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## Empowerment Structure and Work Engagement of Company Nurses Working in Saudi Arabia's Remote Areas

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### Abstract

**Aim:** The contention is that the arrangement of workplace empowerment can potentially play a role in fostering a motivated workforce. This is because organizations are progressively adopting empowerment as a managerial approach to enhance employee engagement and performance. However, the role of structural empowerment and work engagement in this specific setting has not received sufficient attention. The main objective of this research was to investigate the relationship between the demographic characteristics of nurses and their level of work engagement, while also examining the impact of structural empowerment on their engagement.

**Methods:** A descriptive-correlational design was used, and a purposive sampling method was employed to select 105 nurses from a private medical group of companies in the Kingdom of Saudi Arabia. The study utilized standardized questionnaires.

**Results:** Most of company nurses are young professionals (tricenarians) with single slightly dominating married status. These nurses are relatively new in the service, and most are deployed in the middle of the desert (onshore rig site) with usual rest days of every 3 months. The overall empowerment structure perceived by company nurses are moderate ( $M=3.16$ ;  $SD=0.80$ ). For the overall engagement, the nurses were "often" ( $M=3.65$ ;  $SD=1.69$ ) engaged at their work. The demographic profile Age, marital status, length of service, area of assignment, and frequency of rest day/s all have no significant relationship on the work engagement. Workplace empowerment structure is significantly related to work engagement ( $r=0.49$ ) as applied in the context of company nurses.

**Conclusion:** The demographic profile is not significantly related to the work engagement of company nurses. A significant relationship exists between structural empowerment and work engagement as applied in the context of company nurses; the more they are empowered, as a result, the more they are engaged.

**Keywords:** Empowerment, Engagement, Company Nurses, Descriptive-Correlational

### INTRODUCTION

Nurses represent the largest group of healthcare providers, and their professional competence is essential for the functioning of the healthcare system. Consequently, healthcare systems and authorities in different countries prioritize the professional and compassionate capabilities of nurses (Eskandari et al., 2017). In the nursing literature, the concept of structural empowerment (SE) is frequently discussed, especially when making important decisions regarding resources, such as offering educational or promotional opportunities for nursing staff, as highlighted by Havaei and Dahinten (2017). Structural empowerment (SE) refers to the presence of social structures within the workplace that enable individuals to achieve their work goals through access to opportunities, relevant information, support, and resources. On the other hand, work engagement is characterized as a positive and fulfilling work-related



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state of mind, encompassing vigor, dedication, and absorption (Amor et al., 2021, citing Kanter & Schaufeli). Empowering nursing staff has been linked to significant nursing outcomes, including job satisfaction and commitment (Laschinger et al., 2006).

In Saudi Arabia, the population is approximately 35 million, with around 13.49 million comprising expatriate workers across various sectors (Insight G, 2021). As of 2020, the number of employed nurses in Saudi Arabia was 196,701, with only 84,384 of them being Saudi citizens, while the remaining majority, 57.1%, consisted of expatriates (Ministry of Health, 2021). The nursing workforce in Saudi Arabia is relatively small, with 5.5 nurses available per 1000 population, in contrast to countries like the United Kingdom with 7.9 nurses per 1000 population, and Switzerland with 18 nurses per 1000 population. The expatriate nurses in Saudi Arabia come from diverse countries such as India, Sri Lanka, the Philippines, and Malaysia (Alluhidan et al., 2020). This diverse composition of the nursing workforce presents challenges for nurse managers in effectively managing staff and workload. Moreover, expatriate nurses in Saudi Arabia often face poor work and living conditions. Factors such as religious and cultural differences, as well as language barriers, contribute to a complex working environment and challenging social living conditions for these nurses (Alsadaan et al., 2021). As a result, the nursing sector in Saudi Arabia is affected not only by the barriers experienced by expatriate nurses but also by issues related to job dissatisfaction and turnover (Saqib et al., 2019; Billah et al., 2020).

Workplace empowerment is increasingly recognized as a management strategy to improve employee engagement and performance within organizations (Boamah & Laschinger, 2015). However, in the specific context of this study conducted in Saudi Arabia, the relationship between structural empowerment, work engagement, and the unique challenges faced by company nurses deployed to remote areas has received limited attention. The difficulties of recruiting and retaining nurses in rural and remote locations, as opposed to more attractive opportunities in urban settings, have been well-documented (Buschan & Aiken, 2008; Cho et al., 2012).

Considering these factors, it is crucial to explore how the distinct work assignments in remote areas contribute to the existing challenges experienced by company nurses in both administrative and clinical aspects of their work, and how these challenges can be effectively managed. This study aimed to address this research gap and focused on the working conditions of industry nurses, an important aspect that has received less attention compared to the hospital-based nursing literature. Specifically, the study examined the demographic profile, workplace empowerment structure, and engagement levels of company nurses working in remote areas in Saudi Arabia. Additionally, the study investigated the relationship between these variables. This research not only contributes to the field of nursing practice by providing insights into the variables of interest but also serves as a foundation for a better understanding of the relationship between nurses and their respective organizations, ultimately leading to improved service delivery to clients.

## Research Questions

This study aimed to identify the demographic profile, workplace empowerment structure, and work engagement of company nurses assigned in Saudi Arabia's remote areas and determined the relationship between these variables. Specifically, this study sought to answer the following questions:

1. What is the demographic profile of the respondents in terms of:
  - 1.1. Age
  - 1.2. Marital Status
  - 1.3. Length of Service
  - 1.4. Area of Assignment
  - 1.5. Frequency of rest days
2. What is the workplace empowerment structure of company nurses in Saudi Arabia's remote areas in terms of:
  - 2.1. Access to Opportunity
  - 2.2. Access to information
  - 2.3. Access to support
  - 2.4. Access to resources
  - 2.5. Formal power (job activities)
  - 2.6. Informal power (organizational relationships)
3. What is the level of work engagement of company nurses in terms of:
  - 3.1. Vigor
  - 3.2. Dedication



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### 3.3. Absorption

4. Is there a significant relationship between the demographic profile of company nurses in remote areas and their work engagement?
5. Is there a significant relationship between the nurses' structural empowerment and work engagement?

### Hypothesis

The hypotheses of the study were tested at 0.5 level of significance having 95% reliability:

1. There is no significant relationship between the demographic profile of company nurses in remote areas and their work engagement.
2. There is no significant relationship between the nurses' structural empowerment and work engagement.

### METHODS

#### Research Design

The researchers utilized a descriptive-correlational research design to test the descriptive objectives and to examine relationships between variables. According to Creswell (2012), this approach involves measuring variables using instruments and analyzing numerical data through statistical procedures. In this study, a descriptive correlational design was specifically chosen. Johnson and Christensen (2016) explain that this design aims to provide an accurate description or depiction of the characteristics or status of a situation or phenomenon. The primary focus of a correlational design is not to establish cause-and-effect relationships but rather to describe the relationships that exist among variables. The research design employed in this study aligns well with its objective of identifying the demographic profile, structural empowerment, and work engagement of company nurses in remote areas of Saudi Arabia, as well as determining the relationships among these variables.

#### Population and Sampling

The study was conducted among a population of 170 company nurses within a private medical group of companies. To select the participants, a purposive sampling technique, also known as "judgmental sampling," was employed. This approach involves the researcher using their own expertise and judgment to handpick subjects that align with specific intentions. In this study, the selection of respondents was based on predetermined criteria relevant to the research question. The inclusion criteria specified that the company nurses must have been employed in the clinic for more than three months. On the other hand, the exclusion criteria encompassed nurses with less than three months of tenure, those with comorbidities, those assigned to areas with poor or no internet connection, and those on leave during the data collection period. All voluntary respondents who met the criteria were included in the study, regardless of their age, gender, religion, nationality, or educational attainment. After applying the inclusion and exclusion criteria to the initial survey results, it was determined that only 105 nurses were eligible to participate in the study. Factors such as comorbidities, poor network connections in certain areas of assignment, recent hiring, and leave during the data collection period accounted for the reduced number of eligible participants. This sampling strategy was considered appropriate for the study as it allowed for the selection of unique cases that would provide valuable insights.

#### Instrument

*The Condition of Work Effectiveness Questionnaire-II.* The Conditions for Workplace Effectiveness Questionnaire (CWEQ-II) was the first standardized tool used to measure the concept of structural empowerment among company nurses (Eskandari et al., 2017). Developed by Dr. Laschinger and colleagues (1996), the CWEQ-II assesses the extent to which employees perceive access to structural empowerment in their work environments (Laschinger, 2012). This questionnaire is a modified version of the original CWEQ and consists of 19 items (shorter form) that capture the six components of workplace empowerment structure for company nurses, as described by Kanter (1991). The components include "Opportunity" (questions 1 to 3), "Access to Information" (questions 4 to 6), "Support" (questions 7 to 9), "Access to Resources" (questions 10 to 12), "Formal Power" (questions 13 to 15), and "Informal Power" (questions 16 to 19). Participants rate their agreement with each item on a 5-point scale, ranging from very low (score 1) to very high (score 5). Each question is scored from 1 (lowest) to 5 (highest), and the total scores for each subscale range from 3 to 15, except for the informal power subscale, which ranges from 4 to 20. The overall score for structural empowerment is obtained by calculating the mean of the six aspects, resulting in a range of 6 to 30. Empowerment scores are categorized into three levels: low (6 to 14), average (14.1 to 22), and high

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(22.1 to 30), as classified by Laschinger (2005). The CWEQ-II has demonstrated good construct validity, with reported alpha reliabilities ranging from .79 to .82 (Hassona, 2013). The tool also exhibits acceptable content validity, with a content validity index (CVI) of 0.89 for the entire questionnaire.

*Utrecht Work Engagement Scale (UWES-9)*. The second tool used in this study is the UWES-9, a self-administered scale developed by Schaufeli et al. (2006) to measure work engagement (WE) among nurses. The UWES-9 consists of nine items that assess three dimensions of work engagement: vigor, dedication, and absorption. Participants rate each item on a Likert scale ranging from 0 (never) to 6 (always/every day). The instrument provides three partial scores (vigor, dedication, and absorption) and a total score. To calculate the partial scores, the corresponding items for each subscale are added and divided by the number of items in that subscale. The total score ranges from 0 to 6 points, with a higher score indicating greater work engagement. The UWES-9 has demonstrated good internal reliability and consistency, with reported Cronbach's alpha values ranging from .89 to .97 (median: .93) (Schaufeli & Bakker, 2004). It has been used in various populations, including healthcare professionals such as nurses.

**Data Collection**

The researchers submitted the study to the Research Ethics Committee (REC) of the organization. The REC granted the permission and upon approval, data collection commenced. A permission letter was brought to the authorized officer where the data collection took place. After securing their approval, through a designated officer, the emails of all the possible respondents were saved and collected adhering to a strict protocol of confidentiality.

**Treatment of Data**

The collected data underwent statistical analysis using Microsoft Excel and the Statistical Package for the Social Sciences (SPSS). Various statistical treatments were applied based on the type of data and the research questions. For question 1, the demographic profile variables (age, marital status, working experience, area of assignment, and frequency of rest days) were analyzed using frequency and percentage. This analysis allowed for the presentation of numeric data and the examination of the percentage of occurrence for each data point. It facilitated the systematic arrangement and comparison of the data values. For questions 2 and 3, the mean and standard deviation were used. The mean provided the average score of the data, representing the central tendency, while the standard deviation indicated the variability or dispersion of the data points. These statistics provided insights into the respondents' assessment of workplace challenges and visually represented the score values. For questions 4 and 5, Pearson's correlation coefficient was applied. This statistical test evaluated the relationship between the demographic profile and work engagement, as well as the workplace empowerment structure and engagement of nurses in remote areas. The correlation coefficient measured the strength and direction of the relationship between the variables.

**Ethical Considerations**

To ensure adherence to ethical standards, the researcher obtained research ethics clearance from the Research Ethics Committee (REC) of a private university in Bulacan. This clearance serves as confirmation that the study aligns with ethical principles and guidelines for research involving human participants. Any inquiries or concerns related to the study were reviewed and addressed by the REC, ensuring the protection of participants' rights and well-being

**RESULTS and DISCUSSION**

**Demographic Profile**

Table 1. *Distribution of Respondents according to Age*

Age	Frequency	Percentage
20-29 years old	14	13.33%
30-39 years old	84	80.00%
40-49 years old	6	5.71%



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50 years old and above	1	0.95%
<b>Total</b>	<b>105</b>	<b>100.00%</b>

According to Table 1, the largest proportion of respondents (80%) in this study belonged to the age group of 30-39 years old. This was followed by the age group of 20-29 years old, which accounted for 13.33% of the sample. The age group of 40-49 years old comprised 5.71% of the respondents, while only 0.95% belonged to the age group of 50 years old and above. These findings indicate that the majority of company nurses working in remote areas in Saudi Arabia are young professionals. The high representation of company nurses in the age group of 30-39 years old can be attributed to several factors. Firstly, young professionals in this age range may feel more comfortable and confident in their current positions, having gained some experience and expertise. Secondly, the attractive fixed salaries offered to these nurses likely play a role in their decision to stay in their current job, as it allows them to support their families and secure their financial future.

On the other hand, the challenges and risks associated with being a company nurse in remote areas, such as isolation from their families, may deter older nurses from taking on such assignments. This could explain the lower representation of nurses in the age group of 40 years old and above. These findings are consistent with a study conducted by Alboliteeh and Alshammari (2022) among Saudi nurses, where the majority (73.7%) fell into the 31-40 age group, followed by 21-30 years old (13.5%), and only 12.85% belonged to the 41-50 years old group. In the 31-40 age group, nurses are often concerned with seeking job stability, and once they find a stable position, they tend to stay to secure their financial well-being. Overall, the age distribution of company nurses in remote areas reflects the preferences and considerations of young professionals, while the challenges and specific nature of the work assignment may impact the participation of older nurses in these roles.

Table 2. *Distribution of Respondents According to Marital Status*

Marital Status	Frequency	Percentage
Single	54	51.43%
Married	50	47.62%
Separated	1	0.95%
Widowed	0	0.00%
<b>Total</b>	<b>105</b>	<b>100.00%</b>

Based on the information provided, the majority of the respondents in this study (51.43%) were single, followed closely by those who were married (47.62%). The small percentage of separated respondents (0.95%) and no widowed respondents indicate the composition of the marital status among the company nurses working in remote areas in Saudi Arabia. The researcher's observation highlights the nurses' dedication and motivation to fulfill their professional responsibilities, regardless of their marital status. They are driven to overcome the challenges they encounter in their work assignments and contribute to the well-being of their families and themselves.

It is interesting to note the differences in marital status distribution compared to other studies. The study by Alboliteeh and Alshammari (2022) reported a higher percentage of married nurses among Saudi nurses (77.5%), while Almazan et al. (2019) found a majority of married nursing respondents in secondary hospitals in Saudi Arabia (57.93%). These variations may be influenced by different factors such as the specific healthcare setting, cultural norms, or demographic characteristics of the nursing workforce in each study. Overall, the findings indicate a diverse range of marital statuses among the company nurses in this study, with a significant proportion being single, followed closely by those who are married.

Table 3. *Distribution of Respondents According to Length of Service*

Length of Service	Frequency	Percentage
3 years or less	31	29.52%
4-6 years	29	27.62%
7-9 years	27	25.71%
10-12 years	16	15.24%
13-15 years	2	1.90%



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More than 15 years	0	0.00%
<b>Total</b>	<b>105</b>	<b>100.00%</b>

According to Table 3, the length of service of company nurses in their present employer varied among the respondents. The majority of the nurses (29.52%) had been working for 3 years or less. Following that, 27.62% had been working for 4-6 years, 25.71% for 7-9 years, 15.24% for 10-12 years, and only a small percentage (1.90%) had been working for 13-15 years. The data suggests that there is a relatively high turnover rate among company nurses in their present employer, with a significant number of nurses working for 3 years or less. This turnover may be influenced by various factors, such as the availability of new job opportunities in the post-pandemic era, contract renewals, and personal or professional reasons. The researcher's interpretation indicates that after the pandemic, the industry experienced an increased demand for nurses, leading to a higher number of respondents in the 3 years or less category. Nurses in the 4-6 years category may have already renewed their contracts multiple times, indicating their desire to retain their current job. Only a few nurses have stayed for 13 years or more, and this may be due to personal choices or specific professional reasons.

It is interesting to compare these findings with the study conducted by Alboliteeh and Alshammari (2022), which reported a majority of nursing respondents in Saudi Arabia with a length of service of 11-15 years (46.9%). This indicates the diversity in the tenure of nurses across different studies and healthcare settings. Overall, the findings suggest that among company nurses in remote areas in Saudi Arabia, there is a notable turnover and shorter length of service in their present employer, with a higher percentage of nurses working for 3 years or less.

Table 4. *Distribution of Respondents According to Area of Assignment*

Area of Assignment	Frequency	Percentage
Onshore Rig Site	71	67.62%
Offshore Rig Site	9	8.57%
Construction Site	25	23.81%
<b>Total</b>	<b>105</b>	<b>100.00%</b>

Based on Table 4, the majority of the company nurses in this study were assigned to the Onshore rig site, accounting for 67.62% of the respondents. The Construction site had 23.81% of the nurses, and the Offshore rig site had the smallest proportion with 8.57%. In the context of the Kingdom of Saudi Arabia (KSA), onshore rig sites are located in the desert, and transportation primarily relies on cars. On the other hand, offshore rig sites are situated in the middle of the sea, and transportation is typically carried out by helicopters. Construction sites, which have better communication and internet connectivity, are clinics established to support various projects such as road construction, shipyards, power generation facilities, and gas plants. The company in this study seems to have a majority of its projects focused on onshore rig sites, followed by construction sites, and with fewer projects related to offshore rig sites. It can be inferred that most of the nurses preferred to be assigned to onshore rig sites due to the perception that it poses less risk and provides a more conducive working environment.

The argument made by Laschinger and Finegan (2005) supports the notion that employees experience a sense of engagement and job satisfaction when there is a positive fit between the individual and their work environment. In this case, nurses assigned to onshore rig sites may experience higher levels of engagement, involvement, energy, and effectiveness, as they find the working conditions more suitable for their preferences and comfort. It is important to note that these findings are specific to the company nurses in remote areas of Saudi Arabia and may not be generalizable to all nurses or healthcare settings.

Table 5. *Distribution of Respondents According to Frequency of Rest Day/s*

Frequency of Rest Day/s	Frequency	Percentage
Once per week	5	4.76%
Monthly	1	0.95%
Every 3 months	61	58.10%
Every 6 months	8	7.62%
Yearly	30	28.57%



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**Total**

105

100.00%

According to Table 5, the frequency of rest days among the company nurses in this study varies. The majority of respondents (58.10%) reported having a rest day every 3 months. Following this, 28.57% of nurses reported having a yearly rest period. A smaller proportion of nurses (7.62%) had a rest day every 6 months, and only 4.76% had a rest day once per week. Additionally, only 0.95% of nurses reported having a monthly rest day. Based on the contract, nurses are entitled to a rest day once per week, which can be accumulated. Nurses may request additional rest days for personal matters such as health or dental check-ups. Some nurses choose to accumulate their rest days and take 10 consecutive days off every 3 months. Alternatively, nurses may opt to continue working in the field without taking their rest days and exchange them for a yearly vacation. In this case, their unused rest days are converted into cash and added to their salary.

Nurses who have established relationships with their superiors and subordinates in their working sites tend to choose to stay in the field rather than spend money in the city during their rest days. This explains the higher proportion of nurses opting for rest days every 3 months, followed by a yearly rest period every 6 months. It's important to note that the frequency of rest days may be influenced by individual preferences, work arrangements, and the specific policies of the company. These findings provide insights into the rest day practices among company nurses in remote areas but may not be generalizable to all nurses or healthcare settings.

**Structural Empowerment (Work Effectiveness)**

Table 6. *Conditions for Work Effectiveness in Terms of Access to Opportunity*

Indicators	Mean Rating	SD	Verbal Interpretation
Challenging work	3.39	0.77	Moderate
The chance to gain new skills and knowledge on the job	2.85	0.81	Moderate
Tasks that use all of your own skills and knowledge	3.10	0.84	Moderate
<b>AVERAGE</b>	<b>3.11</b>	<b>0.80</b>	<b>Moderate (Adequate)</b>

*Legend: 1-1.50 Very Low; 1.51-2.50 Low; 2.51-3.50 Moderate; 3.51-4.50 High; 4.51-5 Very High*

According to Table 6, the average score for access to opportunity, which is a sub-component of structural empowerment, is 3.11 (SD=0.80) among the company nurses in this study. This score indicates that, on average, the nurses perceive adequate access to opportunity in their work environment. Access to opportunity refers to the prospect of development and growth within the organization, as well as the opportunity to enhance staff skills and knowledge (Laschinger, 2012). Since most of the company nurses in this study have been employed for 3 years or less, they have the opportunity to learn new skills and knowledge. The nature of their work in remote areas differs from the conventional setup of hospitals, requiring them to perform tasks such as checking water samples, conducting hygiene inspections, and handling HR-related responsibilities. These unique job requirements provide company nurses with opportunities to acquire new knowledge and skills outside of traditional nursing practices.

This finding aligns with the studies conducted by Jafari et al. (2021) and Eskandari et al. (2017), which also reported average scores for structural empowerment among nurses working in university hospitals. Similarly, de Almeida et al. (2017) found moderate access to opportunities among Portuguese nurses working in public hospitals. However, a previous study by Hassona (2013) reported dissatisfaction among nurses working in teaching hospitals in Egypt regarding the availability of opportunities. It is important to note that the level of access to opportunity may vary depending on the organization and the specific area of nursing practice. However, overall, the literature in nursing suggests that nurses should have access to support and opportunities to participate in decision-making, and that access to opportunity is crucial for their job satisfaction and professional development (Stichler, 2008; de Almeida et al., 2017). In summary, the average score for access to opportunity among the company nurses in this study indicates that they perceive adequate opportunities for growth and development in their work environment, which aligns with previous research in nursing.



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Table 7. Conditions for Work Effectiveness in Terms of Access to Information

Indicators	Mean Rating	SD	Verbal Interpretation
The current state of the hospital	3.00	0.85	Moderate
The values of top management	3.10	0.76	Moderate
The goals of top management	3.22	0.82	Moderate
<b>AVERAGE</b>	<b>3.11</b>	<b>0.81</b>	<b>Moderate (Adequate)</b>

Legend: 1-1.50 Very Low; 1.51-2.50 Low; 2.51-3.50 Moderate; 3.51-4.50 High; 4.51-5 Very High

According to Table 7, the average score for access to information, which is another sub-component of structural empowerment, is 3.11 (SD=0.81) among the company nurses in this study. This score suggests that the nurses perceive adequate access to information in their present institution. Access to information refers to the ability to acquire the knowledge necessary to perform the job effectively and to understand organizational policies and decisions. In the context of company nurses, access to information starts during the orientation phase for newly hired staff, where supervisors discuss organizational policies and provide background information about the management. Subsequently, nurses receive announcements and updates from the organization, such as through official emails from the HR department and their supervisors. Similar to this study, de Almeida et al. (2017) found that hospital nurses had moderate access to information (mean of 3.13) in their study. Jafari et al. (2021) and Eskandari et al. (2017) also reported average scores for access to information among nurses in their respective studies. However, Hassona (2013) reported dissatisfaction among nurses working in teaching hospitals regarding the availability of information. Access to information is considered important in empowering employees and facilitating their engagement in their work. It enables employees to have the necessary knowledge and resources to achieve their goals and contribute effectively to the organization (Stichler, 2008). In summary, the average score for access to information among the company nurses in this study suggests that they perceive adequate access to the information needed to perform their job and understand organizational policies and decisions. This finding is consistent with some previous studies, while others have reported varying levels of satisfaction with access to information among nurses.

Table 8. Conditions for Work Effectiveness in Terms of Access to Support

Indicators	Mean Rating	SD	Verbal Interpretation
Specific information about things you do well	3.18	0.74	Moderate
Specific comments about things you could improve	3.00	0.62	Moderate
Helpful hints or problem-solving advice	3.06	0.74	Moderate
<b>AVERAGE</b>	<b>3.08</b>	<b>0.70</b>	<b>Moderate (Adequate)</b>

Legend: 1-1.50 Very Low; 1.51-2.50 Low; 2.51-3.50 Moderate; 3.51-4.50 High; 4.51-5 Very High

According to Table 8, the average score for access to support, which is another sub-component of structural empowerment, is 3.08 (SD=0.70) among the company nurses in this study. This score suggests a moderate to adequate level of access to support. Access to support refers to the receipt of feedback and guidance from subordinates, peers, and superiors, which can contribute to an individual's sense of empowerment and effectiveness in their work (Laschinger, 2012). It is noted that in the context of company nurses, there may be a lack of awareness or knowledge among supervisors or management regarding the day-to-day experiences and performance of the nurses unless there is communication from the work site management (the client of the company) about the staff's performance. The absence of a systematic monitoring system for staff performance within the company is not evident or in place. The finding of moderate access to support among company nurses in this study aligns with the study by de Almeida et al. (2017), which reported moderate access to support among hospital nurses (M=3.15). Similarly, Jafari et al. (2021) and Eskandari et al. (2017) found average scores for access to support among nurses in their respective studies. However, Hassona (2013) reported dissatisfaction among nurses working in teaching hospitals regarding their access to support in the organization.

It is important for employees to have access to support in the form of feedback and guidance from supervisors, peers, and subordinates. This support can contribute to their development, growth, and overall job satisfaction. While the current study indicates a moderate level of access to support, there may be room for improvement in terms of fostering a supportive environment for company nurses. In summary, the average score for





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access to support among the company nurses in this study suggests a moderate to adequate level of access to feedback and guidance from various sources. This finding is consistent with some previous studies, while others have reported varying levels of satisfaction with access to support among nurses.

Table 9. *Conditions for Work Effectiveness in Terms of Access to Resources*

Indicators	Mean Rating	SD	Verbal Interpretation
Time available to do necessary paperwork	3.13	0.76	Moderate
Time available to accomplish job requirements	3.26	0.72	Moderate
Acquiring temporary help when needed	3.01	0.88	Moderate
<b>AVERAGE</b>	<b>3.13</b>	<b>0.79</b>	<b>Moderate (Adequate)</b>

Legend: 1-1.50 Very Low; 1.51-2.50 Low; 2.51-3.50 Moderate; 3.51-4.50 High; 4.51-5 Very High

According to Table 9, the average score for access to resources among the company nurses is 3.13 (SD=0.79), indicating an adequate level of access to resources. Access to resources refers to having the necessary equipment, time, and finances to fulfill job requirements and complete tasks effectively (Laschinger, 2012). Company nurses in this study have an average level of access to resources, including sufficient time to fulfill job requirements, complete paperwork, and obtain temporary additional assistance when needed.

The finding of adequate access to resources among company nurses in this study aligns with the study by de Almeida et al. (2017), which reported moderate access to resources among hospital nurses (mean of 2.92). Hassona (2013) also found that a majority of nurses were satisfied with the availability of resources in the hospital setting. Similarly, Jafari et al. (2021) and Eskandari et al. (2017) reported average results for access to resources among nurses in their respective studies. Access to resources is crucial for nurses to effectively carry out their responsibilities and provide quality care. Adequate access to equipment, time, and finances can contribute to job satisfaction and overall work effectiveness. It is encouraging to see that, on average, company nurses in this study perceive an adequate level of access to resources. In summary, the average score for access to resources among company nurses in this study indicates an adequate level of access to the necessary equipment, time, and finances to perform their job effectively. This finding is consistent with some previous studies that reported moderate access to resources among hospital nurses and overall average results in this subscale.

Table 10. *Conditions for Work Effectiveness in Terms of Formal Power*

Indicators	Mean Rating	SD	Verbal Interpretation
The rewards for innovation on the job are	2.71	0.88	Moderate
The amount of flexibility in my job is	3.30	0.79	Moderate
The amount of visibility of my work-related activities within the institution is	3.14	0.85	Moderate
<b>AVERAGE</b>	<b>3.05</b>	<b>0.84</b>	<b>Moderate (Adequate)</b>

Legend: 1-1.50 Very Low; 1.51-2.50 Low; 2.51-3.50 Moderate; 3.51-4.50 High; 4.51-5 Very High

According to Table 10, the average score for formal power among the company nurses is 3.05 (SD=0.84), indicating an adequate level of formal power within the organization. Formal power refers to the extent to which nurses have the flexibility, creativity, and centrality to achieve organizational goals (Laschinger, 2012). Company nurses in this study have an average level of formal power within the organization. This suggests that they have a certain degree of autonomy, creativity, and influence in achieving organizational goals. The presence of a reward system in some institutions for nurses who perform well or have zero findings during audits indicates a recognition and incentive structure that supports formal power. The finding of average formal power among company nurses in this study is consistent with the results of Jafari et al. (2021) and Eskandari et al. (2017), which also reported an average result for formal power among nurses. However, it contradicts the findings of Hassona (2013), who reported that nurses were not satisfied with the availability of formal power in their work.

Formal power is important for nurses as it enables them to have the necessary authority, resources, and support to effectively carry out their responsibilities and contribute to achieving organizational goals. While the



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average score indicates an adequate level of formal power, there may still be room for improvement in empowering nurses further and providing them with greater opportunities for creativity and autonomy. In summary, the average score for formal power among company nurses in this study suggests an adequate level of formal power within the organization, indicating that nurses have a certain degree of flexibility, creativity, and centrality in achieving organizational goals. This finding aligns with previous studies reporting average results for formal power among nurses, although there may be variations in nurses' satisfaction with formal power across different contexts and settings.

Table 11. *Conditions for Work Effectiveness in Terms of Informal Power*

Indicators	Mean Rating	SD	Verbal Interpretation
Collaborating on patient care with physicians	2.95	0.91	Moderate
Being sought out by peers for help with problems	3.06	0.76	Moderate
Being sought out by managers for help with problems	3.10	0.86	Moderate
Seeking out ideas from professionals other than physicians, e.g., physiotherapists, occupational therapists, dieticians	2.29	0.91	Low
<b>AVERAGE</b>	<b>2.85</b>	<b>0.86</b>	<b>Moderate (Adequate)</b>

Legend: 1-1.50 Very Low; 1.51-2.50 Low; 2.51-3.50 Moderate; 3.51-4.50 High; 4.51-5 Very High

According to Table 11, the average score for informal power among the company nurses is 2.85 (SD=0.86), indicating an average level of informal power within the organization. Informal power refers to the social connections and development of effective relationships with superiors, peers, and subordinates within the organization (Strauss & Kanter, 1978). The average score suggests that nurses have adequate social connections and relationships with their superiors, peers, and subordinates within the organization. However, it is noted that in some institutions, there may be a lack of programs or opportunities for nurses to interact and connect with each other, especially if they are isolated in their worksite. This can limit the development of informal power and social connections among nurses. The limited opportunities for face-to-face interaction and reliance on social media and emails for communication may contribute to the average score in informal power. It is important for organizations to consider providing platforms or initiatives that promote social interaction and relationship-building among nurses, even in remote or isolated work environments. The finding of an average level of informal power among company nurses in this study is consistent with the results of Jafari et al. (2021) and Eskandari et al. (2017), which also reported an average result for informal power among nurses. However, it contradicts the findings of Hassona (2013), who reported that nurses were not satisfied with the availability of informal power in their institutions.

Enhancing informal power among nurses is crucial as it fosters collaboration, teamwork, and a supportive work environment. Building effective relationships among colleagues and supervisors can contribute to better communication, information sharing, and overall job satisfaction. Organizations should consider strategies to facilitate informal networking, peer support, and mentorship opportunities to strengthen informal power among nurses. In summary, the average score for informal power among company nurses suggests an average level of social connections and relationship development within the organization. While nurses have adequate opportunities for informal power, there may be room for improvement in promoting interactions and relationships, especially in isolated work environments. Providing platforms for communication and fostering a supportive work culture can enhance informal power among nurses, leading to improved collaboration and job satisfaction.

Table 12. *Overall Conditions for Work Effectiveness*

Indicators	Mean Rating	SD	Verbal Interpretation
Access to Opportunity	3.11	0.80	Moderate
Access to Information	3.11	0.81	Moderate
Access to Support	3.08	0.70	Moderate
Access to Resources	3.13	0.79	Moderate
Formal Power	3.05	0.84	Moderate



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Informal Power	2.85	0.86	Moderate
<b>SUM</b>	<b>18.33</b>		<b>Average</b>
<b>AVERAGE</b>	<b>3.06</b>	<b>0.80</b>	<b>Moderate (Adequate)</b>

Legend: 1-1.50 Very Low; 1.51-2.50 Low; 2.51-3.50 Moderate; 3.51-4.50 High; 4.51-5 Very High

Based on the overall empowerment structure among company nurses assigned in remote areas in the Kingdom of Saudi Arabia, the average rating of 3.06 (SD=0.80) indicates an adequate level of work empowerment. This overall result encompasses the four dimensions of empowerment (resources, opportunity, information, and support) as well as the two sources of power (formal and informal power).

Regarding resources, even though the worksite is in a remote area, nurses feel they can effectively manage their time to fulfill administrative and clinical paperwork requirements. They also perceive the availability of support from the management when needed. Access to opportunity is seen as a positive aspect, as company nurses report acquiring new knowledge, skills, and attitudes through their work assignments in remote areas. Additionally, nurses are aware of the organization's policies and procedures before being deployed to their remote assignments. However, support from peers or subordinates may be limited in remote areas with weak or no network coverage, but the management can still provide assistance when necessary. This finding aligns with similar studies conducted by Jafari et al. (2021), de Almeida et al. (2017), and Eskandari et al. (2017), where nurses reported a moderate level of empowerment in their respective institutions. Existing literature suggests that nurses' perception of structural empowerment and its dimensions, such as access to opportunity, information, support, and resources, tends to be at an average level across different countries and years. While empowering employees is crucial for improving service quality and reducing healthcare costs, achieving high levels of empowerment within health organizations remains a challenge (Jafari et al., 2021).

When employees perceive access to empowering structures, it contributes to a healthier work environment. Healthy work environments are recognized as critical factors in determining positive outcomes for both nurses and patients. Previous studies by Aiken and colleagues (2011) demonstrated the detrimental effects of unhealthy work environments resulting from healthcare restructuring and downsizing. These environments compromised nursing care, leading to increased burnout, intention to leave, adverse events, and patient morbidity and mortality. However, Hassona (2013) presented contrasting findings, suggesting that more than half of the nursing staff (59%) did not feel empowered in their work, which could lead to intentions of leaving their current positions or even the nursing profession. In summary, the average rating for overall empowerment structure among company nurses in remote areas indicates an adequate level of work empowerment. Although access to opportunity, information, support, and resources is perceived as moderate, there is room for improvement in enhancing empowering structures and promoting healthier work environments. The existing literature demonstrates that achieving high levels of empowerment remains a challenge, and it is crucial to address this to enhance nurse and patient outcomes.

### Work Engagement

Table 13. Level of Work Engagement in Terms of Vigor

Indicators	Mean Rating	SD	Verbal Interpretation
At my work, I feel bursting with energy	3.00	1.69	Sometimes
At my job, I feel strong and vigorous	3.63	1.55	Often
When I get up in the morning, I feel like going to work	3.82	1.85	Often
<b>AVERAGE</b>	<b>3.48</b>	<b>1.70</b>	<b>Sometimes</b>

Legend: 0-0.50 Never; 0.51-1.50 Almost Never; 1.51-2.50 Rarely; 2.51-3.50 Sometimes; 3.51-4.50 Often; 4.51-5.50 Very Often; 5.51-6 Always;

Work engagement promotes workers' health and organizational performance (Nagai et al. 2023) and employee engagement can be analyzed from three factors, which include vigor, dedication, and absorption. Vigor is a veritable definition of an employee who is proactively engaged in work and is willing to put in extra effort for completing the work (Gera et al. 2019). As manifested in Table 14, the level of work engagement in terms of vigor among company nurses working in remote areas has an average rating of 3.48 (SD=1.70) indicating that they feel



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vigor at their work "sometimes". Company nurses may sometimes feel a high level of energy and mental resilience during work and may also feel that they are tired and fed up due to their routine jobs every day.

This is similar to the study of Al-Dossary (2022) where nurses working in Saudi Arabian hospitals (public and private) obtained a mean of 3.21 in the vigor subscale while nurse managers had a slightly higher mean of 4.02. Previous literature has found that employees with low dedication and vigor have strong turnover intentions, especially when the workload is high. Therefore, nurse managers need to be aware of subordinates' potential intent to leave when the total score of it is relatively low.

Table 14. *Level of Work Engagement in Terms of Dedication*

Indicators	Mean Rating	SD	Verbal Interpretation
I am enthusiastic about my job	3.89	1.65	Often
My job inspires me	3.78	1.66	Often
I am proud on the work that I do	4.30	1.62	Often
<b>AVERAGE</b>	<b>3.99</b>	<b>1.65</b>	<b>Often</b>

*Legend: 0-0.50 Never; 0.51-1.50 Almost Never; 1.51-2.50 Rarely; 2.51-3.50 Sometimes; 3.51-4.50 Often; 4.51-5.50 Very Often; 5.51-6 Always;*

According to Table 14, the level of work engagement in terms of dedication among company nurses working in remote areas has an average rating of 3.99 (SD=1.65), indicating that they are "often" committed to their work. Dedication refers to the employees' commitment and enthusiasm toward the organization's goals and mission (Gera et al., 2019). In the case of company nurses, their dedication is primarily driven by the fact that their current work is their main source of income. They demonstrate an eagerness to fulfill their roles and responsibilities and find pride and meaningful involvement in their work.

This finding aligns with the study conducted by Al-Dossary (2022) among nurses in Saudi Arabian hospitals, where the mean score for dedication was 3.53. It suggests that company nurses in remote areas, similar to nurses in hospital settings, exhibit a strong sense of commitment and enthusiasm toward their work.

Table 15. *Level of Work Engagement in Terms of Absorption*

Indicators	Mean Rating	SD	Verbal Interpretation
I feel happy when I am working intensely	3.51	1.81	Often
I am immersed in my work	3.84	1.60	Often
I get carried away when I'm working	3.07	1.75	Sometimes
<b>AVERAGE</b>	<b>3.47</b>	<b>1.72</b>	<b>Sometimes</b>

*Legend: 0-0.50 Never; 0.51-1.50 Almost Never; 1.51-2.50 Rarely; 2.51-3.50 Sometimes; 3.51-4.50 Often; 4.51-5.50 Very Often; 5.51-6 Always;*

Absorption reflects a complete engrossment in the work, where the goal is not to complete the work as soon as possible but to do it in the best possible way (Gera et al. 2019). In terms of absorption as a subscale of work engagement, company nurses have a total average of 3.47 (SD=1.72), verbally interpreted as "sometimes". Nurses has an average concentration in their work. It is similar in the study of Al-Dossary (2022), nurses obtained a mean of 3.48 in the absorption subscale while nurse managers had a slightly higher mean of 4.26.

Table 16. *Overall Level of Work Engagement*

Indicators	Mean Rating	SD	Verbal Interpretation
Vigor	3.48	1.70	Sometimes
Dedication	3.99	1.65	Often
Absorption	3.47	1.72	Sometimes
<b>AVERAGE</b>	<b>3.65</b>	<b>1.69</b>	<b>Often</b>



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Legend: 0-0.50 Never; 0.51-1.50 Almost Never; 1.51-2.50 Rarely; 2.51-3.50 Sometimes; 3.51-4.50 Often; 4.51-5.50 Very Often; 5.51-6 Always;

According to Table 16, the overall level of work engagement among company nurses working in remote areas is assessed based on three factors: dedication, vigor, and absorption. The mean rating for dedication is the highest at 3.99, indicating that nurses are often committed to their work. Vigor has an average rating of 3.48, suggesting that nurses feel vigor in their work sometimes. Absorption also has an average rating of 3.47, indicating that nurses experience absorption in their work sometimes as well. Overall, the average rating for work engagement is 3.65 (SD=1.69), which is interpreted as "often". The highest score among the three subscales is dedication, which aligns with a national survey of registered nurses in Japan (Sato & Miki, 2014). It indicates that company nurses working in remote areas tend to be more enthusiastic and dedicated to their work. However, their energy, mental resilience, and concentration levels show an average rating.

These findings are consistent with the study conducted by Al-Dossary (2022), where staff nurses working in Saudi Arabian hospitals also obtained high mean scores for dedication, absorption, and vigor. However, nurse managers had even higher engagement levels on all subscales compared to nurses. Dedication was found to have the highest mean score for nurse managers. In contrast, the study by Nagai et al. (2023) reported a lower mean work engagement score for participant nurses compared to studies conducted in the US, Saudi Arabia, and China. Additionally, Hassona (2013) found that more than half of the staff nurses in their study were not engaged in their work. These results suggest that low work engagement levels may have implications for the health and well-being of nurses and potentially impact the quality of care in the setting.

Table 17. Correlation between the profile of the respondents and Work Engagement

ETA Coefficient	Correlation Value	Interpretation	Decision
Age	0.159	Very Weak	Do not Reject Ho
Marital Status	0.060	Very Weak	Do not Reject Ho
Length of Service	0.231	Weak	Do not Reject Ho
Area of Assignment	0.119	Very Weak	Do not Reject Ho
Frequency of Rest Days	0.078	Very Weak	Do not Reject Ho

Table 17 presents the correlation between the demographic profiles of the respondents and the dependent variable, which is work engagement. The results indicate that age ( $\eta=0.159$ ), marital status ( $\eta=-0.060$ ), length of service ( $\eta=0.231$ ), area of assignment ( $\eta=0.119$ ), and frequency of rest days ( $\eta=-0.078$ ) do not have a significant relationship with work engagement among company nurses. This finding supports the claim of Simpson (2009) that there is no relationship between work engagement and years of nursing experience, suggesting that factors other than length of service influence nurses' engagement levels. However, this finding contradicts the study by Baumgardner (2014), which reported a positive relationship between age and work engagement, indicating that older nurses were more engaged than younger ones. In the present study, age does not have an influence on the engagement of company nurses, although most of them belong to the age bracket of 30-39 years old.

Research in the literature supports the idea that individual differences play a role in work engagement and performance. Robinson (2006) suggests that individual differences influence a person's potential level of engagement. The hospital workplace setting was found to have a slightly negative influence on work engagement, while gender, ethnicity, and other workplace factors showed little to no correlation in the study population (Baumgardner, 2014). In line with Simpson's (2009) findings, the present study found no difference in work engagement among registered nurses based on individual nurse demographics such as work shift, length of work shift, or years of experience.

Table 18. Correlation Between Structural Empowerment and Work Engagement

Variables	r	p-value	Decision	Interpretation
Structural Empowerment and Work Engagement	0.49	0.000	Reject Ho	There is a significant relationship between Structural Empowerment and Work



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## Engagement

Table 18 presents the correlation between structural empowerment and work engagement using Pearson's  $r$ , with a value of  $r=0.49$ . This indicates a significant relationship between the two variables, leading to the rejection of the null hypothesis. This finding aligns with the results of Laschinger and colleagues (2009), who reported a statistically significant effect of empowerment on work engagement. When company nurses perceive a sense of structural empowerment within their organization, it positively impacts their work engagement, contributing to success and positive outcomes. Hassona (2013) also supported this result in her study with hospital nurses, finding a statistically significant correlation between structural empowerment and work engagement ( $r=0.224$ ). Previous literature emphasizes that empowered staff members experience feelings of trust and respect from others, and they find their work exciting (Finkelman & Kenner, 2010). This, in turn, improves the quality of patient care outcomes and enhances both patient and nurse satisfaction (Sowers, 2009). Similarly, engaged staff members work with high levels of energy, strong involvement, a sense of significance, and enthusiasm (Bakker & Demerouti, 2008). Engaged employees are more satisfied with their work and tend to be more productive. Therefore, nurses, regardless of their area of practice, should be positively engaged in their work and empowered to provide high-quality care for their patients. In a study by Amor et al. (2021) focusing on employees in the service sector, it was revealed that structural empowerment is positively related to work engagement. The researchers concluded that employees working in empowering workplaces, where they have access to information, opportunities, support, and resources, are more likely to experience a psychological state of empowerment, leading to higher levels of work engagement.

## Conclusions and Recommendations

Based on the findings of this study, the following conclusions are drawn:

Based on the provided information, the majority of company nurses are young professionals in their thirties, and there is a slightly higher proportion of single nurses compared to married ones. These nurses are relatively new to the service and are primarily assigned to remote areas such as the middle of the desert, specifically onshore rig sites. They typically have rest days every three months. In terms of workplace structural empowerment, respondents have an average level of access to all sub-variables, indicating a moderate overall condition of work effectiveness. Company nurses exhibit varying levels of vigor and absorption in their work, indicating that they are sometimes energetic and engrossed in their tasks. However, they often demonstrate dedication, reflecting a strong commitment to their work. Overall, company nurses are frequently engaged in their work.

The demographic profile of nurses does not significantly influence their work engagement. The findings also suggest that there is a significant relationship between structural empowerment and work engagement among company nurses. When company nurses feel empowered, they are more likely to be engaged in their work. This reinforces the theoretical framework proposed in the first chapter, particularly the Expanded Workplace Empowerment Model developed from the Theory of Structural Empowerment. This study provides support for the claim that empowering work conditions, characterized by opportunities, information, support, and instrumental resources, influence employee work attitudes and behaviors. When these structures are present, company nurses are more likely to be engaged in their work.

Based on the findings and conclusion, the following are the recommendations of the study:

### 1. Nursing Practice

To adapt policies and procedures or formulate strategies that will increase workplace empowerment structure, which can influence the engagement of company nurses; such as the Company Nurse Empowerment/engagement Program- a structured program for company nurses pre- and during the deployment stage designed to improve practice.

### 2. Nursing Education

That the academicians/ administrators in nursing education will look into the possibility of reviewing the curriculum of the nursing program; they include the concepts and skills involving structural empowerment and strategies to work



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engagement as one of the modules in courses like Nursing Leadership and Management (NCM 119) not only focusing in the hospital but across the fields of nursing.

### 3. Nursing Research

- a. That future researchers replicate the study involving a larger number of respondents or utilizing a different approach/ strategies.
- b. That future researchers involve other variables or settings less explored.
- c. That future researchers include other profile characteristics that may be found to be related to work engagement.

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