

## The Relationship between Staff Nurses' Decisional involvement and their Work Engagement

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### Abstract:

**Background:** Health care system has undergoing fundamental and structural changes all over the world due to rapid advancement in medical and nursing technologies, along with change in patients, need and financial resources. This has created an environment of uncertainty that require redesigning health care structure and process of care. In this concern, nurses play vital role in coping and implementing these changes. So, there is a need to change both nurses' attitudes and behaviors toward their decisional involvement and work engagement. **Aim:** Assess the relationship between nurses' decisional involvement and work engagement. **Setting:** The study was conducted in Hosh Essa Hospital with bed capacity 328 beds affiliated to Ministry of Health and Population. **Subjects:** All staff nurses (N=194) who are working in the previously mentioned settings who were available at the time of data collection. **Tools:** Two tools were used in this study. **Tool (1): DI Scale:** This tool was developed by Havens and vasey (2005), to measure actual and preferred decisional involvement of staff nurses and managers on nursing units. It consists of six dimensions with 21 items namely: unit staffing, quality of professional practice, professional recruitment, unit governance and leadership, quality of support staff practice, and collaboration/liaison activities. **Tool (2): Utrecht Work Engagement Scale:** This tool was developed by Schaufeli and Bakker (2008) to measure unique positive fulfilling and work-related state of mind. It contains 17 items divided into three dimensions with namely: vigor, and absorption, dedication. **Results and Conclusion:** The result of the present study concluded that positive significant correlation between DI and work engagement. Also, this study illustrated that staff nurses perceived moderate mean percent score of DI as well as moderate mean percent score of staff nurses work engagement. **Recommendation:** This study suggested an implementation of regular training programs to keep nurses up to date regarding decisional involvement to work engagement.

**Keywords:** Nurses, Decisional Involvement, Work Engagement.

### Introduction

Staff nurses are the frontline workforce for direct patient care (Liu et al 2015), being a critical role in patient safety through both surveillance and interception of system errors

that can cause harm (Mohamed et al 2018), and being the key persons making significant contributions to patient satisfaction and the quality of patient care is directly affected by the degree to which hospital staff nurses are empowered in the participation of decision

making regarding their patients (Liu et al 2015). So, staff nurses should have critical thinking and skills situations to be able to take the most important decisions, individually and quickly (Mangold et al 2006).

In addition, decisional involvement (DI) promotes greater staff nurses engagement, an engaged staff nurses is more involved and has increased knowledge about what is happening in their work environment (Ritter 2011). decisional involvement (DI) was found to be positively correlated with work engagement (Kamel et al 2017).

Organizations are characterizing forums where staff nurses with different backgrounds, abilities, personalities and behaviors where together as a cooperative unit to achieve certain objectives (Jaafarpouret et al 2011). So, key organizations and the new legislation are promoting staff nurse's involvement in the decision making about the nursing practice and patient care as a long- term strategy to improve the culture of the work environment patient safety is a major concern in today's resource constrained healthcare environments (Ghandour et al 2019). The continuous participation is usually done by searching for important suggestion from team member, listening to their issues and by increasing decisional involvement (DI). So, they feel staff nurses to be participative and appreciated in the organization (Lee et al 2016).

There are numerous definitions specified for DI (DI) as "taking part in the process of deciding something important or necessary, that decision affects the result".<sup>(9)</sup> Havens and Vasey (2003) defined it as "the pattern of distribution of authority for decisions and activities that govern nursing practice policy and the practice environment". Also, defined by Kowalik and Yoder (2010), as "a complex collaboration between the nursing personnel of an organization and the

organization's leadership. DI requires staff nurses to participate in a process that involves organizational structures".

DI (DI) is influenced by some factors are autonomy, control over nursing practice, formal/informal power, collaboration, accountability, shared governance, empowerment structure, distribution of authority, empowerment, responsibility, professional work environment (Rafferty et al 2001). Also, Rafferty et al. (2001) reported that staff nurses in British hospitals higher levels of staff nurses autonomy and more involvement in decisions with greater control over resources. Moreover, Weston (2008) elaborates further that control over nursing practice is the "degree to which staff nurses have opportunities, expectations and authority to make decisions that affect their practice" and encourage their participation in DI.

Enhancing staff nurse's involvement in the decision-making process contributes to staff nurse's retention and recruitment, empower staff nurses to take control of their practice, and may act as a starting point in addressing the nursing shortage caused from vacancies and turnover (Bina et al 2014). DI allow staff nurses to influence the decisions that affect their practice, work environment, professional development, and personal fulfillment. Nursing morale while contributing to lower levels of burnout. The shared decision-making approach also promotes greater staff nurse's engagement. An engaged staff nurses is more involved and has increased knowledge about what is happening in their work environment (Mabrouk et al 2019).

Workforce engagement plays a critical role in today's organizations. Organizations with a highly-engaged workforce outperform

those organizations that have disengaged or non-engaged staff nurses. Engaged staff nurses drive the innovation, growth, quality, safety, and outcomes of the organization. Attracting, selecting, engaging, developing and retaining staff nurses are the main focuses of talent management. For organizations to gain a competitive advantage, the demand for human capital will continue to drive talent management (Abou Hashish et al 2018).

Engagement is a multifaceted concept that can be characterized as the emotional and intellectual commitment of staff nurses towards the health care organization. Nursing engagement mostly, depend upon the mental attitudes; the act of job; work conditions and foundation that shape the process through which staff nurses make themselves reasonably and physically displayed in the work environment amid the activity or work execution (Schaufeli et al 2004). Schaufeli et al. (2002) defined work engagement as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption.

Also, Bakker and Leiter (2008) defined work engagement as a positive, fulfilling, affective- motivational state of work related to a well-being that can be seen as the opposite of burnout. Staff nurses work engagement is a broad concept that is associated with positive organizational outcomes. Engaged staff nurses play a central role in transforming health care organizations in creating safe, high quality outcomes, and value driven environments for patients (Hisel 2017). Moreover, Byrne (2015) defined engagement as: A moment-to-moment state of motivation, where in one is psychologically present (i.e., in the moment) and psycho-physically aroused, is focused on and aligned with the goals of the job and organization, and

channels his or her emotional and cognitive self to transform work into meaningful and purposeful accomplishment.

The three attributes of work engagement including vigor, dedication and absorption. Vigor is a feeling of physical strength, emotional energy, and cognitive liveliness with emphasis on goal attainment, and refers to high levels of mental resilience at work or persistence in the face of adversity on the job. Dedication means a strong psychological involvement in one's work combined with a sense of significance, enthusiasm, inspiration, pride, and challenge, as well as a passion for one's work. Absorption entails total concentration and immersion; absorbed staff nurses happily engross themselves in their work (Vyas 2015).

#### **Significance of the study:**

Nurses frequently reporting lacking their involvement in decision making and hospital administration view them as just carrying routine nursing activities. In order to provide an insight for the hospital administration in Hosh Issa about how to enhance nurse's involvement in decision making and their work engagement and creating a work environment that supportive and promote positive working condition that offer engagement in their work and in decision making issues that lead to improve nurses' satisfaction, increase nurses' retention and improve patient outcomes.

#### **Subjects of the study:**

All staff nurses (N=194) who are working in the previously mentioned settings with at least one year experience and who were available at the time of data collection, were included in the study classified as follow: Diploma of secondary technical nursing

school=36 staff nurses, diploma of technical health institute=118 staff nurses, bachelor of science in nursing=40 staff nurses.

### **Tools of the study:**

#### **Tool (I): DI Scale:**

This tool was developed by Havens and Vasey (2005), to measure actual and preferred decision involvement of staff nurses and managers on nursing units. It consists of six dimensions with 21 items namely: unit staffing (2 items), quality of professional practice (5 items), professional recruitment (4 items), unit governance and leadership (4 items), quality of support staff practice (3 items), and collaboration/liaison activities (3 items). The response was measured on a five point Likert scale ranging from (1): administration/ management only that make decision without involvement in decision making (5): staff nurses only that make decision. The overall score level ranging from (0-100%), high mean percent score (66.6-100%) suggests high degree of staff nurses involvement, and a moderate mean percent score (33.4-66.6), low mean percent score (0-33.3%) suggests a low degree of staff nurses involvement, suggests a state of the sharing of decision-making between the administration/management and the staff nurses

#### **Tool (II): Utrecht Work Engagement Scale:**

This tool was developed by Schaufeli and Bakker (2008) to measure unique positive fulfilling and work-related state of mind. It contains 17 items divided into three dimensions with namely: vigor (6 items), dedication (5 items), and absorption (6 items). For purpose of ease response, the scale was adapted from seven-point Likert scale to five-

point Likert scale ranging from (0) never to (4) always. The overall score level ranging from (0 to 100%), a score range from (66.6-100%) indicates that staff nurses perceived themselves as having higher work engagement, middle score range from (33.4-66.6%) indicate staff nurses perceived themselves as moderate engagement in work and score range from (0-33.3%) indicates that staff nurses perceived themselves as lower engagement in work. In addition to demographic characteristic of the study subject such as age, gender, educational level, years of experience and marital status.

**Methods:** An official permission was obtained from the identified setting to collect the necessary data the responsible after explanation of the purpose of the study.

Tool (I) and tool (II) was translated into Arabic, and tested for its content validity and translation by a panel of five experts in the field of the study at the faculties of nursing. Accordingly, the necessary modifications were done.

Tools were tested for their reliability by Cronbach's Alpha coefficient test. Both tools were reliability 0.863, 0.86.

A pilot study for the questionnaires was carried out on (10%) of total sample size (n=20), wouldn't be included in the study sample; in order to check and ensure the clarity and feasibility of the tool and to identify obstacles and problems that encountered during data collection. Then, any necessary modifications were done.

### **Data Collection**

1-Data was collected from the identified subjects by the researcher after meeting with

each staff nurses and necessary clarification was done

2-The questionnaires were completed in the presence of the researcher to ensure the objectivity of staff nurses' responses, non-contamination of their opinion, and to check that all items were answered.

3-Answering the questionnaires took about 10-15 minutes.it took a period of slightly more than 2 months from 11/10/2020 to 20/12/2020.

4-Data obtained was analyzed using the appropriate statistical tests.

### **Ethical consideration**

1-The research approval was obtained from the ethical committee at the Faculty of Nursing-Damanhour University, prior to the start of the study.

2-An informed written consent was obtained from the study subject after explanation of the aim of study.

3-Privacy, confidentiality and right to refuse to participate or withdraw from the study was assured during the study.

4-Anonymity regarding data collected was maintain.

### **Statistical analysis of the data**

1-The collected data was coded and entered in a special format to be suitable for computer feeding. Following data entry, checking and verification process were carried out in order to avoid any errors.

2-Data was analyzed using the statistical package for social science SPSS (version 20).

3-The following statistical analysis measures were used: a. **Descriptive statistical measures**, which included numbers, percentages, and averages (Minimum, Maximum, Arithmeti mean (X), and Standard Deviation (SD). **Statistical analysis tests**, which included: Chi square (X<sup>2</sup>), student T test and ANOVA test.

### **Results:**

**Table 1** reflects that staff nurses perceived moderate mean percent score of DI as perceived by staff nurses (42.72%) represented in its six dimension in the following order: professional recruitment (35.1%), unit governance and leadership (39.35%), quality of professional practice (41.32%), quality of support staff practice (48.46%), collaboration/liaison activities (64.53%).On the other hand, they perceived low mean percent score represented in unit staffing (26.7%).

**Table 2** reflects that staff nurses perceived moderate mean percent score of staff nurses work engagement (54.04) represented into three dimension in the following order: dedication, absorption, vigor, 59.85, 52.79, 50.46, respectively.

**Table 3** This table declared that there was positive significant correlation between DI and work engagement. It can be seen that there was a positive correlation between all dimensions of DI and all dimensions of work engagement: As the matrix shows the dimensions of DI were interdependent on each other and there was moderate and positive correlation between unit staffing and other DI dimensions (professional practice, professional recruitment, governance & leadership, support practice, collaboration/liaison activities and total DI),  $r = (0.25-0.74)$ . Additionally, there was strong positive

correlation between professional practice, professional recruitment, governance & leadership, support practice, collaboration/ liaison activities and total DI,  $r=(0.75-0.99)$ .

In addition, the dimensions of work engagement were interdependent on each other and there was statistically strong positive correlation between work engagement dimensions (vigor, dedication and absorption),  $r = (0.75-0.99)$ . Lastly, there was moderate positive correlation between DI dimensions (unit staffing, professional practice, Professional recruitment, governance & leadership, support practice, collaboration/ liaison activities and total DI) and work engagement (vigor, dedication, absorption and total work).

## Discussion

This current study is related to the relationship between DI and their job work engagement. In this respect, the present study revealed that there was a positive correlation between all dimensions of DI and over all dimensions of work engagement due to an engaged nurse is more involved, has increased knowledge about what is happening in their work environment and affective cognitive state of mind characterized by psychological presence, energy and involvement. Also, nurse's decision authority will also have a positive effect on their subordinates' work engagement and reduced emotional exhaustion and turnover intention (Yoerger et al 2015; Weston2007)

This finding supported by a study was done in U.S by Havens et al. (2013) who found that a professional practice environment, strong relational coordination, and greater DI were significant predictors of staff nurses' work engagement. DI also promotes greater staff nurses engagement, an

engaged nurse is more involved and has increased knowledge about what is happening in their work environment.

In addition, a study was done in U.S by Yoerger et al. (2015) who demonstrated that there was positive relationship between participation in decision-making on staff nurses engagement. Moreover, a study was done in Ireland by McKenna & Jeske (2021) who suggests that nurse leaders who act as ethical leaders and give their staff nurses DI will also have a positive effect on their subordinates' work engagement and reduced emotional exhaustion and turnover intention.

In this respect, the results of this study revealed that staff nurses perceived moderate perception of DI and its related dimensions: collaboration and liaisons activities, quality of support staff practice, quality of professional practice, unit governance and leadership, professional recruitment. These results may be due to majority of staff nurses reported that the hospital administrators allow them to participate in decision related to patient care at the unit level. Also, more than half of staff nurses had feeling of success due to their leaders support their staff nurses and involvement in decision making which is impacted by the attitude and desire for involvement in decision making by staff nurses and managers. In addition, the pervious result declared that staff nurses perceived high degree of trust, autonomy of staff nurses and good staff nurse's relationships with their manager which increase in motivation in their work (Mason et al 2014; Mok2002).

This consistent with a study was done in Colorado by Houser et al (2012) who revealed that DI was moderately strong and inversely related to intent to leave. Also, a study was conducted in Egypt by Eglal et.al

(2019) who founded that staff nurses perceived moderate level of DI in nurses who working in all units at New Kasr El-Aini teaching hospital. While, this contradicted with a study was done in Hong Kong by Mok, Au-Yeung (2002) who found that frontline nurses had a lower level of DI in the organizational culture.

Regarding to, work engagement, the result of this study indicates that staff nurses perceived moderate mean percent score of work engagement. This result may be attributed to unit leader's role such as support of staff nurses which increase work engagement. Hospital that focus on the basic human need for psychological engagement get the most out of their staff nurses. These basic needs include positive workplace relationships, ongoing performance feedback and opportunities for professional growth and development. Presence of job-related factors such as hospital support, training, rewards, recognition and a supportive work environment, nurse's characteristics and leader behaviors act in concert to influence staff nurses work engagement such as a proactive personality are inspired and become more engaged, work engagement is related to job attitudes such as job satisfaction and organizational commitment.(Ghazawy 2019; Shimazu2010).

This finding supported by a study was done at university of Palermo in Italy by DiStefano and Gaudiino (2019) who founded that nurses had moderate level of work. In addition, a study was done in Minia in Egypt among 535 nurses from three hospitals by Ghazawy et al. (2019) who revealed that a moderate level of overall work engagement among nurse participants in the study sample.

While, this result is inconsistent with a study was done at 243 workers (185 males and 58 females) from a manufacturing factory in Japan by Shimazu et al (2010) and a study was conducted in Connell Fellow in Ethics at Massachusetts general hospital by Mason et al (2014) who perceived that low level of work engagement among staff nurses on nurses were experienced in surgical trauma care and were currently working in a 496-bed safety net hospital that is also an academic medical center.

### **Conclusions**

The result of the present study concluded that positive significant correlation between DI and work engagement. Also, this study illustrated that staff nurses perceived moderate mean percent score of DI as well as moderate mean percent score of staff nurses work engagement.

### **Recommendation**

Based on the findings of the present study, the following recommendations are suggested and directed to different administrative levels as well as to staff nurses.

#### **Hospital managers and supervisor should:**

- 1- Provide service education programs for all nurses to keep them up to date regarding participation in DI and work engagement.
- 2- Conduct frequent periodic meetings and discussions with nurses to express their ideas and recommendations.
- 3- Developing workshops for nurses about the DI process and how to involve
- 4- Conduct frequent periodic nursing questionnaires about how to improve

**Table (1): Mean percent score of staff nurses' perception of DI.**  
 Staff Nurses' Decisional involvement, Work Engagement

Dimensions	DI			
	staff nurses (N= 194)			
	Min.	Max.	Mean ± SD	Mean % Score
• Unit staffing	2	9	2.67± 1.758	26.7
• Quality of professional practice	5	20	10.33± 4.603	41.32
• Professional recruitment	4	18	7.02± 3.549	35.1
• Unit governance and leadership	4	18	7.87± 3.821	39.35
• Quality of support staff practice	3	15	7.27± 4.242	48.46
• Collaboration/liaison activities	3	15	9.68± 2.714	64.53
<b>Total DI</b>	21	95	44.86± 18.959	42.72

High mean percent score: 66.7-100%

Moderate mean percent score: 33.4-66.6%

Low mean percent score: 0-33.3%

**Table (2): Mean percent score of staff nurses' perception of their Work Engagement**

Dimensions	Work Engagement			
	staff nurses (N= 194)			
	Min.	Max.	Mean ± SD	Mean % Score
• Vigor	6	24	12.11± 5.239	50.46
• Dedication	5	20	11.97± 3.366	59.85
• Absorption	8	23	12.67± 4.097	52.79
<b>Total work engagement</b>	20	67	36.75± 12.492	54.04

High mean percent score: 66.7-100%

Moderate mean percent score: 33.4-66.6%

Low mean percent score: 0-33.3%

Table (3): The correlation matrix between decisional involvement & work engagement

Decisional Involvement / Work Engagement		Decisional Involvement dimensions							Work Engagement dimensions			
		Unit Staffing	Professional practice	Professional recruitment	Governance & leadership	Support staff practice	laboration/ liaison activities	Total DI	Vigor	Dedication	Absorption	Total Work Engagement
Unit staffing	r	1	0.333	0.512	0.418	0.276	0.445	0.479	0.390	0.367	0.386	0.389
	(2-tailed)		0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Professional practice	r		1	0.896	0.964	0.959	0.850	0.972	0.652	0.673	0.647	0.667
	(2-tailed)			0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Professional recruitment	r			1	0.951	0.895	0.770	0.955	0.712	0.691	0.680	0.708
	(2-tailed)				0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Governance and leadership	r				1	0.960	0.829	0.986	0.709	0.714	0.700	0.719
	(2-tailed)					0.000**	0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Support staff practice	r					1	0.815	0.960	0.685	0.702	0.694	0.704
	(2-tailed)						0.000**	0.000**	0.000**	0.000**	0.000**	0.000**
Laboration/ liaison activities	r						1	0.885	0.633	0.665	0.629	0.651
	(2-tailed)							0.000**	0.000**	0.000**	0.000**	0.000**
Total Decisional Involvement	r							1	0.715	0.723	0.707	0.727
	(2-tailed)								0.000**	0.000**	0.000**	0.000**
Vigor	r								1	0.951	0.953	0.988
	(2-tailed)									0.000**	0.000**	0.000**
Dedication	r									1	0.943	0.978
	(2-tailed)										0.000**	0.000**
Absorption	r										1	0.982
	(2-tailed)											0.000**
Total Work Engagement	r											1
	(2-tailed)											

\*\*P value at level  $\leq 0.01$  (highly statistically significant)

p=Level of significance

r=Pearson Correlation

Interpretation of r: Weak (0.1-0.24)

Intermediate (0.25-0.7)

Strong (0.75-0.99)

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