

PRACTICE ENVIRONMENT AND WORK ENGAGEMENT OF STAFF NURSES IN A SPECIALIZED HOSPITAL IN THE KINGDOM OF SAUDI ARABIA

Ma. Abegail Crystel O. Garganera ^{1*}

¹ University of the Philippines Open University, Los Banos Laguna Philippines

*Corresponding Author: mogarganera@alum.up.edu.ph

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ABSTRACT – Creating a practice environment that completely engages nurses in their practice is a major concern in the nursing profession (Sayed, Ahmed, Bakr & Sherief, 2019). It has become a worldwide issue since there is still a nursing shortage around the globe (Almuhsen et al., 2017). This study aimed to determine the relationship of Practice Environment and Work Engagement of Staff Nurses in a Specialized Hospital in the Kingdom of Saudi Arabia. This study is a quantitative, non-experimental, descriptive correlational research design. Practice Environment Scale of the Nursing Work Index (PES NWI) (Lake, 2002) and Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2004) were utilized in this study to measure practice environment and work engagement of staff nurses in a Specialized Hospital in the Kingdom of Saudi Arabia. The researcher approached each head nurse of the nine inpatient units and asked for the number of eligible staff in their unit. The sample size was obtained through total enumeration sampling. As per inclusion and exclusion criteria, 282 staff nurses were eligible for this study, which each inpatient ward and unit head nurse verified. Eligible staff nurses include nurses I and II working in inpatient departments for over three months, except for cross-trainees from Ambulatory Care services (OPD and CIU). Nurses in administrative and management positions and nurse assistants were excluded from this study. This study showed that staff nurses have a high perception of their practice environment ($3.93 \pm SD .507$) and average level of work engagement ($4.2 \pm .910$). In addition, it proved that there is a positive significant relationship between Practice Environment and Work Engagement of Staff Nurses in a Specialized Hospital in the Kingdom of Saudi Arabia. Furthermore, there is a positive significant correlation between Work Engagement and Demographic Characteristics in terms of age, educational attainment, and years in the current unit. Nurse administrators, managers and leaders hold a vital role in the practice environment and work engagement in reviewing practices, policies, and procedures.

Keywords: work environment, work conditions, practice environment, work engagement, work environment and work engagement, practice environment and work engagement

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Copanitsanou, Fotos & Brokalaki's (2017) review showed that a good work environment decreases burnout, intention to leave and increases satisfaction. With the increasing demands to develop the quality of healthcare and decrease costs, there is a pressing need to determine what methods are utilized and implemented to engage and retain qualified staff. In the Kingdom of Saudi Arabia (KSA), this is particularly important, since there are more expatriate health care staff who are hired in the country which is costly (Aboshaiqah et al., 2016).

The term "practice environment" refers to the organizational features of a workplace that either support or impede professional nursing practice (Lake, 2002). The six key characteristics for a healthy workplace environment include skilled communication, suitable staffing, genuine collaboration, authentic leadership, effective decision-making, and meaningful recognition (Ulrich et al., 2019). Work engagement is a productive, joyful mental state connected to one's work and characterized by fervor, dedication, and immersion (Bakker & Albrecht, 2018). Aboshaiqah and his team (2016) assert that effective leadership, communication, peer relationships and support, and job experience all have an impact.

Objectives of the Study

The primary objective of this study is to determine the relationship of Practice Environment and Work Engagement of Staff Nurses in a Specialized Hospital in the Kingdom of Saudi Arabia.

Significance of the Study

Future investigations on the relationship among staff nurses' work engagement and their practice environment in a specialized hospital in the Kingdom of Saudi Arabia may build on the findings of this study. This study can facilitate nurse administrators' general understanding of staff nurses' practice environment and work engagement. It may support the need to review practices, policies, and procedures. This study may support reviewing practices to foster excellent patient experience and satisfaction in the center. In terms of nursing practice, this study will provide evidence on staff nurses' practice environment and work engagement. It may support reviewing appropriate and creative interventions to maintain or improve the work environment and engagement.

Scope of and Limitation of the Study

Staff nurses at a specialty hospital in the Kingdom of Saudi Arabia made up the study population. The sample of this study consisted of staff nurses I and II working in in-patient departments only for more than three months. Nurses both in administrative and management positions (nurse managers, charge nurses and nurse clinicians), nurse assistants and cross trainees from Ambulatory Care Services (Outpatient Department or OPD and Cardiac Investigation Unit or CIU) were excluded in this study.

This study does not intend to modify the practice environment nor introduce strategies on work engagement. This study was conducted during the post COVID-19 pandemic. This study commenced from October until December 2022.

METHODOLOGY

This study applied a quantitative, nonexperimental, descriptive correlational research design. Sampling Technique Sample size was obtained through total enumeration sampling. As per inclusion and exclusion criteria, 282 staff nurses were eligible for this study. This study was conducted in a Joint Commission International (JCI) accredited Specialized Hospital in the Kingdom of Saudi Arabia. The participants were provided an electronic informed consent and questionnaires through google forms. A QR code for the questionnaires was also provided. Data collection of all the sample was expected to be completed in three to four weeks but extended for another week. The three tools that were used in this study are Demographic Characteristics, Practice Environment Scale of the Nursing Work Index (PES NWI) (Lake, 2002) and Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2004). The final number of responses for analysis was 117 out of the 282 eligible staff accounting for a 41% response rate. The responses necessary for data analysis was provided to the statisticians only and

used IBM SPSS statistics 28 (Pearson Correlation was used to measure Practice Environment and Work Engagement and Chi Square was used to measure work engagement with sex, marital status, nationality, position and area of assignment) and IBM SPSS statistics 27 (Spearman Rho was used to measure work engagement with age, educational attainment and years in current unit). The researcher obtained approval from the hospital Director of Nursing and Research Ethics Committee before data collection. The original data was only accessible to the researcher to maintain data confidentiality and to avoid unintentional modification or removal.

RESULTS AND DISCUSSION

Table 1 showed that more than half of the respondents were between 31 to 40 years old (57.3%) and the least number from >51 years old (6.0%). Age groups 31 to 40 were satisfied with the quality of nursing work life (Kaddourah et al., 2018). Majority were female (88%) respondents. Nursing profession was viewed as an extension of mothering by Florence Nightingale (Prosen, 2022). Most of the respondents were married (53.8%) and single (44.4%) while widowed and divorced were 0.9% each. Married nurses were significantly and positively correlated with job satisfaction (Ouyang et al., 2019).

Moreover, the majority of the respondents were bachelor's degree holders (85.5%) while master's degree holders or higher were 1.7%. According to Rodríguez-García et al., (2020), non-Magnet hospitals employed lower proportions of nurses with bachelor's degrees than Magnet hospitals. Thus, in preparation for application of Magnet designation, more nurses with higher education were recruited and hired while others were encouraged and supported to pursue it. More than half of the respondents were of Filipino nationality (66.7%) followed by Malaysian (23.1%). In the Philippines, the entry level for nursing practice is Bachelor of Science (Vestal & Kautz, 2009) and it is the largest source of nurses worldwide especially for Saudi Arabia and the United States (Lorenzo et al., 2007).

Furthermore, the majority of the participants were staff nurse 2 or senior nurse (88.9%) while staff nurse 1 or junior nurse were 11.1%. Most of the participants were from the adult cardiology ward (27.4%) as it is composed of 2 units in the hospital and adult cardiac surgery ward (17.1%). Majority of the participants worked in the hospital for 5 to less than 10 years (35%) and 1 to <5 years (32.5%) while 3 months to <1 year were (6.0%) as few new nurses are coming in.

Table 1
Demographic Characteristics

Demographic Characteristics	Description	N (117)	%
I. Personal Information			
Age	21-30 y.o.	20	17.1
	31-40 y.o.	67	57.3
	41-50 y.o.	23	19.7
	>51 y.o.	7	6.0
Sex	Assigned Male at Birth (AMAB)	14	12.0
	Assigned Female at Birth (AFAB)	103	88.0
Marital Status	Single	52	44.4
	Married	63	53.8
	Widowed	1	0.9
	Divorced	1	0.9
Educational Attainment	Diploma	15	12.8
	Bachelor's Degree	100	85.5
	Master's Degree or higher	2	1.7

Nationality	Filipino	78	66.7
	Indian	5	4.3
	Malaysian	27	23.1
	Saudi	4	3.4
	Others, specify	3	2.6
II. Employment Information			
Position	SN 1	13	11.1
	SN 2	104	88.9
Area of Assignment	Adult Cardiology Ward	32	27.4
	Adult Cardiology ICU	13	11.1
	Pediatric Cardiology Ward	7	6.0
	Pediatric Cardiology ICU	17	14.5
	Adult Cardiac Surgery Ward	20	17.1
	Adult Cardiac Surgery ICU	9	7.7
	Pediatric Cardiac Surgery Ward	14	12.0
	Pediatric Cardiac Surgery ICU	5	4.3
Years in Current Unit	3 months to <1 yr.	7	6.0
	1 to <5 yrs.	38	32.5
	5 to <10 yrs.	41	35.0
	10 to <15 yrs.	13	11.1
	>15 yrs.	18	15.4

Nurse Participation in Hospital Affairs ($4.21 \pm .501$) have high perception in the practice environment in this dimension in contrast to Almuhsen et al. (2017) study that showed that nurses had moderate perception.

Majority of staff nurses agreed on all nine component items as with the study of Alrefaei et al., 2022. Item on career development/clinical ladder opportunity had a mean score and SD of $4.10 \pm .498$. Nurses are required to have appropriate professional qualification in license and registration; encouraged to have nursing affiliations, attend nursing conferences or symposiums; encouraged and supported to pursue higher level of education and nursing certifications. Furthermore, nurses have opportunities for promotion both within the ward/unit and nursing administration. Career development is a way of supporting nurses to influence their environment and make change (Donner & Wheeler, 2001).

Item on a chief nursing officer who is highly visible and accessible to staff had a mean score and SD of $4.09 \pm .587$. The staff are informed and aware of the open-door policy of head nurses and nursing administrators. A weekly leadership rounds in all the wards/units is done by the medical and nursing administrators. A chief nurse executive advocates concrete and dominant nursing existence in the organization. This person should have good communication skills, open to suggestions, supportive of participative management, and is related to a professional environment that allows clinical practice autonomy and domination over nursing practice (Almuhsen et al., 2017).

In contrast, items on administration that listens and responds to employee concerns had a mean score and SD of $3.79 \pm .818$. In each ward/unit nurses' station, a suggestion box is available for nurses to drop their idea/s which is reviewed by nurse administrators then the head nurse is informed for action and feedback. An annual National Database of Nursing Quality Indicators (NDNQI) RN survey and related staff satisfaction surveys were also distributed by Nursing, Human Resource Department and other departments such as Housing and Transportation to know and improve satisfaction of the staff. Perception on support from managers affects performance of employees (Sodeify et al., 2013).

In addition, items on staff nurses have the opportunity to serve on hospital and nursing committees and opportunities for advancement had mean scores and SDs of $4.04 \pm .621$ and $4.03 \pm .692$, respectively. In contrast, with items on staff nurses are involved in the internal governance of the Hospital (e.g., practice and policy committees) mean score and SD of $3.85 \pm .715$.

Most of the staff nurses are members of ward/unit committees (e.g. quality improvement project, unit based council) and holds ward/unit link nurse or champion role positions (e.g. Infection Control, Wound Care, Quality Improvement, NDNQI link nurses and Magnet Champion) while others are members of nursing department councils (e.g. Magnet, Nursing Practice, Nursing Research and Evidenced Based Practice Nursing, Quality, etc.). It is suggested by research in a magnet hospital that it will provide nurses power to affect policy decisions and actions related to them when there is a nurse leader in the senior management structure (Almuhsen et al., 2017).

Nursing Foundations for Quality of Care ($4.19 \pm .524$) have high perception in the practice environment in this dimension, like Almuhsen et al. (2017) study. The result of the present study on nursing foundations for quality of care is reflected on the current NDNQI RN survey wherein more than half of the inpatient units/wards were overperformed based on Magnet benchmark of all US Facilities.

Majority of the staff nurses agreed on all 10 component items. Item on a preceptor program for newly hired RNs had a mean score and SD of $4.39 \pm .491$. New staff nurses have hospital, nursing department and unit orientation and to be precepted in the ward/unit for 16 shifts. In addition, Nursing Education has started a practice transition accreditation program (PTAP) for new nurses. Novice nurses can be helped by their preceptors in adjusting to the clinical environment and preceptors can also share their knowledge needed by the novice nurses. In addition, it is also found that preceptorship can critically influence preceptors' communication with patients or other healthcare experts (Hong & Yoon, 2021).

Items on high standards of nursing care are expected by the administration to have a mean score and SD of $4.32 \pm .503$. Nurses are encouraged to have active participation in achieving excellence in the healthcare profession and practice through strict compliance with policies and procedures and nurse practice guidelines as per Joint Commission International (JCI) standards and Saudi Central Board for Accreditation of Healthcare Institutes (CBAHI) requirements. Patient and nurse outcomes are developed by organizations that support nurses' professional development and uphold high nursing standards within a nursing model of care (Almuhsen et al., 2017).

Items on active staff development or continuing education programs for nurses had a mean score and SD of $4.21 \pm .570$. The Nursing Education Department offers a good amount of study days, courses, and workshops throughout the year in order to gain or refresh knowledge and skills applicable to their clinical practice. In addition, staff are acquiring continuing education hours before the renewal of their license. In addition, staff are acquiring continuing education hours before their license renewal. Health professionals should continuously learn about innovations in research and treatments to be able to maintain up-to-date knowledge and skills while caring for their patients (IOM, 2010).

Item on patient care assignments that foster continuity of care, i.e., the same nurse who cares for the patient from one day to the next had a mean score and SD of $3.85 \pm .925$. Clinical areas may or may not practice the same patient assignments for same staff nurses per shift. An effective handover is vital in ensuring the incoming shift nurse receives all-important patient information to allow continuity of patient care and safety (Wong et al., 2019).

Furthermore, items on use of nursing diagnoses had a mean score and SD of $3.83 \pm .854$. Nurses routinely apply the nursing process but do not formally use approved North American Nursing Diagnosis Association (NANDA) nursing diagnoses; instead, they use body systems or problems focused or risk factors when diagnosing patients and communicate it to appropriate multidisciplinary team members per the Situation, Background, Assessment, and Recommendation (SBAR) communication tool. Rifà Ros et al. (year) reported that standard nursing diagnoses are challenging to utilize in all contexts and may even become unrelated.

Nurse Manager Ability, Leadership, and Support ($3.97 \pm .748$) have high perception in the practice environment in this dimension in contrast to Almuhsen et al. (2017) study that showed that nurses had moderate perception.

Majority of staff nurses agreed on all five component items. Item on praise and recognition for a job well done had a mean score and SD of $4.05 \pm .764$. Nursing Recognition Council is active in acknowledging staff nurses both in individual (Employee of the Month, Best Preceptor, link nurses appreciation) and team levels (lowest number of fall, zero pressure injury, etc.). In addition, nurses are recognized by patients or their families through Daisy Awards (nominee or honoree). Job satisfaction and intent not to leave the current position was positively connected with recognition (Ulrich et al., 2019).

Significantly, items on a supervisory staff that is supportive of the nurses and a nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician had mean scores and SDs of $3.99 \pm .782$ and $3.91 \pm .830$, respectively. Acting Nurse Supervisor (4343 bleep holder) and nurse administrator on call are available after office hours for staff to reach regarding any concerns related to staff and patients in their units/wards for advice and guidance. Nursing administration and management supports nurses who express concerns regarding physician civility and practice through discussion. Nurse managers know that supporting staff nurses in their day-to-day undertakings facilitates teamwork and creates a good team (van Bogaert et al., 2017). Registered nurses who testified more significant support from their supervisors were less likely to leave their position (Almuhsen et al., 2017), leading to contented nurses and satisfied patients (Wei et al., 2018).

In contrast, items on supervisors using mistakes as learning opportunities, not criticism had a mean score and SD of $3.89 \pm .828$. Nurses are encouraged to report gaps in nursing practice to improve patient safety. Furthermore, Good Catch is awarded to nurses who report events or incidents. Healthcare personnel' voluntary error reporting (VER) must be consistent for a strong institutional error-management system to function. Certain authors contended that in order to facilitate nurses' learning from errors, nursing leaders would need to publicly share the findings of the investigation together with helpful criticism to the nurses who reported errors (Woo & Avery, 2021). Good Catch Program can improve patient safety in hospitals (Wallace et al., 2017).

Staffing and Resource Adequacy ($3.35 \pm .959$) have moderate perception in the practice environment in this dimension similar to Almuhsen et al. (2017) report. The recent NDNQI RN survey, which shows that half of the in-patient units/wards underperformed based on the Magnet benchmark of all US Facilities, reflects the outcome of the current study on inadequate staffing.

Majority of staff nurses agreed with item on adequate support services allow me to spend time with my patients and had a mean score and SD of 3.55 ± 1.055 . Multidisciplinary teams (e.g., respiratory therapist, physical therapist, etc.) are available to support nurses to facilitate the needs of patients. Rivaz (2017) study demonstrated that adequate staff and physical resources affect the perception of nurses on the quality of the nursing practice environment and significantly affect job satisfaction.

In addition, the majority of nurses agreed that with the item on enough time and opportunity to discuss patient care problems with other nurses had a mean score and SD of $3.52 \pm .96$. SBAR communication tool is used during handover among healthcare providers in which concerns regarding patient is relayed to his/her covering nurse and nurse in charge. In the research of Emmanuel and his colleagues (2020), those nurses who followed their working hours only stated that they have more opportunity and time to communicate with other nurses.

In contrast, most of the staff nurses neither agree to disagree enough staff to get the work done had a mean score and SD of 2.97 ± 1.106 and majority of the staff nurses neither agree to disagree to agree with items on enough registered nurses to provide quality patient care had a mean score and SD of 2.94 ± 1.169 . Recruitment and hiring of nurses are ongoing. There are staff who arrived in different wards/units in varying numbers and months. Fair staffing allocation and distribution is ensured among all wards/units through increased floating of nurses and increase in overtime especially in areas with critical staffing needs. The nursing administration and management alleviated understaffing issues in the inpatient department through cross training of staff nurses from Ambulatory Care Services (Outpatient Department/OPD and Cardiac Investigation Unit/CIU) to inpatient wards and cross training staff nurses from the ward to intensive care units. Extension of cross training period and transfer to cross trained areas is supported and allowed by the nursing administration.

Furthermore, the nursing management team of each ward or unit may work in the clinical areas as needed. In addition, teamwork among nurses is encouraged by the management and administration which are exhibited by the staff. The Human Resources Department had initiated nursing staff retention solutions such as extended contract period for two to three years with increase in annual salary increments. Motivation and effective ways to recruit as well as retain nurses must be the focus of the search for solutions to the issue (Buchan & Aiken, 2008).

Collegial Nurse-Physician Relations ($3.91 \pm .689$) have high perception in the practice environment in this dimension similar to Almuhsen et al. (2017) study.

Staff nurses agreed on all three component items. Although there is a slight difference between the three items' mean scores and SDs, there is good teamwork, collaboration and working relationship among physicians. Positive relationships between nurses and doctors were found to be associated with advanced levels of community functioning, energy, and mental health in a survey conducted among nurses in New Zealand (Almuhsen et al., 2017). Strong partnership between nurses and physicians is necessary to build a practice setting that is both safe and sufficient for the provision of high-quality nursing care. The results of the study demonstrated that physicians and nurses get along well (El-Hanafy, 2018).

Table 2 showed that staff nurses have high perception on four dimensions of practice environment especially with nurse participation in hospital affairs except in staffing and resource adequacy which is moderate. Similarly, Almuhsen et al. (2017) study on practice environment of nurses in Saudi revealed that there was high perception on nursing foundations for quality of care and collegial nurse-physician relations and contrary to moderate perception on nurse participation in hospital affairs, nurse manager ability, leadership, and support of nurses and staffing and resource adequacy. According to Kelly et al. (2013), when compared to other classifications, nurses receive the highest rating for the foundations of quality of care (Almuhsen et al., 2017). Staffing and resource adequacy was most often graded lowest out of the five dimensions (Warshawsky & Havens, 2011).

Table 2
Practice Environment

	Nurse Participation in Hospital Affairs	Nursing Foundations for Quality of Care	Nurse Manager Ability, Leadership, and Support Nurses	Staffing and Resource Adequacy	Collegial Nurse-Physician Relations
Mean	4.21	4.19	3.97	3.35	3.91
Std. Deviation	.501	.524	.748	.959	.689

Vigor (4.05 ± 1.105) has an average level of work engagement in this dimension, in contrast to the Aboshaiqah, Hamadi, Salem & Zakari (2016) study that showed that there is a high level of work engagement.

Most staff nurses responded 'very often or always' at my work I always persevere, even when things do not go well (4.09 ± 1.286) and 'very often' to the other five items. Staff nurses are committed to work while providing safe and quality care even if they feel exhausted or burned out. In a study, it shows that when nurses have the proper tools to practice, they feel more vigor and engagement with patients. They also feel proud that they can provide quality care and report a greater engagement with their job (Aboshaiqah et al., 2016).

Dedication ($4.47 \pm .961$) has an average level of work engagement in this, in contrast to the high degree of work engagement found in the Aboshaiqah, Hamadi, Salem, and Zakari (2016) study.

Most staff nurses responded 'always' to all five component items. Nurses acknowledge that providing nursing care is difficult but satisfying and self-fulfilling at the end of the shift.

Because it benefits both the worker and the job, dedication is thought to be the most important aspect of work engagement. Additionally, it's thought that commitment indicated successful career outcomes (Aboshaiqah et al., 2016).

Absorption (4.08 ± 1.076) has an average level of work engagement in this dimension in contrast to Aboshaiqah, Hamadi, Salem & Zakari (2016) study that showed that there is a high level of work engagement of nurses.

Majority of the staff nurses responded 'always' time flies when I'm working (4.47 ± 1.047), mostly responded 'often' when I am working, I forget everything else around me (3.87 ± 1.317) and 'very often' with the four items. Nurses do not notice the time when working especially in a busy shift and focus on the task at hand. Some may recall the events that happened within the shift afterwards.

Table 3 showed that in work engagement, dedication ($4.47 \pm \text{SD } .961$) had the highest total mean score while vigor and absorption ($4.05 \pm \text{SD } 1.105$, $4.08 \pm \text{SD } 1.076$) had almost the same total mean score both similar to Aboshaiqah, Hamadi, Salem & Zakari (2016). In addition, staff nurses have an average level of work engagement in all three dimensions.

Hanaysha (2016) study showed that the more employees are engaged at their workplace, their commitment toward the organization or institution will be high, which may be due to high passion and courage for achievement. Again, dedication is the most important dimension.

Table 3
Work Engagement

	Vigor	Dedication	Absorption
Mean	4.05	4.47	4.08
Std. Deviation	1.105	.961	1.076

Table 4 showed Practice Environment and Work Engagement total mean scores of ($3.93 \pm .507$) and ($4.2 \pm .910$), respectively.

Overall, staff nurses have a high perception of a practice environment similar to Almuhsen et al. (2017). Perception of nurses in a professional practice environment influences job satisfaction. Furthermore, Zeleníková et al. (2020) study found that a high level of nurse satisfaction was related to internal work motivation.

Overall, staff nurses have average level of work engagement similar to Hosseinpour-Dalengan, Atashzadeh-Shoorideh, Hosseini, & Mohtashami (2017) study and in contrast to Aboshaiqah, Hamadi, Salem & Zakari, 2016 study that found there was high level of work engagement.

Table 4
Practice Environment and Work Engagement

	Practice Environment	Work Engagement
Mean	3.93	4.2
Std. Deviation	.507	.910

Table 5 showed that there is a positive significant relationship between Practice Environment and Work Engagement of Staff Nurses in a Specialized Hospital in the Kingdom of Saudi Arabia as shown in Pearson Correlation as supported by the study of Park & Lee (2018).

Furthermore, this study showed that staffing and resource adequacy is significantly correlated with vigor ($r = .325$, $P < 0.05$) and nurse manager ability, leadership, and support of nurses is significantly correlated with dedication ($r = .281$, $P < 0.05$); staffing and resource adequacy and collegial nurse-physician relations is significantly correlated with absorption ($r = .291$, $P < 0.05$ and $r = .299$, $P < 0.05$). Research discovered that an encouraging work environment and adequate resources engage nurses in their work (Szilvassy & Sirok, 2022).

Table 5
Practice Environment and Work Engagement Dimensions

Practice Environment (5)	Work Engagement (3)					
	Vigor		Dedication		Absorption	
	r	P value	r	P value	r	P value
Nurse Participation in Hospital Affairs	.261	.004	.210	.023	.161	.080
Nursing Foundations in Quality of Care	.266	.004	.200	.031	.249	.007
Nurse Manager Ability, Leadership, and Support of Nurses	.241	.009	.281	.002	.163	.079
Staffing and Resource Adequacy	.325	<.001	.194	.036	.291	.001
Collegial Nurse-Physician Relations	.243	.008	.152	.101	.299	.001
TOTAL	r			p-value		
	.375			<0.001		

*Statistically significant at $P < 0.05$

Table 6 showed there was weak positive significant correlation between age and work engagement in terms of vigor and dedication ($r_s=.221$, $p=.017$) as supported by the study of Aboshaiqah, Hamadi, Salem & Zakari (2016); very weak positive significant correlation between educational attainment and work engagement in terms of vigor ($r_s=.191$, $p=.039$); weak positive significant correlation between years in current unit and work engagement in terms of vigor ($r_s=.232$, $p=.012$) as supported by the study of Aboshaiqah, Hamadi, Salem & Zakari (2016).

Table 6
Demographic Characteristics and Work Engagement Dimensions

Demographic Characteristics	Work Engagement					
	Vigor		Dedication		Absorption	
	r	P value	r	P value	r	P value
Age (r_s)	.221	.017	.221	.017	.045	.628
Sex X^2	1.549	.818	8.282	.082	4.122	.390
Marital Status X^2	16.382	.174	12.708	.391	10.566	.566
Educational Attainment (r_s)	.191	.039	.094	.316	-.035	.707
Nationality X^2	21.433	.372	15.455	.750	8.510	.988
Position X^2	2.548	.636	1.479	.830	1.108	.893
Area of Assignment X^2	19.516	.881	18.252	.920	24.519	.654
Years in Current Unit (r_s)	.232	.012	.177	.057	.051	.587

*Statistically significant at $P < 0.05$

CONCLUSION AND RECOMMENDATIONS

Conclusion

The researcher concludes that a positive significant relationship exists between the Practice Environment and Work Engagement of Staff Nurses in a Specialized Hospital in the Kingdom of Saudi Arabia as shown in Pearson Correlation. Specifically, this study showed that

staffing and resource adequacy is significantly correlated with vigor; nurse manager ability, leadership, and support of nurses are significantly correlated with vigor; nurse manager ability, leadership, and support of nurses are significantly correlated with dedication; collegial nurse-physician relations and staffing and resource adequacy are significantly correlated with absorption.

In addition, this study showed a positive significant correlation between Work Engagement and Demographic Characteristics regarding age, educational attainment, and years in the current unit of Staff Nurses in a Specialized Hospital in the Kingdom of Saudi Arabia, as shown in Spearman Rho.

Implications for Nursing

Future investigations on the relationship between staff nurses' work engagement and their practice environment at a Saudi Arabian specialty hospital may build on the findings of this study. The level of work engagement among nurses, their perceptions of the practice environment, and the demographic traits of staff nurses that affect work engagement will all be furthered by this study. Moreover, further study can be conducted for outpatient staff nurses or in-patient and outpatient staff nurses in a Specialized Hospital and the Kingdom of Saudi Arabia.

Recommendations This study recommends to continue staffing retention strategies to mitigate staff turnover rate and to continue to encourage staff involvement in unit/ward positions or roles, committees, and councils that impact nursing practice and policies. Furthermore, the study recommends regularly communicating to staff plans and actions pertaining to updates and changes on concerns of nurses. This study also recommends working collaboratively with both nurses and physicians in order to foster excellent patient experience and satisfaction.

This study supports the need to review appropriate and creative interventions in maintaining or improving practice environments and work engagement.

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