

## **Management Style and Interprofessional Collaboration as Predictors of Work Engagement of Nurses Among the selected Private Health Facility in Bukidnon**

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### **ABSTRACT**

This study explored the influence of management style and interprofessional collaboration on the work engagement of nurses in selected private health facilities in Bukidnon. This study will utilize a quantitative cross-sectional, descriptive design to examine the relationship of management style and interprofessional collaboration to nurses' work engagement and employment, with data gathered from 120 registered nurses selected through convenience sampling. Standardized questionnaires were used to assess nurses' perceptions of management style, the level of interprofessional collaboration, and their degree of work engagement. The results revealed that both management style and interprofessional collaboration are significant predictors of work engagement, with interprofessional collaboration demonstrating a stronger influence. These findings emphasize the importance of supportive leadership and effective teamwork in fostering nurse engagement. The study offers practical implications for healthcare administrators seeking to enhance organizational performance and staff well-being in private healthcare settings.

*Keywords: Management style, Interprofessional collaboration, Work engagement, Private health facilities, Nurse engagement, Healthcare leadership, Teamwork, Organizational performance.*

### **INTRODUCTION**

#### **Background of the Study**

The deficiency of nursing personnel is a critical issue that can compromise healthcare quality, resulting in substandard patient care results, poor collaboration, and diminished work performance. To resolve this issue and improve healthcare quality, it is essential to foster professional commitment, maintain nursing competence, and boost self-efficacy through effective hospital administration. Healthcare firms require dedicated and diligent workers skilled in effectively managing issues. Engagement in work is essential for the effective and efficient provision of healthcare, with nurses occupying a pivotal role in this process. Improving nurses' work engagement requires addressing their concerns and cultivating resilience and self-efficacy through effective hospital management. This

study aims to determine the factors of nurse work engagement of nurses in the

selected Private Health Facility in Bukidnon, notably focusing on management style and interprofessional collaboration.

An effective management style in any business, particularly in hospital administration, is essential for shaping organizational culture, improving staff engagement, and ultimately impacting the quality of patient care. Leadership styles vary considerably, each influencing organizational dynamics and employee behavior in unique manners. Understanding these categories is crucial since they significantly impact the formation, communication, and achievement of objectives in healthcare settings. Managers in hospital settings are accountable for achieving collective goals while effectively managing resources and personnel.

Effective leadership cultivates a supportive environment where employees feel valued, hence augmenting their creativity and initiative in problem-solving and service improvement (Simamora et al., 2019). Management styles significantly impact organizational culture within medical environments.

The quality of management directly affects operational efficiency, employee morale, and patient outcomes. Hospital administrators are tasked with strategic decision-making and fostering an environment conducive to high-quality care delivery. This ongoing evaluation is crucial for identifying strengths, addressing weaknesses, and improving management strategies to respond to evolving healthcare needs. Management assessments must include both performance metrics and qualitative elements, such as communication effectiveness, team dynamics, and patient satisfaction rates. Incorporating employee feedback and stakeholder perspectives provides a thorough comprehension of leadership impact across all levels of the company (Putra et al., 2019). Efficient management in hospital administration is crucial for addressing the challenges of healthcare delivery, fostering employee engagement, and ensuring patient-centered care. Management styles significantly influence company culture, employee motivation, and operational outcomes in healthcare settings. Understanding these connections is crucial for enhancing management strategies, boosting employee productivity, and achieving sustainable healthcare excellence.

Work engagement consists of three components—vigor, dedication, and absorption—signifying a positive and rewarding work attitude (Jervis 2020). Increased job engagement correlates with enhanced performance, positive emotions, and improved health and productivity among employees (Colombini 2020). Multiple studies have shown a positive correlation between heightened work engagement and enhanced nurse performance across diverse healthcare settings (Plaisance et al., 2020).

Employee engagement denotes the degree of enthusiasm, fervor, and commitment that employees demonstrate towards their work (Mackenzie 2020). Work engagement denotes a positive, fulfilling, and rewarding psychological condition related to employment, characterized by three elements: vigor, commitment, and immersion. Vigor signifies heightened energy levels, resilience, excitement for professional involvement, and perseverance in overcoming obstacles. Dedication entails acceptance, value, fervor, and pride. Absorption

denotes a condition of total focus and immersion in an activity, marked by challenges in detaching from it (Mackenzie 2020).

Engaged employees are committed, dedicated, and enthusiastic about their work, perceiving their contributions as vital to improving an organization's performance. These personnel generally synchronize their well-being, values, and benefits with the achievements of the organization, which are essential for both employee and organizational performance and success (Mackenzie 2020). A significant level of employee engagement is advantageous and pursued by companies because of its favorable outcomes. Therefore, an organization's main emphasis is the development and improvement of highly engaged employees.

Although numerous studies highlight aspects positively influencing nurse work management, research on management styles and interprofessional collaboration remains limited. This study aims to ascertain the influence of management style and interprofessional collaboration on nurses' work engagement.

### **Statement of the Problem**

1. What is the level of management style of hospital administrators ?
2. What is the level of Interprofessional collaboration of nurses?
3. What is the level of work engagement of nurses in terms of?
  - 3.1 vigor;
  - 3.2 dedication; and
  - 3.3 absorption
4. Is there a significant relationship between
  - 4.1 Management Styles and work engagement?
  - 4.2 Interprofessional collaboration and work engagement of nurses?
5. Do management styles and interprofessional collaboration significantly predict the work engagement of Nurses?

### **FRAMEWORK**

This research is anchored in the Convergent Care Theory (Fawcett 1984) and Leader Member Exchange Theory. Convergent Care Theory comprises four principles and six primary facilitators: comprehensive organizational care, interprofessional collaborative care, person-centered precision care, and self-care for both physicians and patients. The six facilitators comprise competence, compassion, accountability, trust, sharing, and engagement (Fawcett 1984). The theory highlights the complex aspects of healthcare and suggests the elements that may affect nurse work engagement and job satisfaction. Promoting organizational culture, teamwork, and support can enhance nurses' job satisfaction, leading to increased work engagement and enhanced quality of care. Conversely, adverse effects, including diminished quality of care and intentions to depart, may arise.

Conversely, Leader Member Exchange Theory underscores the significance of the social relationship between workplace leaders and their followers. The manager-employee connection is a significant factor influencing employees. When employees lack a positive rapport with their bosses, their engagement may diminish. Kimberely B. et al. (2015) emphasizes that leaders' responses to employees' job demands through the provision of additional resources, such as autonomy, information, and opportunities for participation in decision-making, are contingent upon the nature of their relationship.

## METHODS

### Research Design

This study will utilize a quantitative cross-sectional, descriptive design to examine the relationship of management style and interprofessional collaboration to nurse' work engagement.

### Research Locale

This study will be conducted at a selected private health facility located in Bukidnon, a province in the Northern Mindanao region of the Philippines. The facility has been chosen for its accessibility and relevance to the research, as it serves a diverse population and employs a variety of healthcare professionals, particularly nurses. The setting of this study provides a rich context for understanding the working conditions and experiences of nurses in a private healthcare environment in Bukidnon.

### Research Respondents and Participants

The respondents of this study will be conveniently chosen nurses employed at a selected private health facility in Bukidnon. A convenience sampling method will be employed to select participants based on their availability and willingness to participate. The study aims to gather insights from nurses currently working in the facility, ensuring a relevant sample for understanding the perspectives and experiences of healthcare professionals within this specific setting.

### Research Instrument

This study will utilize a survey questionnaire as the primary research instrument for data collection. The purpose of the questionnaire is to assess the level of management style of hospital administrators, level of Interprofessional collaboration of nurses and level of work engagement of nurses. The questionnaire is designed to measure the study's independent and dependent variables systematically.

**Part 1: Level of management style of hospital administrators.** This section is adapted from the study of Amal Refaat Gab Allah, Hayam Ahmed Elshrief, Marwa Hassan Ageiz entitled "*Developing Strategy: A Guide For Nurse Managers to*

*Manage Nursing Staff's Work-related Problems*". Respondents will rate statements using a 5-point Likert scale, where 5 indicates "Always" and 1 indicates "Never."

**Part II. Extent of Interprofessional collaboration of nurses.** This is adapted from Chris KEnaschuk Intreprofessional collaboration scale.

**Part III. Work Engagement.** This section is adapted from Schaufeli and Bakker (2003) and measures three key dimensions: (1) Vigor, (2) Dedication, and (3) Absorption. Respondents will rate their engagement levels using a **5-point Likert scale**, where **5** indicates "Always" and **1** indicates "Never." The instrument has demonstrated high reliability, with an **alpha value of .84**.

Each section of the questionnaire is designed to **objectively assess** the employees' perceptions and experiences regarding their work environment. The structured nature of the survey ensures **reliable and valid** data collection, allowing for accurate statistical analysis of the relationships between organizational climate, quality of work life, and work engagement.

### **Statistical Tools**

The data that will be collected in this study will be subjected to certain statistical treatments. The data will be coded, tallied and tabulated for better presentation and interpretation of the results.

The statistical treatment to be used will be the following descriptive statistics such as mean and standard deviations will be employed to describe the variables. Pearson correlation coefficient will be utilized in determining the significant relationship of variables.

## **RESULTS AND DISCUSSION**

This chapter presents the tabulated data, findings of the study, analysis and interpretation of the data obtained from the respondents. The first part discussed the level of management style of hospital administrators. The second part shows the level of Interprofessional collaboration of nurses. The third part presents the level of work engagement of nurses. Fourth, presents if there is significant relationship between Management Styles and work engagement and Interprofessional collaboration and work engagement of nurses. Lastly, it explains if management styles and interprofessional collaboration significantly predict the work engagement of Nurses.

### **Table 1. Level of management style of hospital administrators**

<b>The Hospital Administration...</b>	<b>Mean</b>	<b>Std. Deviation</b>
1. Develop a supportive climate by promoting openness and trust through discussing problem areas with them.	3.21	1.107
2. Try to identify the source of the stress and decide how she or he can reduce or eliminate these sources.	3.37	1.012
3. Reducing job stress (e.g., by providing more time and more concrete information, adequate staff).	3.01	1.156
4. Clarify expectations and explain in detail how they may be expected to be evaluated.	3.45	.986
5. Improving coworker relations (by considering co worker compatibility when scheduled work and/or creating a work team.	3.32	1.159
6. Recognize effective performance because failure to reward desirable behavior causes stress.	3.82	.778
7. Support the concept of "self-scheduling as a strategy to the growing nursing shortage".	3.32	.970
8. Consider permanent shift assignments according to personal needs.	3.22	1.086
9. Personnel work schedules made in consideration of the effect of workload, and work hours.	2.45	1.091
10. Provide a sufficient number of off-duty hours to allow an uninterrupted sleep cycle of at least 8 hour.	3.50	.898
11. Allow open and complete discussion of the problem from each participant.	3.31	1.242
12. Help the conflict parties develop alternative solutions, select a mutually agreeable one, and develop a plan to carry it out	4.02	.733
13. Giving staff authority, tools, and information they needed to do their jobs.	3.19	1.176
14. Remove traditional blocks between the employee and the work to be performed.	3.64	.877
15. Help the conflict parties develop alternative solutions, select a mutually agreeable one, and develop a plan to carry it out.	3.06	1.071
<b>MS_overall</b>	<b>3.32</b>	<b>.288</b>

Table 1 illustrates the mean and standard deviation of respondents' assessment on the level of management style of Hospital Administrators. The findings indicate that participants perceived the Hospital Administrators "Sometimes" performing the indicators indicated above as reflected in the overall mean of 3.32.

Among the specific indicators, the highest-rated was " *Hospital Administration Help the conflict parties develop alternative solutions, select a mutually agreeable one, and develop a plan to carry it out* " (M = 4.02, SD = 0.733). This result points that if hospital administration actively helps conflict parties develop alternative solutions, it can lead to a more positive and productive work environment, improved patient care, and a stronger sense of team cohesion. By facilitating conflict resolution, the administration can address underlying issues, foster open communication, and encourage collaborative problem-solving, ultimately benefiting everyone involved. The result is supported by studies which states that despite the prevalent belief that conflict is inherently detrimental, it can have beneficial outcomes when managed appropriately. Conflict can foster the enhancement of team-building abilities, introspective thinking, the creation of innovative ideas, and the formulation of alternative solutions (Choi & Ahn 2021). Conflict management is a crucial competency for leaders, as it can greatly enhance the success of the teams, organizations, units, or employees under their supervision. Nonetheless, team disagreements can undermine team dynamics and communication, diminish trust and performance, and adversely affect professionals' mental well-being. Such disagreements may distract healthcare personnel from patient care and exhaust their resources, endangering team safety and the overall quality of treatment provided to patients (Ronquillo et al., 2024).

On the other hand, the lowest-rated indicator was "*The Hospital Administration Personnel work schedules made in consideration of the effect of workload, and work hours*" (M=2.45, SD=1.091). It implies that it is not always that hospital administration personnel work schedules are made with consideration of workload and work hours effects. While there are efforts to improve scheduling practices and address the impact of workload on staff, the reality is more nuanced and complex. Factors like staffing shortages, pandemic-related pressures, and the complexities of scheduling itself can create challenges. The result means that creating hospital administration personnel work schedules that consider workload and work hours implications can lead to enhanced employee well-being, improved job satisfaction, and potentially reduced errors and burnout, ultimately benefiting both the staff and the hospital's overall function. This approach can also contribute to better quality of care for patients.

Hospital administrators typically employ a blend of management styles, with transformational leadership and supportive leadership being particularly effective. Transformational leadership inspires and motivates staff to achieve common goals, while supportive leadership fosters collaboration and adaptability. Additionally, strong communication skills and the ability to make data-driven decisions are crucial for success in this role. An effective management style in any business, particularly in hospital administration, is essential for shaping organizational culture, improving staff engagement, and ultimately impacting the quality of patient care. Leadership styles vary considerably, each influencing organizational dynamics and employee behavior in unique manners. Understanding these categories is crucial since they significantly impact the

formulation, communication, and achievement of objectives in healthcare settings. Managers in hospital settings are accountable for achieving collective goals while effectively managing resources and personnel.

Effective leadership cultivates a supportive environment where employees feel valued, hence augmenting their creativity and initiative in problem-solving and service improvement (Simamora et al., 2019). Management styles significantly impact organizational culture within medical environments.

Efficient management in hospital administration is crucial for addressing the challenges of healthcare delivery, enhancing employee engagement, and ensuring patient-centered care. Management styles significantly influence company culture, employee motivation, and operational outcomes in healthcare settings. Understanding these connections is crucial for enhancing management strategies, boosting employee productivity, and achieving sustainable healthcare excellence.

For a leader to be effective among his followers is to consciously explore one's personal mastery of different approaches and adapt to various approaches based on the situation for effectiveness as a leader. Task and relationship behavior is central to the idea of the leadership style of individual leaders and their effectiveness depends on how they use their styles to the situation (Bruno, leo. 2019).

### Level of Interprofessional collaboration of nurses

**Table 2**

	Mean	Std. Deviation
1. Nurses have good understanding with the doctors in their respective responsibilities.	3.25	1.225
2. Doctors are usually willing to take into account the convenience of nurses in when planning their work.	3.37	1.013
3. Doctors would not be willing to discuss their new practices with nurses.	2.91	1.145
4. Nurses and allied health staff have similar idea on how to treat patients.	3.52	.809
5. Medical staff anticipate when nurses need their help.	3.08	1.135
6. Nurses would not be willing to discuss their new practices with doctors.	3.38	1.101
7. Allied staffs are willing to discuss medicine issues.	2.98	.884
8. Allied staff would anticipate when doctors will need their help.	3.47	.978
9. Disagreements with allied health care professionals often remain unsolved.	2.29	.999
10. The allied staff do not usually for medical staffs' opinion.	3.36	.951
<b>Overall</b>	<b>3.16</b>	<b>.336</b>

Table 2 illustrates the mean and standard deviation of respondents' assessment on the nurses' interprofessional collaboration. The findings indicate that participants perceive them "Sometimes" performing the indicators indicated above as reflected in the overall mean of 3.16.

Among the specific indicators, the highest-rated was "*Nurses would not be willing to discuss their new practices with doctors.*" ( $M = 3.38$ ,  $SD = 1.101$ ). This result points that the claim that nurses wouldn't discuss new practices with doctors is likely an oversimplification. While factors like power dynamics and communication challenges can sometimes hinder open dialogue, nurses and doctors do collaborate on patient care, and nurses may actively seek to engage in discussions about new practices. On the other hand, the lowest-rated indicator was "*Disagreements with allied health care professionals often remain unsolved.*" ( $M=2.29$ ,  $SD=.999$ ). The result means that there are still disagreements among health care workers which are not settled. Unresolved disagreements between allied health care professionals can negatively impact patient care, potentially leading to reduced quality, delayed treatments, and increased patient risk. These disagreements can also contribute to decreased morale and productivity within the healthcare team, impacting the overall effectiveness of the healthcare system. Conflict exists in all facets of life and within all organizations due to the intricacies of organizational relationships, the interactions among members, and their interdependence. The existence of conflict does not inherently indicate the occurrence of a detrimental process. Any organization characterized by interpersonal interactions possesses the potential for conflict.

Healthcare institutions comprise numerous interacting groups: staff dealing with staff, staff with patients, staff with relatives and visitors, and staff with physicians, among others. Such contacts often result in conflict. Conflict is characterized as a recognized conflict arising from disparities in ideas, values, actions, or emotions, leading to heightened stress levels between two individuals or groups. Both parties acknowledge the conflict. Conflict cannot be averted; rather, it must be anticipated. The nurse manager and charge nurses are responsible for managing conflict situations by intervening as mediators among the workforce. The nurse manager or charge nurse should possess understanding of conflict characteristics and management approaches. Conflicts requiring resolution can alone be addressed by the charge nurse. These are generally disputes around resources, assignments, and scheduling. These are valid concerns of charge nurses and sources of authority; decisions about these matters should not be delegated. The charge nurse must consider all perspectives, allocate sufficient time to evaluate proposals, and communicate the final decision to the staff. Overlapping assignments, redundant efforts, and insufficient staffing are errors made by charge nurses that must be rectified promptly to mitigate misunderstanding and conflict among personnel.

Interprofessional collaboration is characterized as “a relational and respectful process among nursing colleagues that facilitates the effective utilization of the knowledge, skills, and talents of all nursing designations to attain optimal client and health system outcomes” (Canadian Nurses Association [CNA], 2020, p. 4). Effective teamwork is believed to enhance outcomes for patients and healthcare providers (Registered Nurses Association of Ontario, 2019), and to diminish the occurrence of missed nursing care and errors in patient care (Dougherty & Larson, 2020). Moreover, intraprofessional collaboration has been linked to a reduction in hospital-acquired pressure ulcers and patient falls (Ma et al., 2019). Given the existence of over 19.4 million professional nurses globally (World Health Organization, 2020) and the advantages of effective collaboration for patient care, intraprofessional collaboration among nurses is essential in the contemporary healthcare system.

Kowalski et al. (2019) define an effective work environment as one characterized by respect, collaboration, leadership, autonomy, adequate staffing, and organizational commitment to nursing. Working among healthcare personnel (Schön Persson et al., 2019).

Collaboration was positively correlated with work satisfaction, quality of care, efficacy, and nurse retention (Ulrich, Barden, Cassidy, & Varn-Davis, 2019). Research indicates that a conducive work atmosphere improves job satisfaction among healthcare professionals (Lin, Lai, Huang, Huang, & Hsieh, 2020; Ulrich et al., 2019) and facilitates high-quality care (Schön Persson, Nilsson Lindström, Pettersson, Nilsson, & Blomqvist, 2020). Norman and Strømseng Sjetne (2019) identified that the primary domains influencing nurses’ impressions of the work environment are collaborative connections with colleagues, supportive management, professional practice, and autonomy.

### Level of work engagement of nurses

**Table 3**

<b>Vigor</b>	<b>Mean</b>	<b>Std. Deviation</b>
1. At my work, I feel bursting with energy.	3.13	1.127
2. I find the work that I do full of meaning and purpose.	3.40	.965
3. Time flies when I am working.	3.18	1.108
4. At my job, I feel strong and vigorous.	3.49	1.012
5. I am enthusiastic about my job.	3.36	1.129
6. When I am working, I forget everything else around me.	3.78	.704
<b>Vigor_mean</b>	3.43	.496
<b>Dedication</b>		
1. My job inspires me.	3.30	.931
2. I feel happy when I am working intensely.	3.21	1.099

3. I am proud of the work that I do.	2.35	1.058
4. I am immersed in my work	3.54	.907
5. I can continue working for very long periods at a time.	3.28	1.258
<b>Dedication_mean</b>	3.23	.546
<b>Absorption</b>		
1. To me, my job is challenging.	4.14	.665
2. I get carried away when I am working.	3.23	1.198
3. At my job, I am very resilient, mentally.	3.70	.826
4. It is difficult to detach myself from my job.	3.07	1.086
5. At my work, I always persevere, even when things do not go well.	3.45	.960
<b>Absorption_mean</b>	3.31	.416
<b>Overall</b>	3.28	.259

Table 3 illustrates the mean and standard deviation of respondents' assessment on the nurses' work engagement. The work engagement of nurses is subdivided into three dimensions. These are vigor, dedication and absorption. The findings indicate that participants perceive them "Sometimes" performing the indicators indicated above as reflected in the overall mean of 3.28.

In terms of Vigor, respondents in general "Sometimes" perform the indicators mentioned as reflected in its Mean of 3.43

Among all indicators in the dimension of Vigor, the highest-rated was "*When I am working, I forget everything else around me*" (M=3.78,SD=.704). On the other hand, the lowest indicator rated was "*At my work, I feel bursting with energy*" (M=3.13,SD=1.127). Nurses often have busy days, balancing a wide range of duties that include patient care, documentation, communication, and administrative tasks. These duties can be physically and emotionally demanding, especially in high-pressure environments like hospitals. Nurses also face challenges such as staff shortages, burnout, and the emotional toll of witnessing patient suffering.

In terms of Dedication, respondents in general "Sometimes" perform the indicators mentioned as reflected in its Mean of 3.23

Among all indicators in the dimension of Dedication, the highest-rated was "*I am immersed in my work*" (M=3.54,SD=.997). On the other hand, the lowest indicator rated was "*I feel happy when I am working intensely*" (M=3.21,SD=1.1099). The result implies that a nurse's work dedication is demonstrated through their consistent commitment to providing excellent patient care, going beyond the call of duty, and maintaining a positive work attitude. This includes showing compassion, attention to detail, and a willingness to learn and grow professionally.

In terms of Absorption, respondents in general “Sometimes” perform the indicators mentioned as reflected in its Mean of 3.31

Among all indicators in the dimension of Absorption, the highest-rated was “*At my job, I am very resilient, mentally.*” (M=3.70,SD=.826). On the other hand, the lowest indicator rated was “*It is difficult to detach myself from my job*” (M=3.07,SD=1.086).

Work engagement is characterized as a 'positive, rewarding job-related state of mind' and well-being at work, marked by vigor, devotion, and absorption (Schaufeli et al., 2019). Work involvement varies; nonetheless, it is generally acknowledged that it manifests as a heightened level of energy, or vigor, and a strong identification with one's work (Bakker et al., 2019). Work engagement transcends individual or immediate contexts, which may be characterized by alternative forms of engagement, such as patient or therapeutic engagement, reflecting a comprehensive psychological disposition towards one's work (Leiter and Bakker, 2019).

The defining features are the characteristics that both delineate and distinguish the concept (Walker & Avant, 2021). Work engagement is a gratifying, affirmative occupational mindset defined by three primary elements: devotion, absorption, and vigor. Each component is delineated according to its influence on the individual in their professional context. Vigor is defined by mental resilience and elevated energy levels throughout work. It is the readiness to apply effort in one's endeavors and to persevere under challenging circumstances. Dedication is defined by profound engagement in one's task. It encompasses passion, inspiration, pride, a sense of significance, and challenge. Absorption is defined by a profound engagement in one's tasks, marked by intense attention where time seems to elapse rapidly, making it challenging to disengage from work (Schaufeli & Salanova, 2019).

Wong et al. (2020) delineated three interconnected aspects of nurses' job engagement: a 'calling' that facilitates a sense of meaningfulness; zest, which arises from experiencing meaningfulness in one's work; and vitality, the capacity to maintain meaningfulness in professional endeavors. The two most well recognized elements of job engagement are elevated energy levels and a strong affiliation with one's work. Vigor, absorption, and devotion were identified as key characteristics of labor engagement.

Work engagement has three components—vigor, dedication, and absorption—reflecting a positive and rewarding work attitude.<sup>6</sup> Increased work engagement correlates with enhanced performance, positive emotions, and improved health and productivity among employees (Schaufeli et al., 2020). Various research has established a positive correlation between heightened work engagement and better nurse performance across diverse healthcare settings (Abdelhadi et al., 2019).

Previous studies have identified various factors influencing nurse work engagement, such as recognition, social support, job control, and nurse-physician collaboration, all positively impacting work engagement (Schaufeli et al.,

2020). Moreover, previous systematic reviews addressing the same research topic have highlighted collective factors influencing nurse work engagement. Keyko, Cummings, Yonge, Wong (Keyko et al., 2019) categorized 77 influencing factors into six categories: organizational climate, job resources, professional resources, personal resources, job demands, and demographic variables. García-Sierra, Fernández-Castro, Martínez-Zaragoza (Sierra et al., 2019) identified three groups of influencing factors: organizational, individual, and nurse managers' characteristics. However, most of these studies were conducted before the pandemic, potentially missing factors relevant to the "new normal" context.

A recent systematic review by Midje, Nyborg, Nordsteien, Øvergård, Brembo, Torp (Midje et al., 2024) analyzed work engagement antecedents deductively using the Job Demands–Resources (JD–R) model, identifying thirty-six unique antecedents categorized into job resources, personal resources, and job demands. Nevertheless, this review predominantly focused on long-term care facilities, which may not adequately represent factors in the general hospital setting. This is similar to Kato, Chiba, Shimazu, who also used the JD-R model but specifically focused on the Japanese context. Therefore, updating a comprehensive systematic review is crucial to establish robust evidence regarding the current factors impacting nurse work engagement.

Previous studies have identified various factors influencing nurse work engagement, including recognition, social support, professional autonomy, and nurse-physician collaboration, all of which have a beneficial impact on work engagement (World Health Organization). Moreover, several systematic reviews on the same research topic have highlighted the collective factors influencing nurse work engagement. Keyko, Cummings, Yonge, and Wong (Martínez-López et al., 2020) categorized 77 significant components into six classifications: organizational atmosphere, job resources, professional resources, personal resources, job demands, and demographic features. García-Sierra, Fernández-Castro, and Martínez-Zaragoza (Sampaio et al., 2020) delineated three types of relevant factors: organizational, individual, and attributes of nurse managers. Nonetheless, most of this research was conducted before the epidemic, perhaps neglecting factors relevant to the "new normal" context.

The research by Nurmeksela et al. (2021) indicates that nurse managers ought to enhance nursing practices by effectively managing and arranging nurses' work to foster a sense of support, motivation, and security among their staff. Nurse supervisors should prioritize leadership that underscores safe, patient-centered care. The administration of healthcare organizations should critically assess the job activities of nurse managers to ascertain if the existing task division facilitates the achievement of organizational objectives. The company should proactively enhance the roles of nurse managers, ideally through collaboration with peers, to align with the demands of contemporary healthcare organizations.

Aunguroch et al. (2022) assert that comprehending the determinants of job engagement in nurses is essential for delivering high-quality care and achieving favorable patient outcomes. Although various factors related to nurse

work engagement have been examined before the epidemic, many may have neglected elements pertinent to the present setting. Comprehending and tackling these complex elements comprehensively is crucial for formulating strategies to maintain optimal engagement levels among nursing personnel and enhance overall patient care results.

A recent systematic review by Midje, Nyborg, Nordsteien, Øvergård, Brembo, and Torp deductively investigated work engagement antecedents using the Job Demands–Resources (JD–R) model, identifying thirty-six distinct antecedents classified into job resources, personal resources, and job demands.

This review primarily concentrated on long-term care institutions, which may not sufficiently reflect characteristics in the general hospital environment (Midje et al., 2024).

In the domain of occupational psychological characteristics, several factors have consistently been recognized as advantageous contributors to increased work engagement. The factors include emotional labor, conflict resolution strategies, role conflict, autonomy, affective commitment to one's profession, work ethics, work values, job meaningfulness, job crafting, learning objectives, and adaptability to organizational change. Empirical data indicates that job crafting controls the significant association between a nurse's learning goal orientation and their level of work engagement (Matsou 2019). Furthermore, work meaningfulness functions as both a "mediator and moderator" in the correlation between ethical leadership and work engagement (Mostafa et al., 2020). Understanding these psychological features offers insights into nurses' interactions with their work environment, their reactions to challenges, and their involvement in professional duties.

Furthermore, competence and proficient communication abilities are favorably correlated with work engagement (Huaman et al., 2023). Proficient nurses can more efficiently navigate challenges and problem-solving situations, leading to enhanced outcomes (Hu et al., 2021). Furthermore, communication skills augment effective teamwork and collaboration. Effective communication enhances understanding among team members, reducing errors and increasing efficiency (Huaman et al., 2023).

The "organizational-related factors" include three dimensions: human resources and professional development, leadership, and organizational culture and behavior. The fundamental elements of human resource and professional development highlight the importance of creating an organization that supplies nurses with vital resources, promotes their growth (Contreras et al., 2021), meets their basic needs and well-being (Yx et al., 2023), and empowers them within the organizational framework (Odao et al., 2023). Extensive study on leadership has revealed various styles—Transformational, Transactional, Servant, Ethical, Humble, and Laissez-faire—each uniquely impacting job engagement.

Transformational leadership often inspires; but, its effectiveness may vary in challenging circumstances, necessitating adaptability. Ethical, servant, and humble leadership exemplify modern paradigms; ethical leadership underscores

moral principles, servant leadership prioritizes the needs of others, and humble leadership promotes humility, collaboration, and openness to foster inclusive and innovative team environments. This mosaic of leadership styles highlights its dynamic and context-sensitive nature, necessitating that nurse leaders and managers exhibit adaptation and tailor their styles and skills to address the evolving demands of their teams. Contreras et al. (2021).

The importance of organizational culture and behavior is emphasized, including organizational justice, perceived support, commitment, culture, identity, and social networks (Slatten et al., 2022). Recognizing unique subcultures, such as the nursing culture, highlights the need for tailored methods. Concurrently, acknowledging the impact of social networks highlights the importance of interpersonal interactions. Despite the seemingly simple nature of these variables, the provision of genuine justice, the assurance of retention commitment, and the delivery of extensive support to nursing personnel is intricate (Liu et al, 2023).

The "work environment" includes the entirety of the context and nature of the system that influences all variables, such as individual factors, organizational factors, job and role elements, and work-life balance. The significance of this work environment has been distinctly emphasized both prior to and following the pandemic, indirectly suggesting that time is a vital element in work engagement (Penturij-Kloks et al., 2023).

Positive work environments, defined by professional nursing practices, supportive atmospheres, collaboration, and quality of work-life, positively influence engagement. This influence is enabled by self-efficacy, psychological capital, and organizational climate (Li et al., 2022). Conversely, adverse conditions such as burnout, stress, emotional disorders, and exposure to psychological violence reduce work engagement. The type of hospital or unit exhibited a favorable correlation with involvement levels (Li et al., 2022). The capacity of hospitals negatively affects work engagement (Falguera et al., 2023). A comprehensive awareness of these characteristics is essential for hospital and nurse managers to grasp the dynamics of the work environment.

### **Relationship between Management Styles and work engagement and Interprofessional collaboration and work engagement of nurses**

**Table 4**

<b>Variables Paired</b>	<b>r</b>	<b>p-value</b>	<b>Remarks</b>
Management Style & Work Engagement	.193	.132	Not Significant
Interprofessional Collaboration & Work Engagement	.271	.033	Significant

Table 4 shows the relationship between Management Styles and work engagement and Interprofessional collaboration and work engagement of nurses.

Results show that the Management Style of Hospital Administrators and Work Engagement of Nurses with  $r$  value of .193 and  $p$ -value of .132 don't have significant relationship. If there's no significant relationship between the management style of hospital administrators and the work engagement of nurses, it could imply that other factors are more influential in shaping nurse engagement than the specific leadership approach of administrators. This could lead to higher levels of burnout, reduced quality of care, and increased turnover among nurses. The result of the study is supported by studies which claim that management or leadership style of hospital administrators do not impact nurses' work engagement. One study concluded that there was a highly strong significant positive correlation between each of transformational and transactional leadership styles of unit nurse manager and staff nurses work engagement. However, there was a negative significant correlation between laissez-faire leadership style of unit nurse manager and staff nurses' work engagement (Mousa et al.,2019).

On the other hand, the interprofessional collaboration of nurses and their work engagement with  $r$  value of .271 and  $p$ -value of .033 have significant relationship. This implies that if interprofessional collaboration and nurses' work engagement have a significant relationship, it implies that collaborative teamwork positively impacts nurse well-being and patient outcomes. This suggests that fostering a collaborative environment can lead to increased job satisfaction, reduced burnout, and improved quality of care.

**Table 5. Influence of Management Style and Interprofessional Collaboration on Work Engagement**

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.067	.484		4.270	.000
	MS_overall	.168	.115	.180	1.463	.149
	IC_overall	.214	.100	.262	2.128	.038

Note:  $R=.326$ ,  $R\text{-square}=.106$ ,  $F=3.498$ ,  $p=.037$

Table 5 presents the influence of Management Style and Interprofessional Collaboration on Work Engagement. Results show that management style doesn't have influence on Work Engagement with a value of .149. On the other hand the interprofessional collaboration has influence to Work Engagement with a value of .038.

## CHAPTER 4 CONCLUSIONS AND RECOMMENDATIONS

This study attempted to investigate the level of management style of Hospital Administrators, the interprofessional collaboration and work engagement of nurses and its relationship with each other.

### Findings

Based on the results the summary of findings was provided:

1. Participants perceived the Hospital Administrators “Sometimes” performing the indicators indicated above as reflected in the overall mean of 3.32. Among the specific indicators, the highest-rated was “ *Hospital Administration Help the conflict parties develop alternative solutions, select a mutually agreeable one, and develop a plan to carry it out*”. On the other hand, the lowest-rated indicator was “ *The Hospital Administration Personnel work schedules made in consideration of the effect of workload, and work hours*”.
2. In terms of Interprofessional collaboration of nurses, participants perceive them “Sometimes” performing the indicators indicated above as reflected in the overall mean of 3.16. Among the specific indicators, the highest-rated was “ *Nurses would not be willing to discuss their new practices with doctors.*” (M = 3.38, SD = 1.101). On the other hand, the lowest-rated indicator was “ *Disagreements with allied health care professionals often remain unsolved.*” (M=2.29, SD=.999).
3. In terms of work engagement of nurses, In terms of Vigor, respondents in general “Sometimes” perform the indicators mentioned as reflected in its Mean of 3.43  
 Among all indicators in the dimension of Vigor, the highest-rated was “ *When I am working, I forget everything else around me*” (M=3.78,SD=.704). On the other hand, the lowest indicator rated was “ *At my work, I feel bursting with energy*” (M=3.13,SD=1.127).  
 In terms of Dedication, respondents in general “Sometimes” perform the indicators mentioned as reflected in its Mean of 3.23  
 Among all indicators in the dimension of Dedication, the highest-rated was “ *I am immersed in my work*” (M=3.54,SD=.997). On the other hand, the lowest indicator rated was “ *I feel happy when I am working intensely*” (M=3.21,SD=1.1099).  
 In terms of Absorption, respondents in general “Sometimes” perform the indicators mentioned as reflected in its Mean of 3.31  
 Among all indicators in the dimension of Absorption, the highest-rated was “ *At my job, I am very resilient, mentally.*” (M=3.70,SD=.826). On the other hand, the lowest indicator rated was “ *It is difficult to detach myself from my job*” (M=3.07,SD=1.086).

4. The Management Style of Hospital Administrators and Work Engagement of Nurses with  $r$  value of .193 and  $p$ -value of .132 don't have significant relationship. On the other hand, the interprofessional collaboration of nurses and their work engagement with  $r$  value of .271 and  $p$ -value of .033 have significant relationship.
5. Results show that management style don't have influence to Work Engagement with a value of .149. On the other hand the interprofessional collaboration has influence to Work Engagement with a value of .038.

## **Conclusions**

Based on the findings, the following conclusions were drawn:

1. This result points out that if hospital administration actively helps conflict parties develop alternative solutions, it can lead to a more positive and productive work environment, improved patient care, and a stronger sense of team cohesion. By facilitating conflict resolution, the administration can address underlying issues, foster open communication, and encourage collaborative problem-solving, ultimately benefiting everyone involved. Moreover, result implies that it is not always that hospital administration personnel work schedules are made with consideration of workload and work hours effects. While there are efforts to improve scheduling practices and address the impact of workload on staff, the reality is more nuanced and complex.
2. This result points that the claim that nurses wouldn't discuss new practices with doctors is likely an oversimplification. While factors like power dynamics and communication challenges can sometimes hinder open dialogue, nurses and doctors do collaborate on patient care, and nurses may actively seek to engage in discussions about new practices. In addition, the result means that there are still disagreements among health care workers which are not settled. Unresolved disagreements between allied health care professionals can negatively impact patient care, potentially leading to reduced quality, delayed treatments, and increased patient risk. These disagreements can also contribute to decreased morale and productivity within the healthcare team, impacting the overall effectiveness of the healthcare system.
3. Nurses often have busy days, balancing a wide range of duties that include patient care, documentation, communication, and administrative tasks. These duties can be physically and emotionally demanding, especially in high-pressure environments like hospitals. Nurses also face challenges such as staff shortages, burnout, and the emotional toll of witnessing patient suffering. Despite this, they maintain a good level of vigor, dedication and absorption in their job.
4. The Management Style of Hospital Administrators and Work Engagement don't have a significant relationship. On the other hand, the

interprofessional collaboration of nurses and their work engagement have significant relationships.

5. Results show that management style doesn't have influence to Work Engagement. On the other hand, interprofessional collaboration has influence to Work Engagement.

## **Recommendations**

Based on the findings, the following recommendations were drawn:

1. To resolve conflicts among healthcare professionals, effective communication, empathy, and collaboration are key. This involves active listening, understanding different perspectives, and seeking common ground. Additionally, establishing clear policies and procedures for conflict resolution, and fostering a culture of open communication and accountability, can contribute to a more positive and productive work environment.
2. To effectively manage nurse schedules and workloads, it's crucial to consider factors like ensuring adequate rest, balancing workloads, and utilizing time-saving strategies. Prioritizing daily tasks, delegating when possible, and avoiding multitasking can improve efficiency. Adequate rest periods, especially between long shifts, are essential for preventing burnout and maintaining peak performance. Optimizing scheduling practices to balance workload, shift types, and weekends/holidays can also improve job satisfaction and well-being.
3. When disagreements among allied health care professionals persist, prioritizing open communication, seeking neutral mediation, and leveraging established conflict resolution mechanisms are crucial steps. Focusing on patient outcomes and common goals can help de-escalate tensions and facilitate productive discussions. Additionally, documenting the issue and providing follow-up can ensure transparency and prevent recurrence.
4. To enhance interprofessional collaboration and work engagement of nurses, focus on improving communication, fostering mutual respect, and recognizing achievements. Utilize technology, encourage open dialogue, and implement strategies like team-building exercises and performance-based incentives.

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**Appendix A**  
**Letter to Conduct the Study**



**BROKESHIRE COLLEGE**  
Madapo, Davao City  
**MASTER OF ARTS IN NURSING PROGRAM**

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Dear Respondent,

Good day!

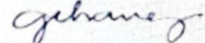
I am Shella Mae B. Cabrezos, a student in the Masters of Arts in Nursing of the Graduate School Program of Brokenshire College Inc. I am currently conducting my thesis entitled "**Management Style and Interprofessional Collaboration as Predictors of Work Engagement of Nurses Among the selected Private Health Facility in Bukidnon**".

In this regard, I would like to request your participation and cooperation by filling out this questionnaire. Your help will greatly contribute to the success of this study. Rest assured that the information will be handled with outmost confidentiality.

Thank you very much.

  
Shella Mae B. Cabrezos  
Researcher

Noted by:

  
**DR. GRETCHEN B. CHAVEZ**  
Dean, Graduate School

## APPENDIX B Thesis Tool Validation

BROKESHIRE COLLEGE, INC.  
GRADUATE SCHOOL  
**VALIDATION FORM FOR THE  
QUANTITATIVE QUESTIONNAIRE**

Dr. Vimar C. Conmigo, RN  
Dean of Nursing

Name of Evaluator : \_\_\_\_\_  
 Degree : \_\_\_\_\_  
 Position : Dean of Nursing  
 Number of Years in Teaching : 20 y0

**To the Evaluator:** Please check the appropriate box for your rating:

- Point Equivalent:    5    - Excellent  
                               4    - Very Good  
                               3    - Good  
                               2    - Fair  
                               1    - Poor

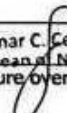
	5	4	3	2	1
1.) <b>Clarity of Directions and Items.</b> The vocabulary level, language structure and conceptual of the questions suit the level of the respondents. The test direction and items are written in a clear and understandable manner.	/				
2.) <b>Presentations / Organization of Items</b> The items are organized in logical manner.		/			
3.) <b>Suitability of Items</b> The items appropriately represent the substance of the research. The questions are designed to determine the conditions, knowledge, skills and attitudes that are supposed to be measured.			/		
4.) <b>Adequateness of Items per Category</b> The items represent the coverage of the research adequately. The number of questions per category is representative enough of all questions needed for the research.			/		
5.) <b>Attainment of the Purpose</b> The instrument as a whole fulfills the objective for which it was constructed					
6.) <b>Objectivity</b> Each item question only one specific answer or measure only one behavior and no aspect of the questionnaire suggests bias on the part of the research.			/		
7.) <b>Scale and Evaluation in Rating System</b> The scale adopted is appropriate for the items.	/				

**Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 Dr. Vimar C. Conmigo, RN  
 Dean of Nursing  
 Signature over Printed Name  
 Page 1 of 1

**BROKENSHERE COLLEGE, INC.  
GRADUATE SCHOOL  
VALIDATION FORM FOR THE  
QUANTITATIVE QUESTIONNAIRE**

Name of Evaluator : DR. MA. DYNAH PETILONA  
 Degree : \_\_\_\_\_  
 Position : ALLIED HEALTH DEAN  
 Number of Years in Teaching : 30 YRS

**To the Evaluator:** Please check the appropriate box for your rating:

- Point Equivalent: 5 - Excellent  
 - Very Good  
 - Good  
 - Fair  
 - Poor

	5	4	3	2	1
<b>Clarity of Directions and Items.</b> The vocabulary level, language structure and conceptual of the questions suit the level of the respondents. The test direction and items are written in a clear and understandable manner.	/				
<b>Presentations / Organization of Items</b> The items are organized in logical manner.	/				
<b>Suitability of Items</b> The items appropriately represent the substance of the research. The questions are designed to determine the conditions, knowledge, skills and attitudes that are supposed to be measured.	/				
<b>Adequateness of Items per Category</b> The items represent the coverage of the research adequately. The number of questions per category is representative enough of all questions needed for the research.	/				
<b>Attainment of the Purpose</b> The instrument as a whole fulfills the objective for which it was constructed	/				
<b>Objectivity</b> Each item question only one specific answer or measure only one behavior and no aspect of the questionnaire suggests bias on the part of the research.	/				
<b>Scale and Evaluation in Rating System</b> The scale adopted is appropriate for the items.	/				

Remarks: The tool is adopted with author

*Dr. Ma. Dynah Petilona*  
Dr. Ma. Dynah Petilona  
 Signature over Printed Name

BROKESHIRE COLLEGE, INC.  
GRADUATE SCHOOL

**VALIDATION FORM FOR THE  
QUANTITATIVE QUESTIONNAIRE**

Name of Evaluator : DR. GRETCHEN CHAVEZ  
 Degree : \_\_\_\_\_  
 Position : GS DEAN  
 Number of Years in Teaching : 14YRS

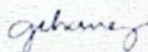
**To the Evaluator:** Please check the appropriate box for your rating:

- Point Equivalent: 5  Excellent  
 - Very Good  
 - Good  
 - Fair  
 - Poor

	5	4	3	2	1
<b>Clarity of Directions and Items.</b> The vocabulary level, language structure and conceptual of the questions suit the level of the respondents. The test direction and items are written in a clear and understandable manner.	/				
<b>Presentations / Organization of Items</b> The items are organized in logical manner.	/				
<b>Suitability of Items</b> The items appropriately represent the substance of the research. The questions are designed to determine the conditions, knowledge, skills and attitudes that are supposed to be measured.	/				
<b>Adequateness of Items per Category</b> The items represent the coverage of the research adequately. The number of questions per category is representative enough of all questions needed for the research.		/			
<b>Attainment of the Purpose</b> The instrument as a whole fulfills the objective for which it was constructed		/			
<b>Objectivity</b> Each item question only one specific answer or measure only one behavior and no aspect of the questionnaire suggests bias on the part of the research.	/				
<b>Scale and Evaluation in Rating System</b> The scale adopted is appropriate for the items.	/				

Remarks:

Provide new Work Engagement tool. The tool is adopted with author

  
**Dr. Gretchen B. Chavez**  
 Signature over Printed Name

**APPENDIX C  
Survey Questionnaire**

**TITLE OF THE STUDY:** *Management Style and Interprofessional Collaboration as Predictors of Work Engagement of Nurses Among the selected Private Health Facility in Bukidnon.*

### **PURPOSE OF STUDY**

You are being invited to take part in a research study. Before you choose to participate, it is important that you understand the purpose of the study and what it will involve. Kindly read the information below carefully. If anything is unclear or if you require further details, please feel free to ask the researcher.

The purpose of this study is to identify the factors influencing nurse work engagement at a selected private health facility in Bukidnon, with particular emphasis on management style and interprofessional collaboration.

### **STUDY PROCEDURE**

Participating in this study requires you to complete questionnaires provided by the researcher. Your responses will be collected and combined with others. It will take around 15 to 20 minutes to fill out the questionnaires, after which you will return them to the researcher.

### **RISKS**

There are no anticipated risks involved in participating in this study. You are free to refuse to answer any question or withdraw from the study at any time, should you choose to do so.

### **POTENTIAL BENEFITS**

Your participation in the study could help shape future strategies and policies aimed at improving nurse work engagement, benefiting both individuals and the broader healthcare community. Ultimately, participating in this research could contribute to enhanced job satisfaction, career growth, and better patient care outcomes in the long term.

### **CONFIDENTIALITY**

Your responses in this interview will remain anonymous. The researcher will take all necessary steps to protect your confidentiality, including using code names or numbers for participants on all research notes and documents. Any information that could identify you will be kept confidential and will only be shared with your consent.

### **CONTACT INFORMATION**

If you have any questions or concerns about the study at any time, or if you feel uncomfortable due to your participation, you can contact the researcher using the contact information provided on the first page. Your well-being and understanding are important, and the researcher is available to address any issues you may have.

## **VOLUNTARY PARTICIPATION**

Your involvement in this study is completely voluntary, and you have the freedom to decide whether or not to participate. If you agree to participate, you will be asked to sign a consent form. However, even after signing, you can choose to withdraw from the study at any point, with no obligation to provide a reason. Your decision to withdraw will not affect any current or future relationship with the researcher. If you decide to withdraw before the data collection is finished, your data will either be returned to you or securely destroyed.

## **CONSENT**

I have read and comprehended the information given, and I have been allowed the opportunity to ask questions. I understand that my participation is entirely voluntary, and I can choose to withdraw at any time, without explanation or any associated cost. I am also aware that I will receive a copy of this consent form for my records. By signing, I willingly agree to take part in this study.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_  
Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

## **Management Style and Interprofessional Collaboration as Predictors of Work Engagement of Nurses Among the selected Private Health Facility in Bukidnon**

### **QUESTIONNAIRE**

**Name:** \_\_\_\_\_

**Instruction :** Please answer the following by checking the box that corresponds to your answer. Your honesty in answering is highly appreciated.

**Part 1. Level of management style of administrators** (adapted from the study of Amal Refaat Gab Allah, Hayam Ahmed Elshrief, Marwa Hassan Ageiz entitled “*Developing Strategy: A Guide For Nurse Managers to Manage Nursing Staff’s Work-related Problems*”)

<b>The Hospital Administration...</b>	<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
1. Develop a supportive climate by promoting openness and trust through discussing problem areas with them.					
2. Try to identify the source of the stress and decide how she or he can reduce or eliminate these sources.					
3. Reducing job stress (e.g., by providing more time and more concrete information, adequate staff).					
4. Clarify expectations and explain in detail how they may be expected to be evaluated.					
5. Improving coworker relations (by considering coworker compatibility when scheduled work and/or creating a work team.					
6. Recognize effective performance because failure to reward desirable behavior causes stress.					
7. Support the concept of "self-scheduling as a strategy to the growing nursing shortage".					
8. Consider permanent shift assignments according to personal needs.					

9. Personnel work schedules made in consideration of the effect of workload, and work hours.					
10. Provide a sufficient number of off-duty hours to allow an uninterrupted sleep cycle of at least 8 h.					
11. Allow open and complete discussion of the problem from each participant.					
12. Help the conflict parties develop alternative solutions, select a mutually agreeable one, and develop a plan to carry it out					
13. Giving staff authority, tools, and information they needed to do their jobs.					
14. Remove traditional blocks between the employee and the work to be performed					
15. Help the conflict parties develop alternative solutions, select a mutually agreeable one, and develop a plan to carry it out.					

**Part II. Extent of Interprofessional collaboration of nurses** (Part II is adapted from Chris KEnaschuk Intreprofessional collaboration scale.)

	Always	Often	Sometimes	Rarely	Never
1. Nurses have good understanding with the doctors in their					

respective responsibilities.					
2. Doctors are usually willing to take into account the convenience of nurses in when planning their work.					
3. Doctors would not be willing to discuss their new practices with nurses.					
4. Nurses and allied health staff have similar idea on how to treat patients.					
5. Medical staff anticipates when nurses need their help.					
6. The allied staff do not usually for medical staffs' opinion.					
7. Nurses would not be willing to discuss their new practices with doctors.					
8. Allied staffs are willing to discuss medicine issues.					
9. Allied staff would anticipate when doctors will need their help.					
10. Disagreements with allied health care professionals often remain unsolved.					

**Part III. Work Engagement** This section is adapted from Schaufeli and Bakker (2003) and measures three key dimensions: (1) Vigor, (2) Dedication, and (3) Absorption.

	Always	Often	Sometimes	Rarely	Never
<i>Vigor</i>					
1. At my work, I feel bursting with energy					
2. At my job, I feel strong and vigorous					
3. When I get up in the morning, I feel like going to work					
4. I can continue working for very long periods at a time					
5. At my job, I am very resilient, mentally					
6. At my work I always persevere, even when things do not go well					
<i>Dedication</i>					
1. I find the work that I do full of meaning and purpose					
2. I am enthusiastic about my job					
3. My job inspires me					

4. I am proud on the work that I do					
5. To me, my job is challenging					
<i>Absorption</i>					
1. Time flies when I'm working					
2. When I am working, I forget everything else around me					
3. I feel happy when I am working intensely					
4. I am immersed in my work					
5. I get carried away when I'm working					
6. It is difficult to detach myself from my job					

**APPENDIX D  
ETHICS CLEARANCE**



## APPENDIX E CURRICULUM VITAE



**SHELLA MAE  
CABREZOS**  
HEAD NURSE

### About Me

Dedicated and compassionate Registered Nurse with 9 years of experience providing high-quality patient care across various healthcare settings. Proven expertise in clinical assessments, patient advocacy, and health education. Strong background in collaborating with interdisciplinary teams to deliver optimal patient outcomes. Currently pursuing a Master's degree to further develop leadership skills and transition into a Nurse Leader role.

### Education

- **Bachelor of Science in Nursing**  
2010-2014  
*Bukidnon State University, Malaybalay City Bukidnon*
- **Masters of Arts in Nursing**  
2022- up to present  
*Brokenshire College, Davao City*

### Contact

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-  kirashell\_13@yahoo.com

### Skills and Competencies

- Professional**
  - Responding calmly to emergency situations.
  - Assessing, planning, implementing and evaluating individualized patient care.
- Personal**
  - Can quickly gain the trust of people.
  - Having a professional and friendly attitude when talking to patients or colleagues.
  - Ability to work in a multi-disciplinary environment.

#### Problem Solving



#### Creativity



#### Leadership



### Work Experience

- **Simbulan Santo Nino Hospital,  
Don Carlos Bukidnon**  
Jan. 2019 and up to present  
*Head Nurse*
  - Nurse management
  - Instructional skills
  - Problem-solving
  - Technological proficiency
- **Department of Health (DOH, Region X)**  
Jan. 2018 - Dec. 2018  
*Nurse Deployment Program*
  - Nurse in the barrio
  - Collaborate with other development teams.
- **Simbulan Santo Nino Hospital,  
Don Carlos Bukidnon**  
Sept. 2015 - Jan. 2018  
*Staff Nurse*
  - Specializing in the WARD, NICU and DR