Work engagement in nursing: an integrative review of the literature

ROSA GARCÍA-SIERRA RN, MSc¹, JORDI FERNÁNDEZ-CASTRO PhD² and FERMÍN MARTÍNEZ-ZARAGOZA PhD³

¹PhD student, Consorci Sanitari de Terrassa, Universitat Autònoma de Barcelona, Barcelona, ²Research Professor, Stress and health Research Group, Department of Basic Psychology, Universitat Autònoma de Barcelona, Barcelona and ³Lecturer, Department of Health Psychology, Universidad Miguel Hernández, Elche, Spain

Correspondence
Rosa García-Sierra
Consorci Sanitari de Terrassa
Universitat Autònoma de Barcelona
Carretera Torrebonica s/n
08227 Terrassa (Barcelona)
Spain
E-mail: rgarcias@cst.cat


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Aim To critically review empirical research about work engagement in nursing and to synthesise the findings to better understand this construct.

Background Empirical research shows that engagement is positively related to work performance, workers’ health and client loyalty in different professions. It is, therefore, necessary to increase our understanding about engagement in nursing.

Evaluation An integrative literature search was conducted to identify articles and studies on work engagement in nursing that were published between January 1990 and December 2013 in the following databases: PsycINFO, MEDLINE and CINAHL.

Key issues The factors that influence engagement were divided into four areas of analysis: organisational antecedents; individual antecedents; and factors related to managers’ leadership and outcomes of engagement.

Conclusion There is clear evidence that the quality of care by nurses improves through engagement. However, this depends on contextual factors such as structural empowerment and social support and on dispositional factors such as efficacy and optimism. It is also evident that nurse managers are key to promoting engagement.

Implications for nursing management Nursing managers and leaders may promote improvements in leadership behaviours and a context of optimism and self-efficacy as a way of increasing work engagement.

Keywords: engagement, leadership, management, nursing

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Introduction

According to World Health Organisation statistics (WHO 2006), there are 59.2 million full-time health workers in the world, more than two-thirds of them are direct-care staff, and 71% of these are nurses and midwives. Research shows that nurses are essential to health maintenance and suggests that a higher number of nursing staff is related to better patient results (Lankshear et al. 2005). In contrast, when the nurse–patient ratio decreases, death and therapeutic failure are more likely (Aiken et al. 2002). To be exact, a recently published study of 300 hospitals in nine countries shows that when a nurse’s workload is increased
by one patient, mortality increases by 7% and that every 10% increase in the number of qualified nurses is associated with a 7% decrease in mortality (Aiken et al. 2014).

These factors highlight the fact that if the healthcare world is to adapt to new social and economic challenges, there will be a need for professional proactive nurses who have initiative, take on the responsibility for their professional development and are committed to high standards of quality. It is these qualities that Bargagliotti (2012) suggests are included within the construct known as work engagement. Work engagement stems from positive psychology, which proposes the study of factors of normal and satisfactory activity rather than those of mental disorders, and in this sense, engagement was first conceived as the opposite of burnout (Maslach & Leiter 1997).

Schaufeli et al. (2002) defined work engagement as ‘...a positive, fulfilling work-related state of mind, and characterised by vigour, dedication and absorption’. Vigour refers to the willingness to invest effort in one’s work, dedication is related to involvement, and absorption is related to concentration and being engrossed in one’s work (Schaufeli et al. 2002).

People with high levels of engagement show positive attitudes towards their jobs and organisations, including job satisfaction and commitment to the company, and they do not frequently shift jobs (Demerouti et al. 2001, Schaufeli & Bakker 2004). Furthermore, those with high work engagement exhibit high learning motivation and proactive behaviours (Salanova et al. 2003, Sonnentag 2003, Schaufeli et al. 2006), and they work diligently because they enjoy their work even when they are tired, describing fatigue as pleasant because they can associate it with positive achievements (Schaufeli & Salanova 2008).

There are indications that the level of engagement is positively associated with job performance in terms of financial benefits, greater client loyalty and better adaptation to the working environment (Schaufeli & Salanova 2007, Xanthopoulou et al. 2009, Halbesleben 2010). Empirical studies are also available that indicate that engagement is positively related to health. For example, engaged employees have been shown to suffer less from depression and stress and to have fewer psychosomatic symptoms (Demerouti et al. 2001, Schaufeli & Bakker 2004).

The literature shows that both labour and personal resources are important predictors of engagement; working environments with adequate labour resources foster engagement, especially when the work is highly demanding, and personal resources such as self-esteem, optimism and self-efficacy are also useful for coping with the everyday demands of working life (Bakker et al. 2011). In 2009a, Simpson conducted a systematic review to synthesise the research about engagement in the organisational psychology, business and nursing literature.

Simpson (2009a) wanted to review engagement in nursing, but given the limited number of publications, she extended it to any working environment. We are now able to overcome this limitation because research on work engagement in nursing has greatly increased.

Objectives

The objectives of this integrative review were: (1) to critically review empirical research about work engagement in nursing; and (2) to synthesise the findings to better understand this construct within the nursing context.

Method

An integrative review was conducted following the steps by Whittemore and Knafl (2005) to ensure a systematic and rigorous review. Using this framework, five stages were followed: research questions were identified, a literature search was conducted, data were evaluated then analysed and results were presented.

Literature search

First, an electronic search was made of literature published between January 1990 and December 2013 using the following databases: Psychology Information (PsycINFO), National Library of Medicine (MEDLINE) and Cumulative Index for Nursing and Allied Health Literature (CINAHL). Because the search was aimed at documents in which work engagement in nursing was the central theme of the research, the key words used were ‘engagement’ AND ‘nurses*’ in the title.

In addition to this, a manual review of the reference lists of selected articles was performed. Six more articles were found and included (ancestry searching).

Inclusion criteria were: (1) the sample included staff nurses; (2) the study was published in English, French or Spanish and in a scientific journal; and (3) the study was empirical. Research that was conducted by
students and papers presented at congresses were excluded.

**Search outcome**

All publications that contained the key words were included, and articles were selected from among these according to the inclusion criteria, based first on the title, then on the abstract, and finally on the overall content. Figure 1 illustrates the literature search and article selection process (see also Moher et al. 2009).

**Quality appraisal**

As Whittemore and Knafl (2005) stated, there is no gold standard for appraising and interpreting the quality of reviews. They argue that quality appraisal should not be a criterion for deciding whether to include an article in an integrative review and that all of the studies that meet given inclusion criteria should be taken into account regardless of the methodological quality.

Cooper (1998) suggested that extracting methodological characteristics from primary studies could be useful for evaluating the general quality of research in systematic reviews and meta-analyses. The methodological details that we considered relevant for evaluating the quality of the research we selected are shown in Table 1. The criteria evaluated refer to the quality of the data and samples evaluated using Cronbach’s alpha, sample size and response percentage. We also evaluated sampling methods and sample representativeness. The latter was categorised by considering the nursing specialties that were included in the sample, the numbers of centres or organisations and the categories of the health-care professionals who were involved. Studies were categorised as ‘Low’ representativeness (i.e. one specialty, only registered nurses (RNs); one organisation), ‘Medium’ representativeness (i.e. two specialties at least, or two organisations, or both RNs and other nursing staff) and ‘High’ representativeness (i.e. multiple specialties and organisations; RNs and other nursing staff, including advanced professional nurses).

**Data abstraction and synthesis**

During this phase, the studies were divided into groups according to whether engagement was used in the study as a dependent or an independent variable. Next, tables were developed to outline the relationships between the antecedents and the outcomes of engagement. As a result of the analysis and synthesis of the selected literature, three major themes emerged: engagement, its antecedents and outcomes and nurse managers’ impact upon it.

**Results**

Twenty-seven studies were analysed, 24 quantitative and three qualitative. The methodological characteristics of all of the articles analysed are shown in Table 1. The quantitative studies that were analysed gave Cronbach’s alpha values of between 0.72 and 0.93, indicating high reliability. Participants’ response rates ranged between 14% (the lowest) and 90% (the highest), and only eight studies had over 60% participation. Sample sizes were generally very extensive, higher than 100 in all of the quantitative studies except for three. Sample representativeness (following the criteria given in the ‘quality appraisal’ section)
was between medium and high. The study designs were primarily cross-sectional, with only two longitudinal studies. It is also possible to appreciate (Tables 2 and 3) that the most used measure instrument was the Utrecht work engagement scale (UWES) (Schaufeli et al. 2002), whereas the Maslach burnout inventory (MBI) (Maslach et al. 1996) was only used in two studies.

After the articles were carefully read, analysed and synthesised, four major themes emerged: (1) organisational antecedents of engagement; (2) individual antecedents of engagement; (3) characteristics of the impact of nurse managers on engagement; and (4) outcomes of engagement.

Organisational antecedents

The most relevant characteristics from the 17 research papers that studied the organisational predictors of work engagement are shown in Table 2. The factors studied were varied, although the factor related to managers’ leadership stood out as the most studied (in six of the studies), and thus, we will discuss leadership in a separate section.

Areas of work-life

In their study, Bamford et al. (2013) report that 22.1% of the variance in engagement was explained by the six areas of work-life conceptualised by Maslach and Leiter (1997).

These six areas were workload, control, reward, community, fairness and value congruence between company and employees. Fiabane et al. (2013) found significant and positive correlations between reward, fairness and values and the three dimensions of engagement. This study also found a significant association between personal factors such as mental health, locus of control and job satisfaction, and engagement, showing correlations between 0.26 and 0.53.

Structural empowerment

Another concept related to organisational aspects was structural empowerment, which is based on a theory by Kanter (1993). Structural power, as defined in the theory, entails access to resources, information and support. Cho et al. (2006) studied structural empowerment in nurses who had less than 2 years of nursing experience and found that it fostered their engagement.
<table>
<thead>
<tr>
<th>Author and year</th>
<th>Conceptual framework</th>
<th>Independent variable</th>
<th>Dependent variable</th>
<th>Health specialty</th>
<th>Country</th>
<th>Instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdelhadi and Drach-Zahavy (2012)</td>
<td>Patient-Centred Care</td>
<td>Service climate</td>
<td>Patient-centred care behaviours</td>
<td>40 Wards of retirement homes</td>
<td>Israel</td>
<td>UWES-16</td>
</tr>
<tr>
<td>Adriaenssens et al. (2011)</td>
<td>Job Demand Control Support</td>
<td>Personal characteristics, Job characteristics, Organisational variables</td>
<td>Job satisfaction, Turnover intention, Work engagement, Psychosomatic distress, Fatigue</td>
<td>15 Emergency departments</td>
<td>Belgium</td>
<td>UWES-9</td>
</tr>
<tr>
<td>Bamford et al. (2013)</td>
<td>Authentic Leadership</td>
<td>Managers’ authentic leadership, Match in the six areas of work-life</td>
<td>Nurses’ work engagement</td>
<td>Acute care hospitals</td>
<td>Canada</td>
<td>UWES-9</td>
</tr>
<tr>
<td>Brunetto et al. (2013)</td>
<td>Social Exchange Theory</td>
<td>Organisational support, Supervisor–subordinate relationships</td>
<td>Engagement, Well-being, Organisational commitment, Turnover intentions</td>
<td>7 Private hospitals</td>
<td>Australia USA</td>
<td>UWES-9</td>
</tr>
<tr>
<td>Cho et al. (2006)</td>
<td>Kanter’s Theory</td>
<td>Structural empowerment</td>
<td>Organisational commitment</td>
<td>Acute care hospitals</td>
<td>Canada</td>
<td>MBI</td>
</tr>
<tr>
<td>Fiabane et al. (2013)</td>
<td>Areas of Work-life</td>
<td>Organisational factors, Personal factors</td>
<td>Work engagement</td>
<td>4 Long-stay wards</td>
<td>Italy</td>
<td>MBI</td>
</tr>
<tr>
<td>Freeney and Tiernan (2009)</td>
<td>Areas of Work-life</td>
<td></td>
<td>Acute care hospital, Psychiatric hospital</td>
<td>Ireland</td>
<td>Semi-structured focus groups</td>
<td></td>
</tr>
<tr>
<td>Jenaro et al. (2011)</td>
<td>Job Demands–Resources Model</td>
<td>Psychological adjustment, Job satisfaction, Job features</td>
<td>Work engagement</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Opie et al. (2010)</td>
<td>Adaptation of Job Demands–Resources (JD-R) Model</td>
<td>Job demands, Job resources</td>
<td></td>
<td>Remote area</td>
<td>Australia</td>
<td>UWES-9</td>
</tr>
<tr>
<td>van Bogaert et al. (2012)</td>
<td>Nurse Practice Environment</td>
<td>Practice environment, Workloads</td>
<td></td>
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<tr>
<td>van Bogaert et al. (2013)</td>
<td>Nurse Practice Environment</td>
<td>Work engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wong et al. (2010)</td>
<td>Authentic Leadership</td>
<td>Authentic leadership</td>
<td></td>
<td>College of Nurses of Ontario</td>
<td>Canada</td>
<td>UWES-9</td>
</tr>
</tbody>
</table>

UWES, Utrecht work engagement scale.
Social support

In general, positive work experiences that are related to work climate and support increase engagement, as shown in studies by van Bogaert et al. (2013) and Abdelhadi and Drach-Zahavy (2012). In a similar sense, Brunetto et al. (2013) found that perceived organisational support predicted engagement. However, in a study by Adriaenssens et al. (2011), other organisational variables such as staff ratios and availability and quality of material resources and rewards explained only 4% of the variance in engagement.

In relation to work teams, in a study that was conducted using semi-structured focus groups, Freeney and Tiernan (2009) found that feeling part of a community created a pleasant atmosphere and that this was a key element to engaging nurses in their work. Brunetto et al. (2013) also obtained results along this line. Othman and Nasuradin (2012), however, concluded that work colleagues did not have a significant effect on engagement, and in their study, work overload, lack of autonomy, high responsibility, insufficient reward and lack of impartiality or fairness were found to be barriers to work engagement.

Finally, Jenaro et al. (2011) observed that some work-related characteristics such as satisfaction with the workplace, quality of working life, low social dysfunction and low stress associated with patient care were also predictors of engagement.

Individual antecedents

Details of the studies about the individual factors among nurses that were described as antecedents to engagement are shown in Table 3. These factors are varied, and it was difficult to identify factors that were discussed in multiple studies.

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Conceptual framework</th>
<th>Independent variable</th>
<th>Dependent variable</th>
<th>Health specialty</th>
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<th>Instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakibinga et al. (2012)</td>
<td>Self-Tuning Model</td>
<td>Role stress, Optimism, Hardy personality, Emotional competence</td>
<td>Burnout, Work engagement</td>
<td>2 Health centres</td>
<td>Uganda</td>
<td>Depth interviews</td>
</tr>
<tr>
<td>Garrosa et al. (2011)</td>
<td>Job Demands–Resources Model</td>
<td>Education level, Moral distress, Critical reflective practice</td>
<td>Work engagement</td>
<td>4 General hospitals</td>
<td>Spain</td>
<td>UWES-17</td>
</tr>
<tr>
<td>Lawrence (2011)</td>
<td>Critical Reflective Practice</td>
<td>Family mastery, Job demand</td>
<td>Work engagement</td>
<td>1 Hospital</td>
<td>China</td>
<td>UWES-9</td>
</tr>
<tr>
<td>Lu et al. (2011)</td>
<td>Work-to-Family Enrichment and Family-to-Work Enrichment</td>
<td>Self-transcendence</td>
<td>Work engagement</td>
<td>Critical-care nurses conference</td>
<td>USA</td>
<td>UWES-17</td>
</tr>
<tr>
<td>Palmer (2010)</td>
<td>Bandura’s Social Cognitive Theory</td>
<td>Transformational leadership, Self efficacy</td>
<td>Nurses’ extra-role performance</td>
<td>1 Hospital</td>
<td>Portugal</td>
<td>UWES-11</td>
</tr>
<tr>
<td>Salanova et al. (2011)</td>
<td>Mobley’s Model of Turnover</td>
<td>Job satisfaction, Turnover cognitions, Job search behaviour, Self acceptance, Self-actualisation, Self-transcendence, Perceived workload</td>
<td>Work engagement</td>
<td>General Hospital</td>
<td>Netherlands</td>
<td>UWES-15</td>
</tr>
</tbody>
</table>

UWES, Utrecht work engagement scale.
Personal traits
Three personal resources were studied by Garrosa et al. (2011), although optimism was the only one that had a moderate effect on engagement. Another characteristic that correlated positively with engagement was self-transcendence (Palmer 2010), understood as the ability to extend self-conceptual boundaries multidimensionally (i.e. intrapersonally, interpersonally and temporally). It was also understood as a characteristic of maturity that enables integration of the concepts of living, aging and dying. However, Tomic and Tomic’s (2010) study was only able to show a weak negative association between this characteristic and the UWES vigour survey.

Social cognitive theory defines self-efficacy as ‘beliefs in one’s capacities to organise and execute the courses of action required to produce given attainments’ (Bandura 1997). Salanova et al. (2011) confirmed a positive relationship between self-efficacy and work engagement.

A multidimensional study on how nurses perceived having the skills to develop their work successfully (Walker & Campbell 2013) showed that social intelligence—the extent to which people perceive their ability to adapt and interact in social work situations—was a predictor of work engagement in the framework of work readiness.

Vinje and Mittelmark (2007) conducted a qualitative study through in-depth interviews and found that nurses recognised that when their engagement was undermined, they needed to make changes in their lives or in their work focus to balance work demands and resources, which was possible through sensibility, reflection and introspection. Some years later, in 2012, Bakibinga and colleagues conducted similar research, combining phenomenology and hermeneutics to analyse the self-tuning model, which is a self-care strategy that involves coping responses to avoid burn-out and preserve engagement. This research concluded that nurses coped with stress and maintained work engagement through the same resources: introspection, sensibility and reflection.

Professional characteristics
Simpson (2009b) developed a model that explained 46% of engagement variance with three predictors: professional status, thoughts of leaving the profession and social interaction.

Different studies have reported contradictory results in relation to number of years of experience. Jenaro et al. (2011) found that years of experience in a ward did not influence the average levels of engagement, although later, in 2013, Bamford and colleagues found that the number of years of experience explained 4.8% of the variance in engagement.

Family issues
Lu et al. (2011), using a longitudinal design, demonstrated that family mastery had a significant, positive, cross-lagged effect on work engagement ($\beta = 0.16$, $P < 0.05$). Family mastery concerns the extent to which individuals control their families’ lives, and a seven-item scale developed by Pearlin & Schooler (1978) was used to measure family mastery in this investigation.

Work orientation
Critical reflective practice (CRP) (Lawrence 2011) is defined as being mindful in professional practice. That is, processing all work components—cognitive, behavioural, ethical and affective—leads to continuous growth and learning. In this research, CRP and work engagement were significantly and positively related ($r = 0.56$).

Impact of nurse managers
In 2004, Avolio et al. introduced the authentic leadership characteristics of nursing managers, which were later reviewed in a number of articles, and nurse manager leadership has become an important theme in relation to engagement in nursing. Leadership has also been considered in studies about organisational and personal factors (Tables 1 and 2). A study by Bamford et al. (2013) attributed 6.2% of the variance in engagement to leadership. Wong et al. (2010) study signalled social identification in managers as the characteristic that most directly and positively influenced nurses’ engagement. Giallonardo et al. (2010) study also showed the mediator effect of work engagement between the authentic leadership of preceptors (i.e. senior nurses who support new nurses) and the job satisfaction of new nurses (i.e. those with less than 3 years’ experience). In the same vein, Salanova et al. (2011) found a direct and significant relationship between transformational leadership and work engagement, and Othman and Nasurordin (2012) also found manager support to be a predictor of engagement.

In a study by Brunetto et al. 2013, the manager–subordinate relationship was found to be a predictor of engagement in a sample from Australia. However, this was not the case in the USA, a finding that was attributed to the differences in nursing posts from one
country to another: managers in Australia have high discretionay power, whereas in the USA power is gradually decreasing.

Outcomes of engagement

Performance

Four studies established that engagement affected nurses’ performance. Laschinger et al. (2009) related structural empowerment to work efficacy, with engagement being a significant mediator in both new and senior nurses. In another study (Salanova et al. 2011), self-efficacy appeared as the principal personal resource that influenced additional performance by nurses (i.e. extra-role performance) through work engagement. Furthermore, the model proposed in the study by Abdelhadi and Drach-Zahavy (2012) showed that nurses’ work engagement was a mediator in the relationship between the atmosphere in the ward and the nurses’ patient-centred care (PCC) behaviours. Finally, van Bogaert et al. (2012) study showed that the UWES absorption subscale had a direct impact on both the quality of care and job-related outcomes.

Job satisfaction and intention to remain in the institution

In their study, Giallonardo et al. (2010) associated the dedication dimension of engagement with job satisfaction. Laschinger (2012) found that work engagement was a strong predictor of job satisfaction and turnover intent in first-year nurses. In relation to this latter point, Walker and Campbell (2013) showed that work engagement mediated in the relationship between organisational acumen (a work readiness dimension that refers to organisational awareness and attitude towards work) and intention to remain.

Discussion

One of the methodological issues that Simpson (2009a) noted in her research pertained to the four varying work engagement construct definitions, measurements, and ultimately, distinct lines of study (personal engagement, burnout vs. engagement, work engagement and employee engagement), and she argued that both a definition and a consistent measure of the engagement construct were required. This need appears to have been met because it is apparent from our review that research about engagement in nursing is extensive. Aside from this, 22 of the 24 quantitative research papers shared a common concept because they all used the UWES to evaluate engagement.

It is clear that engagement in nursing has been conceptualised as a construct that is different from burnout, as other authors have recently demonstrated (Hakanen & Schaufeli 2012). Furthermore, the results by Rickard et al. (2012), in a longitudinal study that was analysed in this review which evaluated the impact of organisational interventions, showed that a significant decrease in emotional exhaustion (burnout scale) was not accompanied by significant changes in work engagement, thus suggesting that they are not part of the same construct.

One of the motivations behind this integrative literature review was to investigate the antecedents that have been studied in relation to nurses’ engagement. According to the evidence, we can say that the individual factors studied in the articles reviewed are characteristic of behaviours that can be explained through learning and contextual factors. In general, the different personal factors studied are not purely dispositional; they are also factors determined by the characteristics of the job. This is the case for professional status, thoughts about leaving the profession and interactions—three characteristics that Simpson (2009b) determined as explaining a high percentage of engagement. The question of the extent to which these factors are antecedents of engagement or its consequences can only be answered through longitudinal studies. Moreover, these three factors cannot be studied as individual factors that depend on a nurse’s personality alone, as they are also determined by the characteristics of the nurse’s position. There is room for the same reflection in relation to the results obtained by Lu et al. (2011) in which control over family life, as a personal factor, was found to be somewhat variable over time and not only dependent on a person’s characteristics. In the same sense, critical reflective practice (Lawrence 2011), which is shown to be directly related to engagement, is a characteristic that is learned, that could be related to work experience and that also intervenes in the variability of engagement in other studies (Bamford et al. 2013).

Other aspects, such as introspection, sensibility and reflection (Bakibinga et al. 2012), self-transcendence (Palmer 2010) and social intelligence (Walker & Campbell 2013) are characteristics that relate to personal maturity, so that differences would be based on an individual’s degree of personal maturity. Finally, within the focus of this analysis, we would like to highlight optimism (Garrosa et al. 2011) and self-efficacy (Salanova et al. 2011) as being the only authentic personal factors that demonstrated some influence on work engagement in nurses.
A review of the literature about engagement in nursing provides sufficient evidence to affirm that engagement depends to a great extent on nurses’ work environments and then on personal learning throughout their professional careers (introspection, sensibility, reflection, self-transcendence, social intelligence, professional status, thoughts of leaving the profession, interaction, control over family life and critical reflective practice) as well as dispositional factors such as optimism and self-efficacy. We found predictive variables related to organisations at the institutional level (structural empowerment, value congruence between company and employees, quality of materials, organisational support) and at the ward level (nursing practice environment, reward, ward climate, social context, work fairness, feeling part of the community, workload, control). At the ward level, managers have an important impact not only as administrators of resources and staff but also as leaders. This clearly indicates that leadership characteristics act as engagement mediators and, consequently, the role of authentic and transformational leadership is of high importance. Therefore, under the right conditions, engagement appears to be able to improve over time during a nurse’s career rather than being a stable condition that does not change according to a person’s circumstances.

This review also confirms Simpson’s (2009a) results in the sense that research continues to present evidence of the relationship between engagement and the quality of care provided by nurses (Laschinger et al. 2009, Salanova et al. 2011, Abdelhadi & Drach-Zahavy 2012, van Bogaert et al. 2012) and of the relationship between engagement and job satisfaction (Giallonardo et al. 2010, Laschinger 2012, Walker & Campbell 2013).

Future research should attempt to discern the levels of variability in engagement in separate individuals and separate jobs to completely understand the concept and provide better assessment tools for managers to evaluate when drawing up their work plans. Detailed knowledge about the variability in nurses’ engagement will permit the design of interventions aimed at fostering staff engagement in practice. Longitudinal studies will again be necessary for monitoring the evolution of engagement depending on the different interventions that aim at fostering it and to confirm the causality of the predicting factors.

Limitations of this review

The fact that the word engagement is used and that it has other meanings unrelated to work meant that the search strategy had to be limited to the key words in article titles. This limited scope could have excluded some relevant studies and could be considered a limitation, although there was an attempt to correct this through ancestry research. In this review, the studies are from different countries on five continents, and nurses’ training and competencies vary from one system to another, which could be a limitation in our qualitative analysis.

Finally, in relation to the characteristics of the studies included in this review, the research response rate was observed to be higher than 60% in only eight of the studies, and thus, participation percentages can also be improved. Finally, in relation to the research design, there were only two longitudinal studies, and thus, additional studies of this type are necessary for obtaining a better understanding of this concept.

Conclusions

Engagement influences nurses’ performance, and therefore, it also has an impact on health-care outcomes. Engagement is not related to a personality trait, but it is a result of the interaction between dispositional factors, personal learning throughout their professional health-care providers’ careers and their work environments; as such, engagement is susceptible to modification. Positive work climate, social support from the organisation and the influence of supervisors through leadership styles are factors that stand out as fostering engagement.

Implications for nursing management

The high number of studies that indicated adequate leadership as a strong predictor of nurses’ engagement reveals that nursing administrators are key players in the modification of engagement. Nevertheless, if they are to facilitate work engagement, they need a certain level of autonomy in their decision making. Nursing managers and leaders can also promote improvements in leadership behaviours (Brady Germain & Cummings 2010) and in contexts of optimism (Luthans et al. 2008) and self-efficacy (Lee & Ko 2010) to improve nurses’ work engagement and, consequently, their performance, job satisfaction and intention to remain in their jobs. Managers should encourage nurses to take responsibility, make them feel supported, and foster work climates (Caricati et al. 2013) that will improve work engagement over time during a nurse’s career.

In the current world economic crisis, work engagement appears to be a necessary means of counteract-
ing the effects of decreasing staff ratios and improving the quality of health care.

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