

Integrating leadership with work engagement in nursing: A correlational study



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ABSTRACT

This study aimed at determining the relationship between leadership and the work engagement of nurses. This descriptive-correlational study was designed with 325 purposive nurse samples from participating three selected Philippine institutional provinces collected between March and June 2020 using Multifactor Leadership Questionnaire (MLQ) and Utrecht Work Engagement Scale (UWES) instruments. Mainly perceived as having moderate level transformational (216 or 66.5%), transactional (214 or 65.8%), and passive-avoidant (227 or 69.8%) leadership, nurses were specifically regarded as highly inspirational motivators (score=8.22; SD+1.873) and content with standard performance (management-by-exception, score=8.09; SD+1.995) than being passive-avoidant (score=7.02; SD+1.916). Using IBM SPSS v.26, the study utilized a chi-square test of association which found out that all three nurses' leadership styles and their factors were statistically significant with their overall work engagement ($p=.000$) and its domains namely, vigor ($p=.000$), dedication ($p=.000$), and absorption ($p=.000$) with moderate-, relatively strong-, and strong associations. Nurses' multifactorial leadership and work engagement were suggestive interrelated characteristics that demonstrate an increasing level of leadership congruent with a higher level of work engagement. Hence, this study offers a remarkable hypothetical underpinning nurses' opportunity to assume leadership roles and functions to improve their overall work engagement.

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1. Introduction

The demands of globalization in the context of rapidly changing demands of society require the human resource department to strategize methods in ensuring that employee retention positively leads to overall organizational performance and productivity (Specchia et al., 2021; Aboramadan and Dahleez, 2020). Several factors have been explored and linked with work engagement in employees from both a positive and negative association. Assumed opposite of severe physical and mental exhaustion as in burnout, work engagement suggests an energetic and high connection with work

activities and the ability to meet the demands of work. Despite the expected opposition of burnout and engagement, it is not plausible to note that both areas are automatically to be negatively correlated.

Societal demands to meet the challenges in health care and other industries continuously identify determinants in the successful accomplishment of organizational goals. For instance, global economic competitiveness leads to improving leadership in various sectors as it is directly related to organizational edge, employee productivity, and more positive outcomes (Aboramadan and Dahleez, 2020; Mousa et al., 2019). Leadership is a powerful tool, in various sectors as it is directly related to employee productivity and positive outcomes (Breevaart and Bakker, 2018). Innovative work behavior and productive task performance are the outcomes of an effective leadership style alongside the quality of services that clientele deserves (Parr et al., 2021).

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Global economic competitiveness leads to improved leadership, which is an important factor in any organization's ability to compete for market share (Aboramadan and Dahleez, 2020; Gameda and Lee, 2020; Mousa et al., 2019).

Depending on the effective use of leadership styles, nurses' work engagement positively results in improved quality of work and stronger organizational commitment (Specchia et al., 2021; Manning, 2016). Transformational leadership heavily relies on empowering, inspiring, and fostering positive change in both employee and workplace environments through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Transactional leadership is focused on clear communication and expectation of goal achievement by contingent rewards, and active management by exception. Passive-avoidant leadership, the opposite of autocratic leadership gives the members the freedom to make decisions, making it delegative leadership. When employees decide to quit their job, it is likely that they leave their superiors and not the organization implying that leadership practices greatly influence employee retention (Mousa et al., 2019).

As nurses internalize leadership styles within them, they too become engaged in their work. Additionally, highly engaged workers tend to provide dedicated and patient-centered care (George and Massey, 2020). While the literature has devoted understanding the relationship of leaders-followers in the context of leadership styles and the employees' work outcomes few have been determined whether work engagement can be correlated with their leadership styles (Aboramadan and Dahleez, 2020). Leadership's influence on work engagement has been explored in business yet poorly evaluated empirically within health care. As leadership is often associated with leading by example, this research can potentially shed light on understanding whether leadership styles and factors are related to their work engagement (Aboramadan and Dahleez, 2020; Decuyper and Schaufeli, 2020). Additionally, some literature investigates transformational leadership's vital importance in health care but is limited to the transactional and passive-avoidant type of leadership (Aldeeb and El-Demerdash, 2016). Determining the degree of nurses' work engagement according to their leadership styles is potentially advantageous in several aspects of productivity, involvement, and satisfaction thus signifies the need for providing ample opportunities for leadership.

2. Methods

2.1. Study design

A descriptive-correlational study was designed to determine the relationship between nurses' leadership styles and factors with their work engagement (Polit and Beck, 2008).

2.2. Sample and setting

Utilizing a G-power analysis v3.2 of 0.5 α err prob priori power type analysis, 0.80 power ($1-\beta$ err prob), a confidence level of 95%, and 0.244 effect size (Uttley, 2019), a total of 325 purposive sample nurses, aged between 32-33 years old (32.57 ± 7.993) from either private or non-private participating institutions in Manila, Tarlac, Pampanga, and Cebu, Philippines, eligibly participated in the study based on the following inclusive criteria:

1. Nurses who are currently in practice regardless of their age, gender, nursing field, nationality, civil status, or current position
2. With at least a year of experience
3. Agreed to participate in the study voluntarily

Mostly, nurses are female (198 or 60.9%), working either in private (166 or 51.1%) or government hospitals (76 or 23.4%) for 5-6 years (5.34 ± 4.949) as staff nurses (222 or 68.3%). Meanwhile, nurses have been excluded from the study due to the following criteria:

1. Nurses who practice in non-related fields
2. Less than a year of nursing practice
3. Those who refuse to partake in the study

2.3. Measurement/instrument

The study used two self-administered Likert-typed standardized questionnaires, a 21-item Multifactor Leadership Questionnaire (MLQ) and a 17-item Utrecht Work Engagement Scale (UWES). The 21-item MLQ measures three leadership styles namely transformational, transactional, and laissez-faire (passive-avoidant) with the leading factors/scales under each style (Bass and Avolio, 1995). The 5-point Likert scale allowed the nurses to evaluate their leadership styles and scales/factors from 0 (not at all) to 4 (frequently if not always). Transformational leadership consists of four factors/scales namely idealized influence, inspirational motivation, and individual consideration with three statements. The possible score in each leadership scale ranges from 0 to 12 points. When classifying the level of leadership, the total scores from the three statements under each leadership factor/scale are combined to be categorized as high (9 to 12 points), moderate (5 to 8 points), and low (0 to 4 points). The 17-item UWES has three domains namely, vigor, dedication, and absorption that reflect the nurses' overall work engagement. It was based on the idea that higher mean scores are associated with higher engagement to work following the 7-point Likert scale (0=never, 1=almost never, 2=rarely, 3=sometimes, 4=often, 5=very often, 6=always). Mean scores are compared against interpretation ranges to include classifications of work engagement (e.g., very low, low, average, high, and very high).

2.4. Data collection procedure

Upon approval, data were collected from 15th March to 20th June 2020. Hospital nurses participated voluntarily to answer standardized questionnaires for at least 20 minutes. All authors distributed, collected, and validated completely accomplished questionnaires prior to data processing.

2.5. Data analysis

Using IBM SPSS v.26, the study utilized a chi-square test of association, other than frequency and percentage distribution, to determine a significant relationship between nurses’ leadership style and factors with their work engagement. A p-value level of statistical significance of <.05 was likewise considered.

3. Results

3.1. Nurses’ leadership styles and factors/scales

Table 1 presents the nurses’ leadership styles and factors with their highly perceived inspirational motivation-transformational leadership (score=8.22;

SD±1.873) through the development and communication of an appealing vision through modeling behaviors that are deemed essential.

Meanwhile, nurses were noted lowest to acquire as intellectual stimulators (score=7.60; SD±2.112) in increasing awareness of problems and in influencing members to view problems from a creative and innovative approach. As transactional leaders, nurses favor negative criticism and feedback as in management by exception (score=8.09; SD±1.995) over an exchange of specific rewards for outcomes or results, as in the case of contingent reward (score=7.80; SD±2.145). Finally, nurses were acknowledged for using passive-avoidant leadership styles such as laissez-faire (score=7.02; SD±1.916) which received the lowest mean score among leadership factors.

3.2. Nurses’ level of leadership according to style

Table 2 illustrates the level of the nurses’ leadership in terms of the style and respective factors after comparing against interpretation ranges. It was noted that most of the nurses have a moderate level of transformational (216 or 66.5%), transactional (214, 65.8%), and passive-avoidant (227 or 69.8%) leadership.

Table 1: Nurses’ leadership styles and factors (n=325)

Styles and factors/scales of leadership	Score	SD (±)
Transformational leadership		
Inspirational motivation	8.22	1.873
Individual consideration	7.95	2.236
Idealized influence	7.96	2.025
Intellectual stimulation	7.60	2.112
\bar{x}	7.93	1.966
Transactional leadership		
Management by exception	8.09	1.995
Contingent reward	7.80	2.145
\bar{x}	7.94	2.011
Passive-avoidant leadership		
Laissez-faire	7.02	1.916
\bar{x}	7.02	1.916

SD: Standard deviation

As transformational leaders, the majority of the nurses have a moderate level of being idealized influencers (173 or 53.2%), inspirational motivators (186 or 57.2%), and intellectual stimulators (205 or 63.1%), with individualized consideration (186 or 57.2%). They also exhibited a moderate level of transactional leadership through contingent rewards (207 or 63.7%), and management-by-exception (194 or 59.7%). Lastly, most nurses utilized a moderate level of laissez-faire leadership (227 or 69.8%).

3.3. Nurses’ work engagement

Table 3 indicates that in terms of vigor, nurses generally persevere even if things do not go well (\bar{x} =4.06; SD±1.234) suggesting mental resilience (\bar{x} =3.99; SD±1.100), strength, and vigor at work (\bar{x} =3.89; SD±1.045). However, nurses were noted least at getting up each day to work (\bar{x} =3.65; SD±1.168) bursting with energy (\bar{x} =3.60; SD±1.089).

In terms of their education, nurses are proud of what they do (\bar{x} =4.25; SD±1.312) as they find meaning, purpose (\bar{x} =4.15; SD±1.375), and challenges (\bar{x} =4.16; SD±1.295) in their work. With the lowest mean scores, nurses were noted least in terms of perceiving their work as enthusiastic (\bar{x} =4.08; SD±1.172) and inspiring (\bar{x} =4.02; SD±1.209). When compared to the first two (2) domains of work engagement, nurses were observed to have lower mean scores in terms of being fully concentrated and immersed (\bar{x} =3.82; SD±1.124) in one’s work where time passes quickly (\bar{x} =4.06; SD±1.340) and one shows difficulty detaching from it (\bar{x} =3.23; SD±1.247). This suggests that although they are generally engaged in their work, they do not find their work as absorbing (\bar{x} =3.60; SD±1.124) when compared to their energy and resilience to invest efforts in one’s work (vigor; \bar{x} =3.81; SD±1.101), and their overall meaning and purpose to get involved in their work (dedication; \bar{x} =4.13; SD±1.113).

Table 2: Nurses' level of leadership according to style (n=325)

Leadership styles/ factors	f	%
Transformational leadership		
Overall		
Low	2	0.5%
Moderate	216	66.5%
High	107	33.0%
Factors of transformational leadership		
Idealized influence		
Low	9	2.8%
Moderate	173	53.2%
High	143	44.0%
Inspirational motivation		
Low	5	1.5%
Moderate	186	57.2%
High	134	41.2%
Intellectual stimulation		
Low	11	3.4%
Moderate	205	63.1%
High	109	33.5%
Individualized consideration		
Low	9	2.8%
Moderate	186	57.2%
High	130	40.0%
Transactional leadership		
Overall		
Low	4	1.2%
Moderate	214	65.8%
High	70	21.5%
Factors of transactional leadership		
Contingent reward		
Low	10	3.1%
Moderate	207	63.7%
High	108	33.2%
Management-by-exception		
Low	2	0.6%
Moderate	194	59.7%
High	129	39.7%
Passive-avoidant leadership		
Laissez-faire		
Low	28	8.6%
Moderate	227	69.8%
High	70	21.5%

f: Frequency; %: Percentage

Table 3: Nurses' work engagement (n=325)

Domains and statements	\bar{x}	SD (\pm)
Vigor		
1. At my work, I feel like bursting with energy.	3.60	1.089
2. At my job, I feel strong and vigorous.	3.89	1.045
3. When I get up in the morning, I feel like going to work.	3.65	1.168
4. I can continue to work for longer periods.	3.71	1.197
5. At my job, I am mentally resilient.	3.99	1.100
6. At my job, I always persevere, even when things do not go well.	4.06	1.234
Composite \bar{x}	3.81	1.101
Dedication		
7. I find the work that I do meaningful and purposeful.	4.15	1.375
8. I am enthusiastic about my job.	4.08	1.172
9. My job inspires me.	4.02	1.209
10. I am proud of the work that I do.	4.25	1.312
11. My job is challenging enough.	4.16	1.295
Composite \bar{x}	4.13	1.113
Absorption		
12. Time flies when I am at work.	4.06	1.340
13. When I work, I forget everything else around me.	3.28	1.178
14. I feel happy when I work intensively.	3.77	1.323
15. I am immersed in my work.	3.82	1.124
16. I get carried away when I work.	3.43	1.130
17. It is difficult to detach myself from my job.	3.23	1.247
Composite \bar{x}	3.60	1.124
Overall \bar{x}	3.83	1.029

\bar{x} : Mean; SD: Standard deviation

3.4. Nurses' level of work engagement

Table 4 shows the frequency and percentage distribution of the nurses classified according to

their level of work engagement. As seen, the majority of the nurses have an average level of vigor (163 or 50.2%), dedication (188 or 57.8%), absorption (227 or 69.8%), and overall work engagement (215 or

66.2%). It is noted that followed by an average level of work engagement, there is also a large distribution of high to very high work engagement in terms of nurses' dedication (106 or 32.6%),

absorption (84 or 25.9%), and overall score (72 or 22.2%) but a greater percentage of low level of vigor (100 or 30.8%).

Table 4: Nurses' level of work engagement (n=325)

Work engagement domains	f	%
Vigor		
Very low	2	0.6%
Low	100	30.8%
Average	163	50.2%
High	41	12.6%
Very high	19	5.8%
Dedication		
Very low	1	0.3%
Low	30	9.2%
Average	188	57.8%
High	68	20.9%
Very high	38	11.7%
Absorption		
Very low	1	0.3%
Low	13	4.0%
Average	227	69.8%
High	76	23.4%
Very high	8	2.5%
Overall work engagement		
Very low	1	0.3%
Low	37	11.4%
Average	215	66.2%
High	62	19.1%
Very high	10	3.1%

f: Frequency; %: Percentage

3.5. Relationship of nurses' leadership to their work engagement

Table 5 exemplified the relationship of nurses' leadership to their work engagement through the chi-square test of association specifically based on

their levels of these two categorical variables. As observed, there is a higher likelihood that those with a high level of leadership of any style can also exhibit a high to a very high level of work engagement.

Table 5: Relationship of nurses' leadership to their work engagement (n=325)

Leadership style Factors	Vigor		Dedication		Absorption		Overall work engagement	
	P value (Phi and Cramer's V)	Decision (Strength of association)	P value (Phi and Cramer's V)	Decision (Strength of association)	P value (Phi and Cramer's V)	Decision (Strength of association)	P value (Phi and Cramer's V)	Decision (Strength of association)
Transformational	0.000 (0.572, 0.572)	Reject (Relatively strong)	0.000 (0.585, 0.585)	Reject (Relatively strong)	0.000 (0.515, 0.515)	Reject (Relatively strong)	0.000 (0.564, 0.564)	Reject (Relatively strong)
Idealized influence	0.000 (0.574, 0.406)	Reject (Relatively strong)	0.000 (0.645, 0.456)	Reject (Strong)	0.000 (0.599, 0.424)	Reject (Relatively strong)	0.000 (0.584, 0.413)	Reject (Relatively strong)
Inspirational motivation	0.000 (0.589, 0.417)	Reject (Relatively strong)	0.000 (0.595, 0.420)	Reject (Relatively strong)	0.000 (0.534, 0.377)	Reject (Relatively strong, moderate)	0.000 (0.542, 0.384)	Reject (Relatively strong, moderate)
Intellectual stimulation	0.000 (0.545, 0.386)	Reject (Relatively strong, moderate)	0.000 (0.572, 0.404)	Reject (Relatively strong)	0.000 (0.439, 0.311)	Reject (Relatively strong, moderate)	0.000 (0.501, 0.354)	Reject (Relatively strong, moderate)
Individual consideration	0.000 (0.551, 0.390)	Reject (Relatively strong, moderate)	0.000 (0.602, 0.426)	Reject (Strong)	0.000 (0.505, 0.357)	Reject (Relatively strong, moderate)	0.000 (0.535, 0.378)	Reject (Relatively strong, moderate)
Transactional	0.000 (0.684, 0.484)	Reject (Strong)	0.000 (0.747, 0.528)	Reject (Strong)	0.000 (0.733, 0.518)	Reject (Strong)	0.000 (0.766, 0.542)	Reject (Strong)
Contingent reward	0.000 (0.570, 0.403)	Reject (Relatively strong)	0.000 (0.594, 0.420)	Reject (Relatively strong)	0.000 (0.573, 0.405)	Reject (Relatively strong)	0.000 (0.608, 0.430)	Reject (Strong)
Management-by-exception	0.000 (0.779, 0.551)	Reject (Relatively strong)	0.000 (0.939, 0.664)	Reject (Relatively strong)	0.000 (0.867, 0.613)	Reject (Relatively strong)	0.000 (0.931, 0.658)	Reject (Relatively strong)
Laissez-faire	0.000 (0.444, 0.314)	Reject (Relatively strong)	0.000 (0.464, 0.328)	Reject (Relatively strong)	0.000 (0.382, 0.270)	Reject (Relatively strong)	0.000 (0.436, 0.308)	Reject (Relatively strong)

P is significant if <0.05

Similarly, those with a low level of leadership of any type also show a higher likelihood of very low to low work engagement. Specifically, nurses' work engagement is statistically and significantly related to transformational leadership (P=.000, relatively strong association) and its domains namely, idealized influence (p=.000, relatively strong association), inspirational motivation (p=.000, relatively strong association), intellectual

stimulation (p=.000, moderate to relatively strong association), and individual consideration (p=.000, moderate to relatively strong association). Work engagement is also statistically significant with transactional leadership (p=.000, strong association) and its domains namely, contingent reward (p=.000, strong association) and management-by-exception (p=.000, relatively strong association). Lastly, nurses' work engagement is also

related to laissez-faire leadership ($p=.000$, relatively strong association). It is also worth noting that the leadership styles and their domains are also significantly related to the domains of work engagement.

4. Discussion

The action of leading a group of people in an organization is basically the core purpose of leadership. It is vital that nurse leaders ensure efficiency and facilitate the achievement of goals by the employment of styles that are effective for their members. But the process of rearing future leaders is a difficult and complicated process because members must be trained to own up to responsibilities and possess a wide range of desirable leadership qualities.

Effective leaders make use of various leadership styles utilized depending on perceived usefulness and application to several circumstances (Aboramadan and Dahleez, 2020). Leadership development training, self-evaluation, and mentoring have the potential for employee work engagement, positive organizational outcomes, and employee retention (Manning, 2016). To achieve effective collaboration, open communication of shared and desired goals is essentially achieved with transformational leadership amidst possible differences among employees (Specchia et al., 2021; Huber and Schubert, 2019; Sfantou et al., 2017; Aldeeb and El-Demerdash, 2016). To the findings, most of the nurses have higher scores on the leadership factors/scales belonging to transformational and transactional styles. Transformational leadership is vital in organizations as it cultivates motivation, and it is shared with employees to achieve a clear direction and a shared vision (Shaughnessy et al., 2018). Consistently, the past decade has been mindful of researching transformational and transactional types of leadership as they are perceived to strengthen their potential (Aboramadan and Dahleez, 2020; Pishgooie et al., 2019; Aldeeb and El-Demerdash, 2016). The results further reveal that mean scores for these two leadership styles are close to each other which suggests that nurses who demonstrate a high level of transformational leadership also possess the qualities of a transactional leader. Studies have seen passive-avoidant leadership, to be negatively correlated with employee engagement as workers are more responsive in a leadership style that favors productive and healthy relationships between parties. The relative lack of communication in passive-avoidant is the characteristic that consistently nurses often dislike owing to its non-effectiveness in a collaborative profession, reducing employee work engagement (Manning, 2016). This has been affirmed by the results that somehow show lower scores for this leadership style when compared to transformational and transactional leadership. Additionally, the nature of teamwork in the nursing profession should facilitate active and

open communication which passive-avoidant leadership lacks.

Work engagement has been described through nurses' level of vigor, dedication, and absorption. The interpersonal process involving the nurses and clients in the profession is reinforced by the highest score on dedication, a domain of work engagement where nurses are engaged when they feel useful and valuable, competent because they have the individualized resources to achieve effective outcomes and can engage in risk-taking activities in organizations (Aldeeb and El-Demerdash, 2016; Decuyper and Schaufeli, 2020). They also become engaged because they take pride and experience a sense of enthusiasm in what they do. Other than being dedicated, the absorption domain of work engagement facilitates complete immersion and engrossment of one's work. The demands of the profession require nurses to be particularly adept and mindful of their responsibilities without sacrificing one's competence toward professional obligations. Be it in the field of hospital and academic practice, for instance, they feel the need to completely concentrate on their assigned roles with the consideration of competency and safety in practice (Feliciano et al., 2021; 2020; 2019). Lastly, the vigor domain is characterized by engagement in work with a high level of energy and mental resilience demonstrating behavior-energetic components (Decuyper and Schaufeli, 2020; Aldeeb and El-Demerdash, 2016). Characterized by bursting energy and the ability to overcome adversities, nurses demonstrate resilient qualities to pave for the persistence of work performance in the face of difficulties.

While most studies investigate the influence of managers' leadership styles on the staff members' work engagement, this study highlights the relationship of the nurses' leadership to their own work engagement. The study is guided by the premise that an effective leader is someone that is highly engaged in work to implement realistic solutions to both complex and simple problems in the organization while strengthening the quality and integration of care (Sfantou et al., 2017). Perhaps the most ubiquitous aphorism in organizational leadership is the need to "walk the talk" and this study engages the idea that effective leadership is associated with high work engagement, implicating direct relationships (Peng and Tseng, 2019; Ree and Wiig, 2020; Hawkes et al., 2017). Transformational leaders, for instance, tend to influence employees' affective commitment as well as their willingness to perform work tasks with idealized influence (Enwereuzor et al., 2018). The competitive advantage of leadership in industries paves several opportunities for employees' active engagement, productivity, retention, and unified direction toward goal accomplishment (Aboramadan and Dahleez, 2020; Decuyper and Schaufeli, 2020). Having said that, being able to transform co-workers through trust, shared vision, and interest can be exemplified when nurse leaders themselves, show a higher level

of work engagement that serves to model desirable behaviors. Additionally, leaders who encourage colleagues to grow and learn new things through positive emotions and improved worker morale are likely to be effective in promoting and exercising work engagement within themselves and other co-workers. As an effective organizational strategy, transformational leadership is employed across various settings and situations because healthy relationships are fostered by influence, trust, and shared vision (Aldeeb and El-Demerdash, 2016).

Nurse leaders are keen on observing highly engaged staff members who are ready to assume leadership functions. Following training, nurses must be exposed to leadership opportunities to enhance their skills in competency (Major, 2019). The parallelism of leadership and work engagement is threaded within the expected functions of both a leader and a follower. While the first few months are devoted to orientation, acclimatization to work demands, protocols, and responsibilities among new nurses, these prepare them for more challenges within the fabric of leadership (Aboramadan and Dahleez, 2020; Decuyper and Schaufeli, 2020). Exposure of nurses to leadership responsibilities allows for familiarization and adaptation to more demanding professional roles. Training programs are imperative in organizations as leaders need to develop tactics to ensure that they create positive work-related outcomes and employees' level of productivity in the face of work demands and available resources (Teetzen et al., 2022; Tummers and Bakker, 2021). Considering the findings of the study, it has been further emphasized that leadership opportunities allow for higher work engagement because it is in this way that nurses realize their growth potential for the organization.

Nurses with a high level of leadership in all styles also show a higher level of work engagement in them. This explains why leadership cannot be appointed simply to anyone who has spent an adequate duration of work but has not exemplified vigor, dedication, and absorption toward assigned work. The results show lower scores for this type of leadership when compared to transformational and transactional types, laissez-faire is shown to be also statistically and significantly related to work engagement. Letting others achieve the freedom to decide and to act in work situations can also be a characteristic of a highly engaged leader-employee because of adequate knowledge and skills to troubleshoot should an adverse event occur.

Leaders who perceive their leadership styles as effective satisfy their need to be competent and engaged at work. Effective leadership styles translate into smaller leader behaviors among employees leading to an overall increase in work engagement, job satisfaction, and reduced turnover intentions (Suliman et al., 2021; Decuyper and Schaufeli, 2020; AbuAlRub and Nasrallah, 2017). On the other hand, toxic leadership behaviors result in overall employee dissatisfaction, high stress, and intent to leave their jobs (Major, 2019). The implication of this finding

can result in the identification of the need for nurses to be exposed to leadership opportunities and allow them to learn a variety of high approaches in the face of dynamic work demands in healthcare (Breevaart and Bakker, 2018).

5. Conclusion

The study highlighted nurses' multifactorial leadership and work engagement as suggestive interrelated attributes. A strong involvement with work and experience a sense of purpose, pride, and value is of utmost significance to nurses as influenced directly proportionate by how they lead. Therefore, this study underpins the opportunities for nurses to assume leadership roles and functions to improve their overall work engagement through an integrating process with the aim of professional advancement and resultant excellence in healthcare and related domains.

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Compliance with ethical standards

Informed consent

Informed consent was obtained from all nurses for the purpose of maintaining their rights to anonymity and confidentiality.

Ethical consideration

The protocol of this study was submitted and reviewed by the Institutional Review Board of the University of Hafr Al Batin with approval no. 12 dated 24th February 2020 under a committee registration KACST No. H-05-FT-083. Respondents were informed of the study's purpose and its nature before informed consent is obtained with their right to anonymity, confidentiality, and refusal without being penalized once decided to withdraw at any time in the study.

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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