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Master of Arts in Nursing

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PERCEIVED LEADER EMPOWERING BEHAVIORS AND WORK ENGAGEMENT OF STAFF NURSES IN A TERTIARY HOSPITAL IN THE UNITED KINGDOM

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CERTIFICATE OF ACCEPTANCE OF THESIS

The thesis attached hereto, entitled "**Perceived Leader Empowering Behaviors and Work Engagement of Staff Nurses in a Tertiary Hospital in the United Kingdom,"** prepared and submitted by **MS. KATRINA R. GOMEZ** in partial fulfillment of the requirement for the degree of **Master of Arts in Nursing** with specialization in **Nursing Administration** is accepted.

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Accepted as partial fulfillment of the requirements for the degree of

MASTER OF ARTS IN NURSING

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APPROVAL SHEET

We, the members of the oral examination panel for **MS. KATRINA R. GOMEZ** unanimously approved the thesis entitled **"Perceived Leader Empowering Behaviors and Work Engagement of Staff Nurses in a Tertiary Hospital in the United Kingdom."** The thesis attached hereto was defended on April 30, 2020, at UPOU Learning Center in Manila for the degree of **Master of Arts in Nursing** is hereby accepted.

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We therefore recommend that **MS. KATRINA R. GOMEZ** be awarded the degree of **Master of Arts in Nursing** from the **Faculty of Management and Development Studies**.

Very truly yours,

ASST. PROF. QUEENIE R. RIDULME
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ABSTRACT

The empowering behavior of nursing leaders is a key factor in improving staff nurses' work engagement. Empowering nurses to use their knowledge by recognizing their skills, supporting their career advancement, and allowing them to have control over their work improves organizational commitment, positive patient outcomes and job satisfaction, thereby increasing trust and engagement in the organization.

The purpose of this descriptive correlational study conducted at a tertiary hospital under the United Kingdom National Health Service (NHS) Trust is to describe leader empowering behavior (LEB) as perceived by staff nurses and their work engagement. This study also aims to examine the relationship of work engagement with leader empowering behavior and selected demographic profile. Sample from various units of the hospital was employed (N-100) and survey was completed online.

Overall, nurses have moderate to strong perception for the dimensions Accountability *(μ=6.11)*, Information Sharing *(μ=5.52)* which means that they are given adequate information and are aware of their liability of their duties. Other LEB dimensions such as Delegation of Authority *(μ=5.03)*, Self-Directed Decision Making *(μ=5.28)*, Skill Development *(μ=4.93)*, and Coaching for Innovative Performance *(μ=4.65)* have moderate perception among nurses. Nurses in this organization were also found to have moderate to strong work engagement, Vigor *(μ=3.97),* Dedication *(μ=4.80),* and Absorption *(μ=4.50),* with the overall work engagement mean *(μ=4.42).*

Using Pearson's correlation test, a moderate to strong uphill linear relationship was established between LEB and the Work Engagement Subscales of *vigor, dedication* and *absorption* which demonstrates that there is a significant relationship between them.

Meanwhile, the Chi-square test was used to determine the relationship between LEB and selected Demographic Profile. At 5% level of significance, there is *insufficient* evidence to conclude that age, gender, years of service, and civil status of nurses have significant relationship with the work engagement subscales except level of education. The results revealed that the nurses' level of education have a significant effect on the increase or decrease of their vigor or the amount of physical, cognitive, and emotional energy they give on their job. Conclusions and recommendations were sought on how the results of the study can be used to improve the NHS retention scheme based on analysis of the data collected.

CHAPTER 1

THE RESEARCH PROBLEM

Introduction

Even prior the current pandemic caused by the Coronavirus Disease (COVID-19), there was already an existing shortage of nurses globally. According to the 2020 State of the World's Nursing (SOWN) report of the World Health Organization (WHO), there was an estimated 5.9 million shortfalls in nurses globally, with only 27.9 million nurses deployed worldwide (WHO, 2020). 89% of this shortage occurred mostly in low and lower-middle income countries, with gaps particularly in the regions of Africa, Eastern Mediterranean, and Southeast Asia. In ten years, 17% of the current global nursing workforce are expected to retire, and thus an additional 4.7 million nurses must be employed to maintain the existing figures. Experts estimate that by the year 2030, 10.6 million nurses might be needed (Buchan, et al., 2020).

Limited data exists regarding the retention of nurses, especially considering the pandemic. However, different studies across the globe suggest that the COVID-19 pandemic may have caused an increase in nurses who signified their intention to leave, if not having already left the profession in 2020. For instance, in the United Kingdom (UK), the National Health Service (NHS) reported nursing vacancies pegged at 40,000, with 36% of their existing nursing workforce having considered career shifts in 2021, according to the International Council of Nurses (ICN) (2020).

Issues affecting the nursing shortage prior the pandemic include unrealistic expectations, worsening working conditions, overwhelming workloads, limited practice autonomy, escalating workplace hazards, and a lack of motivation and empowerment from leaders.

Indeed, improving work engagement of staff nurses with focus on the empowerment behavior of nurse leaders is critical to every organization, as these affect the nurses' perceptions of their role and morale in their job. Empowering leadership in the workplace could positively impact their intent to stay in their organization, thereby allowing an effective skill mixing of nurses.

The empowering behavior of nursing leaders and how they motivate their people may allow staff nurses better control over their work through their professionally acquired knowledge, skills, and behaviors.

With this, staff nurses can also improve their job satisfaction, leading to improved commitment to the organization and the quality of care they provide for patients. In turn, trust in the management may increase, thus compelling them to stay in the organization (Nedd, 2006).

An empowering leadership style enhances the trust of staff nurses towards their leader, reducing feelings of depersonalization and emotional exhaustion, and fostering their commitment to their organization (Bobbio, et al., 2012).

Work engagement happens when working conditions are sensible and nurses have more control over their work. When nurse leaders empower their nurses meaningfully, it transforms the workplace to a conducive space where expectations and working conditions meet and fit together. In such an environment, staff nurses feel they receive fair treatment and due recognition for their contributions to the organization, as they also see that the organization's values align with their own (Greco, et al., 2006).

The nurses' demographic profile such as age, gender, civil status, pay band, level of education, area of work or specialty and years of experience may also affect work engagement, as these are considered the intrinsic and extrinsic predictors that influence their inclination to stay in their workplace.

In a tertiary hospital in the UK, turnover rates among staff nurses vary among different departments. As of April 2020, turnover rates over a rolling 12-month period range from 1.5% to 38.2%. The lowest number of turnovers come from the elderly ward, while the highest comes from the orthopedic ward (16% to 20%). Both wards are under the Medicine and Urgent Care Division.

Two types of turnover have been identified in the NHS Trust of the UK: *internal leavers* are those who moved to a different department of the hospital, with 39.6% recorded for the month of April 2020, while *external leavers* are those who left the Trust with 9.4%. These numbers validate a study on the organization's retention scheme by focusing on the empowerment behaviors of nurse leaders as perceived by the staff nurses, and their level of work engagement.

Improving the nurses' working condition is critical to retain them in their current organization and to attract novices to the nursing profession (Laschinger et al., 2003, as cited in Greco, et al., 2006). Still, nurse leaders' empowering behaviors and work engagement of staff nurses can be crucial in how nurses react to their work environment that could boost their intent to stay in the profession.

Statement of the Problem

A tertiary hospital in the United Kingdom recorded high turnover rates in the past five years despite the retention scheme of the Trust. The study focuses on the staff nurses'

perception on their leaders' empowerment behaviors and how it affects their work engagement towards their institution which could be another key factor to improve the existing retention scheme of the Trust.

Purpose of the Study

The purpose of the study is to determine the relationship of leader-empowering behaviors as perceived by staff nurses and their selected socio-demographic profile to their work engagement in the organization.

Specific Objectives of the Study

The specific objectives of the study are:

1. To describe the empowering behavior of nurse leaders among staff nurses in a tertiary hospital in the UK in terms of these categories:

1.1 Enhancing the meaningfulness of work

1.2 Fostering opportunity to participate in decision making

1.3 Expressing confidence in high performance

1.4 Facilitating the attainment of organizational goals

1.5 Providing autonomy and freedom from bureaucratic restrictions

2. To determine the nurses' level of work engagement as predicted by their *vigor, dedication, and absorption* in their work.

3. To determine the relationship between perceived leader empowering behaviors (LEB) and work engagement of nurses.

4. To determine the relationship between work engagement and selected demographic profile of nurses such as *age, gender, civil status, level of education, pay band, area of work* and *years of service in the organization*.

Significance of the Study

The constant recruitment of nurses in the Trust is expected until the end of 2021 to fill up the enormous vacancies in a 1,200-bed tertiary hospital. But the question on how to retain them remains uncertain since the retention scheme needs improvement by inculcating the empowering behaviors of nurse leaders that positively influence nurses' work engagement to the organization.

The implications of positive work engagement of nurses to the existing retention scheme would save the organization's financial resources in terms of recruitment and training expenses.

In line with this, nurses who stay in the institution would gain clinical experience and competence, advancement through continuous education and training, and develop a sense of commitment to the organization. Such competence and expertise in their respective field would allow effective skill mixing of experienced and novice nurses which promote better work condition, teamwork, professional growth, and ultimately safe delivery of quality care to the patients.

Scope and Limitation of the Study

The study included band 5 and 6 nurses who are currently employed and work full time for the Trust. Band 5 nurses are newly qualified Staff Nurses, while band 6 are Nurse Practitioners, Sisters, and Charge Nurses.

Moreover, the study was conducted over a six-month period. Proposal was accepted in October 2020 and approved by the UPOU Ethics Review Board (ERB) Committee on January 15, 2021. Implementation of the study started after the approval was sought from UPOU-ERB and ended on February 9, 2021, during which the Covid-19 crisis was at its peak in the UK, thereby affecting data collection and recruitment process. The study was completed on April 23, 2021.

CHAPTER 2

THEORETICAL BACKGROUND

Review of Related Literature

This chapter presents the previous studies related to leader empowering behaviors (LEB) and significance of nurse demographic profile affecting work engagement. It includes studies from 1986 to 2021 to cover the early research and current studies related to this study.

The United Kingdom's National Health Service Trust (NHS Trust) has started major recruitment campaigns for nurses outside the European Union (EU) countries to address their growing shortages in nursing staff. In March 2019, the NHS estimated that they will need 5,000 more nurses annually — thrice the current annual recruitment figures. Millions of pounds were spent for recruitment to fill the vacancies among NHS hospitals across the country.

The NHS workforce statistics has published monthly reports on the number of staff groups working in the Trusts, excluding primary care staff under NHS Hospitals and Community Health Service (HCHS). The published data accurately summarizes validated data from the NHS Human Resource and Payroll System.

In February 2021, over half or 52.7% of the HCHS workforce (with a full-time equivalent of 626,643) was comprised of professionally qualified clinical staff, 4.3% or 25,808 more than the figures from February 2020 (NHS Workforce Statistic Report, Feb 2021). These numbers, however, are not sufficient for the workforce needed across the NHS Trust despite massive recruitment and retention campaigns.

More so, the current political situation in the United Kingdom following the “no-deal Brexit” will most likely affect the crisis in terms of NHS health services workforce. A no-deal Brexit restricts free movement of workers coming from European Economic Area (EEA) which means that they need to apply for a working visa and undergo the same procedure of employment undertaken by nurses coming from non-EU countries. This could worsen the NHS staffing crisis, leaving tens of thousands of its nurses and other medical staff from other European countries in uncertainty over their jobs (Ford, 2019).

The NHS nursing workforce continues to drop presently. Thus, it is imperative to look at the perception of staff nurses to their leaders’ behavior, as this could be an important factor to improve their engagement to their organization.

Nurse Shortage during the COVID-19 Pandemic

The COVID-19 pandemic has amplified the global nursing shortage, with increased hazards for healthcare workers, especially in terms of occupational infections, burnout, and stress resulting from taking care of COVID-19 patients for months.

A South Korean study showed that nurses had decreased intent to stay in their organization because of their experience in caring for patients infected by COVID-19. In the early stage of the pandemic (Kim et al., 2020), over 10% of nurses in the said country reported intention to leave their work (Jang et al., 2020).

Meanwhile, another research from the Philippines found that prolonged exhaustion and distress from the pandemic, worsened by psychological anxiety, have increased the rate of turnovers among Filipino nurses (Delos Santos et al., 2021).

Additionally, a comparable study from Pakistan suggests that the perceived threat brought by COVID-19 serves as an important predictor of turnover intention among nurses (Irshad et al., 2021).

Another recent study from Egypt has revealed that over 95% of nurses in a COVID-19 Triage Hospital in the said country wanted to leave their job (Said & El-Shafei, 2020). Meanwhile, in Qatar, nurses who have been assigned in COVID-19 facilities for over three months have been found to have significantly higher turnover intention compared with those who were not assigned in COVID-19 facilities (Nashwan et al., 2021).

Leader Empowering Behaviors (LEB)

In 2017, the NHS implemented a retention scheme in four waves among 145 Trusts initially and was extended to other Trusts a year after (Dean, 2019). The said structure saw a 0.6% drop of nursing staff turnover rates, with 1% for mental health clinical nurses, which is still alarming due to massive increase of healthcare demands. The scheme focused on the flexible working hours to meet the needs of the staff but overlooked the significance of LEB in promoting conducive working conditions.

Yet, several studies have been conducted about the significance of LEB to nurses' working conditions and their engagement to their organization. Conger and Kanungo (1988, as cited in Orgambidez-Ramos & Borrego-Alés, 2014) defined empowerment as a "principal component of managerial and organizational effectiveness," positing further that the techniques related to empowerment are crucial in maintaining and developing group dynamics within organizations. As more organizations have begun seeking employees with high initiative and creativity in

responding to workplace challenges, empowerment has become important, both for the individual employee and the organization.

Sharma and Kirkman (2015) define LEB as a formal leader's behaviors intended to enhance employee autonomy. This may be done through delegating authority and promoting autonomous decision-making, along with other practices such as sharing information and coaching feedback.

In another study conducted by Greco et. al (2006), they demonstrated that the empowering behaviors of nurse leaders can be crucial in how nurses perceive their work environment. Using the theory of structural power in organizations by Kanter, the study examined how the empowerment behaviors of nurse leaders relate with staff empowerment perceptions, their work engagement, and the various areas of work-life.

A Canadian study was also conducted using the same model among 322 staff nurses in an acute care hospital in Ontario. It utilized a cross-sectional correlational survey design and found that structural empowerment has an indirect effect on emotional burnout, as the staff nurses perceived a somewhat empowering behavior from their leaders and a moderately empowering work environment.

Meanwhile, Kindipan (2017) conducted a study about nurses in Magnet hospitals in the United States (US), or hospitals which are certified by the American Nurses' Credentialing Center (ANCC) for exemplary nursing practices (Gagnon, 2021). The study found that magnet hospital nurses perceived that their leaders demonstrated strong LEB.

However, the results of Kindipan's study contradicts the findings of three other studies regarding LEB and staff nurse empowerment. This inconsistency may be due to the setting behind the studies as Kindipan (2017) notes that she conducted her study in gold-standard Magnet hospitals, while the other studies by Laschinger et al.

(1999), Peachey (2002), and Cziraki and Laschinger (2015) were all conducted in non-Magnet hospitals.

The international accreditation system known as the Magnet recognition program is managed by the American Nurses Credentialing Center (ANCC), the accreditation subsidiary of the American Nurses Association (Jones, 2017). The program recognizes healthcare organizations with excellent nursing practices.

Similar findings from other studies show how most participants perceived strong LEB from their leaders, such as providing opportunities for and encouraging them to try and develop new skills (Bukhari et. al, 2018). Earlier studies of psychological empowerment and the leadership of nurse managers, meanwhile, measured concepts like empowering leadership (EL) and leader-member exchange (LMX).

EL and LMX are similar concepts which both explore the dynamics of leader-member relationships. While power sharing between leaders and members is not directly implied by the concept of LMX, EL on the other hand demonstrates power-sharing behaviors (Kim, et al., 2018; Lee et al., 2018; Sharma & Kirkman, 2015, as cited in Sasaki et al. (2019).

Clearly, the problem with powerlessness within the nursing profession has a huge impact on their emotions and psychological well-being that affects their decision to leave or stay in their organization. In the context of this study, LEB has an impact on staff nurse's perception towards their work affecting their motivation, career growth and job satisfaction. Also, LEB impacts positive working environment that promotes encouragement to staff nurses to perform their duties efficiently and deliver safe and quality care to their patients.

Work Engagement

The study undertaken by West and Dawson (2012) summarized three dimensions to measure staff engagement in the NHS, namely advocacy, psychological engagement (which is similar to motivation), and involvement.

Three questions were used to assess the dimension of psychological engagement, similar with the subscales of the Utrecht Work Engagement Scale (UWES) questionnaire by Schaufeli and Bakker (West & Dawson, 2012). Upon analyzing the results of the 2011 NHS Staff Survey, they found that there are significant differences in engagement between types of Trust and staff groups.

However, in acute facilities, mental health and primary care facilities had broadly comparable moderate engagement levels. Another study by The King's Fund (2014) showed that on a scale of 5.0, NHS staff engagement levels increased from an average of 3.6 in 2011 to 3.7 in 2013. The same study showed compelling evidence that better quality care is delivered by the same NHS organizations wherein staff report that they feel they are engaged and valued (The King's Fund, 2014).

Leader Empowering Behaviors and Level of Nurses' Work Engagement

In a healthcare organization, work engagement serves as a valuable measure of how healthcare professionals respond to workplace demands and challenges. It is a driving force which makes employees feel connected with their organization, as expressed by their physical, emotional, and perceptive performance of their role in the institution. Ultimately, work engagement motivates employees to accomplish the intended goals of the organization.

Bakker (2007, as cited in de Beer, et al., 2016) noted that sufficient job resources serve as the strongest predictor of work engagement. Meanwhile, Bamford

et al. (2013, as cited in Kindipan, 2017) posited that moderate work engagement among nurses may be attributed to their perception of moderate authentic leadership exhibited by their leader. Authentic leadership is determined by the trusting relationship between the followers and their leader, while the latter's authority is built from that trusting relationship which promotes open communication and camaraderie among the team.

Numerous studies have been conducted about nurses' work engagement. For instance, nurse researcher Chandler (1986, as cited in Kindipan, 2017) pioneered testing Kanter's empowerment theory, which posits how certain structural variables affect predicted individual work behaviors in the nursing field. Chandler found that work environment and work behaviors are significantly correlated, supporting Kanter's original supposition.

Meanwhile, Greco, et al. (2006, as cited in Kindipan) examined how nurse leaders' empowering behaviors relate with work engagement, burnout, and empowerment perceptions among 322 staff nurses who were employed in acute care hospitals. They found that nurse leaders' LEB positively affects staff nurse empowerment (with $\beta=0.71$), consequently increasing their work engagement levels.

Dasgupta (2016, p. 555) also studied how the work engagement of nurses is impacted by various factors such as job demand, organizational, team, or personal concerns, along with the mediating effects of team and affective commitments. He found that the work engagement of health workers, of which nurses comprise a major group, has a positive effect on patient satisfaction.

The pilot study was initially conducted among 175 nurses employed in three hospitals in Kolkata, India, while 504 nurses from five hospitals in the same area

participated in the main study. Using correlation, regression analysis, and the Sobel test, Dasgupta (2016) established that work engagement is positively related with leader-member exchange, team-member exchange, perceived organizational support, and workplace engage.

On the other hand, stress and work engagement are negatively related. Meanwhile, team commitment serves to positively mediate the relationship of work engagement with team-member exchange, leader-member exchange, and workplace friendship.

Kindipan (2017), meanwhile, used spearman's correlation analysis in her study which found that greater LEB was associated with stronger work engagement among 209 nurses (190 female and 19 male) in magnet acute hospitals in Texas. A statistically significant positive correlation was established between LEB and work engagement [$(\rho) = 0.4559$, $p<0.001$)].

The UK NHS remains committed in delivering safe and quality healthcare, and to do so, it must depend on an engaged, well-resourced workforce who can cope with the growing demand in the health sector. Positive engagement of staff is said to decrease staff turnover, improves patient experience, and reduces presenteeism — or staff being present for work yet failing to be fully productive (Hemp, 2004) — and absence due to sickness (Barker et al., 2018).

In other studies, empowering leadership (EL) has been likewise defined as a motivating style of leadership likely linked to the performance of staff (Ahearne et al., 2005, Arnold et al., 2000, as cited in Fong & Snape, 2015). Individually, it is also positively associated with job performance and employee creativity (Ahearne et al., 2005, Zhang & Bartol, 2010, as cited in Fong & Snape, 2015,), while evidence supports

that team-level EL is positively associated with team performance (Srivastava et al., 2006, as cited in Fong & Snape, 2015, p. 129).

At a cross-level, EL is also associated with innovative behaviors, teamwork, and turnover intentions, sometimes mediated by affective commitment and psychological empowerment (Chen, et al., 2011, as cited by Fong & Snape, 2015). Fong and Snape (2015) suggest that psychological empowerment is positively associated with EL, both at individual and group levels.

West and Dawson (2012) also reviewed several studies about the factors that influences staff engagement in the NHS. They established that job-related factors predicting the level of staff engagement across the NHS include their perception of the support levels they receive from their supervisors and their organization, employer recognition and rewards, and procedural and distributive justice, which is defined as "fairness in organizational processes and rewards" (Saks, 2006, as cited in West & Dawson, 2012).

As such, from the literature reviewed, it can be said that LEB has a huge impact on the work engagement of nurses, as well as their performance, and commitment to remain in their organization.

Work Engagement and Demographic Profile of Nurses

Some socio-demographic variables were shown to relate positively with the work engagement of nurses, such as their age. Nurses realize that their opportunities to use their knowledge and skills, perform more challenging tasks, and obtain recognition and rewards for their work grow over time. In short, as nurses grow older and more experienced, they obtain more skills and knowledge which help them gain

more access into power and information sources, support systems, opportunities, and other resources (Mcdermott et al., 1996, as cited in Kindipan, 2017).

Price and Kim (1993, as cited in Kindipan, 2017), meanwhile, sought to examine how demographic variables relate with intent to stay among 1,521 medical personnel, comprised of nurses, dentists, doctors, and technical staff. The study covered demographic variables such as age, gender, place of birth, marital status, education, current occupation, rank, and length of service, as well as religion, race, and ethnicity. They found that weak yet still significant positive relationships (with $p <$ .01) existed between medical staff's intent to stay (with $r = 0.21$), rank (with $r = 0.12$), and length of service (with $r = 0.07$), with the latter being the weakest.

Kindipan's study (2017) included a total of 212 respondents among acute care hospitals in Texas. She found a significant relationship between years of experience and the work engagement of nurses, with those with over 15 years of experience being more engaged than participants who had less than 10 years of experience in the field. The study saw no significant differences in the relationships between participants' work engagement level and their age groups (with $p = 0.106$), gender (with $p = 0.116$), education (with $p = 0.223$), length of stay in current organization (with $p = 0.563$), and length of stay in present department or unit (with $p = 0.796$) (Kindipan, 2017/0

Additionally, work engagement scores between different employment status have statistically significant differences (with $p = 0.039$), specifically between those with part-time and full-time status (with $p = 0.012$). Those employed full-time were predictably more engaged than those with part-time status, the study found (Kindipan, 2017).

Meanwhile, Hafner, et al. (2018) conducted a secondary data analysis based on a 2016 NHS staff survey led by the RAND Corporation. The analysis revealed that NHS employees who have university degrees are more engaged on average than those without a formal degree, although the difference in their engagement levels is not statistically significant (Hafner, et al., 2018, p. 18). Their study also demonstrated that health workers (allied professionals, registered nurses, midwives, medical and dental) are more engaged compared to other working sectors of the NHS such as those in administrative, social services and general management departments.

Interestingly, Hafner, et al. (2018) also found a U-shaped association between age and engagement, implying that engagement decreases as the respondents age, stalls around the mid-50s and then increases in the years before retirement. In terms of the years of service, the pattern of engagement decreases in the first decade of employment, levels after 12 years of service before showing an increase in engagement again.

In summary, based on the articles reviewed, educational background has a positive influence while other demographic variables generally have no significant relationship with work engagement.

Theoretical Framework

The theory of structural empowerment by Rosabeth Moss Kanter will be used to frame the study. This theory centers on the philosophical belief that beyond personal inclinations or predispositions, optimal job performance can be positively or negatively affected by situational elements or characteristics (Kanter, 1993, as cited in Orgambidez-Ramos & Borrego-Alés, 2014).

Kanter (1993, as cited in Orgambidez-Ramos & Borrego-Alés, 2014) further defines power as the “ability to mobilize resources to get things done.” Orgambidez-Ramos and Borrego-Alés (2014) note that power is ‘on’ when employees are given access to information and other resources, as well as given support systems and sufficient opportunities for further growth and learning. Without these “power lines or sources,” power can be considered ‘off,’ making effective work impossible for employees.

These power lines are said to serve as the sources from which structural empowerment flows in any given organization (Greco et al., 2006, Laschinger et al. 2001, 2004, as cited in Orgambidez-Ramos and Borrego-Alés, 2014).

Kanter (1993, as cited in Orgambidez-Ramos and Borrego-Alés, 2014) also noted that power lines may emanate from both an organization’s formal and informal systems. A job position is said to be high in formal power if it permits flexibility and discretion in terms of approach in accomplishing tasks while remaining central to the purposes or goals of the organization.

Aside from flexibility and creative discretion, formal power can also be drawn from other job attributes like adaptability, visibility, and centrality to the organization’s goals and purpose (Kanter, 1993; Laschinger et al. 2001, 2004, as cited in Orgambidez-Ramos and Borrego-Alés, 2014).

Meanwhile, informal power is conferred from alliances formed at work, resulting from an environment which encourages positive relationships between superior, peers, and subordinates. It is drawn from communication development, established social connections and information channels among peers, sponsors, subordinates,

as well as cross-functional groups within the organization (Kanter, 1993; Laschinger et al. 2001, 2004, as cited in Orgambidez-Ramos and Borrego-Alés, 2014).

When formal and informal power levels are high in an organization, power lines are made accessible to employees, enabling them to accomplish their tasks meaningfully.

Conceptual Framework

Figure 1: Conceptual Framework

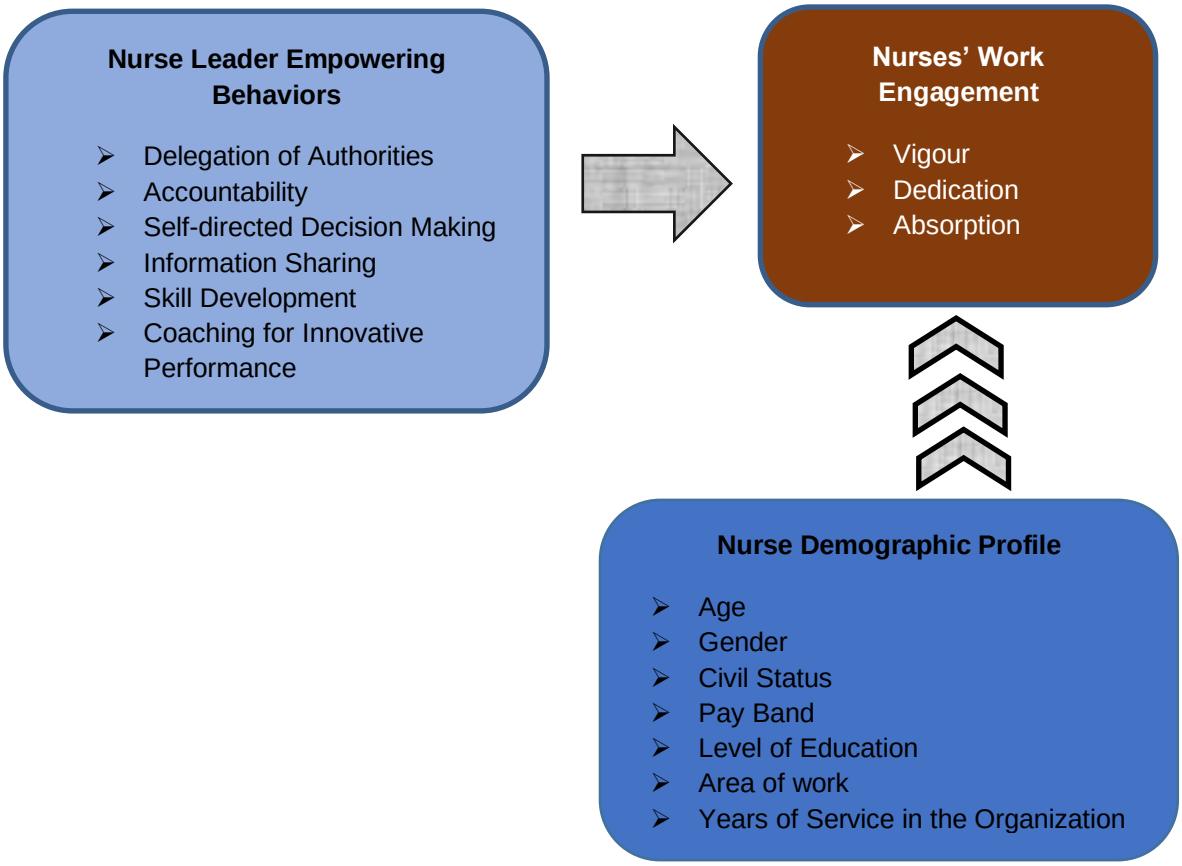


Figure 1 above illustrates the relationships between the dependent, independent, and confounding variables in the study. The *independent variable* is comprised of the six dimensions of LEB**,** namely: *Delegation of Authorities,*

Accountability, Self-directed Decision Making, Information Sharing, Skill Development and Coaching for Innovative Performance.

In addition**,** the *Nurse Demographic Profile* is considered as *confounding variable* as it indirectly affects their work engagement, which include *age, gender, civil status, level of education, area of work* and *years of service in the organization*.

The independent and confounding variables both determine the impact to *Nurses Work Engagement (dependent variable)*, as demonstrated by *Vigor, Dedication and Absorption*. In turn, positive work engagement could influence their commitment to the organization, job satisfaction, and boost their intent to stay in their current employment.

Given this framework, LEB could improve the organization's existing retention scheme.

Research Hypothesis

As part of this study, the investigation included these research hypotheses:

- There is a significant relationship between perceived nurse leader empowering behaviors (LEB) and nurses' work engagement.
- There is a significant relationship between nurses' work engagement and selected demographic profile of nurses such as age, gender, civil status, pay band, area of work, level of education and length of service in the organization.

Operational Definition of Terms

The independent and dependent variables are clearly defined for this study. The *independent variable* is comprised of *nurse leader empowering behaviors (LEB),* categorized into six dimensions:

1. *Delegation of Authorities*

Leader behaviors that encourage staff nurses to work with a purpose and give them autonomy in performing their responsibilities which could boost their confidence, self-esteem, and work motivation.

2. *Accountability*

Leader behaviors demonstrating confidence in their staff nurses' capabilities to fulfill their responsibilities as expected, with high-quality performance being recognized as their accomplishment.

3. *Self-directed Decision-making*

Leader behaviors allowing staff nurses to share ideas and opinions and involve themselves in decision-making while encouraging them to arrive with their own solution when work-related problems arise.

4. *Information Sharing*

Leader behavior that provides adequate information to staff nurses to improve their performance for patients’ satisfaction.

5. *Skill Development*

Leader behaviors improving staff nurses' knowledge and skills through continuous training and education for their professional growth in the organization.

6. *Coaching for Innovative Performance*

Leader behaviors minimizing the constraints and limits of restrictions and rules, taking risks which allow learning of new ideas.

Meanwhile, the dependent variable includes *nurses' work engagement* in three subscales:

1. *Vigor* is defined as "energy, mental resilience, and determination" (Rayton & Yalabik, 2014, as cited in Shekari, 2015, p. 168) as well as investing consistent and regular effort in the performance of their job or work duties.
2. *Dedication* is defined as employees "being inspired" (Rayton & Yalabik, 2014, as cited in Shekari, 2015, p. 169) to do their job, with high involvement and enthusiasm.
3. *Absorption* means having "a sense of detachment" (Rayton & Yalabik, 2014, as cited in Shekari, 2015, p. 169) from the surrounding environment while performing their job. This entails being engrossed and concentrated with the task at hand, to the point of losing track of the time spent doing the job.

CHAPTER 3

RESEARCH METHODOLOGY

The chapter presents the research design used in this study, the sample characteristics, inclusion and exclusion criteria, sampling technique, research instrument used, data collection, data management, ethical consideration, and the empirical techniques to analyze the data gathered.

Research Design

The study was conducted using a descriptive correlational design to describe the variables and the relationships that occur naturally between them. The said design was chosen to determine the influence of LEB and selected demographic profile of nurses as key factors that promote their work engagement in their hospital.

Sample

The target population were band 5 and band 6 staff nurses who work full time in a tertiary hospital in the United Kingdom governed by the NHS Trust. As of April 2020, the total number of staff nurses was 1,404. This number excludes non-registered nursing staff, bands 1 to 4 (Associate Nurses, Healthcare Support Workers), and bands 7 to 9 (Managers, Matrons, Specialists, Advance Practitioners and Nurse Consultants).

Inclusion and Exclusion Criteria

Full-time band 5 and band 6 nurses working in a UK NHS Trust-governed tertiary hospital were included in the study. Exclusion criteria are band 4 and below (Associate Nurses and Healthcare Support Workers), and band 7 to 9 (Practice

Educators, Managers, Matrons and Nurse Practitioners / Nurse Specialists, and Chief Nurses).

Also, agency nurses from an external provider and military nurses who can be deployed anytime to a medical mission inside or outside the country were excluded from the study. Both agency and military nurses serve only as temporary workforce for the Trust. Band 4 and below are non-registered care workers under the nursing department, while band 7 and above nurses play a managerial or advance clinical role in the organization.

Sampling Technique

In this study, stratified sampling technique was used to select respondents, who were divided into four strata based on their area of work. Stratification included the four divisions of the hospital: *Clinical Delivery Division, Medicine and Urgent Care Division, Networked Services Division and Surgical and Outpatients Division*.

Table 1 shows the list of units / wards under four divisions of the hospital and their population, with the corresponding percentage of band 5 and 6 staff nurses in each division.

Table 1: List of Units / Wards under Four Divisions of the Hospital

Division	Ward	Population
Clinical Delivery Division	E5 Critical Care Unit	
	Day Surgery Theatres	**130 Staff Nurses**
	Theatres Department	**(9.3%)**
Medicine and Urgent Care	A6 Medical Ward	
Division	C5 Medical Ward (Gastro)	
	C6 Cardiology Ward	
	C7 Cardiology Ward	
	Cardiology Day Unit	

	D2 Medical Ward	
	D3 Medical Ward	
	D7 Medical Ward	
	E6 Respiratory Ward	
	E7 Respiratory Ward	
	E8 Respiratory Ward	
	Emergency Department	
	F1 Rehabilitation Ward	**608 Staff Nurses**
	F2 Older Persons Medicine (OPM) Ward	**(43.3%)**
	F3 OPM Ward	
	F4 Acute Stroke Unit	
	G1 OPM Ward	
	G2 OPM Ward	
	G3 OPM Ward	
	G4 OPM Ward	
	Assessment Medical Unit	
	Paediatric Emergency Department	
Networked Services	B4 Ward (Gyne ward)	
Division	Combined Haematology and Oncology (CHOC)	**455 Staff Nurses**
	Community Midwives	**(32.4 %)**
	G6 Renal High Care Ward	
	G7 Renal Nephrology Ward	
	G9 Renal Transplant Ward	
	Maternity Delivery Wards	
	Maternity Department Theatres	
	Neonatal Unit	
	Paediatrics	
	Renal Department (OPD & Day Unit)	
Surgical and Outpatients	D1 Orthopaedic Ward	
Division	D4 Orthopaedic Ward	

	D5 Elective Orthopaedic Ward	
	D6 Specialist Hip Fracture Ward	
	E2 Upper GI Surgery Ward	
	E3 Lower GI Surgery Ward	
	E4 Ward	**211 Staff Nurses**
	Head and Neck Unit	**(15%)**
	Private Patients Unit	
	Surgical Assessment Unit	
	Surgical High Care Unit	
Total Population of Band 5 and 6 Nurses as of April 2020		**1, 404 (100%)**

Source: Workforce Key Performance Indicator (KPI) monthly statistical report in April 2020

As shown in the table above, Medicine and Urgent Care Division have the largest population which covers 22 wards / units including the Emergency Department (adult and pediatric), with a total of 608 nurses. Both Networked Services Division and Surgical and Outpatients Division have 11 units / wards, with 455 nurses and 211 nurses, respectively.

Lastly, theatres and the critical care unit are under Clinical Delivery Division and have the least population with 130 nurses. Thus, respondents were distributed to each stratum based on the percentage presented above. Furthermore, random sampling was used in each division to fairly select nurses in every division.

The sample size was calculated using G* Power version 3.1. Using Pearson's Product Moment correlational analysis or Pearson's r for a priori power analysis, 138 is the established minimum number of required respondents, with.80 desired statistical power and .05 alpha level, along with an anticipated 0.30 r. The distribution of the target sample of 138 is presented in the following table.

Table 2: Sample Distribution for each Division

Stratum	Sample	Percentage
Medicine and Urgent Care Division	60	43.5 %
Networked Services Division	45	32.6%
Surgical and Outpatients Division	20	14.5 %
Clinical Delivery Division	13	9.4%
Total	138	100%

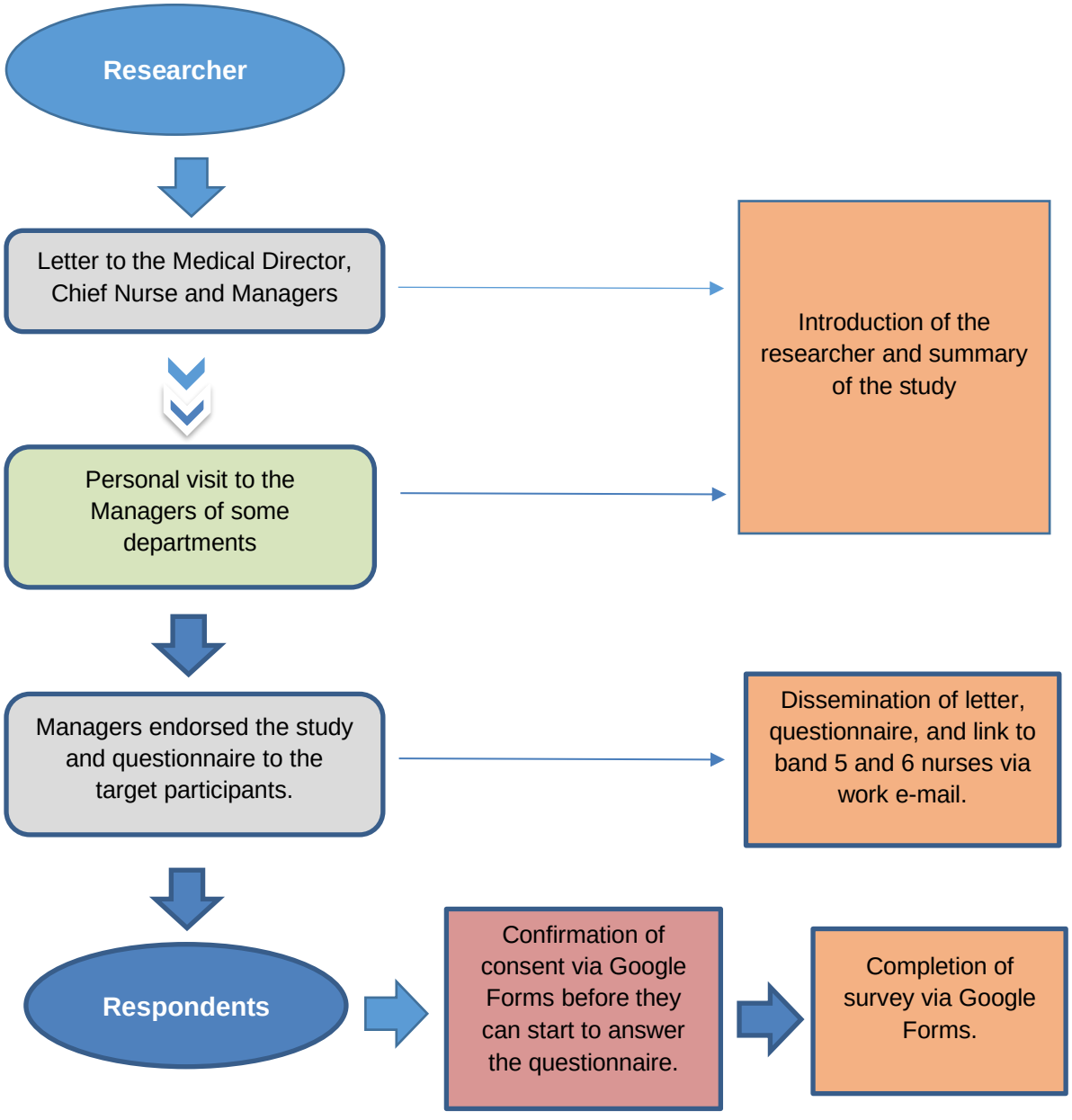
Setting

In this study, data was collected from participants in different departments of a 1,200-bed capacity tertiary hospital in the United Kingdom, offering a full range of health services to the locality. The institution lies in the Southeast part of England and serves about 675,000 residents of the area. It is one of the biggest health facilities in the country with over 7,200 employees. It has four divisions that encompasses all 47 units which includes the inpatient and outpatient services, Theatres, Critical Care Unit/ Intensive Therapy Unit, Emergency Department, Transplant Unit and Oncology Center.

Data Collection and Recruitment Process

The flowchart below describes how data was collected along with the recruitment process of respondents. Internet-based method was used to collect data due to the current pandemic crisis to avoid personal contact and minimize the risk of exposure to COVID-19.

Figure 2: Data Collection and Recruitment Process Flowchart



As presented in Figure 2 above, the recruitment process started with a letter to the Medical Director and Chief Nurse of the institution containing an introduction of the researcher and a summary of the study to seek their support. After their approval, the researcher communicated with the managers and provided them details of the study and asked for their permission to conduct a survey to their band 5 and band 6 nurses.

The managers then endorsed and disseminated the letter to the target respondents through their work e-mail together with a link that directs them to the survey via google form. At some point, the researcher visited and personally communicated to the managers of different departments to boost the response rate.

Prior the survey, a box needs to be ticked by the respondents confirming that they read and understand the information given to them, hence, they give their consent voluntarily. All questions were transcribed in google form - an online application that allows construction of surveys, which can be completed by nurses anonymously with summary of feedbacks only accessible to the researcher for analysis and interpretation. Finally, the researcher ensured strict compliance on confidentiality and data protection throughout the study.

Research Instrument

The research instruments used in this study include the Demographic Questionnaire, the Leader Empowering Behavior Questionnaire (LEBQ) (Konczak, et al., 2000, as adapted by Kindipan, 2017), and Schaufeli and Bakker's Utrecht Work Engagement Scale (UWES) (2004).

The LEBQ, developed by Konczak et al. (2000, as cited in Kindipan, 2017) is a self-reported measure to provide leaders with feedback regarding employee empowerment-relevant behaviors. The original LEBQ is comprised of 17 items with six subscales, as enumerated and described in the previous chapter, namely delegation of authority, accountability, information sharing, self-directed decision-making, skills development, and coaching for innovative performance. The instrument uses a seven-point Likert scale to score items, which ranges from one (1) which represents strong disagreement or 'strongly disagree' and seven (7) which represents

‘strongly agree.’ A higher rating indicates an employee’s higher perceptions of LEB (Kindipan, 2017).

Table 3 (see below) shows the interpretation key used to classify the average level of agreement for each LEB question.

Table 3: Key Interpretation of LEB Scores

Scale	Rating Scale	Verbal Description
7	6.16 to 7.00	Strongly Agree
6	5.30 to 6.15	Agree
5	4.44 to 5.29	More or less Agree
4	3.59 to 4.43	Neither Agree or Disagree
3	2.73 to 3.58	More or less Disagree
2	1.87 to 2.72	Disagree
1	1.00 to 1.86	Strongly Disagree

Source: Leader Empowering Behaviour Questionnaire (Konczak, et al., 2000)

Meanwhile, the short version of Schaufeli and Bakker’s UWES (2004) was used to measure the nurses’ level of work engagement in the study. The instrument covers the three dimensions of work engagement, namely vigor, dedication, and absorption. Similar with the LEBQ, items are also scored on a seven-point frequency scale, with answers ranging from zero (0) for ‘never’ and six (6) for ‘every day.’ High scores in this instrument implies high work engagement levels. The following table (see next page) illustrates the key interpretation for UWES scores.

Table 4: Key Interpretation of UWES Scores

Scale	Rating Scale	Verbal Description
0	0	Never
1	1 to 1.99	Few times a year or less
2	2 to 2.99	Once a month
3	3 to 3.99	Few times a month
4	4 to 4.99	Once a week
5	5 to 5.99	Few times a week
6	6	Every day

Source: UWES Preliminary Manual (Bakker & Schaufeli, 2004)

The measure's internal consistency ranged from a Cronbach's alpha coefficient of 0.68 to 0.91 (Duran, et al., 2004, Peters et al., 2003, Schaufeli & Bakker, 2004, and Salanova, et al., 2002, as cited in Kindipan, 2017).

Cronbach's alpha is one of the most common statistic used to test internal consistency and helps indicate how items conceptually fit with each other (Devon et al., 2007, as cited in Kindipan, 2017).

Both instruments have been used extensively in various research; reliability has also already been tested by several researchers. Cronbach's alpha reliability estimate for LEBQ is 0.95 with mean (SD) of 5.61 (1.07), while UWES internal consistency reliability is estimated to be 0.91 with mean (SD) of 5.69 (1.02) (Kindipan 2017).

Furthermore, the researcher confirms that a letter of permission was sought from the authors of both instruments - Dr. Lee Konczak for LEBQ and Dr. Arnold Bakker for UWES.

Plan for Analysis

Table 5 below shows how data was analyzed based on the study's objectives. The statistical tests and the level of measurement are listed below to determine the perceived LEB, nurses' level of work engagement and the relationships of variables.

Table 5: Statistical Test and Level of Measurement for each Objective

OBJECTIVE	INSTRUMENT TOOL	VARIABLE USED	LEVEL OF MEASUREMENT	SPECIFIC STATISTICAL TEST
1. To describe the leader empowering behavior (LEB) of nurse leader among staff nurses in a tertiary hospital in the UK in terms of these categories. • Enhancing the meaningfulness of work • Fostering opportunity to participate in decision making • Expressing confidence in high performance	**Leader Empower Behavior Questionnaire (LEBQ)**	**LEB Dimensions:** **(Continuous variable)** ➢ Delegation of Authority ➢ Accountability ➢ Self-directed Decision Making ➢ Information Sharing ➢ Skill Development ➢ Coaching for Innovative Performance	**Ratio**	**Mean and Standard Deviation** The mean can describe general/ average level while the Standard Deviation can describe how varied or spread-out nurses' answers per question.

• Facilitating the attainment of organizational goals • Providing autonomy and freedom from bureaucratic restrictions.		**Individual LEB Questions**		
			Interval	
2. To determine the nurses' level of work engagement predicted by *access to resources, access to information and access to support*.	**Utrecht Work Engagement Scale short version (UWES)**	**Individual UWES scale questions (Interval scale)** **Subscale scores (Vigor, Dedication, Absorption) (Continuous variables)**	**Interval** **Ratio**	**Mean and Standard Deviation** The mean can describe general/ average level while the Standard Deviation can describe how varied or spread-out nurses' answers per question.
3. To determine the relationship between perceived leader empowering behaviors (LEBs) and work engagement of nurses.	**LEBQ and UWES**	**LEB dimensions** **Work engagement subscales**	**Ratio** **Ratio**	**Pearson's r** Pearson's r is a test of association of two variables with the assumption that both variables are continuous.

4. To determine the relationship between work engagement and selected demographic profile of nurses.	**UWES and Demographic Questionnaire**	**Demographic profile: (Categorical variables)** (Gender, Age, Civil Status, Level of education, Years of service in the organization)	**Nominal/ Ordinal**	**Chi-Square Test** Chi-Square Test is a test of association between two variables with the assumption that at least one is categorical.
		Work engagement subscales	**Ratio**	

Data Management

The study utilized the software Statistical Package for the Social Sciences (IBM Corp., 2020) was used to analyze data. All collated data were entered into these applications following collection and all scores were interpreted by the researcher.

Data gathered and results are then disseminated by providing a final research report to the UPOU and in academic journals. Also, respondents are given an executive summary of the study upon request, which is also presented to the Research and Innovation Department of the institution should they request for it.

As with data privacy and data protection, respondents' identities remained anonymous since the survey is set not to identify the respondents nor their e-mail addresses. The researcher ensured that strict confidentiality was followed throughout the study. All data was kept in a digital storage and personal laptop secured with a password only accessible to the researcher. Paper materials were also shredded and disposed in a confidential bin of the institution.

Ethical Consideration

The study was approved by University of the Philippines Open University Ethics Board Committee with strict adherence to their standard research protocol.

Furthermore, approval was also sought from the Research and Innovation Department of the tertiary hospital as this involved their staff as subjects. As agreed, the study included the service evaluation of nurse leaders and was conducted anonymously to ensure compliance with data privacy laws.

CHAPTER 4

RESULTS AND DISCUSSIONS

This chapter presents the findings of leader empowering behavior (LEB) perceptions among band 5 and band 6 nurses of a tertiary hospital in the United Kingdom, and their work engagement in their organization.

The study utilized a descriptive correlational design to describe the variables and the relationships that occur between them. The relationship among the empowerment behaviors of nurse leaders and work engagement of staff nurses, and their selected socio-demographic profile were examined using Mean and Standard Deviation, Pearson's r correlation and Chi-square test.

Sample Characteristics

The target sample was 138; however, only a total of 100 respondents answered the survey conducted online via Google Forms, primarily because of the surge on sickness among staff nurses due to the COVID-19 crisis aggravated by the winter season in the country from January to February.

Another reason was the absence of face-to-face interaction between the researcher and the target respondents. Some respondents preferred to communicate and ask their questions in person and were hesitant to answer the survey. Time constraints also contributed to this, with some nurses unable to find time to answer the survey as they are too busy in their unit.

Lastly, most units in the outpatient department were temporarily closed due to COVID-19 and consultations were only conducted virtually or over the phone. Staff nurses working in these units were moved to critical units such as the Emergency

Department, Intensive Therapy Unit (ITU), Respiratory Ward and other General and Elderly Medicine Wards to cover their staffing in response to increasing COVID-19 cases.

Socio-Demographic Profile

Review of the completed surveys indicated that three (3) surveys have one (1) incomplete answer in their demographic profile. This did not affect the overall result, thus, the researcher decided to include these surveys. The final sample was 100 out of 138 participants, totaling a 72.46% response rate. Table 6 below shows the summary of socio-demographic profile with a total response of 100 (n=100).

Table 6: Summary of Selected Demographic Profile

Characteristics	Frequency	Percentage
Age		
20 to 30 years old	45	45.0
31 to 40 years old	30	30.0
41 to 50 years old	18	18.0
51 to 60 years old	6	6.0
61 years old and above	1	1.0
Sex		
Male	16	16.0
Female	84	84.0
Civil Status		

Single	57	57.0
Married	33	33.0
Civil Partnership	7	2.0
Others (Separated)	3	3.0
Band		
Band 5	79	79.0
Band 6	20	20.0
(No answer)	1	1.0
Level of Education		
BS Nursing	82	82.0
Master of Science/Master of Arts in Nursing	8	8.0
Diploma in Nursing	6	6.0
Other	4	4.0
Area of Assignment		
Clinical Delivery Division	13	13.0
Medicine and Urgent Care Division	63	63.0
Networked Services Division	17	17.0
Surgical and Outpatients Division	5	5.0

(No answer)	2	2.0
Years of Service		
Less than 1 year	14	14.0
1 – 5 years	55	55.0
6 – 10 years	6	6.0
11 – 15 years	6	6.0
16 – 20 years	10	10.0
More than 20 years	9	9.0

The study showed that 45% of the total sample are 20-30 years old while more than a quarter of the participants are aged between 31-40 years old. This is mainly because people in this stage of development are in their productive years and at the peak of building their career and securing financial stability. The age range of mid-20s to mid-30s is the time of peak physiological development, as supported by Piaget's theory of cognitive development and Erikson's psychosocial development theory (Wadsworth, 2004, as cited by Chung, 2018, p. 370).

Majority of the respondents of the current study are female compared to their male counterparts, largely because the nursing career is generally associated with women. More than half of the participants are single, while only 11% are married, which can be linked to the age group of the respondents, wherein majority are between 20 to 30 years old who are most likely prioritizing their career.

Furthermore, almost 80% of respondents are band 5 nurses while band 6 nurses comprise the remaining percentage. Note that band 5 nurses are the main nursing workforce who work closely with patients (bedside nurses), whereas band 6 nurses do the same with some management roles as charge nurses or sisters-in-charge. Thus, band 6 nurses have a fewer population compared with the band 5 nurses.

As shown in the gathered data, the greatest number of participants have a Bachelor of Science in Nursing (BSN) degree, with few nurses who have attained post-graduate level at eight percent, mainly because post-graduate education is costly in the UK and few nurses have the interest and commitment to pursue further studies.

Meanwhile, the area of work was distributed according to the number of populations for each division: Medicine and Urgent Care Division (43.5%), Networked Services Division (32.6%), Surgical and Outpatients Division (14.5%) and Clinical Delivery Division (9.4%). More than half of the yielded results come from the Medicine and Urgent Care Division, 17 % from Networked Services Division, 13% from clinical delivery division and only five percent from the surgical and outpatient division.

The resulting distribution for each division was affected by the ongoing pandemic crisis caused by COVID-19, wherein most units in the outpatient department (day unit / day surgeries) were temporarily closed to mobilize nurses to critical units such as Emergency Department, Intensive Therapy Unit (ITU) / Critical Care, Respiratory Wards, and other general and elderly medicine wards. All these units were covered by the Medicine and urgent care division. Note, however, that two respondents have not indicated their area of work.

Finally, 55% of participants have been working in the organization for 1 to 5 years, with almost a quarter for 6-20 years, while nine percent have been there for more than 20 years. The years of service could reflect the nurses' work engagement in the institution which will be discussed further in the next section.

Analysis of Results

Based on the computed responses (n=100), the following analysis was sought according to the objective of this study.

Objective 1: To describe the leader empowering behavior (LEB) of nurse leader among staff nurses in a tertiary hospital in the UK.

Table 7 shows the mean and standard deviation of the individual LEB question for each dimension and their overall score were computed to describe the level of the leader empowering behavior (LEB) of nurse leaders among their subordinates. Note that the mean dimensions score may range from one (1) or strongly disagree to seven (7) or strongly agree.

Table 7: Mean Score and Standard Deviation for Individual LEB Questions

Item No.	Leader Empowering Behaviour Dimension	Mean	Standard Deviation
	Delegation of Authority		
1	My manager gives me the authority I need to make decisions that improve work processes and procedures.	5.01	1.61

2	My manager gives me the authority to make changes necessary to improve things	4.77	1.64
3	My manager delegates authority to me that is equal to the level of responsibility that I am assigned.	5.32	1.48
	Average score	**5.03**	**1.41**
Accountability			
4	My manager holds me accountable for the work that I am assigned	6.18	1.01
5	I am held accountable for my performance and results.	6.40	.791
6	My manager holds people in the department accountable for customer satisfaction.	5.73	1.40
	Average score	**6.11**	**.857**
Self-Directed Decision-Making			
7	My manager tries to help arrive at my own solutions when problems arise, rather than telling me what he/she would do.	5.05	1.47
8	My manager relies on me to make my own decisions about issues that affect how work gets done.	5.38	1.35
9	My manger encourages me to develop my own solutions to problems I encounter in my work.	5.39	1.38
	Average score	**5.28**	**1.25**

Information Sharing

10	My manger shares information that I need to ensure high quality results	5.45	1.47
11	My manager provides me with the information I need to meet the customer's needs.	5.59	1.39
	Average score	**5.52**	**1.37**

Skills Development

12	My manager encourages me to use systematic problem-solving methods (e.g., the seven-step problem solving model).	4.78	1.52
13	My manager provides me with frequent opportunities to develop new skills.	4.90	1.75
14	My manager ensures that continuous learning and skill development are priorities in our department.	5.12	1.68
	Average score	**4.93**	**1.50**

Coaching for Innovative Performance

15	My manager is willing to risk mistakes on my part if, over the long term, I will learn and develop as a result of the experience.	4.09	1.56
16	I am encouraged to try out new ideas even if there is a chance they may not succeed.	4.48	1.61

17	My manager focuses on corrective action rather than placing blame when I make a mistake.	5.38	1.58
	Average score	**4.65**	**1.34**

Delegation of Authority

This dimension has an average mean score of 5.03, with a standard deviation of 1.41 which implies that nurses perceived to some extent that their manager gives them some authority to decide upon concerns toward the improvement of processes and procedures at work.

However, the extent of authority delegation is low to moderate, reflecting that all delegated tasks are guided by existing policies promulgated by the organization. This is applicable in terms of delegating leadership, management, and clinical responsibilities. An example would be the administration of intravenous medications under clinical trial. These drugs should be administered by research nurses who are trained and considered competent to perform this task, or by any band 5 or 6 nurses under the research nurses' supervision.

Delegation of leadership and management is widely practiced in the organization, but it remains bound by the policies governing the organization. In this case, since respondents are band 5 and band 6 nurses, there are certain limits in their practice and control of given situations. These limits are in accordance with the organization's policy, hence the result in this dimension was low to moderate.

Accountability

The average mean score for accountability is 6.11, with a standard deviation of .857, implying that nurses strongly perceived that their manager delegated them the right amount or number of responsibilities and are entrusted with accountability according to their level of competency and training.

The result is strongly linked with the pin number or license number of respondents registered to the Nursing and Midwifery Council (NMC), the regulatory body for the practice of the nursing profession in the UK. The small standard deviation indicates that variation of answers of the respondents in this dimension is minimal.

Self-directed Decision-making

This dimension has an average mean score of 5.28 with a standard deviation of 1.25, which means that nurses perceived a moderate independence towards decision-making related to work. This implies that their autonomy in decision-making is bound by the policies of the hospital.

Also, some managers are trying to fix problems with minimal input from their staff, which in turn limits the staff's capacity in finding solutions on their own, hence restricting self-sufficiency in their work processes.

Information Sharing

The average mean score is 5.52 with a standard deviation of 1.27, which implies that nurses strongly perceived that their manager ensures that adequate information are disseminated accurately such as: *performance audit results and ways to improve practice, updates in nursing practice and current situation of pandemic in the country and locality, new medications and use of new equipment, changes in*

hospital policies and protocols, staff well-being programs, *training and opportunity for career advancement and issues that needs immediate attention (applicable and varies to each department).*

The shared information raises staff organizational / departmental awareness and allows them to provide safe and high-quality nursing care that yields positive patient outcomes.

Skill Development

The average mean score for this dimension is 4.93 with a standard deviation of 1.50, which implies that nurses moderately recognized that their leaders are giving them sufficient support in terms of skill development through continuous education and training.

All band 5 and 6 nurses undergo several periods of training such as preceptorships and a supernumerary period before they can perform their role independently. However, some nurses feel that their managers lack in supporting them in terms of career progression through further learning despite availability of funds for training and education. One factor could be the impact of COVID-19 since all education sessions were cancelled at the time the survey was conducted. Although some trainings are offered virtually, most nurses prefer to attend traditional classroom lectures.

Results in this dimension reflect that nurse leaders must improve in supporting their staff towards career advancement and reinforce the benefits of virtual learning particularly this time of pandemic.

Coaching for Innovative Performance

The average mean score for this dimension is 4.65 with a standard deviation of 1.34, which means that nurses have neutral opinion about their managers' willingness to take risks for their staff to commit mistakes as part of their learning experience and long-term development. This is not surprising, since NHS always prioritizes safe delivery of care to their patients. Despite this, nurses widely recognized that their manager emphasizes corrective action over blaming or fault-finding when they commit mistakes.

Overall, nurses have a moderate to strong perception for the dimensions of Accountability *(μ=6.11)* and Information Sharing *(μ=5.52)*, mainly because they are given the right amount of accountability and relevant information are sufficiently cascaded to them.

The moderate to strong perception of the participants in terms of accountability implies that managers are confident in entrusting responsibilities to their staff and holding them accountable to their patients. Band 5 and band 6 nurses are governed by the NMC through their pin number (license number), which means that they can be held liable for any of their actions.

Nurses also perceived that their leaders provide adequate information, suggesting that communication between staff and their manager is effective. This can make a difference towards patients' outcomes. Consequently, a strong perception in terms of accountability and adequate information improves staff nurses' self-worth and performance that yields positive patient outcomes.

Meanwhile, nurses scored low to moderate perception in the remaining dimensions, namely, Delegation of Authority *(μ=5.03)*, Self-Directed Decision Making

(μ=5.28), Skill Development *(μ=4.93)*, and Coaching for Innovative Performance *(μ=4.65)*. This implies that their leader appropriately delegates authority, support autonomy in decision-making, makes room for skills development, and coaches their staff for further improvements.

However, self-directed decision-making and delegation of authority both have certain organizational resilience for staff nurses, allowing autonomy and control in their practice in accordance with existing hospital protocols and policies.

Furthermore, staffs undergo sufficient general orientation and preceptorship before they can work independently in their new role.

Nonetheless, some nurses feel that they lack support in terms of skill development to gain career advancement. Scores in coaching for innovative performance also reflects adherence to the hospital policies that always prioritizes safe delivery of quality care. Note that higher mean scores indicate higher levels on their respective dimension, while small standard deviation indicates a small variation of dimension scores between the nurses.

Most nurses who participated in this study have perceived strong leader empowering behaviors demonstrated by their leader, which is consistent with the findings of Kindipan (2017) in her study conducted among nurses in acute Magnet hospitals in Texas in the US.

Although Kindipan's findings (2017) are somewhat inconsistent with three other studies about LEB and empowerment among staff nurses, the inconsistency may be attributed to a difference in setting. Magnet hospitals are certified for gold-standard nursing practices by the ANCC under the American Nurses Association (Jones, 2017).

This study, meanwhile, was conducted at a tertiary hospital which also follows minimum standards for practices set by the NHS Trust.

Similar findings from other studies show participants perceiving strong LEB from their leaders. For instance, Bukhari et al. (2018) found in their study that most of their respondents perceived that their leaders delegated authority appropriately with what they can handle, included them in work-related decision-making processes, and held them accountable for how they perform their work. The participants also viewed that their leaders communicated the necessary information to ensure that clients' needs were met (Bukhari, et al., 2018).

In contrast, there is a difference on the extent in terms of skill development. This is most likely because of the current pandemic which has impeded the conduct of educational sessions.

Objective 2: **To determine the nurses' level of work engagement predicted by level of *vigor, dedication, and absorption* in their work.**

Table 8 shows the mean and standard deviation of the individual Utrecht Work Engagement Scale (UWES) questions, and their overall score were computed to see where the nurses scored high or low. The score per question ranges from zero (0) for never to six (6) for every day.

Table 8: Mean Score and Standard Deviation for Individual UWES Questions

Item No.	Utrecht Work Engagement Scale	Mean	Standard Deviation
Vigour			
1	At my work, I am bursting with energy.	3.99	1.63

2	At my job, I feel strong and vigorous	4.24	1.46
3	When I get up in the morning, I feel like going to work.	3.68	1.81
	Average score	3.97	1.46
4	I am enthusiastic about my job.	4.77	1.29
5	My job inspires me.	4.52	1.53
6	I am proud of the work that I do.	5.12	1.37
	Average score	4.80	1.26
7	I feel happy when I am working intensely.	4.38	1.35
8	I am immersed in my work.	4.90	1.27
9	I get carried away when I am working.	4.21	1.70
	Average score	4.50	1.17

Overall Work Engagement of Nurses

Vigor

The average mean score for vigor is 3.97 with a standard deviation of 1.46. This indicates that the respondents feel motivated to go to work upon getting up in the morning and having a burst of energy at work a couple of times a month.

This means that respondents usually have this strong sense of physical strength, cognitive liveliness and emotional energy which could make them more flexible at work, especially during challenging times.

Dedication

The average mean score for dedication is 4.80 with a standard deviation of 1.26 which implies that nurses have high level of enthusiasm and dedication in their job and are conclusively proud of what they do, as evidenced by the high frequency on their answer 'almost every day' in this subscale.

Absorption

The average mean score for absorption is 4.5 with a standard deviation of 1.17 which implies that participants' immersion to their work appears to be moderate to high which is observed to be once a week. This reflects that the respondents are happy and fully concentrated in their job that makes the time pass quickly.

Note that small standard deviation indicates a small variation of scores between respondents while higher mean scores indicate higher levels of frequency on their respective subscale.

The level of frequency in different subscales: Vigor *(μ=3.97),* Dedication *(μ=4.80),* and Absorption *(μ=4.50),* with the overall work engagement mean *(μ=4.42)* implies that nurses exhibit a moderate to high work engagement level within the organization. This also suggests that they are psychologically engage as they found meaningfulness and feels valued in their work. Hence, such psychological and work engagement reflects good and effective leadership of their managers and hospital administrators.

The overall result is like other NHS studies conducted on staff engagement among NHS hospitals. West and Dawson (2012) measured staff engagement in the NHS using the three dimensions, namely involvement, psychological engagement,

and advocacy. The questions used in measuring these three dimensions were similar with the subscales of the UWES questionnaire.

The same study reviewed the 2011 survey among NHS employees and found significant differences in engagement between types of trust and staff groups (West & Dawson, 2012). West and Dawson's analysis showed that health professionals have higher levels of work engagement compared with other staff groups in NHS, and that primary care, acute facilities, and Mental Health Trusts have notably comparable moderate levels of work engagement.

Another study in 2014 showed that staff engagement in the NHS increased from an average of 3.6 in 2011 to 3.7 in 2013. Compelling evidence supports that in institutions where staff report they are at least moderately engaged and valued are also organizations which provide comparatively better-quality care for patients (The King's Fund, 2014).

Objective 3: **To determine the relationship between perceived leader empowering behaviors (LEBs) and work engagement of nurses.**

The study used Pearson's r correlation to determine the strength (from zero (0) as 'none' to one (1) as 'perfect correlation') and direction (positive meaning 'direct correlation'; or negative meaning 'inverse correlation') of the association between the perceived leader empowering behaviors (LEB) and the work engagement of nurses.

Table 9 shows the Pearson's r coefficient with their corresponding p-value for each leader empowering behavior and the work engagement of nurses.

Table 9: LEB and Work Engagement Examined using Pearson's r Test

LEB Dimension	Vigour		Dedication		Absorption	
	r	p-value	R	p-value	R	p-value
Delegation of Authority	.556	<.001	.475	<.001	.269	.007
Accountability	.291	.004	.223	.026	.049	.627
Self-directed Decision-making	.391	<.001	.324	.001	.161	.110
Information Sharing	.528	<.001	.468	<.001	.262	.008
Skills Development	.546	<.001	.480	<.001	.300	.002
Coaching for Innovative Performance	.496	<.001	.331	.001	.235	.019

**p-values less than .05 are considered significant*

With level of significance at five percent (5%), sufficient evidence supports the conclusion that there is a significant relationship between leader empowering behaviors and work engagement scores. The Pearson's r correlations for Delegation of Authority *(r=.556),* Information Sharing *(r=.528)*, and Skills Development *(r=.546)* show a strong uphill (positive) linear relationship with the nurses' level of vigor.

Increases in the dimensions are correlated with increased level of vigor. This may mean that the nurses are more active when they are exposed to or have perceived each respective leader empowering behavior dimension.

Adequate access to information, control over their responsibilities towards work, and support for skill development and career growth uplift their energy and

motivate them to exert effort in their job. Meanwhile, accountability and coaching for innovative performance are shown to have weak to moderate uphill (positive) linear relationship with the nurses' level of vigor.

Meanwhile, the dedication subscale shows to have weak uphill (positive) linear relationships with the different leader behaviors dimensions at five percent (5%) level of significance. This indicates that LEB does not directly affect dedication; rather, it reflects that enthusiasm and sense of commitment are most likely influenced by individual intrinsic factors such as attitude, personal interest and career goals.

The subscale absorption, on the other hand, is correlated with the following leader behaviors: Delegation of Authority *(r=.269)*, Accountability *(r=.049),* Information Sharing *(r=.262),* Self-Directed Decision-Making *(r=.161)*, Skill Development *(r=.300)*, and Coaching for Innovative Performance *(r=.235)*. Accountability shows a *significant linear relationship* with the level of the nurses' absorption. This may indicate that nurses are focused and immersed in performing their duties, to deliver care safely and avoid mistakes, as they are held liable in all their actions and patient outcomes.

The remaining dimensions such as Self-directed Decision-making, Delegation of Authority, Skill Development, and Coaching for Innovative Performance have weak relationships with absorption. This is most likely because majority of respondents are between 21 to 40 years old who are driven to do more during their productive years, hence they exert more effort and more concentration in learning and gaining experience to help them decide and find their way towards career progression.

Overall results establish a significant relationship between LEB and nurses' work engagement, similar with other studies conducted in the NHS. Empowering

leadership (EL), as defined earlier, motivates employees, and is usually linked with employee creativity and how well employees perform their duties (Zhang & Bartol, 2010, Ahearne et al., 2005, as cited in Fong & Snape, 2015, p. 129).

Evidence also exists to support the positive relationship of EL not just with individual-level, but also with team-level performance (Srivastava, et al., 2006, as cited in Fong & Snape, 2015).

Empowering leadership is linked with teamwork, innovation, and turnover intentions, with affective commitment and psychological empowerment occasionally mediating these relationships (Chen, et al., 2011, as cited by Fong & Snape, 2015, p. 129). Fong & Snape (2015) also suggest that EL and psychological empowerment are positively associated.

West and Dawson (2012) demonstrated that NHS staff engagement levels can be predicted through job-related factors such as perceived level of organizational and supervisory support, distributive justice, or organizational fairness in terms of processes and rewards, as well as the recognitions and rewards received from the employers (Saks, 2006, as cited in West & Dawson, 2012, p. 11).

West and Dawson (2012) further posit that organizations can improve employee engagement levels by increasing or at least making accessible the resources which will help improve job quality and support systems for them. Doing so requires clear, consistent leadership, and this is where individual line managers and supervisors come in (Janssen and Van Yperen, 2004, as cited in West and Dawson, 2012).

Clearly, one of the most significant factors in improving the level of staff work engagement is influenced by the empowering behaviors of their leader.

Objective 4: **To determine the relationship between work engagement and selected demographic profile of nurses.**

Null Hypothesis: There is no significant relationship between the demographic profile and the work engagement of nurses.

Alternative Hypothesis: There is a significant relationship between the demographic profile and the work engagement of nurses.

Chi-square tests is used to determine whether there is a significant association between the two variables at five percent (5%) level of significance, per profile.

Table 10 shows the Chi-square test results with their corresponding p-values to determine the relationship of demographic profile and work engagement.

Table 10: Summary of Chi-square Test for Demographic Profile and Work Engagement

	Vigor		**Dedication**		**Absorption**	
Demographic	**χ^2**	**p-value**	**χ^2**	**p-value**	**χ^2**	**p-value**
Age	92.42	.053	48.87	.847	50.88	.883
Gender	13.15	.783	14.82	.465	16.32	.431
Civil Status	137.92	.221	95.40	.738	105.80	.647
Level of Education	**80.24**	**.012**	55.50	.136	59.01	.133

Years of Service	101.99	.182	71.94	.579	72.93	.700

**p-values less than .05 are considered significant*

With a 5% level of significance, the null hypothesis is not rejected. There is *insufficient* evidence to conclude that age, gender, years of service, and civil status of nurses have a significant relationship with the work engagement subscales. This may mean that the selected demographic profile of the nurses included in this study except their level of education have no significant effect on the increase or decrease on level of dedication and absorption at work.

Furthermore, given the five percent (5%) significance, there is sufficient evidence to conclude that the level of education of the nurses has a significant relationship with their vigor score. This indicates that education of nurses has a significant effect on the increase or decrease on the amount of physical, cognitive, and emotional energy they give on their job.

The results regarding the connection between demographic profile and levels of work engagement is somewhat comparable to the secondary data analysis conducted by Hafner et al. (2016) regarding the NHS healthy workforce based on the results of an NHS staff survey. The study revealed that NHS employees with a university degree have greater engagement on average than those without a formal degree, although the difference is not significant. Hafner et al. (2016) also found that health workers under the NHS are more engaged than employees working in other sectors such as social services and general management.

The same analysis also found that age and engagement had a U-shaped association, implying engagement initially decreases with age, stalls at the mid-50s range, before increasing again prior retirement (Hafner et al., 2016). In terms of years

of service, meanwhile, Hafner's study (2016) established that the engagement pattern decreases in the first decade of employment, levels after 12 years of service before increasing again. In this study, however, the nurses' demographic profile such as their age, gender, civil status, and years of service have been found to have no significant effect on participants' level of engagement, since the study is only limited to band 5 and band 6 nurses.

Moreover, the results in this study were inconsistent with the findings of Kindipan (2017) suggesting that nurses who worked in the nursing industry for more than 10 years are usually more engaged at work than those who have been in the organization for less than 10 years. Otherwise, work engagement is not affected by age, gender, education level, nor employment status. Civil status was not included in demographic profile as part of her study.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter discusses the summary of the study and the conclusions derived from the results of the study. The implications of these findings, future research recommendations and the resultant recommendations are also explained in this section.

Summary

In summary, the study described the nurses' perception of their leader empowering behaviors and their level of engagement in the organization. It then determined the relationships of staff nurses' work engagement to LEB and selected demographic profile in a 1,200-bed tertiary hospital in the UK.

The researcher obtained a 72.46% response rate with a total of 100 out of 138 target participants. This is because of the surge on sickness among staff nurses given the current COVID-19 crisis in the UK, aggravated by the winter season in the country from January to February, both resulting to staff being mobilized to critical units. Another reason was the absence of face-to-face interaction between the researcher and the target participants, which made nurses hesitant to participate in the study while others are busy in their area. The survey was conducted online via Google Forms.

The study utilized the descriptive method of research and used specific statistical tests for each objective to determine the extent of perceived LEB and level of work engagement among the respondents, as well as the relationship between the variables.

Majority of the participants are female, between 20 to 40 years old, single, with a bachelor's degree in nursing. They have mostly been in the institution for less than 15 years, with most employed for one to five years while almost 25% have been employed in the organization for more than 15 years.

The six dimensions of leader-empowering behaviors based on the findings of the data collected showed:

- *Delegation of Authority*

Nurses perceived that their manager gives them limited authority in making decisions and control on their work processes. This result, however, could be an impact of the guidelines and existing policies promulgated by the organization. Such policies are applicable in terms of delegating leadership, management, and clinical responsibilities.

- *Accountability*

Nurses strongly perceived that their manager delegated them the right amount or number of responsibilities and are entrusted with accountability according to their level of competency and training. The result is strongly linked to their professional registration with the UK regulatory body for nurses, the NMC. This means that they are held responsible and liable in all their actions in performing their duties.

- *Self-directed Decision-Making*

Nurses perceived a moderate independence towards decision-making related to work. This implies that their autonomy in decision-making is bounded by the hospital

policies. Another factor could be that some managers are trying to fix problems with minimal input from their staff which limits their capacity in finding solutions on their own, hence restricts self-sufficiency in their work processes.

- *Information Sharing*

Nurses strongly perceived that their manager ensures that adequate information are disseminated accurately such as: *performance audit results and ways to improve practice, updates in nursing practice and current situation of pandemic in the country and locality, new medications and use of new equipment, changes in hospital policies and protocols, staff well-being programs*, *training and opportunity for career advancement and issues that needs immediate attention (applicable and varies to each department).* The provided information raises staff organizational / departmental awareness and allows them to provide safe and high-quality nursing care that yields patient satisfaction.

- *Skill Development*

Nurses moderately recognized that their leaders are giving them sufficient support in terms of skill development through continuous education and training. But needs improvement in supporting them in terms of career progression through advance learning. Results in this dimension reflect that nurse leaders must improve in supporting their staff towards career advancement and reinforce the benefits of virtual learning particularly this time of pandemic.

- *Coaching for Innovative Performance*

Nurses have a moderate perception about their managers' willingness to take risks for their staff to commit mistakes as part of their learning experience and long-term development. However, this is because they are bounded by the organizational policies and standard procedures that always prioritizes safe delivery of care to their patients.

Meanwhile, based on the analysis of scores on the level of work engagement of nurses in the organization:

- *Vigor*

Participants have strong sense of physical strength, cognitive liveliness and emotional energy which could make them more flexible at work especially during challenging times.

- *Dedication*

Participants have a high level of enthusiasm and dedication in their job and are conclusively proud of what they do as evidenced by the high frequency of 'almost every day' responses in this subscale.

- *Absorption*

Nurses' immersion to their work appears to be moderate to high which is observed to be once a week. This reflects those respondents are happy and fully concentrated in their job that makes the time passes unnoticeably.

Indeed, evidence found in this study showed that nurse leaders demonstrate moderate to strong empowering behaviors as perceived by the staff nurses, which in turn has significant positive effects on their level of work engagement.

Based on the results presented in this study, demographic variables like gender, age, civil status, and years of service have no substantial effect on the work engagement of staff nurses. However, their education levels were found to have a significant relationship with their level of vigor.

Conclusion

Most nurses perceived that their leaders demonstrated empowering behaviors that influences their work engagement in the organization. Given the scores' frequencies within the instruments' domains, the nurse respondents of this study were found to perceive that their leaders delegated authority based on their competency levels, held them accountable on how they perform their tasks, communicated essential information to meet positive patients' outcomes and encouraged independent decision-making, albeit to a limited extent.

However, such limitations in authority delegation and autonomous decision-making are guided by the organization's existing policies to ensure safe practice and safe delivery of care to their patients. Accountability showed to have a high overall score which suggest that participants are fully aware of their responsibilities and liabilities in all their actions as a Registered Nurse.

Furthermore, nurses moderately perceived that their leaders are sufficiently supporting them with skill development. Nevertheless, managers need improvement in supporting their staff in terms of career development / progression. Another factor could be the impact of COVID-19 which affected the delivery mode of education from traditional classes to virtual learning, in which nurses prefer the former. Nurse leaders

should reinforce the benefits of virtual learning to foster continuous education during this time of pandemic.

Meanwhile, low to moderate perception in Coaching for Innovative Performance implies that nurse leaders are bound by hospital guidelines/ policies which prioritizes patient safety rather than taking risks for learning purposes.

The three subscales of work engagement: *Vigor, Dedication* and *Absorption* seem to have a slight variation between nurses. Participants appear to have a sense of enthusiasm, motivation, and dedication to their job, but shows moderate energy and willingness to exert time and effort in performing their duties. The overall result implies that nurses demonstrate a reasonable level in their work engagement. Similar results were shown in different research conducted among staff in across the NHS where employees found to have a moderate and increased work engagement in the previous years.

The moderate to strong perception of nurses towards their leaders' empowering behaviors indicates that participants have satisfactory access to opportunities, organization resources, adequate information, and support of their managers. These indeed have a strong positive impact to the staff nurses' work engagement which explain why their level of engagement is moderate to high.

Given the evidence suggesting positive effects of LEB to the level of work engagement among nursing staff, there are said to be two main resources from which engagement emanates, namely job resources and personal resources. Schaufeli and Bakker (2004, as cited in West & Dawson, 2012, p. 11) define job resources as work aspects or features (physical, social, or organizational) which may reduce the

demands of the job and any related psychological or physiological costs, as well as encourage employees' learning, personal growth, and development. Job resources also function toward achieving work-related goals and objectives.

On the other hand, personal resources refer to individual or intrinsic traits of an employee, such as self-efficacy, resilience, and optimism (Bakker, 2011, as cited in West & Dawson).

Recommendations

Based on the study results, the researcher arrived at the following recommendations to improve the retention scheme, which can be done by focusing on the nursing leaders' empowering behaviors and in turn positively impact nurses' work engagement to the organization.

- Leadership training programs should be launched through the NHS Leadership Academy to continuously develop effective channels of support for the staff and improve leaders' empowering behaviors, which could positively impact their staff work engagement.
- During annual staff appraisal, managers should openly discuss their staff's interest for career progression and develop a plan of action on how to achieve it. This way, the staff will be motivated to perform better; it would also affect their work engagement positively.
- In addition to the in-house trainings conducted by Practice Educators, managers should collaborate with the Learning and Development Department to encourage their staff to access the available pipelines of education even

during the pandemic. This is to update staff in their practice and improve their skills.

- Apart from semi-annual staff appraisal, managers should have a quick one-on-one evaluation for about 15-30 minutes. This should be done at least every three months with their staff to maintain open communication and continuously identify the areas that need improvement for both parties which could enhance LEB and staff level of work engagement.
- Regular staff meeting should be done at least once a week. This way, all plans and suggestions can be communicated and discussed with the team during staff meeting. Managers should always make their staff feel that they are involved in planning and decision-making by asking their opinions and suggestions for the improvement of their department and services.
- Managers can initiate teambuilding activities and reinforce the available services of staff support of the Trust such as 'well-being programs' to improve resilience and vigor at work.
- Managers should concentrate in engaging management, where managers show how engaged they are in the organization which could in turn encourage their staff to also be engaged in their job.

Recommendations for Future Research

This study is limited to band 5 and band 6 staff nurses in a 1,200-bed capacity tertiary NHS hospital with only limited sample due to time constraints and the COVID-19 pandemic. To address the limitations, the researcher recommends replication of the study in other acute hospitals with a similar sample for comparison.

Also, the study can be repeated in the same hospital where this study was conducted with the inclusion of healthcare support workers and associate nurses (band 1 to 4 staff or non-registered nursing staff) to further determine and see the whole picture of staff work engagement in the nursing department in relation to their perceived LEB and demographic profile.

Future research may also include ethnic background in the demographic profile of participants as culture could have a huge impact with work engagement. Moreover, a longitudinal design would be an appropriate method in measuring changes in the nurses' perception on their leader's empowering behaviors (Kindipan, 2017) as well as their own level of work engagement over a period.

Also, the addition of nurses working in other acute hospitals would further validate the significance or insignificance of the relationship between LEB, demographic profile and work engagement, which may produce valuable information to improve nurses' work engagement to their organization.

Further research may also consider exploring strategies and techniques in improving empowerment and level of work engagements among staff nurses and scrutinize how these influence patient-centered outcomes.

Finally, future research may also analyze the existing relationship between LEB, Demographic Profile and work engagement using a mixed method to further improve nursing leadership and work engagement of staff nurses.

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Appendix A
INFORMED CONSENT

University of the Philippines Open University

This informed consent form is for staff nurses in a tertiary hospital in the United Kingdom who will be asked to participate in my research entitled: **"Perceived Leader-Empowering Behaviours and Work Engagement of Staff Nurses in a Tertiary Hospital in the United Kingdom"**.

Name of Principle Investigator: **Katrina Respicio Gomez, R.N.**

Name of Organization: **University of the Philippines Open University**

Name of Project: **Thesis N300**

This Informed Consent Form has two parts:

Part I: Information Sheet

Part II: Certificate of Consent

Part I: Information Sheet

Introduction

My name is Katrina Respicio Gomez, a staff nurse currently working in Haematology/ Oncology Day Unit in a tertiary hospital in The United Kingdom. I am in the final year of my post-graduate studies - Masters of Arts in Nursing major in Nursing Administration. As part of it, I have to conduct a study about nursing leadership and management. In this regard, I am

doing a research about how staff nurses perceive their leader's empowering behavior and how it affects their work engagement in their organization.

Purpose of the research

The purpose of the study is to determine the relationship of the empowerment behaviours of nurse leaders and work engagement of staff nurses and their intent to stay in the trust, which could improve the organization's existing retention scheme.

Type of Research Intervention

The study will involve your participation as staff nurses by answering the questionnaire about how you perceive your manager's leadership and how it affects your work engagement which could impact nurses' turnovers in the organization.

Participant Selection

You are asked to take part of the research because you are a band 5 or a band 6 nurse currently working in a tertiary hospital where this study will be conducted. This primarily qualifies you to be included in the study.

Voluntary Participation

Your participation in this research is entirely voluntary. If you choose not to participate, it will be respected and would not affect your employment in the organization.

Procedures

I will be asking you to answer an online questionnaire via google forms focusing on perceived leader-empowering behavior consist of 17- item questions with six subscales. The six subscales entailed are items related to *delegation of authority, accountability, self-directed decision*

making, information sharing, skill development, and *coaching for innovative performance*. Items are scored on a 7-point Likert scale ranging from "strongly disagree (1) to "strongly agree" (7). Higher scores indicated higher employee perceptions of leader empowering behaviours. Furthermore, the Utrecht Work Engagement Scale short version (UWES) will be used to measure nurses' level of work engagement in this study. The instrument included three dimensions of work engagement: *vigour, dedication, and absorption.* Finally, 7 questions will be asked at first part of the survey about your demographic profile. A link will be sent to you to access the survey via google forms.

Duration

The survey will take about 3-5 minutes.

Benefits

The question on how to retain newly hired nurses and nurses who have already been with the organization for years remains uncertain since the retention scheme needs improvement by inculcating the empowering behaviour of nurse leaders to positively influence nurses' work engagement and motivate them to stay in the organization. The implication of improving retention scheme would save the organization's financial resources in terms of recruitment and training expenses.

Confidentiality

The information collected for this study will be taken anonymously and will be kept confidential.

Right to Refuse or Withdraw

You have the right to refuse or withdraw in participating in this study without any effect on your current employment in the organization.

Part II: Certificate of Consent

I have been invited to participate in research entitled **"Perceived Leader-Empowering Behavior and Work Engagement of Staff Nurses in a Tertiary Hospital in the United Kingdom"**.

I have read and understood the foregoing information. Any questions and further clarifications were satisfactorily answered by the researcher. Therefore, I consent voluntarily to participate in this study.

Printed Name of Participant: _____

Signature of Participant: _____

Date: _____

Statement by the researcher/person taking consent

I have accurately disseminated the information sheet to the potential participant, and made sure that the participant understands that purpose and benefits of the study.

I confirm that the participant was given an opportunity to ask questions about the study, and that all questions asked by the participant have been answered correctly to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name and Signature of Researcher/ Person taking the consent: Katrina R. Gomez, R.N.

Date: _____

Appendix B

UPOU IREC Approval Letter

University of the Philippines Open University
INSTITUTIONAL RESEARCH ETHICS COMMITTEE

Los Baños, Laguna 4031
Tel. Nos: (6349) 536 6001 to 6006 loc. 301, 420; 536 6014

15 January 2021

Gomez, Katrina
Principal Investigator/ Researcher
c/o Faculty of Management and Development Studies
University of the Philippines Open University

Re: **Decision of UPOU IREC for Study Code: UPOU MAN202102**

Title of the Study: Perceived Leader-Empowering Behavior and Work Engagement of Staff Nurses in a Tertiary Hospital in the United Kingdom

Dear **Ms. Gomez**:

We wish to inform you that your study protocol has been reviewed and is hereby granted approval for implementation by the **UP Open University Institutional Research Ethics Committee (UPOU IREC)**. Your study has been assigned study protocol code **UPOU MAN202102**, which should be used for all communication to the UPOU IREC Review panels (Ms. Maria Cecilia E. Punzalan and Dr. Josephine D. Agapito) related to this study. This ethical clearance is valid until 15 January 2022.

[1]While the study is in progress, we request you to submit to us the following documents:

1. Progress report using the attached UPOU IREC Form 3(B): Continuing Review Application Form every Quarter of the year of the start of the Ethics Approval which includes the following: (*NOTE: In view of active ethical clearance, this report is mandatory even if the study has not started or is still awaiting release of funds.*)
    a. Date covered by the report
    b. Protocol summary and status report on the progress of the research
    c. Number of participants accrued
    d. Withdrawal or termination of participants
    e. Complaints on the research since the last UPOU IREC review
    f. Summary of relevant recent research literature, interim findings and amendments since the last UPOU IREC review
    g. Any relevant multi-center research reports
    h. Any relevant information especially about risks associated with the research
    i. A copy of the informed consent document

[1]

University of the Philippines Open University
INSTITUTIONAL RESEARCH ETHICS COMMITTEE

Los Baños, Laguna 4031
Tel. Nos: (6349) 536 6001 to 6006 loc. 301, 420; 536 6014

2. Any amendment/s in the protocol, especially those that may adversely affect the safety of the participants during the conduct of the research including changes in personnel, must be submitted or reported using the attached UPOU IREC Form 3(A: Study Protocol Amendment Submission Form.
3. Revisions in the informed consent form using the attached UPOU IREC Form 3(A): Study Protocol Amendment Submission Form.
4. Notice of early termination of the study and reasons for such using UPOU IREC Form 3(E): Early Study Termination Application Form.
5. Any event which may have ethical significance.
6. Any information which is needed by the UPOU IREC to do ongoing review
7. Notice of time of completion of the study using UPOU IREC Form 3(C): Final Report Form.
8. Application for renewal of ethical clearance 90 days before the expiration date of this approval through submission of UPOU IREC Form 3(B): Continuing Review Application Form, if the study will continue beyond expiration date of ethical clearance.

For more information including UPOU-IREC forms, you can ask the UPOU-IREC Project Staff at marian.tatlonghari@upou.edu.ph .

Thank you.

Very truly yours,

Dr. Ricardo T. Bagarinao
Chair, UPOU IREC

Cc Dr. M Oruga, Marian Tatlonghari

Appendix C

Permission to Use LEBQ

From: Kay Gomez <gomezkay20@gmail.com>
Date: 19 November 2020 at 08:55:24 GMT
To: "Konczak, Lee" <konczak@wustl.edu>
Subject: Permission to use LEBQ for academic research

Dear Dr. Konczak,

Apologies. Thank you for your permission.

Best regards,

Katrina

On 19 Nov 2020, at 01:22, Konczak, Lee <konczak@wustl.edu> wrote:

Hello Kay:
I'm assuming you did not mean Dr. Bakker.
You are welcome to use the LEBQ for your research. Good luck with your study.
Lee Konczak

From: Kay Gomez <gomezkay20@gmail.com>
Sent: Wednesday, November 18, 2020 3:53 PM
To: Konczak, Lee <konczak@wustl.edu>
Subject: Permission to use LEBQ for academic research

Dear Dr. Bakker,

My name is Katrina Gomez a student from the University of the Philippines Open University taking Masters of Arts in Nursing. I am conducting research entitled:

Perceived Leader-Empowering Behavior and Work Engagement of Staff Nurses in a Tertiary Hospital in the United Kingdom

In this regard, I would like to ask your permission for me to use LEBQ (Leader Empowering Behavior Questionnaire) as an instrument for the study. I am looking forward to your positive response.

Thank you.

Best regards,

Katrina R. Gomez
gomezkay20@gmail.com

Appendix D

Permission to Use UWES

From: Arnold Bakker <bakker@essb.eur.nl>
Date: 18 November 2020 at 22:28:01 GMT
To: Kay Gomez <gomezkay20@gmail.com>
Subject: Re: Permission to use UWES
Dear colleague,

You have my permission
Vriendelijke groet,

Kind regards,
Arnold

Prof. Dr. Arnold B. Bakker
Erasmus University Rotterdam

Op 18 nov. 2020 om 22:47 heeft Kay Gomez <gomezkay20@gmail.com> het volgende geschreven:

Dear Dr. Bakker,

My name is Katrina Gomez a student from the University of the Philippines Open University taking Masters of Arts in Nursing. I am conducting research entitled:

Perceived Leader-Empowering Behavior and Work Engagement of Staff Nurses in a Tertiary Hospital in the United Kingdom

In this regard, I would like to ask your permission for me to use UWES (Utrecht Work Engagement Scale short version) as an instrument for the study. I am looking forward to your positive response.

Thank you.

Best regards,

Katrina R. Gomez
gomezkay20@gmail.com

Appendix E
Summary of Responses

Leader Empowering Behavior Questionnaire (LEBQ)

DELEGATION OF AUTHORITY

1. My manager gives me the authority I need to make decisions that improve work processes and procedures.

Table 4.2.1

		Response	Percentage
Strongly disagree			
1		5	5%
2		3	3%
3		8	8%
4		16	16%
5		26	26%
6		22	22%
7		20	20%
Strongly Agree			
Total		100	100%

2. My manager gives me the authority to make changes necessary to improve things.

Table 4.2.2

		Response	Percentage
Strongly disagree			
1		5	5%
2		5	5%
3		12	12%
4		17	17%
5		23	23%
6		23	23%
7		15	15%
Strongly Agree			
Total		100	100%

3. My manager delegates authority to me that is equal to the level of responsibility that I am assigned.

Table 4.2.3

		Response	Percentage
Strongly disagree			
1		**3**	**3%**
2		**2**	**2%**
3		**4**	**4%**
4		**16**	**16%**
5		**28**	**28%**
6		**20**	**20%**
7		**27**	**27%**
Strongly Agree			
Total		**100**	**100%**

ACCOUNTABILITY

4. My manager holds me accountable for the work that I am assigned.

Table 4.2.4

		Response	Percentage
Strongly disagree			
1		**0**	**0%**
2		**0**	**5%**
3		**2**	**2%**
4		**5**	**5%**
5		**16**	**6%**
6		**26**	**26%**
7		**51**	**15%**
Strongly Agree			
Total		**100**	**100%**

5. I am held accountable for my performance and results.

Table 4.2.5

		Response	Percentage

Strongly disagree			
1		**0**	**0%**
2		**0**	**0%**
3		**0**	**0%**
4		**2**	**2%**
5		**13**	**13%**
6		**28**	**28%**
7		**57**	**57%**
Strongly Agree			
Total		**100**	**100%**

6. My manager holds people in the department accountable for customer satisfaction.

Table 4.2.6

		Response	**Percentage**
Strongly disagree			
1		**1**	**1%**
2		**2**	**2%**
3		**4**	**4%**
4		**12**	**12%**
5		**18**	**18%**
6		**22**	**22%**
7		**41**	**41%**
Strongly Agree			
Total		**100**	**100%**

SELF-DIRECTED DECISION MAKING

7. My manager tries to help me arrive at my own solutions when problems arises, rather than telling me what he/she would do.

Table 4.2.7

		Response	**Percentage**
Strongly disagree			
1		**4**	**4%**
2		**2**	**2%**
3		**3**	**3%**
4		**25**	**25%**
5		**26**	**26%**
6		**22**	**22%**
7		**18**	**18%**
Strongly Agree			

	Total	**100**	**100%**

8. My manager relies on me to make my own decisions about issues that affect how work gets done.

Table 4.2.8

		Response	Percentage
Strongly disagree			
1		**3**	**3%**
2		**0**	**0%**
3		**3**	**3%**
4		**18**	**18%**
5		**25**	**25%**
6		**29**	**29%**
7		**22**	**22%**
Strongly Agree			
Total		**100**	**100%**

9. My manager encourages me to develop my own solutions to problems I encounter in my work.

Table 4.2.9

		Response	Percentage
Strongly disagree			
1		**2**	**2%**
2		**0**	**0%**
3		**8**	**8%**
4		**12**	**12%**
5		**28**	**28%**
6		**25**	**25%**
7		**25**	**25%**
Strongly Agree			
Total		**100**	**100%**

INFORMATION SHARING

10. My manager shares information that I need to ensure high quality results.

Table 4.2.10

		Response	Percentage
Strongly disagree			
1		**2**	**2%**
2		**1**	**1%**

3		9	9%
4		13	13%
5		17	17%
6		29	29%
7		29	29%
Strongly Agree			
Total		100	100%

11. My manager provides me with the information I need to meet the customer's needs.

Table 4.2.11

		Response	Percentage
Strongly disagree			
1		1	1%
2		1	1%
3		7	7%
4		12	12%
5		21	21%
6		24	24%
7		34	34%
Strongly Agree			
Total		100	100%

SKILL DEVELOPMENT

12. My manager encourages me to use systematic problem-solving methods.

Table 4.2.12

		Response	Percentage
Strongly disagree			
1		4	4%
2		3	3%
3		10	10%
4		25	25%
5		25	25%
6		18	18%
7		15	15%
Strongly Agree			
Total		100	100%

13. My manager provides me with frequent opportunities to develop new skills.

Table 4.2.13

		Response	Percentage
Strongly disagree			
1		7	7%
2		2	2%
3		12	12%
4		18	18%
5		19	19%
6		21	21%
7		21	21%
Strongly Agree			
Total		100	100%

14. My manager ensures that continuous learning and skill development are priorities in our department.

Table 4.2.14

		Response	Percentage
Strongly disagree			
1		7	7%
2		1	1%
3		8	8%
4		13	3%
5		21	21%
6		28	28%
7		22	22%
Strongly Agree			
Total		100	100%

COACHING FOR INNOVATIVE PERFORMANCE

15. My manager is willing to risk mistakes on my part if, over the long term, I will learn and develop as a result of the experience.

Table 4.2.15

		Response	Percentage
Strongly disagree			
1		6	6%
2		13	13%
3		10	10%
4		32	32%
5		23	23%

6		8	8%
7		8	8%
Strongly Agree			
Total		100	100%

16. I am encouraged to try out new ideas even if there is a chance they may not succeed.

Table 4.2.16

		Response	Percentage
Strongly disagree			
1		4	4%
2		8	8%
3		15	15%
4		24	24%
5		19	19%
6		18	18%
7		12	12%
Strongly Agree			
Total		100	100%

17. My manager focuses on corrective action rather than placing blame when I make a mistake.

Table 4.2.17

		Response	Percentage
Strongly disagree			
1		5	5%
2		2	2%
3		5	5%
4		9	9%
5		21	21%
6		33	33%
7		25	25%
Strongly Agree			
Total		100	100%

Utrecht Work Engagement Scale (UWES)

VIGOR
1. At my work I feel bursting with energy.

Table 4.3.1

		Response	Percentage
0 - Never		5	5%
1 - Few times a year or less		8	8%
2 - Once a month		3	3%
3 - Few times a month		15	15%
4 - Once a week		13	13%
5 - Few times a week		47	47%
6 - Everyday		9	9%
Total		**100**	**100%**

2. At my job, I feel strong and vigorous.

Table 4.3.2

		Response	Percentage
0 - Never		3	3%
1 - Few times a year or less		6	6%
2 - Once a month		1	1%
3 - Few times a month		15	15%
4 - Once a week		14	14%
5 - Few times a week		50	50%
6 - Everyday		11	11%
Total		**100**	**100%**

3. When I get up in the morning, I feel like going to work

Table 4.3.3

		Response	Percentage
0 - Never		11	11%
1 - Few times a year or less		5	5%
2 - Once a month		6	6%
3 - Few times a month		15	15%
4 - Once a week		17	17%
5 - Few times a week		37	37%
6 - Everyday		9	9%

Total	**100**	**100%**

DEDICATION

4. I am enthusiastic about my job.

Table 4.3.4

		Response	Percentage
0 - Never		1	1%
1 - Few times a year or less		1	1%
2 - Once a month		4	4%
3 - Few times a month		14	14%
4 - Once a week		5	5%
5 - Few times a week		44	44%
6 - Everyday		31	31%
Total		**100**	**100%**

5. My job inspires me.

Table 4.3.5

		Response	Percentage
0 - Never		2	2%
1 - Few times a year or less		3	3%
2 - Once a month		7	7%
3 - Few times a month		12	12%
4 - Once a week		10	10%
5 - Few times a week		36	36%
6 - Everyday		30	30%
Total		**100**	**100%**

6. I am proud of the work that I do.

Table 4.3.6

		Response	Percentage
0 - Never		1	1%
1 - Few times a year or less		2	2%
2 - Once a month		4	4%
3 - Few times a month		7	7%
4 - Once a week		7	7%
5 - Few times a week		21	21%
6 - Everyday		58	58%
Total		**100**	**100%**

ABSORPTION

7. I feel happy when I am working intensely

Table 4.3.7

		Response	Percentage
0 - Never		3	3%
1 - Few times a year or less		2	2%
2 - Once a month		5	5%
3 - Few times a month		8	8%
4 - Once a week		22	22%
5 - Few times a week		46	46%
6 - Everyday		14	4%
Total		**100**	**100%**

8. I am immersed in my work.

Table 4.3.8

		Response	Percentage
0 - Never		2	2%
1 - Few times a year or less		1	3%
2 - Once a month		3	3%
3 - Few times a month		7	7%
4 - Once a week		6	6%
5 - Few times a week		48	48%
6 - Everyday		33	33%
Total		**100**	**100%**

9. I get carried away when I am working.

Table 4.3.9

		Response	Percentage
0 - Never		5	5%
1 - Few times a year or less		5	5%
2 - Once a month		6	6%
3 - Few times a month		13	13%
4 - Once a week		9	9%
5 - Few times a week		41	41%
6 – Everyday		21	21%
Total		**100**	**100%**

APPENDIX F

CURRICULUM VITAE

KATRINA RESPICIO GOMEZ

52 Hurstville Drive, Waterlooville, Hampshire PO7 7NE

Email: gomezkay20@gmail.com;
Katrina.Gomez@porthosp.nhs.uk

Contact No :

PERSONAL INFORMATION

Age	:	**37**
Date of Birth	:	**September 20, 1983**
Gender	:	**Female**
Citizenship	:	**Filipino**
Height/Weight	:	**5'1"/ 57 Kg.**

EDUCATIONAL BACKGROUND:

MASTER OF ARTS IN NURSING
Major in NURSING ADMINISTRATION
University of the Philippines Open University
(August 2017-June 2021)

BACHELOR OF SCIENCE IN NURSING
Our Lady of Fatima University
Valenzuela City, Philippines
(November 2004-March 2008)

LICENSURES

Nursing and Midwifery Council – United Kingdom
Pin: 19G0650O
PRN: 1020198754
Registration start date: July 7, 2019

Philippine Nurse Licensure Examination
PRC License No.: 0511590
PRC Board Rating: 80.4 %

Saudi Commission of Health Specialties
License No.12-RN-0004026
Valid until: February 2018
Riyadh, Saudi Arabia

PROFESSIONAL EXPERIENCE

Staff Nurse Band 5

Queen Alexandra Hospital
Haematology and Oncology Day Unit (HODU)
July 2020 to Present

Detailed Job Description

- Initiates pre-treatment assessment to patients receiving chemotherapy, targeted therapy and haematology treatment (eg. Blood and platelet transfusion, administration of clotting factors).
- Provide immediate care in emergency situations such as treatment reactions.
- Administer chemotherapy, targeted therapy and medications under research for oncology patients.
- Provide scalp cooling for eligible patients on chemotherapy and educate them about it.
- Make proper referral to physician and carry out orders intelligently, accurately and promptly.
- Provide nursing care in safe and conducive environment.
- Make proper and comprehensive documentation on all nursing actions in Aria (Electronic documentation).
- Conduct health education about side effects of chemotherapy and other oncology therapies, management of the side-effects and when to seek medical advice. We also provide hotline number for oncology patients, booklet about their therapy and instructions on their medications after their session in the unit.

Staff Nurse Band 5

Queen Alexandra Hospital

Emergency Department
May 2019 to July 2020

Detailed Job Description

- Initial assessment of clinical manifestations of patients upon arrival in the department.
- Provide immediate care in emergency situations (eg. resus patients)
- Extract bloods for different investigations including venous blood gas, blood cultures and other routine investigations.
- Cannula insertion and taking ECG tracings.
- Administer medications as prescribed.
- Make proper referral to physician and carry out orders intelligently, accurately and promptly.
- Provide nursing care in fast, safe and conducive environment.
- Make proper and comprehensive documentation on all nursing actions in Oceano (Electronic documentation).

Staff Nurse

Capitol Medical Center
7C-General Ward/Oncology
(January 2018 to June 2018)

Hospital Description

CAPITOL MEDICAL CENTER is a 300 bed capacity tertiary and training hospital located in Quezon City, Philippines and has various departments and specialties to cater their clients.

Detailed Job Description

- Performs nursing assessment and make proper referral to physician accurately and promptly.
- Provide nursing care in safe and conducive environment.
- Preparation of patients for surgery and provide post op care afterwards.
- Safe administration of medications as prescribed.
- Make proper and comprehensive documentation on all nursing actions.

Staff Nurse 2

Prince Sultan Military Medical City
Chemotherapy Day Unit (February 2014-October 2017)
Oncology-Surgery Ward (October 2011 to February 2014)

Hospital Description

PRINCE SULTAN MILITARY MEDICAL CITY is a tertiary and JCI accredited hospital located in the heart of Riyadh, Saudi Arabia. The healthcare facility is governed by Military Services Department of Ministry of Defense and Aviation. It is the most advanced medical institution in the Kingdom with about 1200 bed capacity and has diverse departments and specialties.

Detailed Job Description

- Contributed as a valued and well regarded member of more than 1000 bed capacity hospital in the oncology unit managing cancer patients from early stage to palliative care. Recognized for commitment and dedication to patients and their families.
- Safe administration of chemotherapy and biotargeted therapy as per hospital policy
- Accessing Vascular Access Device (port-a-cath) and Peripherally Inserted Central Catheter (PICC line).
- Assisting Physician in performing bone marrow aspiration, lumbar puncture and abdominal tapping
- Effectively collaborates with Doctors regarding patient's test results, treatment protocols and other investigations.
- Providing pre op and post op care
- Escorting unstable patients to other departments (radiology and angio) who will undergo procedure.
- Coordinate with different departments related to client care and management.
- Established and fostered open communication with patient and family members to provide education regarding diseases, proper medication and care; maintained calm and efficient bedside manner in stressful situations.
- Kept records of the patients and their family history and other required documents
- Administer chemotherapy and monoclonal antibodies to patients with juvenile arthritis in Rheumatology Day Case Unit.

Cases Handled:

- Head and Neck Cancers (Non-Hodgkin's Lymphoma, Hodgkin's Lymphoma, Glioblastoma, Brain, Nasopharyngeal, Tongue, Mouth, Thyroid)
- Respiratory related Cancers (Non-small cell lung carcinoma, Small cell lung carcinoma)
- Reproductive (Breast, Ovarian, Cervical, Endometrial, Throphoblastic disease)
- Gastrointestinal tract Cancers (Esophageal, Pancreatic,Cholangiocarcinoma, Hepato-cellular carcinoma, Gastric, Colon, Rectal)
- Genito-Urinary Tract Cancers (Bladder, Renal, Prostate, Penile)
- Skin Cancers (Kaposi's Sarcoma, Mycosis Fungoides, Melanoma)
- Sarcomas (Rhabdomyosarcoma, osteosarcoma)
- Rheumatic Diseases

Staff Nurse

Governor Faustino N. Dy Memorial Hospital

Emergency Department (September 2008 to September 2011)

Hospital Description

GOVERNOR FAUSTINO DY MEMORIAL HOSPITAL is a secondary hospital under the management of the Provincial Government of Isabela. It is a 200 implementing bed capacity healthcare facility with four major departments including Medicine, Pediatrics, General Surgey and Ob-Gyne.

Detailed Job Description

- Initial assessment of clinical manifestations of patients in critical condition.
- Provide immediate care in emergency situations.
- Make proper referral to physician and carry out orders intelligently, accurately and promptly.
- Provide nursing care in safe and conducive environment.
- Assist Surgeons in performing minor surgery
- Preparation of patients for emergency surgery)
- Also, was assigned to dog bite centre for anti-rabies vaccination.
- Make proper and comprehensive documentation on all nursing actions.

CREDENTIALS AND CERTIFICATIONS

Certified Oncology Nurse
United Kingdom Oncology Nurses Society
November 14, 2020
United Kingdom

Certified Oncology Nurse
Chemotherapy Day Unit
March2014-April 2017
Prince Sultan Military Medical City
Saudi Arabia

SEMINARS AND TRAININGS

❖ ALERT Portsmouth, UK	May 6, 2021	PHT-QAH,
❖ Jannsen Haematology Summit	February 23-25, 2021	Virtual Training
❖ Chemotherapy Update Portsmouth, UK	November 16, 2020	PHT-QAH,
❖ Chemotherapy Study Day Portsmouth, UK	July 14, 2020	PHT-QAH,

- Beyond Boundaries Black Asian Minority Ethnic (BAME) Leadership Program (6 months program) — February 10, 2020 To July 15, 2020 — PHT-QAH, Portsmouth, UK
- Resus Study Day — September 12, 2019 — PHT-QAH, Portsmouth, UK
- Sepsis Study Day — November 15, 2019 — PHT-QAH, Portsmouth, UK
- Oncology Nursing Course — April 10-12, 2017 — PSMMC, Riyadh, K.S.A
- Basic Cardiac Life Support — July 7, 2016 — PSMMC, Riyadh, K.S.A.
- Major Disaster — August 27, 2016 — PSMMC, Riyadh, K.S.A.
- Chemotherapy, Biotherapy and Targeted Treatment Nursing Course — Jan. 30 – Feb. 1, 2012 — PSMMC, Riyadh, K.S.A.
- Clinical Based Nursing Management Of Controlled Drugs — November 6, 2011 — PSMMC, Riyadh, K.S.A
- Advanced Cardiac Life Support — September 19-21, 2010 — Philippine Heart Center
- ECG Interpretation and Basic Arrhythmia Recognition — March 9-11, 2010 — Philippine Heart Center

REFERENCES

- **Heather Narey**
  Matron
  Haematology Oncology Day Unit
  Queen Alexandra Hospital
  Email: **heather.narey@porthosp.nhs.uk**

- **Maria Pittman**
  Unit Manager
  Haematology Oncology Day Unit
  Queen Alexandra Hospital
  Email: **maria.pittman@porthop.nhs.uk**

- **Amanda Tonge**

Practice Educator
Haematology Oncology Day Unit
Queen Alexandra Hospital
Email: **amanda.tonge@porthosp.nhs.uk**