The Association Between Appreciative Management And Work Engagement Among Health And Social Care Professionals

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Abstract

Background: *The level of health professional work engagement affects retention, burnout, job satisfaction, patient satisfaction, and outcomes; however, there is a paucity of evidence that benefit health professional work engagement. The importance of work engagement has been emphasized due to the increasing demand for health and social care and the shortage of skilled labor. Improving organizational and managerial factors is important when enhancing professionals' work engagement. The association between management and work engagement has only been established in previous studies at a general level, but the association between appreciative management and work engagement has not received equivalent research interest.* ***Aim:*** *This study aimed to describe the association between appreciative management and work engagement among health and social care professionals.* ***Methods:*** *The study used a cross-sectional survey design. The data were collected in five health and social services centers in* *Jeddah, KSA from January to March 2022* *using the Appreciative Management Scale 2.0 and the Utrecht Work Engagement Scale-9. A total of 182 health and social care professionals participated. The data were analyzed using correlations, linear regression analyses, independent samples t-tests[1] and two-way analyses of variance (ANOVAs).* ***Results:*** *A moderate association was found between appreciative management and work engagement and its dimensions of vigor, dedication and absorption. Systematic management had the strongest association and equality had the weakest association with work engagement. Among the dimensions of work engagement, appreciative management had the strongest association with vigor and the weakest association with absorption. Appreciative management and work type predicted 18% of the variance in work engagement. Full-time employees reported higher levels of work engagement and all its dimensions than did part-time employees.* ***Conclusion:*** *The results indicate that appreciative management and full-time work predict work engagement among health and social care professionals. Due to this positive association, it is important*

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to promote managers' appreciative management skills by educating them to understand how appreciative management enables and supports professionals' vigor, dedication and absorption in health and social care.

Keywords: Appreciative Management, Health and Social Care, Professional, Work Engagement.

Introduction

Human resource is essential for the success of any type of organization [1] and one of the most vital building blocks for a health system [2]. Availability of health workforce (HWF) in adequate numbers, skill mix, distribution, motivation, competence, and quality is very important for effective and equitable health service delivery, but all nations anywhere in the world face challenges on HWF in terms of their production, deployment, retention, and proper utilization [3, 4]. About 40% of health professionals (doctors, nurses, and midwives) would resign from their employment because of dissatisfaction with their work [5]. Population ageing and increased life expectancy, often with multiple long-term conditions, increase the demand for health and social care [6]. Simultaneously, the skilled labor shortage is becoming a growing concern globally [7, 8], which could impair for example patient safety [9] and adversely affect the quality of care such as missed community care [10].

In addition, deficiencies in the working conditions of health and social care have weakened the sector's traction and retention [8]. Healthcare professionals' burnout levels [11] as well as turnover intentions [12, 13] have also increased. Demand for a future health and social care workforce may fuel global competition for skilled professionals [7], requiring change and effort from organizations and management to retain current employees [14]. In addition, modern expectations of health- and social care professionals of different ages and cultures require different management than before [15-17]. Improving organizational and managerial factors is vital in enhancing professionals' work engagement [14]. The importance of work engagement is emphasized particularly in current working life, in which proactivity, commitment; responsibility and individual growth are demanded [18].

Work engagement is commonly defined by Schaufeli et al., (2002) [19] as "a positive, fulfilling, work-related state of mind characterized by vigor, dedication, and absorption". Vigor means energy, perseverance and the desire to invest in work and to make an effort even in the face of adversity. Dedication includes experiencing the work as meaningful and challenging, doing it with enthusiasm and feeling inspired by the nature of the work and pride in one's work. Absorption is a state of deep concentration and dedication to work as well as the perceived pleasure of the passing of time as if unnoticed [19]. Based on this definition, the Utrecht Work Engagement Scale (UWES-9) [20] has been developed, which covers almost 90% of all scientific research concerning work engagement [21].

Work engagement can be regarded as a strategic tool to respond to crucial challenges of health and social care [22, 23]. Previous studies have recognized that work engagement affects professionals' job satisfaction [24], turn over intentions [24, 25], commitment to work and the workplace [26], quality of care [24] and work efficiency [26]. The level of work engagement differs according to various individual and organizational-related factors [27, 28]. These factors are, for example, age [29-31], and work experience [31-32], job characteristics [29] and specific types of contracts [27, 28]. In addition, job resources [33], workload [30], practice environment [29], secure workplace [18] and professionals' satisfaction with organizational communication [34] have been established to be associated with work engagement.

The level of professionals' work engagement can be improved through

management [22, 26] and leadership [35, 36]. Managers could increase professionals' stress management, reactivity, creativity, adaptability [36] and inspirational motivation [35]. To enable these outcomes, managers should constantly manage professionals' work engagement by focusing on organizational culture and climate [34]. This includes staff members' sense of belonging as well as supportive workplace characteristics and healthy workplaces, which have been found to make staff remain in their workplaces [37]. Supportive workplace characteristics are traits that can be found in appreciative management; these have been defined to be systematic management, equality, appreciating know-how and pro- motion of well-being at work [38].

Systematic management is goal-oriented and committed to management and the management of the future. Equality can be seen both as equality between managers and employees and between employees, including gender and cultural equality. Appreciating know-how means that the manager values the employees' professionalism and recognizes their competence on a personal level, which enables the employees to develop their careers and cope with work autonomy. Promotion of well-being at work includes investing in the work atmosphere, occupational health and safety and good interaction [38]. The Appreciative Management Scale (AMS 2.0) was developed based on these categories.

Appreciative management has been shown to be connected with work commitment, so that the more appreciative management there is, the less staff will leave their workplace in healthcare [39]. It should be noted that first-line managers are in a central position to realize appreciative management and thus promote staff staying in the workplace [40], which means taking care of healthcare professionals' professional dignity, such as respecting, appreciating, supporting and fulfilling their professional roles. This enables them to take pride in themselves in a variety of circumstances and supports them in coping with certain humiliating workplace experiences [41]. In practice, first-line managers organize good work environments; effective leadership practices, professional development opportunities and a supportive organizational climate appear to be crucial factors for encouraging staff to stay in the workplace [42].

Previous studies on the association between management or leadership and work engagement have been fragmented. Although leadership has been found to be associated with higher work engagement, the association between management and work engagement has not been widely studied. The association between leadership and work engagement has been studied as a whole, but the different dimensions of work engagement have not received equivalent research interest. Some studies have recognized the importance of management to improve work engagement in general, but the association between appreciative management and work engagement has not been previously studied in health and social care. Thus, the aim of this study is to describe the association between appreciative management and work engagement among health and social care professionals.

Methods

The study used a cross-sectional survey design [43]. The STROBE (Strengthening the Reporting of Observational studies in Epidemiology) guidelines were followed to strengthen the reporting of observations in the study [44]. The data were collected by means of an electronic survey among health and social care professionals in five health and social services centers in Jeddah, KSA from January to March 2022. The selection of a target organization was based on convenience sampling [43]. The survey was distributed to all 1190 health and social care professionals that met the inclusion criteria working in five health and social services centers. The operation of these centers is multi-professional, covering the health and social services of the city and providing publicly available primary care

services.

The inclusion criterion for participation was being a registered or practical nurse, public health nurse, physiotherapist, family therapist, psychologist, speech therapist, occupational therapist, social worker, counselor or family worker. An electronic survey was sent via email to professionals through a contact person. To determine the appropriate sample size, a power analysis was conducted using the method described in 1988 by Cohen [45] for a two-tailed correlational study via G*Power 3.1 [46]. A medium effect size of 0.30 was used, and a significance level of 0.05 and a power of 0.90 resulted in a minimum sample size of 112; the actual sample size obtained for this study was 182.

The questionnaire consisted of three parts: participants' characteristics, appreciative management and work engagement. The participants' characteristics comprised gender, age, and professional status, and highest educational level, type of contract, work type, work experience in current work and professional experience in healthcare (**Table 1**). Appreciative management was explored using the AMS 2.0. The measurement included 24 items in four main categories: systematic management, equality, appreciating know-how, and promotion of well-being at work (**Table 2**). A 5-point Likert scale was used (1 = not at all, 2 = somewhat, 3 = I cannot say, 4 = a lot and 5 = very much). The AMS 2.0 is a reliable measure, especially for evaluating the appreciative management of first-line managers in healthcare and other work environments [35].

Permission to use the AMS 2.0 scale was obtained from the developer. Work engagement was explored through the 9-item UWES-9 [20], which includes three dimensions: vigor, dedication and absorption (**Table 2**). A 7-point Likert scale was used (1 = ever, 2 = a few times a year, 3 = once a month, 4 = a few times a month, 5 = once a week, 6 = a few times a week 7 = daily). The 9-item UWES has proven to be similar in structure to the theory and even more reliable than the original 17-item instrument, as its structure seems to remain the same in different groups and at different times [20, 47, 48]. The UWES-9 is free to use for non-commercial scientific research [47].

Although previously validated instruments (AMS 2.0 and UWES-9) were used, the internal consistency of the scales was assessed by means of Cronbach's alpha coefficient. Internal consistency reliability refers to the homogeneity of the items of the scale, and it is deemed acceptable if the Cronbach's alpha levels are measured at 0.7 or higher [49]. The alpha values of the overall measures were good for appreciative management (0.97) and work engagement (0.96), and the values in the appreciative management categories ranged from 0.77 to 0.93 and in the work engagement dimensions from 0.89 to 0.94. Descriptive statistics and Cronbach's alphas of appreciative management and work engagement are presented in (**Table 2**).

The data were analyzed using IBM SPSS Statistics 28.0 software [50]. Descriptive statistics (frequencies, percentages, mean, standard deviation and range) were used to summarize the background information. From the variables measuring appreciative management, the sum of the variables was formed for the main categories and two subcategories of equality. The sum of the variables was also calculated for work engagement and its three dimensions. The distribution of the sum variables was examined with histograms and the Kolmogorov–Smirnov test. The distributions of the sum variables mainly followed a normal distribution. The average values of appreciative management were interpreted in such a way that an average of less than 3.00 is considered weak, 3.00–3.99 as average and 4.00–5.00 as good [38]. The average values of work engagement and different dimensions were interpreted in such a way that an average less than 1.44 is considered very low, 1.44–3.43 low, 3.44–4.53 moderate, 4.54–5.30 above average and

more than 5.30 high [47]. There were no missing values in the data.

Pearson's correlation coefficient and linear regression analysis were used to examine the associations between the study variables. The association between the variables was assessed as weak if the absolute value of the correlation coefficient was less than 0.3, moderate if the value was 0.3–0.7 and strong if the value was greater than 0.7. Linear regression analyses were conducted using work engagement and its three dimensions, in turn, as the dependent variables. First, appreciative management was entered into the regression model alone as an independent variable.

This enabled us to determine the effects of appreciative management on work engagement and its dimensions without considering the potential influence of background factors. Work type was entered alone into the regression model as an independent variable, as work type was the only background variable that was a statistically significant predictor of work engagement and its dimensions. Second, appreciative management and work type were entered into the same regression models. Then, an independent samples t-test examined the association between work type and work engagement.

Finally, to examine the possible interaction effect between background factors and appreciative management on work engagement, several two-way ANOVAs were carried out with background factors and appreciative management as the independent variables and work engagement and its dimensions as the dependent variables. The threshold for statistical significance was set at $p < 0.05$.

Results

Background information of participants

Table (1) shows that a total of 182 respondents participated and the majority were female. The mean age was 42.8 years. Three-fourths of the respondents were healthcare professionals and one-fourth was social care professionals. About two-thirds of the respondents had a bachelor's or master's degree as the highest educational level. Three-fourths of the respondents had permanent contracts. A large proportion was full-time workers. The mean work experience in current work was 6.8 years.

Association between appreciative management and work engagement

The examination of the correlations indicated that appreciative management and work engagement had a moderate association. Systematic management had the strongest association and equality had the weakest association with work engagement. On the other hand, among the dimensions of work engagement, appreciative management had the strongest association with vigor and the weakest association with absorption. Systematic management had a moderate association with all dimensions of work engagement: vigor, dedication and absorption. Equality had a moderate association with vigor and particularly with the equality of manager and worker, but a weak association with dedication and absorption. Appreciating know-how had a moderate association with vigor and dedication but a weak association with absorption. Promotion of well-being at work also had a moderate association with vigor and dedication but a weak association with absorption.

In linear regression analysis, Model I (crude) showed that appreciative management is a statistically significant predictor of work engagement and its dimensions of vigor, dedication and absorption. Appreciative management predicted 15% of the variance in work engagement, 20% of vigor, 11% dedication and 8% of absorption. Work type was also a statistically significant predictor of work engagement, vigor, dedication and absorption. Work type predicted 4%–6% of the variance in work engagement and its dimensions (**Table 4**).

In linear regression analysis, Model II (adjusted) demonstrated that appreciative management and work type predicted work engagement statistically significantly as well as all its dimensions. Appreciative management and work type predicted 18% of the variance in work engagement, 24% of vigor, 14% dedication and 12% of absorption (**Table 4**).

Full-time employees reported higher levels of work engagement (mean 4.46) than part-time employees (mean 3.61; t = 3.09, df = 38, p = 0.004) and, respectively, higher levels of vigor (mean 4.24 vs. 3.34; t = 3.65, df = 180, p < 0.001), dedication (mean 4.63 vs. 3.88; t = 2.57, df = 38, p = 0.014) and absorption (mean 4.51 vs. 3.61; t = 2.93, df = 37, p = 0.006). In two-way ANOVAs, no interaction effect was found between background factors and appreciative management on work engagement or its dimensions (**Table 4**).

Table (1): Participants' characteristics (n = 182).

Variable	n	%
Gender		
Women	167	91.8
Men	15	8.2
Professional status		
Practical nurse	40	22.0
Registered nurse	39	21.4
Public health nurse	32	17.6
Therapists, psychologists, etc [a]	22	12.1
Social counselor or worker	49	26.9
Highest educational level		
Vocational degree	55	30.3
Bachelor's degree	98	53.8
Master's degree	29	15.9
Type of contract		
Permanent	133	73.1
Temporary	49	26.9
Work type		
Full-time	151	83.0
Part-time (min. 50%, max. 90%)	31	17.0
	Mean	**SD (range)**
Age (years)	42.8	11.8 (21–67)
Work experience in current work (years)	6.8	7.8 (1–35)
Professional experience in healthcare (years)	14.7	10.7 (1–42)

SD, standard deviation.   [a] Physiotherapist, occupational therapist, family therapist or worker, speech therapist, psychologist.

Table (2): Descriptive statistics and Cronbach's alphas of appreciative management and work engagement (n = 182).

Category/subscale	Number of items	Mean	Standard deviation	Minimum – maximum	Cronbach's alpha
Systematic management	5	3.26	1.06	1–5	0.92
Equality	8	3.97	0.85	1–5	0.91
Equality of manager and worker	5	3.54	1.09	1–5	0.91
Equality of workers	4	4.39	0.79	1–5	0.86
Appreciating know-how	4	3.47	0.86	1–5	0.77
Promotion of well-being at work	7	3.55	1.06	1–5	0.93
Appreciative management [a]	24	3.61	0.88	1–5	0.97
Vigor	3	4.09	1.29	1–7	0.89
Dedication	3	4.50	1.28	1–7	0.94
Absorption	3	4.36	1.32	1–7	0.89
Work engagement [a]	9	4.32	1.21	1–7	0.96

[a] Whole scale (sum variable).

Table (4): Linear regression analysis of variables predicting work engagement and its dimensions (n = 182).

Dependent variable	Model I (crude)				Model II (adjusted)			
	B	95% CI	p-Value	R^2	B	95% CI	p-Value	R^2
Work engagement								
Appreciative management	0.39	0.35–0.73	<0.001	.15	0.36	0.31–0.68	<0.001	0.18
Work type	0.26	0.39–1.30	<0.001	.06	0.21	0.23–1.09	0.003	
Vigor Appreciative management	0.46	0.48–0.86	<0.001	.20	0.42	0.43–0.82	<0.001	0.24
Work type	0.26	0.41–1.38	<0.001	.06	0.19	0.22–1.11	0.004	
Dedication Appreciative management	0.34	0.30–0.70	<0.001	.11	0.32	0.26–0.66	<0.001	0.14
Work type	0.22	0.24–0.66	0.003	.04	0.17	0.11–1.04	0.017	
Absorption								
Appreciative management	0.30	0.24–0.66	<0.001	.08	0.26	0.18–0.61	<0.001	0.12
Work type	0.2	0.40–	0.001	.06	0.2	0.26–	0.003	

	Model I (crude)			Model II (adjusted)		
	6	1.39		1	1.23	

Note: Only statistically significant ($p < 0.05$) variables presented in the table.

Abbreviations: 95% CL = 95% confidence interval for B; B = standardized regression coefficient (Beta); R^2 = adjusted R square.

Discussion

This study produced novel information about the association between appreciative management and work engagement in health and social care. The results suggest that appreciative management predicted work engagement and its dimensions of vigor, dedication and absorption among health and social care professionals. In this study, a generally moderate positive correlation was found between appreciative management and work engagement, meaning that appreciative management was associated with better work engagement. In the appreciative management categories, the category of systematic management had the strongest association with work engagement. This is understandable because systematic management includes factors like managers' goal orientation, professionalism and motivation, which proves that managers are also engaged in their own work [40].

Systematic management requires the adoption of a management system that prepares for the future [40], which is a current and highly needed management skill in responding to changes and challenges in health and social care organizations [14, 51]. Coping with these changes also requires strategic thinking from managers [52]. According to our results, equality, and both equality between manager and worker as well as equality between workers, had the weakest association with work engagement in all categories of appreciative management. This was a surprising result because modern expectations of health and social care management include noticing professionals' diversity [15, 17].

Systematic management had a moderate association with all dimensions of work engagement, vigor, dedication and absorption. Equality had a moderate association with vigor and particularly with the equality of manager and worker but a weak association with dedication and absorption. Appreciating know-how had a moderate association with vigor and dedication but a weak association with absorption. Promotion of well-being at work also had a moderate association with vigor and dedication but a weak association with absorption. Appreciative management can be seen as an enabler to catch up with better work engagement by valuing the professionalism and independence of an employee and organizing equality and good work conditions [38].

This leads to keeping work meaningful, challenging, and inspiring and doing it with enthusiasm. The connection between appreciative management and work engagement also leads to transformational leadership, especially to its dimensions of inspirational motivation and intellectual stimulation, in which leaders motivate employees to take alternative routes with problem solving and looking at different solutions and outcomes and help develop new ideas [53]. Transformational leadership has been found to have a connection to organizational commitment [54].

The present study's results indicate that appreciative management predicted work engagement and all its dimensions among health- and social care professionals. Appreciative management explained more of the variance in vigor than the variance in dedication or absorption. The association between leadership and work engagement has

been studied as a whole in previous studies [35, 36], but these studies did not examine the association between leadership and the different dimensions of work engagement. In addition, some studies have identified the impact of management on work engagement at a general level [22, 26].

Perhaps a little surprisingly from all our demographic variables, only work type was a statistically significant predictor of work engagement, vigor, dedication and absorption. Full-time employees reported higher levels of work engagement than part-time employees and, respectively, higher levels of vigor, dedication and absorption. In this study, the other background factors (age, gender, and professional status, and highest educational level, type of contract and work experience) were not statistically significant predictors of work engagement. These findings conflicted with some previous studies, in which age [29, 31], work experience [31, 32] and type of contract [27, 28] have been found to be associated with work engagement. The data of this study do not provide an interpretation for these conflicting results and more studies with a larger sample are needed.

Conclusions

This study provided new insights regarding the importance of promoting appreciative management to strengthen work engagement among health and social care professionals. The findings showed that appreciative management and work engagement had a moderate association. Appreciative management predicted work engagement and all its dimensions of vigor, dedication and absorption. Full-time work was the only demographic variable that predicted the work engagement of professionals. Our results highlight the necessity of promoting appreciative management to strengthen work engagement among health and social care professionals.

The results may be useful for improving social and healthcare managers' appreciative management skills by educating them to understand how appreciative management enables and supports professionals' vigor, absorption and dedication to work. Therefore, future researchers should focus on understanding the subjective factors associated with social and healthcare managers' perceptions of implementing appreciative management and whether managers discuss subjective factors with their employees. In addition, more research is needed from the perspective of professionals to identify aspects related to management that could improve professionals' work engagement. Further research should focus on promoting work engagement and other positive work well-being predictors, such as the flourishing and attractiveness of social and healthcare, using, for example, intervention and mixed-methods studies.

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