Leader Empowering Behaviors and Work Engagement Among Nurses in Divisional Hospitals,The Republic of the Fiji Islands

พฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำและความผูกพันในงานของพยาบาลโรงพยาบาลเขต สาธารณรัฐหมู่เกาะฟิจิ

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บทคัดย่อ

ความผูกพันในงานมีความสำคัญต่อผลลัพธ์เชิงบวกของงานและความพึงพอใจในงาน วัตถุประสงค์ของการศึกษาแบบพรรณนาเชิงสหสัมพันธ์นี้เพื่อศึกษาระดับของพฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำและความผูกพันในงาน และศึกษาความสัมพันธ์ระหว่างพฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำและความผูกพันในงานของพยาบาลในโรงพยาบาลเขตในสาธารณรัฐหมู่เกาะฟิจิ กลุ่มตัวอย่างประกอบด้วยพยาบาลวิชาชีพจำนวน 298 คนที่ปฏิบัติงานในโรงพยาบาลเขต 3 แห่ง เครื่องมือวิจัยประกอบด้วย 1) แบบสอบถามข้อมูลส่วนบุคคล 2) แบบสอบถามพฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำ พัฒนาโดย คอนซ์แซค, สตีลลี, และ ทรัสตี้ (2000) 3) แบบวัดความผูกพันในงานของพยาบาล พัฒนาโดย สกาลเฟลลี, ซาลาโนวา, กอนซาเลซ-โรมา, และ แบ็คเกอร์ (2002) ค่าสัมประสิทธิ์แอลฟ่าของครอนบาคของแบบวัดพฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำเท่ากับ .94 และของแบบวัดความผูกพันในงานของพยาบาลมีค่าเท่ากับ .91 วิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนาและสถิติสัมประสิทธ์สหสัมพันธ์แบบอันดับที่ของสเพียร์แมน ผลจากการศึกษาพบว่า ระดับคะแนนโดยรวมของพฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำตามการรับรู้ของกลุ่มตัวอย่างอยู่ในระดับปานกลาง ($\bar{x}$= 4.75, SD= .98) ระดับคะแนนของความผูกพันในงานอยู่ในระดับปานกลาง ($\bar{x}$= 4.51, SD = .92) พฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำและความผูกพันในงานมีความสัมพันธ์เชิงบวกอย่างมีนัยสำคัญทางสถิติ ($r = .25, p<.01$) ผลการศึกษาที่ได้จากการศึกษาวิจัยครั้งนี้สามารถเป็นข้อมูลในการปรับปรุงพฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำ และความผูกพันในงานของพยาบาล โรงพยาบาลเขต สาธารณรัฐหมู่เกาะฟิจิ ต่อไป

คำสำคัญ: พฤติกรรมการเสริมสร้างพลังอำนาจของผู้นำ ความผูกพันในงาน พยาบาล

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Abstract

Work engagement is crucial to positive work outcomes and job satisfaction. The purpose of this descriptive correlational study were to examine a level of overall leader empowering behaviors and work engagement and to explore the relationship between leader empowering behaviors and work engagement among nurses in divisional hospitals of the Republic of the Fiji Islands. The sample consisted of 298 nurses from the 3 divisional hospitals. Research instruments consisted of: 1) Demographic Data Form; 2) Leader Empowering Behavior Questionnaire (LEBQ) developed by Konczak, Stelly, and Trusty (2000); 3) Utrecht Work Engagement Scale (UWES) developed by Schaufeli, Salanova, González-Romá, and Bakker (2002). The Cronbach's alpha coefficient of LEBQ was .94 and of UWES was 0.91. Data were analyzed by using descriptive statistics and Spearman's Rank-Order Correlation. The results of the study showed that the overall leader empowering behaviors as perceived by sample were at a moderate level ($\bar{x}$= 4.75, SD = .98) and work engagement was at average level ($\bar{x}$= 4.51, SD = .92). There was a positive relationship between overall of leader empowering behaviors and work engagement (r = .25, p<.01). The findings of this study could be used to improve leader empowering behaviors and enhance work engagement among nurses in divisional Hospitals of the Republic of the Fiji Islands.

Key Words: Leader Empowering Behaviors, Work Engagement, Nurse

Background and Significance

Nursing services are the backbone of the healthcare systems around the world (Milne, 2005). Luthans, Lebsack, and Lebsack (2008) stated that nursing professionals play an important role in the healthcare system and contribute to the health and well-being of society. However, healthcare systems have experienced rapid changes such as high technology, specialization consumerism, an aging population, and changing health care practices and services (Towle, 2008). These challenges cause strain not only on hospitals but also their employees (Othman & Nasurdin, 2011). The rapid changes require more highly competent nurses who are engaged in their work in order to produce efficiency and effectiveness to meet with the healthcare changes. Unfortunately, most countries of the world are experiencing's a shortage of nurses, especially in the developing countries (Wiskow, Albreht & Pietro, 2010), which leads to low work engagement as nurses have to do extra work to meet the health care demands.

Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002) defined work engagement as a positive, fulfilling, work-related state of mind. Schaufeli et al. (2002) reported that work engagement consists of three dimensions. First, vigor, which refers to high levels of energy and mental resilience while working, the willingness to invest effort in one's work, not being easily fatigued, and persistence even in the face of difficulties. Second, dedication, which refers to

deriving a sense of significance from one's work by feeling enthusiastic and proud about one's job and by feeling inspired and challenged by it. Third, absorption, which refers to being totally and happily immersed in one's work and having difficulty detaching oneself from it. Chen and Silverthorne (2005) stated that healthcare organizations need highly engaged nurses who are willing to work efficiently in order to achieve organizational goals. Work engagement can lead to numerous effects for staff, clients, and organizations. As individual employees, engaged employees scored higher on performance ratings and delivered meaningful valued work influence in daily duties (Bakker, Westman, & Van Emmerik, 2009). Also, work engagement helps individuals deal effectively with the demands of stressful work (Britt, Castro & Adler, 2005). Furthermore, work engagement can cause employees to feel more satisfied with their jobs and more committed to the organization with a higher level of intention to stay (Demerouti, Bakker, Nachreiner & Schaufeli, 2001). This can also reduce levels of depression, distress, and psychosomatic complaints (Schaufeli, Taris, & Van Rhenen, 2003). For the organization, engaged employees produce positive work outcomes such as increased productivity, satisfaction, and turnover is also reduced (Kahn, 1990). It is clear that engaged employees have a sense of energy, effectively relate with to jobs, and perceive that they are capable to manage their job demands (Schaufeli, Bakker, & Salanova, 2006).

There are many factors affecting work engagement. Leader empowering behaviors (LEB) is one of the significant factors that increases work engagement. Leader empowering behaviors is defined as an approach as a leader to delegate responsibility and share information and knowledge with their followers in order to contribute to the organization, which enables them to make decisions that influence the organization (Konczak, Stelly & Trusty 2000). LEB consisted of six dimensions: 1) delegation of authority, which refers to the leaders within the unit creating an environment that encourages employees to be involved in decision making; 2) accountability, which refers to a leader's responsibility to ensure that all employees within the unit are held accountable for the work they are assigned to in terms of performance and results for customer satisfaction; 3) self-directed decision making, which refers to leaders within the unit who must allow the employees to utilize their skills in formatting solutions independently, thereby allowing them to make decisions that affect their work; 4) information sharing, which refers to leaders sharing information with employees within the unit who must be given all necessary information by the leader so that they are able to ensure high quality work performance within the assigned roles; 5) skill development, which refers to leaders making continuous learning, skills development, and employee problem-solving being a priority within the assigned roles; and 6) coaching for innovative performance, which refers to encouraging calculated risk taking, providing frequent updates and performance feedback, and treating mistakes and setbacks as opportunities to learn.

Research studies have identified the relationship between leader empowering

behaviors and work engagement. Mendes and Stander (2011) found that three dimensions of leader empowering behaviors can predict vigor at 19% (R^2 = .19, p < .14), dedication at 19% (R^2 = .19, p < .01), and can predict absorption at 12% (R^2 = .12, p < .01). Similarly, Jordaan (2007) found that leader empowering behavior is in statistically significant positive correlation (practically significant, medium effect) with work engagement (r = .40, p < .05). In summary, studies have found positive correlations between leader empowering behaviors and work engagement.

The Republic of the Fiji Islands is a developing country in terms of healthcare delivery systems and cultural and social context (Ministry of Health, Fiji, 2012). The country nursing workforce is the largest component of the health workforce (Tagilala, 2005) whereby the total nursing establishment, in 2004, consisted of 1,875 nurses, which made up 65% of the total health workforce (Leweniqila, 2004). However, the Fiji nursing profession has been suffering from turnover and shortages similar to other countries. Nurses have been found facing heavy workload, job dissatisfaction, limitation of advanced nursing training opportunities, poor working conditions, and inappropriate career paths (Connell, 2001). Furthermore, divisional hospitals have high occupancy rates, which are often 100-120% (nurse mangers, personal communication, November, 2013). Nurses resented long hours of overtime, double shifts, working on the 'graveyard' shift or on weekends. Duty nurses in these divisional hospitals have to work 12 hour shifts. On the night shift, one nurse has to take care of 15 to 20 patients, depending on each department, and during daytime, the nurse to patient ratio is about 1:15 (nurse mangers, personal communication, November, 2013). As a result, these situations cause nurses stress, unhappiness, and lack of energy to do their work, resulting them in "burning out" and experiencing problems with work engagement. Moreover, the sister in charge as a nurse leader had control over the unit in which they did not delegate their authority and make decision with little input from nurses. This emphasized the significant roles of the sister in charge in empowering staff nurses to get more positive work outcomes. Due to the absence of any study identifying leader empowering behaviors and work engagement in Fiji, it is necessary to conduct a study to examine the association between leader empowering behaviors and work engagement among Fiji hospital nurses.

Objectives

This study aimed to examine the level of leader empowering behaviors and work engagement, and to explore the relationship between leader empowering behaviors and work engagement among nurses in divisional hospitals, the Republic of the Fiji Islands.

Conceptual Framework

This descriptive correlational study explored leader empowering behaviors as perceived by nurses based on the Leader Empowering Behaviors Model (Konczak et al. 2000). This leader empowering behaviors model is composed of six dimensions: delegation of authority, accountability, self-directed decision-

making, information sharing, skill development, and coaching for innovative performance. The study also explored the level of work engagement based on the Work Engagement Model (Schaufeli, et al. 2002). Work engagement includes three dimensions: 1) vigor, 2) absorption, and 3) dedication. Nurses who are empowered in their work will have positive attitude, feel more fulfilled and experience high work engagement. Therefore, the relationship between leader empowering behaviors and work engagement was tested.

Methodology

This study was a descriptive correlational study conducted among nurses in divisional hospitals, the Republic of the Fiji Islands.

Population and Sample

The subjects were nurses holding diploma degrees currently practicing in the three divisional hospitals with at least one year of nursing experience. Sample size was 283, calculated using Yamane's (1967) formula. Taking into consideration the possible loss of subjects, 20% of the sample was added (Burns & Grove, 2005). Therefore, the total sample size was 340 nurses. Stratified random sampling was used to select the nurses from each divisional hospital and from each department. Simple random sampling method was used to select nurses from the list of nurses in each department of divisional hospitals.

Data collection

To collect data, the researcher contacted nurse manager of divisional hospitals to assign one research coordinator for distributing and collecting research questionnaire. The research coordinator distributed the package of questionnaire to the subjects, including a cover letter, a consent form, and questionnaires. The subjects were asked to complete the questionnaire within two weeks and returned in the sealed envelop to the research coordinator. A total of 340 questionnaires were distributed, 310 questionnaires were returned (91%), and 298 (87%) were completed and used for data analysis.

Research Instruments

The instruments used in this study consisted of 1) the Demographic Data Form, which was developed by the researcher, with open-ended and closed-ended questions including gender, age, marital status, education level, clinical unit, years of employment, salary, employment status, and trainings attended; and 2) the Leader Empowering Behaviors Questionnaires (LEBQ) developed by Konczak et al. (2000). The researcher used the original English version without any modification. It consisted of 17 items that measured six subscales of leader empowering behaviors (delegation of authority, accountability, self-directed decision-making, information sharing, skill development, and coaching for innovative performance) with a seven-point Likert format (1 = *strongly disagree*; 7 = *strongly agree*). The mean scores of overall and each dimension of leader empowering behaviors were divided into low, moderate, and high levels. 3) The Utrecht Work Engagement Scale 17-item (UWES-17) was developed by Schaufeli et al. (2002). It consisted of 17 items that measured three subscales of

work engagement (vigor (three items), dedication (three items), and absorption (three items)) with a seven-point Likert scale, (0 = *never* to 6 = *always*); higher scores indicated higher engagement. The mean scores of overall and each dimension of the UWES-17 were divided into very low, low, average, high, and very high levels.

To control the quality of instrument used in this study, the internal consistency was tested with 15 nurses in Colonial War Memorial hospital. These nurses were excluded from sample of study. The Cronbach's alpha coefficient of the LEBQ was .94. and of the UWES-17 was .91.

Ethical Considerations

The study was approved by the Research Ethics Review Committee of the Faculty of Nursing, Chiang Mai University, Thailand. Permission to collect data was obtained from the Fiji National Research Ethics Review Committee. The researcher met all nurse mangers and sisters in charge to inform them about the research, (its purpose and benefits) and requested them to assign a coordinator to distribute the questionnaires. Furthermore, all subjects were required to sign a research consent form before data were collected. Subjects were requested to return the sealed questionnaires in the designated box, which was collected by the researcher. Moreover, this study followed the principles of voluntariness and strict confidentiality.

Data Analysis

Data were analyzed by using statistical software. Both descriptive and inferential statistics were used. In this study, alpha significance was set at a level of .05. Descriptive statistics such as frequency, percentage, range, mean, and standard deviation were used to analyze demographic data, and Spearman's rho rank-order correlation was used to analyze the relationship of leader empowering behaviors and work engagement since data was non-normal distribution.

Results

Among the 298 nurses, 87.92 % of the subjects were female with the average age of 33.27 years (SD = 5.29). 93.62% of the subjects were married. 98.65% of the subjects had diploma degrees. 66.10% of the subjects worked in obstetric units. 32.88% of the subjects worked for at least five years in their unit, and 97.65% were in the salary range of 16,001 to 17,000 Fijian dollars. There were 97.31% of permanent-contract nurses and 2.69% of temporary-contract. 41.61% of the nurses had attended at least three trainings in 2013.

The results showed that the subjects perceived overall leader empowering behavior at a moderate level ($\overline{x}$ = 4.75, SD = .98). Among the six dimensions, delegation of authority was perceived at a high level ($\overline{x}$ = 5.15, SD = 1.28). Accountability, information sharing, self-directed decision-making, skill development, and coaching for innovative performance were perceived at moderate levels ($\overline{x}$ = 4.57, SD = 1.85; $\overline{x}$ = 4.64, SD = 1.28; $\overline{x}$ = 4.75, SD = 1.70; $\overline{x}$ = 4.51, SD = 1.44; $\overline{x}$ = 4.84, SD = 1.21 respectively). (see Table 1). As shown in Table 2, the subjects had an average level of work

engagement ($\bar{x}$ = 4.51, SD = .92). Nurses experienced an average level of work engagement in dimensions of vigor ($\bar{x}$ = 4.39, SD = .94), dedication ($\bar{x}$ = 4.72, SD = 1.07), and absorption ($\bar{x}$ = 4.40, SD = 1.06). (see Table 2). Moreover, the results of this study revealed that there was a significant weak relationship between leader empowering behaviors and work engagement. On the other hand, the results of Spearman's rank order coefficient showed that leader empowering behaviors were significantly related to work engagement (r = .25, p < .01) (see Table 3).

Table 1 Mean, standard deviation, and level of leader empowering behaviors among the subjects (n=298)

Leader Empowering Behaviors	$\bar{x}$	SD	Level
Overall score	4.75	.98	Moderate
Delegation of authority	5.15	1.28	High
Accountability	4.57	1.85	Moderate
Self-directed decision making	4.64	1.28	Moderate
Information sharing	4.75	1.70	Moderate
Skill development	4.51	1.44	Moderate
Coaching for innovative performance	4.84	1.21	Moderate

Table 2 Mean, standard deviation, and level of work engagement among the subjects (n=298)

Dimension of Work Engagement	$\bar{x}$	SD	Level
Overall score	4.51	.92	Average
Vigor	4.39	.94	Average
Dedication	4.72	1.07	Average
Absorption	4.40	1.06	Average

Table 3 *Spearman's rho test coefficient between leader empowering behaviors and work engagement as perceived by subjects (n =298)*

Total	r
Leader empowering behaviors	.25*
Work Engagement	

* p< .01

Discussions

Leader Empowering Behaviors

The results of this study showed that nurses working in divisional hospitals in Fiji perceived overall leader empowering behaviors at a moderate level ($\bar{x}$ = 4.75, SD = 0.98). This was similar with the results of two previous studies which showed leader empowering behaviors were at a moderate level (Ching, 2012; Greco & Laschinger, & Wong, 2006). In addition, most of the dimensions of leader empowering behaviors were also at moderate levels. One possible explanation is the authority of the sisters in charge. This is because decision making is made solely by the sister in charge as the head of the unit in regards to issues such as staff scheduling, staff development, staff recruitment, and resource allocation. Nurses are only involved in these decisions in special cases. For example a nurse can only be involved in scheduling when they want to request extra days off.

Another practical reason is that the sisters in charge have less time available to supervise and empower nurses' performance. This may be due to the fact that sisters in charge are particularly occupied with ward administrative work such as filling out paperwork, attending meetings, organizing, staffing, and reaching targets. As a result, sisters in charge may not have time to focus on LEB, and nurses do not perceive them.

Another possible explanation might be the accessibility of information sharing. Generally, sisters in charge share information via nurse meetings and put out notices of information. However, not all nurses can access this information because they cannot all attend the meetings. Moreover, there are limited resources and means of communication like phones, computers, internet and nurses information boards. This may result in a sister in charge not reaching out in time to share information and nurses therefore cannot access significant information about their work.

The study results show that nurses received little opportunities for skill development as was illustrated by the fact that 56.70% of the subjects had participated in continuing education less than three times a year. This small number attending continuing education is not appropriate for the hours required for licensing. The problem results from limited resources and a nursing shortage, so it is hard to develop more skills. This was supported by the fact that some nurses perceived that they did not receive enough formal or informal rewards from their leaders, such as continuing education (Thanh, Khumyu & Baramee, 2010; Chen &Silverthorne, 2005).

Among the six dimensions of leader empowering behaviors, the results showed that delegation of authority as perceived by subjects was at a high level. It can be explained that in the clinical setting, the sister in charge delegates the authority to a senior nurse to supervise and to help nurses and new nurses to obtain skills and knowledge, gain experience, and understand the responsibilities of their duty (senior nurse, personal communication, 2013).

Another reason may be the sister in charge allows nurses to make decisions about nursing care; for example, nurses can do nursing diagnosis and nursing care by themselves based on patient needs, nurses can manage their tasks regarding the nursing duty. This is supported by

the finding of this study where 57% of the subjects agreed and strongly agreed with the item of "My manager gives me the authority I need to make decisions that improve work process and procedures".

Moreover, the sister in charge delegates authority according to the nurses' competency and involve nurses in sub-committees, working groups, or teams, which enable nurses to make decisions in their job. This indicates that the sister in charge delegates authority in accordance with level of responsibility. This is supported by the 51.7% of the subjects who agreed or strongly agreed with the item "My manager delegates authority to me that is equal to the level of responsibility that I am assigned". This is reinforced by Huber (2013) who claimed that the methods to delegate authority are right task, right circumstance, and right person.

Work Engagement

The results of this study showed that nurses perceived the overall score of work engagement and all three dimensions of work engagement at average levels (Table 2). It was similar with the results of previous studies (Laschinger, Wilk, Cho, & Greco, 2009; Garrosa, Nez, Rodrıguez-Munoz, & Rodrıguez-Carvajal, 2011). One possible explanation of the average level of work engagement in this study is the performance feedback of nursing work. According to Schaufeli and Bakker (2009), performance feedback of nursing work is one of the positive factors affecting nurses' perception of work engagement. In this study, nurses might have received positive performance feedback and high respect from patients. Thus, they "act from their heart" and show care, patience, kindness, empathy, sympathy, and happiness; they view patients' happiness as one of the goals of nursing care, have a sense of significance from their work, and feel enthusiastic after patient recovery. This is supported by the 68.1% of the subjects who feel very often or always that "I find the work that I do full of meaning and purpose", and the 62.4% that felt "I am enthusiastic about my job.

According to Othman and Nasurdin (2011), married nurses were highly engaged in their work compared to unmarried nurses, and Wonder (2011) indicated that nursing experience in any clinical setting was significantly associated with total engagement. This study showed that 93.62% were married and 81.88% had more than five years' experience, which might lead to high work engagement. However, high workload may cause nurses stress, burn out, and a lack of willingness to do their work. Duty nurses in these hospitals have to work 12 - 24 hours/shift. On the night shift, one nurse has to take care of 15 to 20 patients, depending on each department, and during daytime, the nurse to patient ratio is about 1:10 (Nurse manager, personal communication, 2013). Therefore, they perceived work engagement at an average level.

Furthermore, lack of specialty in nursing practices may make nurses lack energy to work. In clinical practice, nurses always do routine procedures such as measuring vital signs and cleaning wounds (senior nurse, personal communication, 2013). As a result, some nurses perceived these jobs are not meaningful, some subjects (28.2%) indicated never, almost never, or rarely for the item "I find the work that I do

full of meaning and purpose". Muc (2009) claimed that almost 50% of nurses' time was spent on paperwork, reporting, and other non nursing tasks which lead nurses to feel that they only do boring, routine tasks.

Relationship between overall and dimension of leader empowering behaviors and work engagement

The results showed that there was a weak positive relationship between overall leader empowering behaviors and work engagement of nurses. The findings indicated that the higher the level of leader empowering behaviors as perceived by nurses, the higher the level of work engagement the nurses would have. This is supported by Chen and Silverthorne (2005), who found that leadership behaviors had a strong influence on employee and organizational outcomes, including work engagement. This was similar to the results of two previous studies among other employees (Laschinger, 2003; Mendes & Stander, (2011). It may be explained by the fact that the sister in charge allows nurses to perform and to be responsible for their jobs. Therefore, nurses feel empowered to perform their job to the best of their ability and feel enthusiastic about their job. Moreover, when leaders share necessary information to nurses, they can use this information to ensure high quality outcomes and meet customer needs as well achieve organizational goals. In this study, leader empowering behaviors implies that the sister in charge will provide nurses with opportunity to enhance their skills, abilities, optimal challenges, freedom in their work, and positive feedback. As a result, nurses will be energetic, willing, and proud to deliver quality work. These feelings cause nurses to be engaged in their work. Therefore, when nurses receive leader support and empowerment, they will respond by being engaged in their work.

Conclusions

The results of the study showed that the subjects perceived leader empowering behaviors at moderate levels. The overall score of work engagement was at an average level. In addition, there was a significant weak positive relationship between leader empowering behaviors and work engagement of nurses in divisional hospitals. The results of the study provide valuable information to nurse managers in three divisional hospitals to holistically understand the relationship between leader empowering behaviors and work engagement among nurses. Hence, nurse managers should perform leader empowering behaviors skills in order to encourage work engagement such as involve nurses in decision making, allow nurses to use their skills, share necessary information with nurses, and develop their own skills necessary for jobs.

Recommendations

Further research should be conducted to study other related factors and predicting factors of work engagement to understand factors positively contribute to nurses working engagement such as organizational support, role sress, personal resource, and job demand.

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