscopy & Vascular Access Service.

Address of Researcher: Box 59046 Riyadh 11525

Contact Numbers Telephone: +966 11 2889999 ext. 20762

KFMC Fax: +966 11 461 4006

Description of the Study Procedures (What we will ask you to do)

If you agree to be in this study you will require to complete the questionnaire (instrument). You will complete questions based on the following aspects, the organisation, your job, your manager and personal development. The questionnaire will take about 10-15 minutes to complete.

Risks and benefits: There are no risks anticipated in this study.

The questions

Are clear and easy to understand. Simply ticking the appropriate answer in the appropriate box is all that is required

Payments

- There is no payment to participants involved in this study.

Your answers will be confidential

- This study is anonymous. We will not be collecting or retaining any information about your identity.
 - The records of this study will be kept strictly confidential. Research records will be kept private in a locked file, and all electronic information will be coded and secured using a password protected file, information will only be accessed by the research team. We will not include any information in any report we may publish that would make it possible to identify you.

Taking part is voluntary:

Taking part in this study is completely voluntary. The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time and this will not affect your relationship with the investigators of this study or institution. Your decision will not result in any loss or benefits to which you are otherwise entitled. You are requested to answer all questions as this will assist us in getting all facts related to the study questions.

Right to ask questions and report concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study please feel free to ask me.

I am willing to participate: _____

ANNEXURE C: PERMISSION FROM ORGANISATION FOR RESEARCH

31862128 Aamina ANNEXURE C: Permission

The Nursing Director
King Fahad Medical City
Health Research Centre
P.O.Box 59046
Riyadh 11525

**RE: Request permission to conduct a research study entitled:
NURSES' WORK ENGAGEMENT PRACTICES IN A MULTICULTURAL HOSPITAL IN
SAUDI ARABIA.**

Dear Sir /Madam

Permission is herewith sought to conduct the above-entitled study at King Fahad Medical City.

I am currently pursuing a Masters in Nursing Science at the University of South Africa (UNISA). I am required to conduct a research project and submit a report for my thesis course. In this study, I am investigating current nurse engagement practices and the work related aspects that impact engagement among nursing employees. The ultimate goal is to enable nursing management to identify the areas for continued sustainability and improve gaps identified through appropriate implementation initiatives.

A validated and approved structured questionnaire is the instrument for data collection by study participants to complete. Details about the research project including the title, aims, objectives and benefits of the organisation and study participant are apparent. The voluntary nature of the research and guarantee of participant's privacy is assured. Only consenting participants count in this research.

This type of study has not been conducted within the hospital before and can prove beneficial from the outcome of the study as it will provide baseline insight in the current work engagement practices and the way forward in addressing gaps identified.

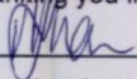
The study proposal approval by the Department of Health Sciences Research ethical clearance committee, University of South Africa (UNISA) Research Ethics Committee and permission /ethical clearance will be sought from King Fahad Medical City (KFMC)

31862128 Aamina ANNEXURE C: Permission

Management and Research ethical committee respectively: please find enclosed the proposal and relevant clearance certificates.

I am requesting permission to conduct the research on current nurse engagement practices, and the work-related aspects that impact engagement among nursing employees within the clinical areas on the wards of the various hospital and centers within King Fahad Medical City. I will appreciate the permission and your support to conduct this study at KFMC.

Thanking you in anticipation



Miss. Aamina Khan

ANNEXURE D: INSTRUMENT

Nurse Employee Engagement Survey 2017

BACKGROUND INFORMATION					
I would like to know a bit more about yourself.					
13. Demographic data					
a. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					
b. Age: <input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> more than 60					
c. Nationality: _____					
d. Highest qualification _____					
THE ORGANISATION					
1. For each of the statements below, how often do you feel this way about your job?					
	Never	Rarely	Sometimes	Often	Always
a. I look forward to going to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am enthusiastic about my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Time passes quickly when I am working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To what extent do you agree or disagree with the following statements about your job?					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I always know what my work responsibilities are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am trusted to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am able to do my job to a standard I am personally pleased with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To what extent do you agree or disagree with the following statements about your work?					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. There are frequent opportunities for me to show initiative in my role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. I am able to make suggestions to improve the work of my team/ department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am involved in deciding on changes introduced that affect my work area / team / department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am able to make improvements happen in my area of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am able to meet all the conflicting demands on my time at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have adequate materials, supplies and equipment to do my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There are enough staff at this organisation for me to do my job properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Team members have to communicate closely with each other to achieve the team's objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The team I work in often meets to discuss the team's effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How satisfied are you with each of the following aspects of your job?	Very dissatisfied	Dissatisfied	Neither Satisfied. nor dissatisfied	Satisfied	Very satisfied
a. The recognition I get for good work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The support I get from my immediate manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The support I get from my work colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The amount of responsibility I am given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The opportunities I have to use my skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The extent to which my organisation values my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. The opportunities for flexible working patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The quality of care I give to patients / service users.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The ability to deliver the care I aspire to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. I would recommend my organisation as a place to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The standard of care provided by this organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THE MANAGERS					
6. To what extent do you agree or disagree with the following statements about your immediate manager?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (who may be referred to as your "head nurse").					
a. Encourages those who work for her/him to work as a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Can be counted on to help me with a difficult task at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gives me clear feedback on my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Asks for my opinion before making decisions that affect my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is supportive in a personal crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Takes a positive interest in my health and well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Values my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To what extent do you agree or disagree with the following statements about senior managers where you work?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I know who the senior managers are here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication between <i>senior</i> management and staff is effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Senior managers here try to involve staff in important decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Senior managers act on staff feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Raising concerns about unsafe clinical practice			Yes	No	Don't know
To what extent do you agree with the following statements about unsafe clinical practice?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	
a. I would feel secure raising concerns about unsafe clinical practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am confident that my organisation would address my concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL DEVELOPMENT					
9. Have you had any mandatory training in the last 12 months?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Can't remember	
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Can't remember	
The training:			Yes, definitely	Yes, to some extent	No
a. Helped me to improve how I do my job.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helped me develop clear objectives for my work.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Left me feeling that my work is valued by my organisation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The values of my organisation were discussed as part of the appraisal process.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My manager supported me to receive this training, learning or development.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dear participant,

Please read each question carefully and provide a response by ticking the box which best matches your personal view.

The purpose of this study is to investigate the extent of nurses' engagement and the work-related factors that impact engagement among nursing employees. The ultimate aim is to enable nursing management to identify the areas for continued sustainability and improve any weaknesses.

Who will see my answers?

The study is conducted by Aamina Khan (Head Nurse Childrens Specialised Hospital) and your answers will be treated in confidence. No one in the organisation will be able to identify individual responses. The survey findings will be analysed by [Aamina and Statisticians / Research Centre] and the results will be presented in a summary report in which no individual, or their responses, can be identified.

Please put a completed questionnaire in the designated box at the nurses' station.

If you have any queries about this questionnaire, please contact the [Aamina Khan] ext. 20762 or email: aamkhan@kfmc.med.sa.

THANK YOU FOR COMPLETING THIS SURVEY

ANNEXURE E: NHS APPROVAL TO USE THE INSTRUMENT

Hi Aamina,

I've just heard back from NHS England. They have told me they are happy for you to use the questionnaire for your research provided that you include an acknowledgement in your research that the survey questions come from the 2015 NHS Staff Survey questionnaire.

Best of luck with your research!

Regards,
Rory

Rory Corbett
Senior Research Associate
The Patient and Staff Survey Co-ordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford OX2 0JB

Tel: +44 (0) 1865 208169
Fax: +44 (0) 1865 208101
Email: rory.corbett@pickereurope.ac.uk
Web: www.nhssurveys.org
www.nhsstaffsurveys.org
www.pickereurope.org

Charity Registration no: 1081688

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Please contact the sender if you believe you have received this email in error.

-----Original Message-----

From: aamina khan [mailto:nizzme@yahoo.com]
Sent: 16 November 2016 01:38
To: Rory Corbett <rory.corbett@PickerEurope.ac.uk>
Subject: desperately seeking you assistance

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES
REC-012714-039 (NHERC)

1 March 2017

Dear Miss A Khan

Decision: Ethics Approval

HS HDC/640/2017

Miss A Khan

Student: 3186-212-8

Supervisor: Dr MM Ramukumba

Qualification: PhD

Joint Supervisor: -

Name: Miss A Khan

Proposal: Nurses' work engagement at a multicultural hospital in Saudi Arabia.

Qualification: MPCHS94

[Open Rubric](#)

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 1 March 2017.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*



3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,


Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za


Prof M M Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES
REC-012714-039 (NHERC)

1 March 2017

Dear Miss A Khan

Decision: Ethics Approval

HS HDC/640/2017

Miss A Khan

Student: 3186-212-8

Supervisor: Dr MM Ramukumba

Qualification: PhD

Joint Supervisor: -

Name: Miss A Khan

Proposal: Nurses' work engagement at a multicultural hospital in Saudi Arabia.

Qualification: MPCHS94

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Open Rubric

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE F: ETHICAL CLEARANCE CERTIFICATE

I also declare that the collected data will be used solely for the purpose of this study.



Signature

8 October 2016

Date

(2) Approved by Supervisor:

Ramukumba MM (Name of supervisor) acknowledged that I have checked that this form is complete, and that I approved the submission of the proposal for ethical clearance.



Signature

Dec 8, 2016

Date