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**WORK ENGAGEMENT AND SOME OF ITS ANTECEDENTS: A
CONTRIBUTION TO HEALTHCARE WORKERS PERFORMANCE IN GHANA**



UNIVERSITY OF ALGARVE

FACULTY OF ECONOMICS

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**WORK ENGAGEMENT AND SOME OF ITS ANTECEDENTS: A
CONTRIBUTION TO HEALTHCARE WORKERS PERFORMANCE IN GHANA**

Master's Degree in Healthcare Management

Dissertation Report made under the supervision of

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Work Authorship Declaration

I declare to be the author of this work, which is unique and unprecedented. The author and work consulted are properly cited in the text and are included in the listing of references

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.....

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Dedication

I dedicate this study to my lovely and supportive wife Percis Afriyie Mensah and my children Benjamin, Michael, Gabrielle and Clement.

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I am deeply appreciative of the immense encouragement, support, and valuable guidance I have received throughout my academic journey, particularly in pursuing this master's program. I am sincerely grateful for the opportunity and wish to express my gratitude to all those who have played instrumental roles in my success.

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Abstract

As nations continue to recover from the impact of the covid – 19 pandemic, developing countries such as Ghana are not an exception and as such other forms of motivation which do not involve lots of financial commitments need to be given attention to enhance employee performance for increased productivity. This work addresses the problem of over-reliance on financial forms of motivation in motivating healthcare workers in Ghana. The aim of this study was to verify the relationships between social support, engagement and empowerment in healthcare services by health workers in Ghana. One hundred health professionals whose work contributes to the delivery of quality healthcare in the health facility were administered the questionnaire. The resulting data were subjected to both descriptive and inferential statistics. The results of the T-Test revealed significant differences in gender for the variables studied, engagement, social support, and structural empowerment. Regarding empowerment (opportunity and resources), there were significant differences in means between females and males. Significant relationships between the variables social support (from superiors), a *engagement* – *dedicação* and empowerment – resources, was proved. And the mediator effect of social support (from superiors) between *engagement* – *dedicação* and empowerment – resources, was proved. Health care supervisors are fundamental components in creating the necessary social support for the development of positive work environments, which foster high levels of engagement and perception of resources empowered, by healthcare professionals. One of the limitations of this study, is the convenience sample used. In future studies, longitudinal design studies would be needed to assess the effect of supervisor social support over time. It is recommended that further research include a more extensive probing into the relationship between empowerment and performance of employees trying to expand the body of knowledge in the area of engagement in Ghana to make a valid generalisation.

Keywords: Engagement, social support, empowerment, employee, wellbeing

Resumo

Agora, mais do que nunca, as empresas precisam de empregados bem motivados e felizes no trabalho, porque a crise de valores, económicos e sociais é uma realidade. A motivação financeira é a forma de motivação mais utilizada no Gana e as formas não financeiras de motivação, como o empenhamento, não recebem a prioridade necessária. À medida que as nações continuam a recuperar do impacto da pandemia de covid-19, os países em desenvolvimento, como o Gana, não são uma excepção e, como tal, é necessário prestar atenção a outras formas de motivação que não envolvam muitos compromissos financeiros, a fim de melhorar o desempenho dos trabalhadores e aumentar a produtividade. Este trabalho aborda o problema da dependência excessiva de formas financeiras de motivação para motivar os trabalhadores do sector da saúde no Gana. O objetivo deste estudo consistiu em analisar a relação entre suporte social, *engagement e empowerment* em trabalhadores do sector da saúde no Gana. Foi realizado um estudo transversal e descritivo - de natureza correlacional, com uma amostra de conveniência e uma metodologia quantitativa. A amostra de 100 profissionais de saúde constituída por enfermeiros, médicos, auxiliares de acção médica, técnicos de saúde e outros funcionários cujo trabalho também contribui para a prestação de cuidados de saúde de qualidade na unidade de saúde. Os dados recolhidos através do questionário foram submetidos a análises estatísticas descritivas e inferenciais, utilizando o software SPSS versão 29. Os resultados do Teste T revelaram diferenças estatisticamente significativas quanto ao género nas diversas variáveis estudadas, nomeadamente o *engagement* (vigor, dedicação, absorção), o apoio social (superiores e colegas) e o empowerment estrutural (oportunidade, informação, apoio, recursos e global). Relativamente ao empowerment (oportunidade e recursos), verificaram-se diferenças significativas nas médias entre o sexo feminino e o sexo masculino. Em termos da faceta oportunidade da variável *empowerment*, as mulheres percebem-na a um nível mais elevado em comparação com os homens que percebem-na a um nível mais baixo. Isto indica que as oportunidades concedidas pela empresa têm um maior impacto nas mulheres desta amostra do que nos homens. Por outro lado, no que se refere aos recursos de empowerment, os homens percebem um *empowerment* mais elevado em comparação com as mulheres que percebem um empowerment mais baixo. Este facto sugere que os recursos fornecidos pela empresa têm uma maior relevância nos homens desta amostra do que nas mulheres. Além disso, foram observadas diferenças significativas nos valores médios entre os trabalhadores a tempo inteiro e a tempo parcial relativamente às oportunidades de

empowerment. Os trabalhadores a tempo parcial perceberam mais oportunidades de *empowerment* em comparação com os trabalhadores a tempo inteiro que perceberam menos *empowerment*. Os recursos de *empowerment* estão significativamente correlacionados com a dedicação ao trabalho e com o apoio social dos superiores, mas não com o apoio social dos pares. O apoio social dos superiores está positiva e muito significativamente ($p < .01$) relacionado com a dedicação ao empenhamento e com os recursos de *empowerment*. No entanto, o apoio social dos colegas não está significativamente correlacionado com os recursos de *empowerment*. De uma maneira geral, a relação significativa entre as variáveis suporte social (superiores), a *engagement* – dedicação e o *empowerment* – recursos, mostrou ser significativa. E, o efeito mediador do apoio social (dos superiores) entre a *engagement* – dedicação e *empowerment* – recursos. Os supervisores de cuidados de saúde são componentes fundamentais na criação do suporte social necessário para o desenvolvimento de ambientes de trabalho positivos, que fomentem elevados níveis de envolvimento e percepção de recursos habilitados, por parte dos profissionais de saúde. É evidente, com base no estudo, que o apoio social dos superiores, o *engagement* o *empowerment* – recursos são estratégias muito importantes para o crescimento desta instituição de cuidados de saúde. Quando os trabalhadores sentem um sentimento de valor e a urgência de o conseguir, é muito provável que sejam mais proficientes e aumentem o seu pensamento crítico. Os resultados do estudo sugerem a criação de um ambiente de trabalho que assegure o desenvolvimento de competências sociais, uma vez que é evidente que quando os trabalhadores têm um sentimento de bem-estar e se esforçam por atingir os objectivos estabelecidos. Assim, a responsabilização dos trabalhadores conduz directamente a um melhor desempenho na prestação de cuidados de saúde de qualidade, uma vez que esses trabalhadores têm a percepção de que as novas ideias que apresentam no local de trabalho serão respeitadas pelos seus superiores pela iniciativa que demonstram no desempenho das suas tarefas. Este estudo de investigação contribui para o acervo de conhecimentos no domínio da gestão de recursos humanos, revelando como o apoio social e o *empowerment* dos trabalhadores no local de trabalho os torna empenhados num país em desenvolvimento como o Gana. Os gestores da organização de saúde têm de assegurar o desenvolvimento e a aplicação de melhores meios de estratégias de comunicação para garantir um aumento do nível de confiança entre os trabalhadores e os gestores. Para tal, os gestores da organização devem permitir um certo nível de autoridade e de propriedade, delegando responsabilidades nos trabalhadores e incentivando-os a tomar decisões acertadas, assumindo novas tarefas e completando-as. Recomenda-se, portanto, que a

organização ponha em prática um sistema de recompensas para recompensar os empregados após a conclusão bem sucedida de tais tarefas, como forma de encorajar os empregados a aprender e a crescer, em vez de se sentirem confortáveis com as tarefas que completam tão facilmente. Uma limitação deste estudo, consiste na amostra de conveniência que foi usada. Em segundo lugar, o desenho transversal não permitiu estabelecer relações causais, mas a literatura empírica sobre o modelo de *empowerment* estrutural sustenta que as variáveis estudadas estão correlacionadas. Em terceiro lugar, os dados foram recolhidos usando medidas de autorrelato que podem ser sensíveis a certos tipos de viés. Em estudos futuros, seriam necessários estudos longitudinais para avaliar o efeito do apoio social do supervisor ao longo do tempo. Recomenda-se que mais pesquisas possam ser feitas nesta área para incluir uma investigação mais extensa sobre a relação entre *empowerment* e desempenho, tentando expandir o corpo de conhecimento na área de engagement em Gana na tentativa de fazer generalizações mais válidas.

Palavras-chave: envolvimento, apoio social, empowerment, empregado, bem estar

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CHAPTER 1.0 INTRODUCTION

1.1 Background

The current crisis of values, economic and social is a reality today. Now more than ever, companies need well-motivated and happy employees at work. It seems that investing in health is synonymous with high productivity and profitability. In fact, those companies that have engaged employees (those who are dedicated and committed to their work) will have more facilities to get out of the crisis (Xanthopoulou *et al.*, 2009; Salanova, Llorens, Cifre & Martinez, 2012; Schaufeli, 2018). In this context, engagement can be an essential element to achieve organizational success in all organizations, in any country's sustenance and especially at Komfo Anokye Teaching Hospital (KATH), Kumasi, not only to improve the performance of healthcare workers but as well to preserve human life which when lost cannot be recovered.

Most of the definitions of Engagement are based on a common ground which is employee engagement ultimately leads to high organizational productivity and cognitively immersed employees for the organization (Saks, 2017). From a multidimensional perspective, Engagement is defined as a positive and psychological motivational-affective state related to work characterized by vigour, dedication and absorption (Schaufeli *et al.*, 2002; Salanova & Schaufeli, 2009; Shuck & Wollard, 2010; Wollard & Shuck, 2011; Schaufeli, 2018). Vigour ideally refers to the level at which an employee is willing to invest his or her cognitive abilities and high energy level in the face of challenges to ensure that an objective is achieved. Dedication is aligned with the sense of importance, urgency, enthusiasm, etc. that employees attach to their work which stems from the fact that they are proud and feel happy working with the organization. Absorption deals with all the different kinds of things employees do to show a high level of concentration and how they are deeply involved in carrying out their duties and responsibilities at work. Engaged employees exhibit high levels of energy and they are easily identified with their work. In the field of organizational behaviour researchers have considered engagement as a dependent variable (Schaufeli & Bakker 2004; Mauno *et al.*, 2005; Hakanen & Rodt, 2010), an independent variable (Schaufeli & Salanova, 2008; Demerouti *et al.*, 2010; Harter, 2017) and even as a mediator/moderator variable (Schaufeli & Salanova, 2008). Although much is known about its concept, it is essential to know its determinants, those that have to do with the work environment and the personal resources of employees.

In addition to this, recent research studies have identified engagement and its antecedents like social support (superior and co-workers) or as a predictor of job satisfaction (Cortese *et al.*, 2010; Hamaideh, 2011; Orgambidez & Almeida, 2017).

Engagement has the potential to affect employee's work-related attitudinal and behavioural outcomes such as job satisfaction, employee turnover, and job performance (Harter *et al.*, 2002; Park & Gursoy, 2012; Orgambidez & Almeida, 2017) as such the total well-being of employees should be paramount to the organization especially healthcare workers since their attitudinal and behavioural outcomes may cause loss of life and damage to patients they handle in the course of work. Engagement when implemented well in a healthcare facility has the potential to give very good outcomes such as low waiting times for patients, improve healthcare professional and patients relationship, and lower healthcare workers turnover.

The proof that engagement is a critical determinant of the results of high organizational and individual performance is evident in some previous research (Rich *et al.*, 2010). Furthermore, other research studies have evidenced that engagement results in additional positive consequences such as good health (Seppälä *et al.*, 2012). It also improves an employee's quest to learn to improve and ensures proactive behaviours from employees who in effect also improve their initiative which is necessary for task completion (Hakanen, Perhoniemi, & Toppinen-Tanner, 2008; Bakker *et al.*, 2012). Additionally, engaged employees have been found to have a highly improved job-related performance outcome (Demerouti & Cropanzano, 2010) which also helps to improve the financial position of organizations by improving daily financial returns (Xanthoupoulou *et al.*, 2009). Lastly, a research study by Bakker & Demerouti (2014) revealed that engagement impacts positively an organization's client satisfaction and customer loyalty.

Ghana as a country has been struggling to improve on its motivation and work engagement strategies in all sectors of its economy. Therefore, the issue of motivation has become a problem with financial motivation upheld by most employees, while engagement and other antecedents to performance are almost relegated to the background. According to Agbeh (2015), where there is little or no motivation of employees at the various organizations, employees may have low morale which can affect the performance of the organization in achieving their organizational goals. Most organizations in Ghana provide incentive packages as a form of motivation, these usually include free medical care, free transportation, mortgage facilities, lunch and other basic needs that the organization deems fit to motivate and enhance employee performance.

The recent changes in the world due to the pandemic have had significant implications on the economies of the world all over and organizations are not an exception. This no doubt will restrict organizations in their quest to allocate the already relatively scarce resources available to employees to ensure that the employees reciprocate by completing their tasks and improving their performance to meet organizational goals and targets. Even before the pandemic high cost of resources prompted most organizations to reduce the resources allocated to employees to perform their tasks. This inadvertently is a factor capable of reducing the level of engagement employee has and effectively their commitment level to the organization in ensuring that the goals and objectives of the organization are achieved. Organizations in Ghana; a developing country, therefore, suffered even worse to the susceptibility of events happening globally, therefore the need to research into how engagement and some of its antecedents can be a form of ensuring that employees are motivated to enhance and improve their performance.

Engagement is a relatively grey area in sub – Saharan region (Agyemang & Ofei, 2013) and Ghana is no exception. The majority of motivation policies are financially based and this is due to the level of poverty in Ghana which has made financial-based motivation a priority for most organizations to get their employees to perform to their maximum best. Employee engagement and its antecedent like social support (superior and co-worker or peer and self-efficacy has somehow not been a priority for organizations and this is partly due to the level of priority placed on financial motivation. In spite of the benefits and the advantages of engagement and how it is capable of enhancing organizations, there is very limited quality literature on this interaction (Saks, 2006) and this is the situation in Ghana. Human beings are social beings as the old adage goes and they are part of a social network in society as such must be treated and handled in a way that makes them feel a part of the organization and more especially in the health care sector where the employees deal with human life.

Traditionally when an organization employs people to do a job or complete a task, there is a psychological agreement between the employee and the employer in the sense that the employee makes an input in terms of completing an assigned duty while he or she expects the organization to compensate him nor her for the efforts put in completing the task or carrying out that duty or responsibility. When the organization or the employee fails to perform their expected role, then the commitment that is associated with the agreement erodes. In this sense when an organization fails to provide the needed resources that employees need, the employees may tend to disengage from their roles (Saks, 2006). This in

effect will hamper the performance of the organization in achieving its set goals and objectives. This study is therefore relevant in providing healthcare facilities with empirical evidence that is essential in developing practical policies to foster engagement and some of its antecedents to ensure that healthcare workers are highly engaged. This study, therefore, investigates and analyses the relationship between social support, engagement and empowerment.

This research work is structured in six chapters. The first chapter deals with an introduction to the theme to be investigated as well as the importance of the theme being investigated. The information related to data that needs to be used for the research and the setting that the theme under investigation intends to be applied is also discussed in this chapter. Chapter Two focuses on a review of relevant related literature and the theoretical framework the research work is based on. The chapter also includes an objective commentary by the researcher on the literature on which the theme is based, while methodology is dealt with in Chapter Three. This talks about the research design, the population, sample and the sampling procedure. It also talks about data-gathering instruments, data collection procedure is presented in a chronological manner according to how the research was conducted. Analysing the data collected and its interpretations are discussed in Chapter four of the study. A presentation of the findings showing the results data in tables, graphs and charts are part of the issues that need to be dealt with in this chapter of the theme under investigation. Discussing the findings from the analyses of the data used for the study and the theoretical application of the results obtained is dealt with in chapter five. The last chapter which is chapter six is a synthesis of the primary results of the study, limitations of the work and recommendations and suggestions for further research.

CHAPTER 2.0 LITERATURE REVIEW

2.1 Introduction

There is a great practical need to assess psychosocial factors at work and improve employee well-being. Evidently, poor working conditions and burned-out employees are associated with, for instance, sickness absence, occupational injuries and accidents, poor work performance, and reduced productivity, whereas the opposite is true for good working conditions and employee engagement. So ultimately, psychosocial factors and employee well-being translate into financial business outcomes. Therefore, it is in the company's enlightened self-interest to monitor psychosocial factors at work and employee's well-being on a regular basis, so that timely and targeted measures can be taken to prevent burnout and increase work engagement. Apart from this intrinsic reason, there is also an extrinsic reason for organizations to monitor the workplace, at least in Europe. Following the EU framework Directive 1989/391/EEC on occupational safety and health, all EU member states have issued legislation on the prevention of psychosocial risks at the workplace. The two most relevant provisions of that directive are that: (1) employers should ensure that all workers receive health surveillance that includes psychosocial risks (Article 15) and; (2) employers are held responsible for preventing ill-health at work, and must take appropriate measures to make work healthier (Article 5). Hence, organizations have a legal obligation to monitor psychosocial risk factors and improve employees' health and well-being. Although this legal framework only applies to EU member states, monitoring risks and improving health and well-being is paramount in other countries as well because of immanent advantages, including financial and business outcomes. But how to achieve that and what has occupational health psychology to offer?

Organizations all over the world put in lots of money to ensure that they harness employee behaviours that will ensure that employees develop dedicated work behaviours that enables them to willingly do, more for the organization (Bakker, Oerlemans & Ten Brummelhuis, 2016). The prosperity of businesses can only be achieved through the efficient and effective use of the available human capital and this has impacted significantly and has also been very critical to the success of management and businesses. Critically, the service sector where healthcare falls under is very crucial due to the nature of the work done as such having a workforce with the appropriate work behaviour is a primary and very critical factor to ensure that there is competitive performance.

This section deals with describing and explaining the theories that are relevant to employee engagement and necessary to facilitate a comprehensive analysis and understanding of the hypothesis to be tested.

2.2 Theoretical basis

Organizations all over the world tend to search for what and how they motivate their employees to ensure that they perform highly and as a result, the performance leads to achieving set goals and objectives. Organizations ideally used to pay much attention to negative work-related behaviours like absenteeism, turnover, work stress and others (Salanova, 2008) and how to remedy such negative behavioural tendencies. Such negative behaviours undoubtedly have the potential to derail the success of organizations thereby affecting negatively their financial situations and to a large extent their customers. But there has recently been a paradigm shift that has placed much emphasis on more positive work-related behaviour (Almeida *et al.*, 2020). Positive work-related behaviours like commitment, punctuality, regularity, dedication, and willingness to improve are some of the work-related behaviours organizations globally yearn to have their employees display at the work place. Engagement has thus become a very important concept that needs to be employed by organizations to ensure that its employees are highly motivated to give off their very best to the progress of the organization.

This study is a purely descriptive psychosocial health model and it is an extension of and draws its strength from the Job Demands – Resource model (Demerouti *et al.*, 2001) as well as the social exchange theory (Cropanzano & Mitchell, 2005). These models take a look at how an individual's psychological factors and social environmental factors influence or affect his / her performance with respect to the resources available in order to achieve an objective or goal. These theories have also been the basis on which most research hypotheses have been developed with respect to what affects engagement and its outcomes (Saks, 2006; Bakker & Demerouti, 2017).

The importance of motivation in the JD-R theory proposes that the availability of the needed work resources enhances an employee's ability to learn, grow and develop in order to meet his or her primary needs (Xanthopoulou *et al.*, 2008). Thus, it is imperative for organizations to ensure that the right resources needed by employees to enable them to complete their tasks are provided to them accordingly to meet organizational, group and individual targets. This set of acquired needs then motivates the employee to develop new behaviours (Bakker & Demerouti, 2017) which assists them in achieving their set goals and objectives. The

availability of such resources spikes positive work behaviour which makes the employees engaged and this in turn gives off positive outputs in accomplishing tasks successfully.

Another aspect of the JD-R theory is how personal resources can be in the form of a mediator between job resources and engagement (Bakker & Demerouti, 2017). In this case, when personal resources (e.g., Self-efficacy) are made part of the factors of motivation considered by an organization they may have the capacity to influence engagement either directly or indirectly and impacts on job resources (Xanthopoulou *et al.*, 2008) as well. This no doubt makes it clear that employees with high personal resources are highly engaged and so have the potential to perform highly on the job. However, the literature does not clarify the effect that certain personal resources such as self-efficacy can have on supportive work environments (social support) to meet engagement.

According to Schaufeli (2017), the JD-R model essentially integrates two psychological processes namely a stress process which is sparked by excessive job demands and lacking resources may lead to burnout and a motivational pathway process which is also triggered by the abundance of resources which may lead to engagement. The stress process of the JD-R model ultimately leads to negative work behaviours like low commitment, low dedication and unhappiness. As part of this process employees rather endure the task, they have to complete instead of enjoying them and such may lead to poor health because as the saying goes, a sound mind is in a sound body. The motivational pathway part of the JD-R model is what most organizations globally would like their employees to possess. The abundance of job resources associated with this part of the model develops positive outcomes such as employee and organizational commitment and dedication, low turnover and job security. These ignite a sense of belongingness and a spike in energy in the performance of work activities.

Eight longitudinal studies recently reviewed among workers from various countries revealed that the majority of the studies largely supported that there is a causal relationship between job characteristics and employee wellbeing (Schaufeli, 2017). An increase or decrease in any of the job characteristics (job demands or job resources) may lead to employee burnout or engaged (employee wellbeing).

There are other two extensions of the JD-R model that needs to be mentioned the first one is the inclusion of personal resources in the JD-R model and the second one that was added is

engaging leadership. These two are very critical in determining the success or otherwise of an organization because when employees have high personal resources like self-efficacy that are complemented by engaging leadership like good social support (supervisor and peer or co-worker), these employees become highly engaged and display positive work behaviour at work. It appears that engaging leadership has an indirect effect on preventing burnout and increasing engagement by reducing demands and increasing job resources respectively (Schaufeli, 2017). This is so because leaders who are inspiring make sure all the needed resources their subordinates (employees) need are readily available at their disposal for use in order to ensure that the work-related activities are not disrupted.

To conclude, the JD-R model is a rather straightforward and empirically validated model that specifies relationships between job (and personal) characteristics, leadership, employee wellbeing and outcomes. Basically, it states that decreasing job demands increasing job (and personal) resources and stimulating “engaged” leadership prevents burnout and increases work engagement.

As a result of these, fewer negatives and more positive outcomes are achieved for both employees and organizations. Since job demands and job resources spark the health impairment and motivational processes respectively their proper assessment is primarily important.

2.3 Engagement

Employee engagement has developed some interest in recent years and has become a widely used and very popular term (Robinson *et al.*, 2004). Many studies have posted that engagement has been shown to be a predictor of good employee outcomes, high organizational success and improved financial performance (Harter *et al.*, 2002). Work environment settings where employees like healthcare workers are in constant contact with customers and their work involve emotions and how to deal with customer complaints well. Recent literature has highlighted the significant role such employees play in the delivery of excellent services and how customer complaints in a work environment like the hospital are handled such that employees are deemed to exhibit brand-oriented behaviours (Erkmen & Hancer, 2015; Vatankhah & Darvishi, 2018). As such managers of healthcare facilities and organizations should therefore put in policies to ensure that healthcare workers are retained and turnover reduced to the barest minimum. This is very important because work engagement enhances the delivery of quality service, increases customer/patient loyalty and

improves job performance while also fostering job satisfaction (Karatepe, 2018; Menguc *et al.*, 2017; Orgambidez & Almeida, 2017; Reijseger *et al.*, 2017).

Work engagement as defined by Demerouti, Bakker and Gevers (2015) is a positive, fulfilling, work-related state of mind characterized by the three sub-dimensions vigor, dedication and absorption. Vigor implies the level of energy that an individual invests in performing work even in situations where the work is very challenging. Dedication refers to the degree of involvement in an individual's work that results in a strong positive feeling about the work being performed by the individual for instance inspiration and pride. Absorption which is the final one, deals with how deeply engrossed an individual is with work to the extent that it becomes very difficult for such an individual to detach from the work (Shaufeli & Salanova, 2007).

Engagement is deemed as a cognitive and affective state of an individual at work and the individual's psychological factors that have the capability of influencing a person's state of mind at work. In other words, in order to engage employees, factors that will make them engaged needs to be triggered such that the psychological component of their wellbeing is the primary focus. Kruse (2012) in an article contributing to employee engagement on Forbes defined employee engagement as the emotional commitment an employee has to the organization and its goals. In his contribution, he seeks to explain the fact that an engaged employee doesn't necessarily show happiness or satisfaction because such employees seek only to carry out their duties and responsibilities but may not go the extra mile in terms of the level of commitment and doing extra more to ensure the total success of the organization. Since human beings are social beings and are part of a network, it is imperative to ensure the implementation of policies that will make them engage and thus enhance their performance.

In this case, antecedents of engagement like social support (supervisor and peer/ co-worker) and self-efficacy cannot be overlooked especially in a healthcare working environment where healthcare workers deal with human life which when lost can never be recovered. Furthermore, research studies have shown that the attitude of healthcare workers such as satisfaction is beneficial to patient care (Wegner *et al.*, 2010) and has also been shown to especially improve the quality of services provided by healthcare employees (Orgambidez-Ramos *et al.*, 2017). Saks (2006) posits that engagement is not attitudinal but rather the degree to which an employee is attentive and gets absorbed in the performance of their roles. He further shows that the focus of engagement is more related to an employee's formal role performance than an extra role or voluntary behaviour displayed by employees. While this

may not be far from the norm, other research has also shown that engaged employees develop the quest to learn to improve and ensures proactive behaviours from employees who in effect also improve their personal initiative which is necessary for task completion (Hakanen *et al.*, 2008; Bakker *et al.*, 2012).

Kahn (1990) dealt with engagement as a very critical motivational construct which involves the harnessing of a holistic employee with respect to the cognitive, physical and emotional well-being of the employee to work role performance. Rich, Lepine and Crawford (2010) posited that most studies on job performance all focused on an individual's self-related attitude such as job satisfaction, job involvement and intrinsic motivation. They further argued that in spite of the much research work done in the field of engagement and job performance, it was Kahn's in 1990 that provides a more comprehensive and holistic description of job performance in relation to engagement. Research has however shown that engagement is a predictor of job performance (Halbesleben & Wheeler, 2008; Bakker & Bal, 2010) and job satisfaction (Cortese *et al.*, 2010; Hamaideh, 2011; Orgambidez & Almeida, 2017).

When employees perceive that the manager of the organization makes lots of job resources available to them, they take advantage of the available resources and that helps them to develop higher self-efficacy (Karatepe *et al.*, 2018). In a work environment where there are available resources such as supervisor and peer/co-worker support helps an individual develop an increased self-belief with respect to their abilities to achieve their job targets (Xanthopoulou *et al.*, 2008). A work environment of such nature also helps employees to adapt easily to the prevailing work situation and they are able to display high performance in completing tasks successfully. Research has shown that a resourceful work environment is very important to help generate higher self-efficacy in employees (Llorens *et al.*, 2007). The work of Yulita *et al.*, (2017) discusses the importance of social support to employees and how it helps them to be more confident about their capabilities in completing a task.

In the Ghanaian context, there is a lack of adequate attention given to engagement by organizations which in no doubt has led to a lukewarm attitude and lack of focus on the factors that are critically important in enhancing engagement in these organizations to improve performance. This situation further intensifies when the government of Ghana in 2003 implemented the National Health Insurance Scheme and in 2009 started the implementation of the capitation under the National Health Insurance Scheme; there has been a growing concern about the provision of quality healthcare to ensure the fulfilment of

the object of the implementation of the policy. In this manner issue of motivation and how the performance of the healthcare workers has been a major issue because in the Ghanaian context healthcare is classified under essential services and as such much more resources are channelled there to improve the quality of healthcare delivery. Even though a lot has been said about the advantages engagement provides for organizational performance (Sakks, 2006), the case is different in the Ghanaian context as engagement is still a very grey area with very limited quality research (Agyemang & Ofei, 2013). This is due to the fact that there is a lack of attention with respect to the subject of engagement by organizations and as such there is a lack of attention on how to enhance the subject in organizations especially healthcare organizations due to the unique services they provide in the country. Furthermore, there is a lack of strategy in the implementation of engagement policies that are designed to enhance employee performance (Albrecht, Bakker, Gruman, Macey, & Saks, 2015).

Additionally, this gap in literature may also be due to the fact that there is not enough scholarly attention and practices that are associated with the factors that have a relationship with motivation and its related behavioural outcomes that is associated with engagement (De Beer, Rothmann Jr, & Mostert, 2016). In Ghana, some of the research studies sighted by the researcher dealt with engagement and commitment (Agyemang & Ofei, 2013) which was a comparative of private and public sector organizations. (Obuobisa-Darko, T. & Tsedzah, V., 2019) made a study on employee engagement but the study related to engagement and organizational culture within the Ghanaian public sector. Aside from the above-mentioned works on engagement, the rest of the study sighted by the researcher centred on the traditional way of motivation and the role they play in enhancing employee performance.

The various literature on engagement and how some of its antecedent like social support and self-efficacy enhances performance shows that the researchers asserted that engaged employees display high levels of performance in the work environment and as such there is a compelling need to seriously consider the subject of engagement and how an empirical study can be forwarded in that regard to ensure that managers of organizations and policy makers consider it in enhancing performance at work places. The aim of this research is to add to the body of knowledge in academia and more especially bridge the literature gap on this subject in the Ghanaian context, especially health workers.

2.4 Hypothesis to Test

2.4.1 Social Support

Research studies have revealed that superior and peer or co-worker support greatly impacts employee engagement which inadvertently leads to improved performance (Baran *et al.*, 2012; Kurtessis *et al.*, 2017). In order to get the best out of subordinates, it is expected that superiors play a major role in the wellbeing of their subordinates. Superiors are thus expected to offer help to their subordinates when they encounter both work and non-work challenges and are expected to offer encouragement to uplift them. Under these circumstances, adequate support from superiors helps management to cultivate a trustworthy environment where employees trust each other. If employees have a sense of feel that they can have their superiors' support whenever they make an effort to contribute their effort in attaining organizational goals and objectives and will not be sanctioned, such employees are highly motivated to give their very best in ensuring that the organizational goals and objectives are attained (Schaufeli, 2017).

Furthermore, employees feel safe and secure when they feel their superiors are supportive and concerned about not only their work-related issues but non-work-related issues too. A conducive work environment cannot be complete without supportive co-workers who in such a trustworthy environment can be very influential in the successful completion of tasks at the workplace. In such a work environment as this, employees get support from their peers or colleagues workers in order to handle adequately work-related challenges and ensure the fulfilment of their tasks (Susskind *et al.*, 2007). With reference to the theory of social exchange (Saks, 2006), such employees develop a sense of obligation by showing high levels of engagement in order to repay the organization for their role in ensuring the sustenance of a good working environment.

The support employees get from their superiors motivates them to feel a part of the organization by communicating the organization's mission, objectives, goals and strategies to the employees (Gordon *et al.*, 2019). In an environment where co-workers assist their colleagues to successfully complete difficult tasks, offer advice and encouragement, and inform employees of the support from their colleagues in the workplace (Kim *et al.*, 2017). Previous research studies (Bakker & Demerouti, 2008; Schaufeli, Bakker & Van Rhenen, 2009) proved that job resources (from the JDR model) can lead to work engagement and thus social support which is an example of job resource (Schaufeli *et al.*, 2009) leads to engagement. Job resources according to Bakker and Demerouti (2007) refer to physical,

social, or organizational aspects of the job that may: (1) reduce job demands and the associated physiological and psychological costs, (2) be functional for accomplishing work goals, or (3) stimulate personal growth, learning, and development.

Social support is seen as a very important form of job resources because the availability of such support leads to the successful completion of tasks and also reduces the negative effects of stress in the workplace (Lysaght *et al.*, 2012). In addition to this, employees that enjoy such support from their co-workers or peers tend to have a sense of belongingness which also helps in fulfilling their individual basic needs (Shaufeli *et al.*, 2009). Accordingly, Blau's (1964) social exchange theory, when employees perceive support for the organization, superiors and co-workers or peers are high, it has the capability to enhance their performance and the employees may feel obliged to repay the support enjoyed by positive work attitudes (engagement) in completing tasks successfully to achieve organizational, group or individual goals.

Social support and other supportiveness such as organizational support have mostly been found through various research studies to predict engagement (Caesens, Stinglhamber & Luybaert, 2014; Orgambidez-Ramos & Almeida, 2017). Superior support and co-worker support were found to be related to engagement via psychological safety. Byrne, Peters, & Weston, (2016) revealed that both social support and organizational support were positively related to engagement. The evidence adduced above states the importance of social support to employees' especially healthcare workers since their mode of work is very essential because they deal with human life and as such require a very degree of social support to ensure that they are in the right psychological state to carry out their duties and responsibilities reasonably at the workplace. The results of such a relationship at the work place foster engagement and employees in such an environment are highly engaged to give high performance outcomes.

2.4.2 Empowerment

Employee empowerment and engagement are very much related by encouraging employees to be engaged in their work and organizations by delegating work-related associated decisions and being responsible for the decisions increases the productivity in the organization (Mohapatra & Mishra, 2018). According to the authors Mohapatra & Mishra (2018), empowerment over time has been one of the ways used by management of institutions to share power and in exchange employees in turn take the initiative to create a conducive environment that is more motivating and productive.

Empowerment has also been viewed as human resource empowerment and this approach is meant to offer the employees and opportunity to assist them increase their internal motivation and support their creativity, abilities and talents in the work place (Hasani & Sheikhesmaeili, 2016). Other studies have shown that empowerment has a positive impact on organizations which includes and increased commitment to the organization, quality of service delivery and job satisfaction (Kim *et al.*, 2017). Empowerment is thus defined as “the creation of conditions within which people will do their work, primarily with internal motivation, and within the second part, they are able to reach the objectives with success” (Hasani & Sheikhesmaeili, 2016).

Organizations therefore can achieve lots of organizational success by prioritising the empowerment of their employees and ensuring that it is incorporated into the policies of the organization for sustained and continued organizational success. Empowerment directed to employees seeks to delegate power to the lowest level of employees in the organization which enables the organization to allow for competent decision-making by the employees and to provide quality customer service which in turn leads to increased motivation and individual performance (Ukil, 2016). Empowering employees means a lot to the employees as it is capable of bringing out their entrepreneurial skills which leads them in taking risks without compromising their goals, mission and organizational values (Mercy & Choudhary, 2019).

Employees can largely exercise a greater level of collaboration and maintain a high level of work performance and overall engagement due to the level of authority and control they have over their work and work environment (Mercy & Choudhary 2019). In totality, empowerment and all of its subdimensions are very critical to the success of an organization as this promotes and enhances good communication, a feeling among the various departments of an organization and increased trust which improves the total well-being of the employees which highlights the long-held concept in management those employees are an essential asset to any organization (Ukil, 2016). In this sense, the following hypothesis is processed:

Hypothesis(H1): higher levels of engagement – Dedication is related to higher levels of empowerment resources

Hypothesis(H2): Higher levels of social support are related to higher levels of empowerment resources:

Hypothesis(H2a): Higher levels of social support from superiors are related to higher levels of empowerment resources.

Hypothesis(H2b): Higher levels of social support from colleagues are related to higher levels of Empowerment resources.

CHAPTER 3.0 METHODOLOGY

3.1 Design and Sample

For this study, a cross-sectional and descriptive – correlation in nature (Fortin, 2009) was applied with a convenience sample and a quantitative methodology. The current study was conducted in 2021 in a public Teaching Hospital in Kumasi – Ghana. The 100 health professionals sampled were made up of nurses, doctors, medical assistants, health technicians and other employees whose work also contributes to the delivery of quality healthcare in the health facility. The subsequent selection conditions were met: (i) to be registered or certified as a health professional; (ii) Have been working in the organization and position for 12 months or longer.

3.2 Data collection

A battery of questionnaires (see Appendix A for the questionnaire) was used in collecting the data. This followed after a request for authorization from the research ethics committee of the hospital. The study questionnaires were administered to the employees of the hospital with a consent form (see Appendix B). attached to each questionnaire administered. This was to assure the respondents of their anonymity and confidentiality during and after the data collection. Out of the four directorates the researcher proposed to involve in the study, the research ethics committee granted authorization. The study questionnaires were thus applied to the staff of the Emergency Medicine and Surgery Directorates of this hospital complex.

Earlier to the collection of the questionnaires, to estimate the sample size needed the G* Power programme was used. The calculation indicated a minimum number of 153 participants considering the following parameters: Linear multiple regression: fixed model, R^2 , deviation from zero; F tests effect size $f^2=0.15$, α err prob=0.05, Power (1- β err prob) =0.95, number of indicators (self – efficacy, social support of superiors, social support of peers, empowerment information, empowerment support, empowerment resources, empowerment opportunities).

The number of questionnaires applied was 220 out of a population of 300 which makes up 73% of the total universe of the population. The number of questionnaires returned was 100 (45% of the sample population), the rate of return was affected by the outbreak of Pandemic of Covid19 at the healthcare facility which made it difficult in getting all the responses

collected because some of the respondents were on quarantine, isolation and others were also receiving medical treatment.

3.3 Instruments

Utrecht Work Engagement Scale (UWES) (Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002) consists of 9 items such as, “When I get up in the morning, I feel like going to work”. Each item was answered using a seven-point Likert scale (0=Never: 6 = every day). The Alpha Cronbach’s scale was used to evaluate the internal consistency of this study showing ($\alpha= 0.71$) which approximates values presented in other studies such as 0.86 (e.g., Almeida *et al.*, 2017).

The general Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1995) was evaluated through 10 items on a four-point Likert scale (1 = Not at all true: 4 = exactly true) to enable respondents to rank their preference in relation to what is applicable to their situation (e.g., “I am confident that I can deal efficiently with unexpected events”). The Alpha of Cronbach value for the Self – Efficacy showed good psychometric qualities ($\alpha= 0.83$), for the population studied.

Job content questionnaire (JCQ) (Karasek & Theorell, 1990) is composed of two sub-dimensions related to supervisor support (e.g., “My supervisor is helpful in getting the job done”) and co-worker support (e.g., “People I work with take a personal interest in me”) with four items each, totalising 8 items. Cronbach’s Alpha for this scale in the present study was ($\alpha=0.75$), similar to values in other studies ($\alpha=.81$).

Conditions for Work Effectiveness Questionnaire – II (CWEQ – II) (Laschinger, 2012) - was used with 12 items to assess the four sub-dimensions, Opportunity(e.g. “The chance to gain new skills and knowledge on the job”), Information(e.g. “The goals of top management”), Support(e.g. “Specific comments about things you could improve”) and Resources (e.g. “Acquiring temporary help when needed”) with 3 items each on a five-point Likert scale (1 = fully disagree; 5 = fully agree). The respondents were then asked to rate their overall feelings of how they feel about empowerment in the work environment. Cronbach’s Alpha for this present study was ($\alpha=0.86$) which is consistent with the values obtained in other studies (e.g., by Orgambidez-Ramos *et al.*, 2017) in which were obtained ($\alpha=0.93$) for “supervisor support” and ($\alpha=0.86$) for “peer support”.

3.4 Ethical consideration

The study was approved by the hospital's Institutional Review Board (ref: KATH IRB / AP / 102 / 21). All data and sources of information that were used for the purpose of this study were exclusively for scientific purposes and as such its anonymity and confidentiality were guaranteed. The participants of this study were made aware of the objective of this study and they willingly signed a consent form to participate in the study.

3.5. Data Analysis

The data collected through the questionnaire survey procedure were subjected to various statistical analyses: univariate descriptive analysis of each variable (mean, standard deviation, asymmetry and kurtosis), analysis of differences between professional groups for each of the variables considered (one-way ANOVA and post hoc comparisons with Tuckey's method), analysis of correlations between variables (Pearson correlation), analysis of mediation effects, according to recommendations of Hayes (2013), the analysis of the direct and indirect effects was carried out by estimating percentile confidence intervals (95% PC-CI), based on 10,000 resamples. If the confidence interval does not include zero (0), the effect can be considered significant ($p < .05$). All analyses were performed using the SPSS software version 29.

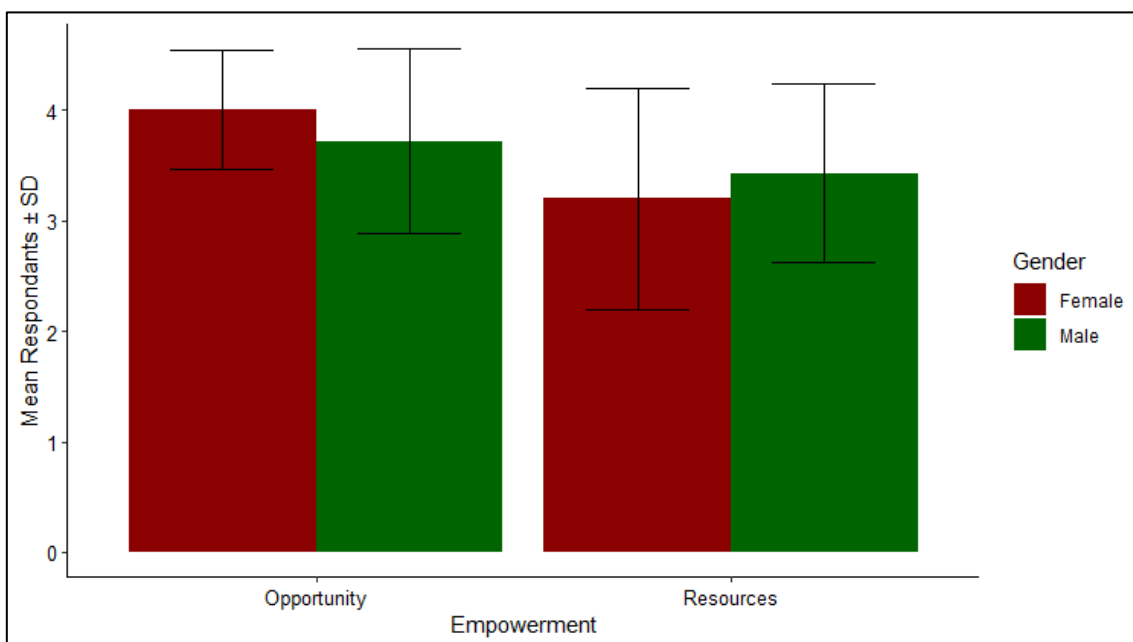
CHAPTER 4.0 RESULTS

4.1 Socio-Demographic characteristics of respondents

The study achieved a 100% response rate with a total of 100 participants. The age range of the respondents varied from 21 to 60 years. Approximately 51.00% of the respondents fell within the 21-30 age group, while the majority of participants, accounting for 70.00%, were males. Among the respondents, 61.00% identified themselves as nurses, with the most common educational qualification being a degree, representing 52.00% of the total respondents. In terms of job roles, managers and health promotion officers were the most prevalent, each comprising 20.00% of the study sample. Moreover, 64.00% of the respondents were employed, and out of those, 81.00% worked full-time. The majority, accounting for 75.00% of the respondents, were employed in clinical fields, while 64.00% held senior staff positions. Regarding work experience, the majority of respondents (more than three-quarters) had between 0 and 5 years of experience in their current job.

To compare the two groups, the study utilized the parametric test called Independent-Samples T-Test. This statistical test allowed for the comparison of means between two independent groups, aiming to determine if there is significant evidence indicating a difference in population means. The results of these comparisons are presented in Figure 1.0.

Figure 1.0: Comparison between Gender and Empowerment (Opportunity and Resources)



The obtained results revealed statistically significant differences in gender for several variables studied, including engagement (vigour, dedication, absorption), efficacy, social

support (superiors and colleagues), and structural empowerment (opportunity, information, support, resources, and overall).

Regarding empowerment (opportunity and resources), there were significant differences in means between females and males. In terms of empowerment opportunity, females perceived higher empowerment ($M = 4.00$, $SD = 0.539$) compared to males who perceived lower empowerment ($M = 3.72$, $SD = 0.835$). This indicates that opportunities granted by the company have a greater impact on women in this sample than on men.

On the other hand, in empowerment resources, males perceived higher empowerment ($M = 3.434$, $SD = 0.807$) compared to females who perceived lower empowerment ($M = 3.20$, $SD = 1.004$). This suggests that resources provided by the company have a greater impact on men in this sample than on women. No statistically significant differences were found for the other variables studied.

The positive correlation between resource empowerment and employee engagement, particularly in the health system, is crucial. Limited resources and inadequate equipment for patient assessment can reduce staff efforts and willingness to engage, leading to lower job satisfaction and increased incidence of errors in healthcare delivery.

In an environment where employees are well-resourced and given opportunities to showcase their capabilities, the relationship fosters employee engagement, resulting in high-performance outcomes and the achievement of organizational goals.

Employee empowerment constructs such as leadership, mentoring, and support play a vital role in ensuring that employees are highly engaged and contribute their best for sustained organizational success.

Furthermore, according to the time schedule presented in Table 1.0, significant differences in means were observed between full-time and part-time employees regarding empowerment opportunities ($F = 7.939$, $p = 0.006$). Part-time employees perceived higher empowerment opportunities ($M = 4.05$, $SD = 0.404$) compared to full-time employees who perceived lower empowerment ($M = 3.75$, $SD = 0.81$). This indicates that opportunities provided by the company have a greater impact on part-time employees in this sample than on full-time employees.

Table 1.0: Comparison of Time Schedule and Empowerment (Opportunity)

Variables	Mean	SD	F	t	Sig
Empowerment (Opportunity)					
Fulltime	3.751	0.810	7.939	1.571	0.006
Parttime	4.052	0.404			

4.2 Comparison of more than two groups

In this section, we present the results obtained from the analysis of the differences between more than two groups, regarding the answers given to the set of instruments used to operationalize the variables under study. The technique of univariate analysis of variance was used, with the results being organized according to the nature of the variables under analysis.

This comparative analysis, results from the interest in exploring the heterogeneity of the sample under study, in order to understand in greater detail, the differences between groups in relation to the variables studied.

Table 2.0 and subsequent tables present the mean values and standard deviations of the variables, relative to the departmental/service groups, noting the statistically significant differences between groups identified by the Tukey HSD post-hoc procedure and the magnitude of these differences, expressed by the eta-square (η^2)¹

¹ To interpret the magnitude of the effect of the departments on the differences in the variables under study, we based ourselves on Cohen's suggestion: values of η^2 close to 0.01 will indicate a small effect, values close to 0.06 a medium effect and values in the neighbourhood of 0.15 or higher an effect of great magnitude (Cohen, 1992) In Cohen, J (1992). "A power primer". Psychological Bulletin. 112(1): 155–159. doi:10.1037/0033-2909.112.1.155. PMID 19565683.

Table 2.0: Comparison between groups regarding the demographic variable “Academic Degree” (means, standard deviations, measure of the magnitude of the effect (η^2) and univariate ANOVA results (F and Sigma) (N=100).

Variables	Total N=100	Diploma N=35	HND N=5	Degree N= 51	Master N= 4	Other N= 4	η^2	F	Sig.
Engag.-Scale	3.90 ± 0.99	4.14 ± 0.79	2.49 ± 1.08	3.89 ± 1.03	3.94 ± 1.13	3.25 ± 0.29	0,88	3.27	.009
Engag.-Absorption	3.56 ± 1.09	3.85 ± 1.09	1.87 ± 0.99	3.55 ± 1.28	3.83 ± 1.14	2.75 ± 0.57	0,87	3.20	.010

Note: Missings= 1

We found that the groups differed on “Academic” significantly only in Engagement Scale ($F(5, 94) = 3.27, p = 0.009, \eta^2 = 0.88$), and Engagement Absorption ($F(5, 94) = 3.20, p = 0.010, \eta^2 = 0.87$), both with great magnitude ($\eta^2 > 0.15$). Specifically, “Engagement scale”, presents average values that oscillate between $M = (2.49)$: minimum; $M = 4.14$: maximum. A posteriori test of multiple comparisons using Tukey HSD highlighted HND ($M = 3.90$) which difference is significant ($p = .005$). On the other hand, “Engagement Absorption”, presents average values that oscillate between: $M = (1.87)$: minimum; $M = 3.83$: maximum. A posteriori test of multiple comparisons using Tukey HSD highlighted HND ($M = 3.56$) which mean difference is significant ($p = .005$).

We found that the groups differed on “Age” significantly only in Empowerment Scale ($F(3, 96) = 3.06, p = 0.032, \eta^2 = 0.70$), with great magnitude ($\eta^2 > 0.15$). Specifically, “Empowerment Scale”, presents average values that oscillate between: $M = (2.14)$: minimum; $M = 3.49$: maximum as presented in Table 3.

Table 3.0: Comparison between groups regarding the demographic variable “Age” (means, standard deviations, a measure of the magnitude of the effect (η^2) and univariate ANOVA results (F and Sigma) (N=100).

Variables	Total N=100	1 N=50	2 N=48	3 N= 1	η^2	F	Sig.
Empowerment-scale	3.39 ± 0.61	3.49 ± 0.54	3.29 ± 0.64	2.14 ± 0.0	0.70	3.06	.032

Note: Note: Missings=1; 1= 21-30 years old; 2= 31-40 years old; 3=41-50 years old.

A posteriori tests of multiple comparisons using Tukey HSD highlighted 1 ($M = 3.49$) and 3 (2.14) whose mean difference is significant ($p = .005$).

We found that the groups differed on “Profession” significantly only in Empowerment Overall ($F(3, 95) = 2.67, p = 0.05, \eta^2 = 0.64$), with great magnitude ($\eta^2 > 0.15$). Specifically, “Empowerment Overall”, presents average values that oscillate between: $M = 2.89$: minimum; $M = 3.94$: maximum as shown in Table 4.

Table 4.0: Comparison between groups regarding the demographic variable “Profession” (means, standard deviations, a measure of the magnitude of the effect (η^2) and univariate ANOVA results (F and Sigma) (N=100).

Variables	Total N=100	Doctor N=9	Pharmacist N=9	Nurse N= 52	Other N= 29	η^2	F	Sig.
Empower- overall	3.36 ± 1.03	2.89 ± 1.19	3.94 ± 0.92	3.20 ± 1.01	3.60 ± 0.95	0.64	2.67	.05

Note: Missings= 1

A posteriori test of multiple comparisons using Tukey HSD highlighted Doctor (M = 2.89), Pharmacist (3.94) and Nurse (3.20) whose mean difference is significant (p =.005).

Table 5.0 shows that all the subdimensions [vigor (r =.81), dedication (r =.80) and absorption (r =.80)] correlated very significantly (p < .01) with the variable engagement. The table further shows that all the subdimensions [information (r =.72), resources (r =.37), opportunity (r =.48) and support (r =.45) also very significantly (p < 0.01) correlated with empowerment. The variables of social support from peers and superiors are also very significantly correlated with each other (r =.13; p < .01).

Empowerment resources significantly (p <.01) correlated with engagement dedication (r =.26**) and social support from superiors (r =.20**) but not social support from peers. Social support from superiors was positively and significantly (p < .01) related to Engagement dedication (r =.20) and empowerment resources (r =.29). However, social support from colleagues is not significantly correlated with empowerment resources (r =.09).

Table 5.0: Correlations between the variables engagement, social support (from superiors and colleagues), empowerment (information, resources, opportunity and support) and efficacy (N:100)

	1	1a	1b	1c	2a	2b	3	3a	3b	3c	3d	4
1.ENGAGEMENT	1											
1a. Vigor	.81**	1										
1b. Dedication	.80**	.47**	1									
1c. Absorption	.80**	.46**	.45**	1								
2a. S.S Superior	.11	.07	.20**	.00	1							
2b. S.S Colleagues	.17	.26**	.14	-.00		1						
3. Empowerment	.14	.12	.22**	-.00	.29**	.25**	1					
3a. Information	-.01	.03	.06	-.11	.28**	.11	.72**	1				
3b. Resources	.22**	.19	.26**	.07	.299**	.09	.37**	.37**	1			
3c. Opportunity	.14	.09	.09	.15	.05	.11	.48**	.07	.31**	1		
3d. Support	.03	.06	.12	-.11	.09	.28**	.45**	.37**	.38**	.31**	1	
4. Efficacy	.07	.09	.04	.03	-.03	-.01	.00	.15	-.06	-.01	-.01	1

Legend: ** Very significant at the level 0.01, *Significant at the level 0.05

4.2 Mediation analysis

Figure 2.0 shows only the mediation model for social support from superiors, not from colleagues because significant effects were not found. The direct, indirect and total effects of both models (social support from superiors and social support from colleagues) can be consulted in Table 6.0. The total effect is decomposed into two effects: the direct and indirect effect (establishes the link from X to Y) and the indirect effect (the link between X and Y is established through the mediating variables). The direct effect, represented by c' , considers the inclusion of the mediating variable in the model, corresponding to the direct relationship between the independent and dependent variable, keeping M fixed. That is, it is the effect of X on Y due to cause another hand the mediator.

By considering the mediator C' differs from c , as they correspond to different relationships. The indirect effects involve the letters a and c . while a represents the effects of the independent variable on the mediating variable, and b represents the effect of the mediating variable on the dependent variables, keeping the independent variable fixed. The indirect effect is the effect of X on Y due to and explained by the mediating variable.

The results of this study can be a fundamental tool for hospitals to sensitize them that enough resources should be provided and made readily available to healthcare workers in order to foster engagement and dedication. Resources such as basic medical equipment needed to attend to the health needs of the patients should be prioritized and made available for use by the healthcare workers for the successful completion or treatment of the health needs of the patients/ customers that patronise the services of the healthcare institution.

Social support is a protective shield against the occurrence of stressful events, which has the capacity to minimize the experience of these negative events, experienced by health care providers. Social support can positively influence the health of individuals since it ultimately aims to adjust and adopt health care providers to their social environment in the hospital institution.

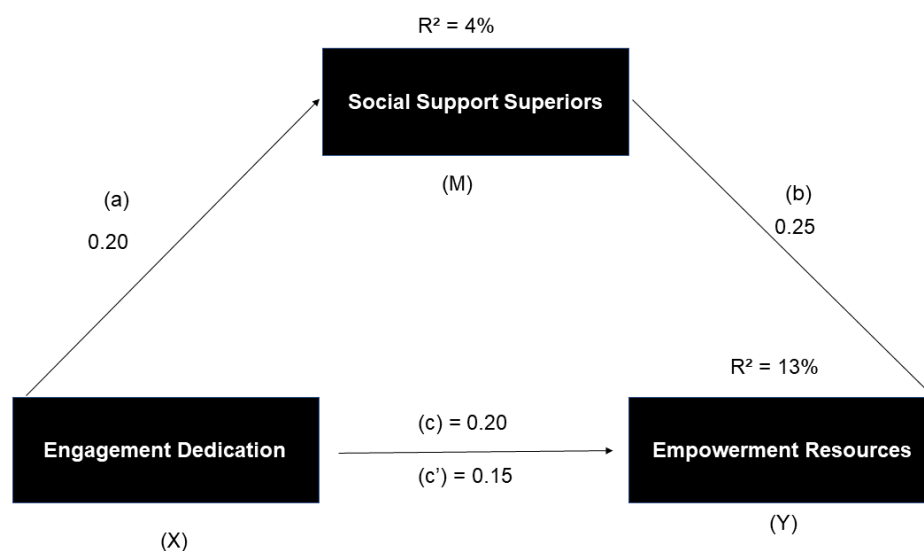
Effective social support systems should be prioritised in all policy formulation and implementation of the health institution. Human beings are social beings and as such are susceptible to all the available social tendencies and occurrences either positive or negative. As such, the implementation of effective social intervention policies such as welfare association, guidance and counselling etc. will impact positively the total well-being of the

healthcare worker as both work and nonwork-related issues are attended to by the social intervention policies that are implemented effectively in the healthcare institution.

Social support in the organization is a relevant resource that can be easily provided to healthcare professionals and can be developed to optimize positive individual behaviours that area supportive of productivity. Organizations to a large extent are part of a larger community and healthcare institutions are not an exception. Therefore, the effectiveness of healthcare workers largely relies on the availability of the needed resources. Managers of healthcare institutions as such have a responsibility in ensuring that all relevantly needed resources are made available to the healthcare workers for effective use in enhancing their performance. The availability of these relevant resources will thus help healthcare workers in the delivery of quality healthcare.

Ghana as a country has issues with waiting times of patients and as such the availability of all the relevant hospital medical equipment such as adequate pressure-taking machines, thermometers, scanning machines, computers etc. will greatly enhance the performance of the healthcare workers in dealing with the issue of waiting times and thus increase the productivity in the delivery of quality healthcare.

Figure 2.0: A mediation analysis of social support



Note: Standardised coefficients

It is apparent from Table 6.0 that engagement dedication was shown to be a significant predictor ($\beta = 0.15$; 95% PC-CI: 0.01, 0.29) of the Empowerment Resources variable confirming hypothesis H1: Higher levels of Engagement – dedication is related to higher levels of Empowerment – resources.

Social support from superiors also had a direct effect ($\beta = 0.32$, 95% PC- CI: 0.08, 0.56) on Empowerment – resources, confirming hypothesis H2a: Higher levels of social support from superiors are related to Higher levels of Empowerment resources explaining 13% of the variance of the result variable.

Regarding the mediating effect of social support – superior, this variable partially mediated the relationship between Engagement dedication and Empowerment – Resources showing an indirect effect of $\beta = 0.04$ (95% PC- CI: 0.02, 0.11).

Engagement – dedication had an indirect effect, increasing the levels of social support from superiors and also having a direct effect on Empowerment Resources.

Of the total effect (0.19), 0.15 was direct and 0.04 was indirect. The model without a mediator explains 4% ($R^2 = 4\%$) and the model with a mediator explains 13% ($R^2 = 13\%$). The proportion of the Mediation (PM) = Direct effect (0.15) / indirect effect (0.04) = 0.375. mediation effect ($1 - 0.375$) = 6.25%.

Table 6.0: Direct and indirect effects of engagement dedication on empowerment resources

Predictor(X)	Mediation(M)	Outcome(Y)	X→Y	M→Y	Direct Effect	Indirect Effect	95% PC-CI	Total
Engagement Dedication	Social Support- superior	Empowerment Resources	0.11	0.32	0.15	0.04	[0.03;0.11]	0.19
Engagement Dedication	Social Support - colleagues	Empowerment Resources	0.06	0.48	0.06	0.03	[-0.09;.20]	0.08

Note: Non-standardised coefficient. All coefficients are significant ($p < .01$) at an alpha level of 95% PC-CI: percentile confidence intervals (95%) based on 5000 samples.

CHAPTER 5.0 DISCUSSION

This research study is aimed at assessing the impact of some of the antecedents of engagement and to also further assess the relationships between the antecedents in the delivery of quality healthcare by the health workers in Ghana. Despite the large number of research studies proving that engagement is a critical determinant of an organization's high results of performance as well as that of individual employees' performance as evidenced in previous research (Rich *et al.*, 2010), there is a grey area with respect to the subject and the mechanisms with which social support (superior and colleagues), empowerment and engagement can enhance the performance of the employees in ensuring that individual, group and organizational goals are achieved. In spite of the benefits and the advantages of engagement and how it is capable of enhancing organizations, there is very limited quality literature on this interaction (Saks, 2006) and this is the situation in Ghana.

Regarding the relationship between social support and empowerment resources, the results showed a significantly positive relationship between social support and empowerment resources. This finding is corroborated by previous studies (Bakker & Demerouti, 2008; Schaufeli, Bakker & Van Rhenen, 2009). With respect to the relationship between social support (superiors and colleagues), it was observed that there was a high level of social support with high levels of empowerment resources, confirming Hypothesis H2. This was corroborated by Schaufeli *et al.*, (2009) who posits that resource provided by social support leads to engagement which enhances the performance of employees in the performance of their jobs. Helps in enhancing employee performance to achieve their tasks successfully.

Hypothesis H2a was also confirmed as the results showed that social support superiors were significantly positively related to engagement dedication and empowerment resources. Other studies have been observed to corroborate the hypothesis confirmed (H2a) as empowerment has been found to be very much related to engagement (Mohapatra & Mishra, 2018) and has a positive impact on organizations to provide the needed resources for quality-of-service delivery and job satisfaction (Kim *et al.*, 2017) by employees in ensuring the success the organization. In practical terms, support from superiors is reassuring for the workers especially workers in the health field. Gordon *et al.*, (2019) stated in their study findings that the support employees get from their superiors motivates them to feel a part of the organization through communicating the organization's mission, objectives, goals and strategies to the employees. In the health environment, it encourages the health worker to

improve and be involved more in various areas of healthcare delivery for the success of the organization.

The results showed a higher level of engagement dedication was related to a higher level of empowerment resources and this confirms hypothesis H1 as engagement dedication was significantly positively related to empowerment resources. This hypothesis confirmed is corroborated by previous research studies (Karatepe, 2018; Menguc *et al.*, 2017; Orgambidez & Almeida, 2017; Reijseger *et al.*, 2017). The implementation of this hypothesis in practical terms is important for the success of health organizations. Menguc *et al.*, (2017) work engagement enhances the delivery of quality service, increases customer/patient loyalty and improves job performance while it also fosters job satisfaction is evident in this study as engagement is embedded in all areas of quality healthcare delivery.

In terms of resources, Karatepe *et al.*, (2018) in a study posits that, when employees perceive that the manager of the organization makes lots of job resources available to them, they take advantage of the available resources to enhance their performance to complete tasks successfully in order to achieve their goals. In this study, there was a positive relationship between the empowerment resource and the engagement (dedication) of the workers especially in the health system. In the health system, resource movement is a key element in the engagement of the workers; limited resources and equipment to adequately assess patients can reduce the staff efforts and willingness to engage them more and decrease the incidence of errors in the delivery of quality health care.

The study found no relationship between social support from colleagues and empowerment resources and this does not confirm hypothesis H2b: higher levels of social support from colleagues are related to higher levels of empowerment resources. According to Kim *et al.*, (2017), in an environment where colleague workers assist themselves to complete difficult tasks, and offer advice and encouragement, this informs the employees of the support they receive from their colleagues and create a conducive working environment. One practical application is, a conducive working environment cannot be complete without the support from colleague workers who can provide a trustworthy environment for the benefit of completing tasks in the workplace and healthcare organizations need such an environment in order to ensure that the life of customers is handled with care to ensure they get best in terms of quality healthcare. A working environment such as this ensures that employees get the needed support from their colleagues to help them properly handle both work and non-work-related challenges and ensures the fulfilment of their tasks (Susskind *et al.*, 2007).

Regarding the predictive factor, the results show that engagement dedication showed to be a significant predictor of empowerment resources which in that sense also confirms hypothesis H1: Higher levels of Engagement dedication are related to higher levels of Empowerment – resources. Practically, a higher level of Engagement dedication has the potential to realise the creative capabilities and entrepreneurial skills in employees thereby helping them to make maximum use of the resources made available to the benefit of the organization. In a theoretical framework, the JD-R theory (Bakker & Demerouti, 2017) posits that the availability of the needed resources made available to the employees enhances their abilities to learn, grow and develop their capabilities on order to meet the primary needs of employees (Xanthopoulou *et al.*, 2008). In practical terms, it is critical for organizations to ensure that the right amount and levels of the right resources needed by the employees are made readily available to enable them to complete their tasks successfully. The availability of resources spikes a sense of positive work behaviour which makes employees engaged and in turn gives off positive output in accomplishing tasks.

For the mediation models, the results partially confirmed hypotheses H2a and H2b social support from both superiors and colleagues had a direct and indirect effect on empowerment resources. The level of these effects is taken into great consideration according to the JD-R theory (Bakker & Demerouti, 2017). According to Bakker & Demerouti, (2017) JD-R model, social support from both superiors and colleagues is considered a job resource and as such they help employees in achieving their goals and objectives at work. Social support encouraged in the workplace in any form or nature has the capability of fostering engagement in the workplace thereby enhancing the performance of the employees in completing their tasks. Thus, a very critical implication for managers of healthcare institutions is for them to create an organizational workplace environment to encourage the formation of and integration of teams (Almeida *et al.*, 2020) or groups across the organization to ensure the flow of good communication and a wee feeling for the health workers in the institution. The application of this strategy can be very critical for creating a conducive environment that fosters a level of interaction and commitment (Kim *et al.*, 2017). This improves the relationship between all the employees and their superiors as well as their colleagues as this enhances the sharing of ideas offering support in various forms and getting assess to feedback to help improve the performance of the health workers in the delivery of quality healthcare services.

Regarding the differences between the direct and indirect effects of social support from superiors and colleagues. It was observed that the direct effect was greater than the indirect effect with respect to superior support. Social support from superiors had a direct effect on empowerment resources while it also mediated partially the relationship between engagement dedication and empowerment resources. Engagement dedication was seen to have an indirect effect which increased the levels of social support from superiors and a further observation showed a direct effect on empowerment resources. This observation on the levels of direct and indirect effect is primarily important and applicable to the participants of this research study. As countries strive to come out of the ruins of the Covid - 19 pandemic, managers of health institutions can ensure that they create a conducive and healthy social environment that is necessary for the provision of job satisfaction to enable the full maximization of the resources made available (Almeida *et al.*, 2020) for quality healthcare delivery. Furthermore, the observed difference with respect to the direct and indirect effects may possibly be due to how easily and assessable both social support from superiors and colleagues can be for health workers. Social support from superiors is seen as not easily accessible by employees as their roles usually limit their interruptions with employees to certain times and moments in the course of daily work in the working environment as compared to that of social support from colleagues (Kim *et al.*, 2017). On the other hand, social support from colleagues is easily accessible and readily available as workers are more closely related in carrying out their daily tasks in the working environment. Due to the easy accessibility of colleagues than superiors, health workers may be to help each other and solve both work-related and nonwork-related issues to ensure a happy and conducive environment.

An interpretation of the findings from this research study must be done cautiously due to the following reasons. The cross-sectional design used does not allow for causality conclusions to be drawn as much as a longitudinal study design may allow. Secondly, the sample size used for this research study makes it impossible for a generalization of this research study for the population the research study is intended for.

The limitations identified in this research study can be remedied by a research study that makes use of a longitudinal research study design which can help to provide a better relationship between the variables. Furthermore, the findings from this research study can form the basis of duplication with employees from other directorates by making a comparison with health professionals from other healthcare organizations.

CHAPTER 6.0 CONCLUSIONS

Engagement dedication, and social support from superiors and colleagues were observed to have been critical determinants of empowerment resources. The two forms of social support from both superiors and colleagues had both direct and indirect effects on both engagement dedication and empowerment resources. Kanter's (1993) theory of structural empowerment was found to corroborate the findings of this research study. It is evident from the study that social support from superiors and empowerment resources are strategies that are very critical for the growth of the healthcare institution as the empowerment of employees greatly enhances their creativity. When employees feel a sense of value and the urgency to achieve, the employee is highly likely to be more creative and this enhances their critical thinking. The research study thus shows the importance of both social support from superiors and colleagues that positively affect engagement directly or indirectly. The findings from the research study suggest the creation of a work environment that ensures the development of social skills as it is apparent that when employees have a sense of wee feeling and are purposeful in achieving set goals, they employee is very much likely to be more creative which enhances his or her critical thing capabilities (Agyemang & Ofei, 2013). The study confirmed that social support from superiors leads to higher levels of empowerment resources. Hence empowering employees directly leads to improved performance in the delivery of quality healthcare since such workers have a perception that the new ideas, they exhibit at the workplace will be respected by their superiors for the initiative they show in the performance of their takes.

The results from the study further reveal the importance of creating an organizational culture that is embedded with effective structures that foster the culture of socio-effective support, timely and constructive feedback, follow-ups and routine appraisals in order to enhance the performance in their delivery of quality healthcare. The indirect relationship seen in the research study reveals that under-empowered employees have difficulty following certain organizational culture or system and does not question the process to know more to improve their performance. An organizational culture that is embedded with social support and empowerment fosters an environment that is conducive to better management of the available resources at the disposal of the employees. Such a working environment provides the needed motivation for the employees to exhibit their creative and entrepreneurial skills to the betterment of the organization since they perceive a sense of wee feeling, responsibility and the capabilities to claim responsibility for the tasks completed. By this,

the employees are happy and dedicated to completing their tasks and challenges that may arise at the workplace because they can count on support from the organization and trust the organization to respect their creativity, decision-making skills and the need for them to be identified with the goals of the organization. Managers of health organizations should thus understand the need for employees to be given the support, autonomy and encouragement they need to continuously enhance their performance for better quality healthcare delivery.

6.1 Limitations of the Study

The research study was hampered by a number of limitations which firstly includes the sample size. A convenience sample was used. The sample size was fairly small in relation to what was expected from the two directorates of the health organization. A much larger sample from the four (4) directorates of the hospital from several employees in the organization would have increased the dependability and the generalization of the results. The measurement instrument used for the collection of data was a questionnaire which was distributed. This was greatly hampered due to the pandemic as most of the responders had to be in isolation and quarantine at the time the data was been collected. The questionnaires, therefore, had a return rate of 45%. The return rate of the questionnaires would be improved if the data collection was done at different times.

Second, the cross-sectional design did not allow establishing causal relationships, but the empirical literature on the structural empowerment model supports that the studied variables are correlated.

Third, data were collected using self-report measures that can be sensitive to certain types of bias.

6.2 Recommendation

This research study adds to the body of knowledge in the field of human resource management by revealing how social support and empowering of employees on the job makes them engaged in a developing country like Ghana. The study moreover makes available a set of managerial implications that is aimed at ensuring a much better understanding of how influential factors that helps employees to be engaged in order to deliver quality health care. Healthcare supervisors are fundamental components in creating the necessary social support for the development of positive work environments, which foster high levels of engagement and perception of resources empowered, by healthcare

professionals. Managers of the health organization need to ensure the smooth development and implication of better mediums of communication strategies to ensure an increase in the level of trust among the employees and the managers (Sahu, Pathardikar & Kumar, 2018). For those reasons, skills training in order to provide instrumental support and socio-emotional support could have significant positive effects on health teams in terms of motivation. By this, managers of the organization need to allow a certain level of authority and ownership by delegating responsibility to the employees and encouraging them to make sound decisions by taking on new tasks and completing them. The social support of supervisors increases the relationship between the engagement -dedication of health professionals and the perception that resource delegation ensures the necessary stability in the workforce in order to provide excellent quality care and services. The organization is thus recommended to put in place a reward system to reward employees after completion of such tasks successfully as a way of encouraging employees to learn and grow instead of being comfortable with the tasks they complete so easily.

6.3 Future research

In future studies, longitudinal design studies would be needed to assess the effect of supervisor social support over time.

Likewise, research on health professionals samples from other countries would allow for a more detailed analysis of the relationships between social support, engagement and structural empowerment.

It is recommended that further research can be done in this area to include a more extensive probing into the relationship between empowerment and performance of employees trying to expand the body of knowledge in the area of engagement in Ghana to make a more valid generalisation.

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Department / services when you work:

Clinical Non clinical

Current level on the job

Senior staff Junior staff

In addition to this institution do you provide service in another organization?

No Yes

Number of years worked

0 -5 years 6 – 10 years above 10 years

Number of years on current job

0 – 5 years 6 – 10 years above 10 years

1. ENGAGEMENT - UWES (9 ITEMS)

(Schaufeli, Salanova, González-Romá & Bakker, 2002)

The following questions refer to some people's feelings about work. Please read each of the following carefully and answer if you have experienced what is reported in relation to your work. If you have never had such a feeling, answer “0” (zero) in the next column. If so, please indicate how often (1 to 6) would best describe your feelings, as described below:

Never	AlmostNever	Rarely	Sometimes	Often	VeryOften	Always
0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

Write your choice below (0- 6):

- _____ 1) When I am working, I feel bursting with energy
- _____ 2) At my work, I feel strong and vigorous
- _____ 3) I am enthusiastic about my work
- _____ 4) My work inspires me
- _____ 5) When I get up in the morning, I feel like going to work
- _____ 6) I feel happy when I am working intensely
- _____ 7) I am proud of the CHW work that I do
- _____ 8) I am immersed in my work
- _____ 9) I get carried away when I am working

2. GENERAL SELF-EFFICACY SCALE (GSE)

(Schwarzer & Jerusalem, 1995)

The following statements express the extent to which you consider having general self-efficacy at work. Please indicate your level of agreement in each of them, placing a circle (0) or a cross (X) in the number that, in your opinion, best reflects your feeling in relation to each of the questions:

- 1. Not at all true
- 2. Hardly true
- 3. Moderated true
- 4. Exactly true

- 1. I can always manage to solve difficult problems if I try 1 2 3 4
hard enough.
- 2. If someone opposes me, I can find the means and ways to 1 2 3 4
get what I want.
- 3. It is easy for me to stick to my aims and accomplish my 1 2 3 4
goals.
- 4. I am confident that I could deal efficiently with unexpected 1 2 3 4
events.

5. Thanks to my resourcefulness, I know how to handle unforeseen situations. 1 2 3 4
6. I can solve most problems if I invest the necessary effort. 1 2 3 4
7. I can remain calm when facing difficulties because I can rely on my coping abilities. 1 2 3 4
8. When I am confronted with a problem, I can usually find several solutions. 1 2 3 4
9. If I am in trouble, I can usually think of a solution. 1 2 3 4
10. I can usually handle whatever comes my way. 1 2 3 4

3. JOB CONTENT QUESTIONNAIRE (JCQ)

(Developed by Karasek & Theorell, 1990)

The following statements express the extent to which you consider having social support at work. Please indicate your level of agreement in each of them, placing a circle (0) or a cross (X) in the number that, in your opinion, best reflects your feeling in relation to each of the questions:

Supervisor support

1. My supervisor is concerned about the welfare of those under him.

1	2	3	4	5
Strongly disagree	Disagree	Agree	Strongly Agree	I have no supervisor

2. My supervisor pays attention to what I am saying

1	2	3	4	5
Strongly disagree	Disagree	Agree	Strongly Agree	I have no supervisor

3. My supervisor is helpful in getting the job done.

1	2	3	4	5
Strongly disagree	Disagree	Agree	Strongly Agree	I have no supervisor

4. My supervisor is successful in getting people to work together.

1	2	3	4	5
Strongly disagree	Disagree	Agree	Strongly Agree	I have no supervisor

Coworker support

1. People I work with are competent in doing their jobs.

1	2	3	4	5
Strongly disagree	Disagree	Agree	Strongly Agree	I have no coworkers

2. People I work with take a personal interest in me.

1	2	3	4	5
---	---	---	---	---

- | | | | | | |
|--|------------------|----------|-------|---------------|------------------------|
| | Stronglydisagree | Disagree | Agree | StronglyAgree | I have no
coworkers |
| 3. People I work with are friendly. | 1 | 2 | 3 | 4 | 5 |
| | Stronglydisagree | Disagree | Agree | StronglyAgree | I have no
coworkers |
| 4. People I work with are helpful in getting the job done. | 1 | 2 | 3 | 4 | 5 |
| | Stronglydisagree | Disagree | Agree | StronglyAgree | I have no
coworkers |

4. STRUCTURAL EMPOWERMENT CWEQ-II

[Original scale developed by Laschinger, (2012)]

The following statements refer to individuals' perceptions of empowerment. Please circle the number that you think best reflects your feelings on each of the questions according to the following scale:

1. Fully disagree
2. Disagree
3. Neither agree nor disagree / No opinion
4. I agree
5. Fullyagree

Opportunity

How much of each kind of opportunity do you have in your present job...

- | | | | | | |
|--|---|---|---|---|---|
| 1. Challengingwork | 1 | 2 | 3 | 4 | 5 |
| 2. The chance to gain new skills and knowledge on
the job | 1 | 2 | 3 | 4 | 5 |
| 3. Tasks that use all of your own skills and
knowledge | 1 | 2 | 3 | 4 | 5 |

Information

How much access to information do you have in your present job...

- | | | | | | |
|-------------------------------------|---|---|---|---|---|
| 4. The current state of the company | 1 | 2 | 3 | 4 | 5 |
| 5. The values of top management | 1 | 2 | 3 | 4 | 5 |
| 6. The goals of top management | 1 | 2 | 3 | 4 | 5 |

Support

How much access to support do you have in your present job...

- | | | | | | |
|---|---|---|---|---|---|
| 7. Specific information about things you do well | 1 | 2 | 3 | 4 | 5 |
| 8. Specific comments about things you could improve | 1 | 2 | 3 | 4 | 5 |
| 9. Helpful hints or problem-solving advice | 1 | 2 | 3 | 4 | 5 |

Resources

How much access to resources do you have in your present job...

- | | | | | | |
|---|---|---|---|---|---|
| 10. Time available to do the necessary paperwork | 1 | 2 | 3 | 4 | 5 |
| 11. Time available to accomplish job requirements | 1 | 2 | 3 | 4 | 5 |
| 12. Acquiring temporary help when needed | 1 | 2 | 3 | 4 | 5 |

Overall, I can say that:

- | | | | | | |
|---|---|---|---|---|---|
| 13. Overall, my current work environment empowers me to do my job effectively | 1 | 2 | 3 | 4 | 5 |
| 14. Overall, I find the environment of my workplace conducive to empowerment. | 1 | 2 | 3 | 4 | 5 |

Appendix B: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

INFORMATION SHEET

Title of Research:

Work Engagement and Some of its Antecedents: A Contribution to Healthcare Workers Performance of Ghana.

Name(s) and affiliation(s) of researcher(s):

This study is being conducted by Seth Adomako of the Faculty of Economic, University of Algarve.

Background:

The study is about how engagement can be fostered to improve performance of employees to reduce the overreliance on the traditional way of motivation (i.e. financial motivation) since in Ghana it has been observed by the Investigator that the mere mention of motivation readily bring monetary incentives to the mind of employees.

Purpose(s) of research:

The purpose is to investigate how engagement and some of its antecedents (Social support and self efficacy) improves performance

Selection of participants:

The participants involved in the study are employees of Komfo Anokye Teaching Hospital (KATH), Kumasi.

Procedure of the research, what shall be required of each participant and approximate total number of participants that would be involved in the research: Participants will be required to answer set of questionnaires and the research will involve 200 participants.

Risk(s):

The study involves no risks.

Benefit(s):

The goal of this research study is to show how social support and self efficacy is linked to engagement.

Confidentiality:

All information gathered from the participants will be strictly confidential.

Voluntariness:

Participants in this study willingly volunteered

Alternatives to participation:

Failure to partake in this research study won't attract any ill treatment or sanctions from the hospital/institution.

Withdrawal from the research:

Withdrawal from the research study can be done by participants without explaining themselves and participants may choose not to answer personal questions.

Consequence of Withdrawal:

Participants won't face any consequences whatsoever if you choose to withdraw from the research study.

Costs/Compensation:

Each participant will be compensated with GH¢5.00

Contacts:

Dr. Peter Yamoah
Internal Supervisor
0243374250

Further, if you have any concern about the conduct of this study, your welfare or your rights as a research participant, you may contact:

The Office of the Chairman,
Komfo Anokye Teaching Hospital Institutional Review Board (KATH-IRB),
Research and Development Unit, Kumasi.

Tel: +233 3220 00617.

Email address: kathirb@kathhsp.org or kathirb25@gmail.com

CONSENT FORM

Statement of person obtaining informed consent:

I have fully explained this research to Seth Adomako and have given sufficient information about the study, including that on procedures, risks and benefits, to make an informed decision.

DATE: 28th April, 2021 SIGNATURE: _____

NAME: Seth Adomako

Statement of person giving consent:

I have read the information on this study/research or have had it translated into a language I understand. I have also talked it over with the interviewer to my satisfaction.

I have read the description of the research or have had it translated into language I understand. I have also talked it over with the interviewer to my satisfaction. I understand that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research study to decide that I want to take part in it. I understand that I may freely stop being part of this study at any time. I have received a copy of this consent form and additional information sheet to keep for myself.

DATE: _____ SIGNATURE/THUMB PRINT: _____

WITNESS' SIGNATURE (if applicable): _____

WITNESS' NAME (if applicable): _____

PARENT/GUARDIAN'S SIGNATURE//THUMB PRINT: _____

(maintain if participant is under 18 years)

PARENT/GUARDIAN'S NAME: _____

[note: *Participants between the ages of 6 and 18 years will require a separate Assent Form*]