

First Line Nurse Managers' Managerial Competency and its Relationship with their Staff Nurses' Work Engagement at Main Mansoura University Hospital.

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Abstract:

Background: Managing healthcare complexity and challenges requires competent first-line nurse managers to apply their managerial functions, which are called managerial competency that can impact the achievement of hospitals, especially at the unit level. First line nurse managers are the main individual in building, preserving a healthy work setting, and achieving optimal work engagement of their staff. **Aim:** The current study aims to investigate first line nurse managers' managerial competency and its relationship with their staff nurses' work engagement at Main Mansoura University Hospital. **Design:** A descriptive correlational design was utilized **setting:** The study was carried out at all general medical and surgical units at Main Mansoura University Hospital (MMUH). **Subject:** The total sample was 110 staff nurses. **Tools:** Two tools were utilized in this study, First-Line Nurse Managers' Managerial Competency Scale and Utrecht Work Engagement Scale. **Results:** The major findings of this study indicated that statistical significant positive relation between staff nurses' perception of their first line nurse managers' managerial competency and their work engagement. The highest percent of staff nurses showed moderate level of managerial competency and work engagement. **Conclusion:** Based on the results of this study, we can conclude that there is a probability of refining the work engagement of staff nurses through improving their first line nurse managers' managerial competency. **Recommendations:** First line nurse managers should become aware of changing their functions and responsibilities. Top-line managers should support and encourage first-line nurse managers to participate in continuing education programs. To promote staff nurses' work engagement, it is necessary to improve their first line nurse managers' managerial competencies.

Keywords: First line nurse manager, Managerial competency, Work engagement, Staff nurses

Introduction:

Today, nursing and other health care careers face difficulties in adapting to people's evolving needs and the changing complexity of society. Managing the complexities and challenges of health care needs professional first-line nurse managers to apply their managerial positions, which are called managerial skills because their responsibilities have shifted from

primarily clinical focuses (Gunawan, et al, 2018).

First-line nurse manager (FLNM) is defined as a registered nurse who is 24 hours a day in charge of managing a unit(s) or area(s) within a health care organization. The word FLNM was used interchangeably in the literature, with the terms head nurse, ward manager, nursing unit manager and ward manager (Goktepe, et al, 2018). FLNM is a nurse

who can plan, organize, deliver and evaluate nursing and interdisciplinary care to a target group of patients and manage the human and material resources needed to provide that care (**Mohamad & Abdullah, 2017**).

FLNM have complex roles in healthcare organization. They are responsible for not only providing administrative, clinical leadership and transforming operationally expressed strategic goals and objectives into practice, but also for holding 24-hour accountability for all patient care activities in the unit (**Chen, 2010**). FLNM needs to serve as a leader who plays a vital role in ensuring consistent patient outcomes and need an ability to interpret general principles and translate them into particular clinical and organizational results while also identifying and tracking outcomes. So, there is a need for competency managerial skills (**De Ruggiero, 2014**).

Competency lies at the heart of any talent management effort in healthcare, and it is a nurse's ability to demonstrate the knowledge, skills, attitudes and judgment needed to carry out activities at a satisfactory level of competence within the defined scope of practice (**Fukada, 2018**). It also defined as the complete observable behaviors, classified and defined in relation to measurable standards; as well as the non-observable attributes, capacities, attitudes and values that the professional should have (**Abd Elhay, et al, 2019**).

Competency has four interwoven components that are knowledge, skills, behavior, and judgment. Nurses must first acquire the knowledge to know how to do their job and why, and then acquire the skills that are essential for their role to be successful (**Elhami, et al, 2018**). Nurses need to improve and make use of their

own judgement to deal with situations appropriately. Managerial competency of first-line nurse managers is vital in health care, especially in hospital settings. They face complex situations; whether to assure patient safety, to meet budget targets, or to retain staff. Managerial competency is defined as the knowledge, skills, experience, and characteristics needed to support the accomplishment of central work objectives (**Moghaddama, et al, 2019**).

The managerial competency of FLNMs refers to the execution of specific managerial tasks, functions or responsibilities through the application of knowledge, skills and attitudes (**Gunawan & Aunguroch, 2017**). It also described "a combination of knowledge, skills, abilities and behaviors that a nurse manager uses to carry out his / her work that are essential to achieving results that are compatible with the organization's strategic objectives. (**Baxter & Warshawsky, 2014**).

Management competency of first-line nurse managers include leadership, facilitation of spiritual nursing, self-management, staffing and professional development, use of information technology, financial management and, finally, improvement of quality care (**Gunawan, et al, 2019**). Leadership; is a process of influencing an individual or a group's actions in order to achieve objectives in a given situation. Facilitate spiritual nursing; a set of highly fluid interpersonal processes for the mutual recognition of human values and experiences (**Lie, 2017**).

Self-management is the capacity to efficiently control one's feelings, perceptions, and actions in different situations. Staffing and professional development improves and enhances staff capacity through access to workplace

training and education opportunities (Sade & Peres, 2015).

Utilizing informatics; which is the integration of information technology in all aspects of nursing. Financial management, managing and reducing nursing expenditure without compromising quality care. finally, the application of improved quality care; which is a continuous process of providing better services to healthcare clients that meet an appropriate standard (Naranjee, et al, 2019).

The role of first-line nurse managers is seen as the hardest role in healthcare, they play a critical management role because, especially at unit level, they can affect the performance of healthcare organizations. They are the important person in the creation, maintenance of a healthy work environment and optimal engagement of their staff (Gorenak, et al, 2019).

Work engagement is defined as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption (Hontake & Ariyoshi, 2018). Vigor is characterized by high levels of energy and mental resilience while working, the readiness to invest effort in one's work, and persistence even in the face of difficulties; dedication by being strongly involved in one's work, and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge; and absorption by being fully concentrated and happily absorbed in one's work, whereby time passes quickly and one has difficulties with separating oneself from work (Maturure, 2016).

Competency of FLNMs has a direct influence on their staff nurses, they provide them with support, giving them performance feedback, facilitating

professional development, allowing them to participate in decision and providing necessary resources, motivators or energizers, as well as coaching, task variety, and training facilities (Lazarte, 2016). These help nurses to feel energetic and enthusiastic who are works engage, involve them more in work, resilient in performing their jobs, work with full heart and with willingness to invest efforts in work (Park, & Lee, 2018).

The components of work engagement can be classified as physical, cognitive and emotional. The physical element occurs when an nurses becomes physically involved in a task and shows a positive affective state; the cognitive component is showed through alertness at work and experiencing absorption and involvement; and the emotional component is experienced when feeling linked to one's job or others while working (Abed & Elewa, 2016).

Work engagement is associated with all types of positive outcomes for organizations. Engaged employees are not only productive, but their positive work attitude creates a positive environment at work as well. Engaged workers are satisfied with their work and are less likely to leave their jobs. Also, they enjoy good mental and physical health (Lee, et al, 2018). Engaged nurse is full of energy, committed to the organization and work hard, without developing work-related stress complaints (Chapman, 2017).

Significance of study

FLNMs face many challenges in their managerial role beside the burden of increased workloads, and their role is critical and cannot be underestimated in any successful healthcare organizations as they are the key to professional communication between the top

management and the clinical personnel. So, it is beneficial to determine actual managerial competency levels of FLNMs (Gorenak, et al, 2019).

As the healthcare environment continues to change rapidly, organizations need energetic and dedicated employees who engage in their work and provide safe care, protect the public and maintain the credibility of nurses. This includes FLNMs that match patient needs, as well as staff nurses. It is vitally important for FLNMs to have knowledge and skills in management and to demonstrate their managerial skills (Tuong & Thanh, 2017). So, the current study aims to investigate first line nurse managers' managerial competency and its relationship with their staff nurses' work engagement.

Aim of the study

The current study aims to investigate first line nurse managers' managerial competency and its relationship with their staff nurses' work engagement at Main Mansoura University Hospital.

Research questions

1. What are the staff nurses' perception regarding their first line nurse managers' managerial competency?
2. What are the staff nurses' perception regarding their work engagement?
3. What is relationship between staff nurses' perception of their first line nurse managers' managerial competency and their work engagement?

Methodology:-

Design:- Descriptive correlational design was utilized.

Setting: Main Mansoura University hospital included all general medical and surgical units. The study was conducted at four medical units (80 bed) and 10 surgical units (249 bed). Main Mansoura University Hospital consists of many buildings (with bed capacity 1800 bed), and the hospital represent Ministry of Higher education and found in Mansoura City followed Dakahelia governorate and provide different health care services.

Sample: - All available staff nurses in the general medical and surgical units (n= 110) at the time of data collection in mentioned setting.

Data collection tools:-

Two tools were used in this study.

Tool I: First-Line Nurse Managers' Managerial Competency Scale

(FLNMMCS): This tool was developed by Gunawan, et al. (2019).

It consists of two parts:-

First part: Personnel Characteristics. It was used to recognizing demographic characteristics of personnel nurses as age, educational qualifications, years of experience and unit.

Second part: Aims to assess managerial competency of first-line nurse managers. Its measured by a 43-items consisted of seven dimensions which are leadership contains (14 items), facilitating

spiritual nursing care contains (7items), self-management contains (6items), staffing and professional development contains (4items), utilizing informatics contains (4items), financial management contains (4items), and finally applying quality care improvement contains (4 items). A self-administered questionnaire was developed to collect data from the staff nurses. Responses were measured on a five-point rating scale ranged from none of the time, once in a while, sometimes, quite often, always were scored respectively as 1, 2, 3, 4, and 5.

Tool II: Utrecht Work Engagement Scale (UWES):

Schaufeli, et al. (2006) created the Utrecht Work Engagement Scale (UWES): it is intended to assess the work engagement of the participants. The instrument consists of 17 items classified under three dimensions: vigor includes (6 items), “that refers to high energy and resilience levels, willingness to invest effort, not being easily tired, and persistence when faced with difficulties”. Dedication includes (5 items) that refers to “deriving a sense of significance from one’s work, feeling excited and proud about one’s job, and feeling inspired and challenged by it. Finally, absorption includes (6 items) that refers to being completely and fully absorbed in one's work and having trouble detaching oneself from it such that time passes quickly and everything else around is forgotten. Items were scored on a five-point, Likert-type scale from strongly disagree (1) to strongly agree (5). Using **scoring system of Alfifi et al, (2019):** < 50% low work engagement, 50-75% moderate and (>75%) high work engagement.

Methods:-

Ethical approval obtained from the Faculty of Nursing's Research Ethics Committee, Mansoura University. Retained Voluntary participation in the study and kept the data collected confidential. The study sample's privacy was ensured and the results were used as a component of the research needed and for potential publications and education.

The aim of this study was explained to the administrative staff to carry out this research, written permission was obtained from the Faculty of Nursing, Mansoura University to the hospital administrators and the nursing department directors.

The tools were translated into Arabic by the researchers, and five nursing administration experts from nursing faculties checked for their content validity and relevance and the required adjustment was made accordingly. The reliability of the tools was done using the alpha test from cronbach. It was (0.95) for scale of managerial competencies, (0.89) for work engagement.

A pilot study was conducted on 10 percent of staff nurses working in both medical and surgical units who randomly selected and omitted from the study sample to check its clarity and feasibility

Fieldwork

The actual fieldwork began in August through December 2019. Data collected by meeting with staff nurses, and oral consent to participate was assumed by attendance of filling questionnaire the questionnaire sheets of First-Line Nurse Managers' Managerial Competency and work engagement were distributed in their work settings to staff nurses individually after explaining the

purpose of the study. And the time required for completing the sheets varied between 25-30 minutes. The researcher checks each questionnaire after participant completed it to ensure the absence of any missing information.

Results:

Table (1) represents personal characteristics of staff nurses at Main Mansoura University hospital. The table shows that more than half of staff nurses were in the age group (20-30), the majority of them had diploma degree and had more than 10 years' experience.

Table (2) illustrates mean scores of managerial competency and work engagement as perceived by the studied staff nurses. The total mean score of managerial competency was (124.16±41.07). Leadership had the highest mean score (44.71±14.01), while facilitating spiritual nursing care had the lowest mean score (10.61±4.37). According to work engagement, the total mean score was (46.46±16.31). The highest mean score was vigor (18.50±6.49), while the lowest was absorption (12.59±4.69).

Table (3) shows levels of managerial competency and work engagement as perceived by staff nurses. According to the table, The highest percent (nearly half of staff nurses) showed moderate level of managerial competency (45.5%), while (21.8) of them showed low level of managerial competency. According to work engagement levels, The highest percent (more than one third of staff nurses) showed moderate level of work engagement (37.3%), while the lowest percent presented in low level (30.0).

Table (4) describes relation between total managerial competency, total work engagement and personal characteristics of the studied sample. The table shows highly statistical significant relation between total managerial competency and work engagement with different age groups, levels of education and years of experience. Older staff nurses, with diploma degree and more experienced were more perception of their first line nurse managers managerial competency and more work engaged. There was no statistical significant relation between total managerial competency and work engagement with workplace.

Table (5) represents relation between levels of managerial competency and work engagement among the studied subjects. The table illustrates highly statistical significant positive relation between levels of managerial competency and work engagement, as the highest percent of staff nurses who perceive their first line nurse managers managerial competency as low (95.8%) presented in low level of work engagement. While, the highest percent of staff nurses who perceive their first line nurse managers managerial competency as high (86.1%) presented in high level of work engagement. There were a statistically significant difference between levels of managerial competency and work engagement ($p=0.000$).

Table (6) shows relationship between managerial competency and work engagement as perceived by the studied staff nurses in the selected setting. The results in this table revealed that there were a significant correlation between all components of managerial competency and work engagement as perceived by staff nurses in the selected setting ($r=0.97$, $p\leq0.001$). All of the managerial competency components were also significantly correlated with vigor, dedication and absorption as a component of work engagement.

Table (1): Personal characteristics of the studied staff nurses (n=110).

| Characteristics | No | % |
|--------------------|-------|------|
| Age years | | |
| ▪ 20-30 | 56 | 50.9 |
| ▪ 31-40 | 45 | 40.9 |
| ▪ 41-50 | 9 | 8.2 |
| Mean±SD | 31.87 | 6.39 |
| Level of education | | |
| ▪ Diploma degree | 91 | 82.7 |
| ▪ Technical degree | 19 | 17.3 |
| Workplace | | |
| ▪ Medical unit | 45 | 40.9 |
| ▪ Surgical unit | 65 | 59.1 |
| Experience years | | |
| ▪ 1-10 | 46 | 41.8 |
| ▪ 11-20 | 55 | 50.0 |
| ▪ 21-30 | 9 | 8.2 |
| Mean±SD | 11.96 | 6.34 |

Table (2): Mean scores of managerial competency and work engagement as perceived by the studied staff nurses (n=110).

| Managerial competencies | Min - Max | Mean±SD |
|--|--------------------|---------------------|
| 1. Leadership | 13.0 -65.0 | 44.71±14.01 |
| 2. Facilitating spiritual nursing care | 4.0- 19.0 | 10.61±4.37 |
| 3. Self-management | 6.0 – 30.0 | 18.80±6.62 |
| 4. Staffing and professional development | 4.0 -20.0 | 12.43±4.83 |
| 5. Informatics | 4.0 -20.0 | 12.24±4.50 |
| 6. Financial management | 4.0 -20.0 | 12.72±4.58 |
| 7. Applying quality care improvement | 4.0 -20.0 | 12.61±4.79 |
| Total managerial competencies score | 39.0 – 19.0 | 124.16±41.07 |
| Work engagement | | |
| 1. Vigor | 6.0 -30.0 | 18.50±6.49 |
| 2. Dedication | 5.0 -25.0 | 15.37±5.74 |
| 3. Absorption | 4.0 – 20.0 | 12.59±4.69 |
| Total work engagement score | 15.0- 73.0 | 46.46±16.31 |

Table (3): Levels of managerial competency and work engagement as perceived by the studied staff nurses (n=110).

| levels of Managerial competency | Score | No | % |
|----------------------------------|---------|----|-------------|
| Low (<50%) | 39-97 | 24 | 21.8 |
| Moderate (50-75%) | 98-146 | 50 | 45.5 |
| High (>75%) | 147-195 | 36 | 32.7 |
| Levels of work engagement | | | |
| Low (<50%) | 15-37 | 33 | 30.0 |
| Moderate (50-75%) | 38-56 | 41 | 37.3 |
| High (>75%) | 57-75 | 36 | 32.7 |

Table (4): Relationship between staff nurse' characteristics and their perception related to managerial competency and work engagement.

| Characteristics | Total managerial competency score | Total work engagement score |
|--------------------|-----------------------------------|-----------------------------|
| | Mean±SD | Mean±SD |
| Age years | | |
| ▪ 20-30 | 92.91±31.69 | 33.60±11.65 |
| ▪ 31-40 | 152.44±16.14 | 57.80±6.02 |
| ▪ 41-50 | 177.22±11.94 | 69.77±1.92 |
| F value / P | 91.46 / 0.000** | 117.25 / 0.000** |
| Level of education | | |
| ▪ Diploma degree | 129.30±39.53 | 48.36±15.93 |
| ▪ Technical degree | 99.52±40.32 | 37.36±15.43 |
| tvalue / P | 2.97 / 0.004** | 2.75 / 0.007** |
| Workplace | | |
| ▪ Medical unit | 129.13±40.86 | 47.73±16.78 |
| ▪ Surgical unit | 120.72±41.18 | 45.58±16.06 |
| tvalue / P | 1.05 / 0.29 | 0.67 / 0.50 |
| Experience years | | |
| ▪ 1-10 | 92.50±31.84 | 33.50±11.73 |
| ▪ 11-20 | 151.02±16.45 | 57.43±6.63 |
| ▪ 21-30 | 180.33±5.67 | 69.55±2.12 |
| F value / P | 92.89 / 0.000** | 110.66 / 0.000** |

** Highly statistically significant ($P \leq 0.01$)

Table (5): Relationship between levels of managerial competency and work engagement as perceived by the studied staff nurses (n=110).

| Managerial competency levels | Work engagement levels | | | | | |
|------------------------------|------------------------|-------------|----------|------|------|-------------|
| | Low | | Moderate | | High | |
| | No | % | No | % | No | % |
| Low | 23 | 95.8 | 1 | 4.2 | 0 | 0.0 |
| Moderate | 10 | 20.0 | 35 | 70.0 | 5 | 10.0 |
| High | 0 | 0.0 | 5 | 13.9 | 31 | 86.1 |
| FE / P value | 113.41 / 0.000** | | | | | |

FE: Fisher's Exact Test / ** Highly statistically significant ($P \leq 0.01$)

Table (6): Relationship between First-Line Nurse Managers' Managerial Competency and work engagement as perceived by the studied staff nurses (n=110).

| Managerial competency | Vigor | Dedication | Absorption | Work engagement |
|---------------------------------------|---------------|---------------|---------------|-----------------|
| | R | r | r | R |
| Leadership | 0.91** | 0.87** | 0.87** | 0.92** |
| Facilitating spiritual nursing care | 0.86** | 0.84** | 0.85** | 0.88** |
| Self-management | 0.89** | 0.89** | 0.88** | 0.92** |
| Staffing and professional development | 0.85** | 0.83** | 0.84** | 0.87** |
| Informatics | 0.87** | 0.89** | 0.87** | 0.91** |
| Financial management | 0.88** | 0.89** | 0.88** | 0.92** |
| Applying quality care improvement | 0.92** | 0.90** | 0.90** | 0.94** |
| Total managerial competencies score | 0.95** | 0.93** | 0.93** | 0.97** |

** Highly statistically significant ($P \leq 0.01$)

Discussion

Organizations want staff nurses to be more involved in the work environment, but the action of staff nurses is often based on organizational factors such as support for leaders, and an organization's success is mainly due to the expertise of its first-line nurse managers **Karami, et al (2017)** The finding of the present study indicated first line nurses managers had moderate level of competency. This may be due to frequency of performing competency sub items as facilitating spiritual nursing care, majority of nursing managers don't participate in developing or monitoring the budget for the unit and implementing cost-benefit analysis strategy in a unit's financial plan. This was agreed with **Manxhari, et al (2017)** who reported that competency of nurse managers was in moderate range. As well, **Martina, et al (2012)** reported that 80% of the study sample was moderate competency level, and after training interventions it was improved to high level.

Finding of the present study is disagreed with **Pillay (2009)** who reported that management capability is

lacking and competency within the public health sector in South Africa. As well, **Meretoja, et al (2004)** mentioned that managerial competency of first line nurse managers requires development, and collective construction of guidelines as a development strategy of this competency is required. In this respect, **Aslan & Pamukcu, (2017)** indicated that significantly higher mean scores on the overall competency level in the studied group.

As regard to leadership, the finding of the present study indicated that it was the highest mean score dimension of managerial competency. This may be due to that leadership duties mainly is the responsibility of the (FLNMs), as they involving their staff nurses in decision-making, assigning task responsibility and authority to subordinates effectively, facilitating nursing staff in collaboration to build mutual trust and respect with other healthcare professionals in practice by treating fairly, arranging schedules and supporting flexible self-scheduling for staff and providing positive feedback and reinforcement for staff performance improvement.

This was in line with **Al-Makhaita, et al (2014)** Who performs a study on nurses employed in primary and secondary-level hospitals and reported that there was advancement in leadership. In the same line, **Bucur (2013)** concluded that the managerial competency of the head nurses as a whole is generally good, especially the leadership skills. On the contrast, **Bahreini, et al (2010)** reported that despite nursing leadership is an important dimension of managerial competency, it had poor score. Also, **Gunawan (2019)** stated that leadership as a managerial competency requires improvement.

On the other hand, the current study exposed that facilitating spiritual nursing care had the lowest mean score as a dimension of managerial competency. This result may be due to that FLNMs doesn't focused on the staff nurses spiritual needs, not relieving staff spiritual distress and not helping staff nurses to provide spiritual nursing care to patient and their families. This was in the same line with **Harrad, et al (2019)** who reported that the majority of nurses felt that they had been inadequately prepared for spiritual care provision, confirming that nurses are mindful of the value of delivering spiritual care and is frustrated by a lack of knowledge about how best to carry out such care.

On the contrast, **Zehtab & Adib-Hajbaghery (2014)** stated that FLNMs Pay attention not only to staff nurses' spiritual needs but also to patient spiritual needs. He also noted that spiritual care has been found to enhance the spiritual well-being, success and dignity as well as the quality of their spiritual life. Nurse managers' role in promoting spiritual care will assist staff nurses in meeting the needs of patients in this area.

The result of the current study revealed that the highest percentage of perception of work engagement as a total was presented in moderate level. This may be due to staff nurses consider that their work has meaning, purpose and challenging and make them enthusiastic about their job. The FLNMs providing nurses positive feedback and reinforcement for improvement of staff performance. This in agreement with **Dalenjan, et al (2017)** who conducted a research aiming for examining the correlation between work engagement and workplace incivility among nurses, and found that the nurses participated had an average level of work engagement. Additionally, **Alfifi, et al (2019)** found that most of the nurses had an average work engagement.

Again, results of the present study contradict the present study results **Abed & Elewa (2016)** who mentioned that university hospital had high level of work engagement than private organization due to main concern of private organization in revenue/ profit of it for their owner, while university hospital is not.

Regarding to mean scores of work engagement, the highest mean score was vigor item. This may be due to the staff nurses feel bursting with energy and can remain working at a time for very long periods. This was in the same line with **Ghazawy, et al (2019)** who stated that vigor dimension was the highest mean score among work engagement dimensions confirming that nurses who are engaged have high energy levels, are passionate about their work and are often completely absorbed in their job.

On the other hand, the present study shown that absorption was the lowest means score among work engagement dimensions. This may be due to the staff nurses don't feel that time flies

when they working and not feel happy when they working intensely. This was supported by **Boikanyo & Heyns (2019)** who mentioned that ranking the dimensions of work engagement shown that the level of absorption dimension of work engagement is lower than other dimensions.

Regarding the relations between managerial competency, work engagement and personal characteristics of the staff nurses, the findings indicated that there was highly statistical significant relationship between managerial competency and work engagement with different age groups, levels of education and years of experience. Older staff nurses, with diploma degree and more experienced were more perception of their first line nurse managers managerial competency and more work engaged. This may due to that the older staff nurses have the ability to set clear career goals and plans, adjust to altering circumstances, can sufficiently handle work problems and have emotion regulation and career identity than younger ones.

This finding is in line with that found by **Miri, et al (2014)** who finds out older staff nurses are more likely for work engagement than younger nurses. Moreover, **Kim &Wan kang (2016)** stated that older workers and more experienced are more engaged because they have more resources to meet their demands at work. This finding also supported by **Torabinia, et al (2017)** who reported that the higher the participants' years of experience, the greater work engagement and vice versa.

In other words, as the years of experience among nurses increase, the amount of their engagement in the work increases. At the other hand, **Kendal, (2018)** reported that new workers score

the highest at engagement rates, which could be due to the excitement and enthusiasm they feel when they start a new job.

Regarding the relationship between levels of managerial competency and work engagement among the staff nurses. The findings showed that there was a highly statistical significant positive relationship between levels of managerial competency and work engagement, which is indicated by increased managerial competency correlating with increasing work engagement. This finding supported by **Faskhodi & Siyyari (2018)** who found that managerial competencies as managing, problem solving and participative management, communication and building trust change management continual learning, decision making, emotional intelligence, and empowering others enhances employee engagement.

Moreover, **Stanley (2016)** in health care field, managerial competence of first-line nurse managers is essential, particularly in hospital settings. Such leaders must deal with complex situations to maintain personnel and ensure staff nurses are engaged in their work. Accordingly, **Bargagliotti (2011)** stated that managerial competency are correlated with work engagement include social support from supervisors, performance evaluation, autonomy and learning opportunity. In the same line, **Dandridge (2019)** stated that competency of leader affect in a positive way to the three dimensions of work engagement. Furthermore, access to resources and access to opportunities for introducing and learning new skills enable work environments to improve nursing staff engagement.

Additionally, **Boikanyo & Heyns (2019)** stated that first line nurse managers who have managerial competency are able to Enhancing two-way communication, ensuring that staff nurses have all the tools they need to do their job, providing sufficient training to improve their knowledge and skills, developing reward systems where good job performance is rewarded through various financial and non-financial rewards, creating a distinctive corporate culture that fosters hard work and keeps success stories alive, and establish a good performance management program that keeps managers and nurses responsible for the actions they carry to the workplace, focuses on top-performing nurses in order to minimize their turnover and improve their dedication to work.

Conclusion

Nearly half of staff nurses showed moderate level of managerial competency, while more than one third of them showed moderate level of work engagement. There was a highly statistically significant positive correlation between staff nurses' perception of their first line nurse managers' managerial competency and their work engagement. So, from the above we can conclude that there is a probability of refining the work engagement of staff nurses through improving their first line nurse managers' managerial competency.

Recommendations

Based on the findings of the present study, the following can be recommended:-

- First line nurse managers should become aware of changing their functions and responsibilities.

- Development of training programs to increase first line nurse managers' knowledge and skills related to different managerial competency and causes and consequences of work engagement.

- Top-line managers should support and encourage first-line nurse managers to participate in continuing education programs.

- To promote staff nurses' work engagement, it is necessary to improve their first line nurse managers' managerial competencies.

Future research should consider managerial competency as spiritual nursing care, utilization of informatics, and financial management.

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There is no conflict of interest

References

- Abd Elhay, I., Sleem, W., & El-Wkeel, N., (2019):** Development of Core Competency Standards for First-Line Nurse Managers in Intensive Care Units. *International Journal of Novel Research in Healthcare and Nursing*. 6 (1), 601-612. Available at: www.noveltyjournals.com.
- Abed, F., & Elewa, A., (2016):** the Relationship between Organizational Support, Work Engagement and Organizational Citizenship Behavior as Perceived by Staff Nurses at Different Hospitals. *Journal of Nursing and Health Science*. 5 (4) . PP 113-123.
- Alfifi, H., Mahran, S., & Alabdulah, N., (2019):** Levels and Factors Influencing

- Work Engagement among Nurses in Najran Hospitals. *Journal of Nursing and Health Science*. 8 (2) PP 52-55.
- Al-Makhaita, H., Sabra, A., & Hafez, A., (2014):** Job performance among nurses working in two different health care levels, Eastern Saudi Arabia: a comparative study. *International Journal of Medical Science and Public Health*. 3 (7) 832-837.
- Aslan, M., & Pamukcu, A., (2017):** Managerial competencies and impact on Management levels. *International Journal of Advanced Research in Management and Social Sciences*.6(9) ISSN: 2278-6236. www.garph.co.uk.
- Bahreini, M., Moattari, M., Kave, H., & Ahmadi, F., (2010):** Self-assessment of the clinical competency of nurses in a major educational hospital of Shiraz University of Medical Sciences. *Journal of Jahrom University of Medical Sciences*; 8(1): 28-36.
- Bargagliotti, L., (2011):**Work engagement in nursing: A concept analysis. *Journal of Advanced Nursing*.68(6):1414-28. DOI: 10.1111/j.1365-2648.2011.05859
- Baxter, C., & Warshawsky, N., (2014):** Exploring the Acquisition of Nurse Manager Competence. *Journal of Nurse Leader*. 12(1):46–51. www.nurseleader.com.
- Boikanyo, D., & Heyns, M., (2019) :** The Effect of Work Engagement on Total Quality Management Practices in a petrochemical organisation', *South African Journal of Economic and Management Sciences* 22(1), a2334. <https://doi.org/10.4102/sajems.v22i1.2334>.
- Bucur, I., (2013):** Managerial Core Competencies as Predictors of Managerial Performance, on Different Levels of Management. *Social and Behavioral Sciences* 78(1) 365 – 369. Available online at www.sciencedirect.com.
- Chapman, I., (2017):** Assessment of Nurse Engagement. Published Doctorate Thesis. University of New Mexico. College of Nursing. 14-16.
- Chen Hu, T., (2010):** A study on the managerial competency of a hospital's basic level nursing directors. *World Transactions on Engineering and Technology Education*.. Hungkuang University. Taichung, Taiwan. 8(1).
- Dalenjan , L., Shoorideh, F., Hosseini,M., & Mohtashami, J., (2017):** The Correlation Between Nurses' Work Engagement and Workplace Incivility. *Iranian Red Crescent Medical Journal*: 19 (4); e45413. doi: [10.5812/ircmj.45413](https://doi.org/10.5812/ircmj.45413).
- Dandridge, Y., (2019):** Work Engagement, Job Satisfaction, and Nurse Turnover Intention. Published Doctorate Thesis. Walden University. College of Management and Technology.17-18.
- DeRuggiero, K., (2014):** Identifying Competencies for Nursing Leadership. Published Doctorate Thesis. University of Maryland School of Nursing. 13-15.
- Elhami, S., Ban, M., Mousaviasl, S., & Zahedi, A. (2018):** Self-Evaluation of Nurses Clinical Competency-based on Benner Theory. *Middle East Journal of Family Medicine*, 7(10), 191.
- Faskhodi, A., & Siyyari, M., (2018):** Dimensions of Work Engagement and Teacher Burnout: A Study of Relations among Iranian EFL Teachers. *Australian Journal of Teacher Education*, 43(1). Retrieved from <http://ro.ecu.edu.au/ajte/vol43/iss1/5>.

- Fukada, M., (2018):** Nursing Competency: Definition, Structure and Development. *Journal of Medical Science.* 61(1): 1–7.
- Ghazawy, E., Mahfouz, E., Mohammed, E., & Refaei, S., (2019):** Nurses' work engagement and its impact on the job outcomes. *International Journal of Healthcare Management.*11(3).
- Goktepe, N., Turkmen, E., Badir, A., Hayta,O., & Yakar,H., (2018):** Development of Managerial Competencies for First-level Nurse Managers in Turkey. *International Journal of Caring Sciences.* 11 (2) , 1096.
- Gorenak, M., Spindler, T., & Brumen, B., (2019):** The Influence of Competencies of Managers on Job Satisfaction of Employees in the Hotel Industry. *University of Maribor, Faculty of Tourism, 2 (52), 82-84.*
- Gunawan, J., & Aunguroch, Y., (2017):** Managerial competence of first-line nurse managers: A concept analysis. *International Journal of Nursing Practice.* PMID: 28044395 doi: 10.1111/ijn.12502.
- Gunawan, J., Aunguroch, Y., & Fisher, M., (2018):** Factors contributing to managerial competence of first-line nurse managers: A systematic review. *International Journal of Nursing Practice.* PMID: 29148217 DOI:10.1111/ijn.12611.
- Gunawan, J., Aunguroch,Y., & Sukarna, A., (2019):** The Lived Experiences of Becoming First-line Nurse Managers: A Phenomenological Study. *Iranian Journal of Nursing and Midwifery Research.*23(1), 66-68.
- Harrad, R., Cosentino, C., Keasley, R., & Sulla, F., (2019):** Spiritual care in nursing: an overview of the measures used to assess spiritual care provision and related factors amongst nurses. *Biomed for Health Professions.* 90(4): 44-55.
- Hontake, T., & Ariyoshi, H., (2018):** Relationship between Work Engagement and Job Satisfaction of Nurses in Psychiatric Hospital. *International Journal of Nursing Science.* 8(2): 21-26.
- Karami, A., Farokhzadian, J., & Foroughameri, G., (2017):** Nurses' professional competency and organizational commitment: Is it important for human resource management? *PLoS ONE* 12(11): e0187863. [https://doi.org/10.1371/journal.pone.0187863.](https://doi.org/10.1371/journal.pone.0187863)
- Kendal, J., (2018):** Nurse Manager Span of Control and the Impact on Employee Engagement. Published Doctorate Thesis.University of Kentucky. College of Nursing. [https://uknowledge.uky.edu/dnp_etds.](https://uknowledge.uky.edu/dnp_etds)
- Kim, N., &Wan kang, S., (2016):** Older and More Engaged: The Mediating Role of Age-Linked Resources on Work Engagement. *Human Resource Management Vol. 56, No. 5. Pp. 731–746 DOI: 10.1002/hrm.21802.*
- Lazarte, F., (2016):** Core Competencies of Beginning Staff Nurses: A Basis for Staff Development Training Program. *Journal of Advanced Management Science .* 4(2).
- Lee, R., Kim, M., Choi, S., & Shin, H., (2018):** Factors Influencing Managerial Competency of Frontline Nurse Managers. *Journal of Korean Academy of Nursing Administration.* 24(5):435-444.
- Lie Ku, Y., (2017):** Literature Review on Spiritual Care in Nursing. *Journal of Nursing and Health Studies.* 2(1). available from:

<http://www.imedpub.com/nursing-and-health-studies>.

Manxhari, M., Velu, L., & Jashari, J., (2017): Developing Models of Managerial Competencies of Managers: A Review. *International Journal of Economics, Commerce and Management*.5(4). 186-200.

Martina, K., Hana, U., & Jiri, F., (2012): Identification of Managerial Competencies in Knowledge-based Organizations. *Journal of Competitiveness*. 4(1). pp. 129-142. DOI: 10.7441/joc.2012.01.10.

Maturure, T., (2016): Burnout, work engagement and sense of coherence in nurses working at a central hospital in KwaZulu-Natal. Published Master Thesis. *Industrial and Organizational Psychology*. University of South Africa.21-22.

Meretoja, R., Isoaho, H., & Lenio-Kilp, H., (2004): Nurse Competence Scale, Development and Psychometric Testing. *Journal of Advanced Nursing*.47(2): 124-133.

Miri, S., Mansor, N., Alkali, A., & Chikaji, A., (2014): The role of first line nurse manager. *Review of European Studies*, 6(4), 31.

Moghaddama, N., Jamea, S., Rafeib, S., Saremc, A., Ghamchilid, A., & Shafiie, M., (2019): Managerial competencies of head nurses: a model and assessment tool. *British Journal of Nursing*, 27 (21).3-4.

Mohamad, N., & Abdullah, Z., (2017): Leadership Competencies and Organizational Performance: Review and Proposed Framework. *International Journal of Academic Research in Business and Social Sciences*.7(8). [http:// www.hrmars.com](http://www.hrmars.com).

Naranjee, N., Sibiyi, M., & Ngxongo, T., (2019): Development of a financial management competency framework for Nurse Managers in public health care organizations in the province of KwaZulu-Natal, South Africa. *International Journal of Africa Nursing Sciences*.1(3).

Park, S., & Lee, E., (2018): Work Environment and Work Engagement in Korean nurses. *International Journal of Pure and Applied Mathematics*. 118 (19), 2155-2168.

Pillay, R., (2009): Perceived Competences Of Nurse Mangers : A Comparative Analysis Of The Public And Private Sector In South Africa .*African Journal Of Business Management* 3(9) :496-503.

Sade, P., & Peres, A., (2015): Development of nursing management competencies: guidelines for continuous education services. *Journal of School of Nursing*, 49(6).

Schaufeli, W., Bakker, A., & Salanova, M., (2006): The Measurement of Work Engagement With a Short Questionnaire. *Educational and Psychological Measurement*. 66 (4), 701-716.

Stanley, T., (2016): Work Environments, Creative Behaviours, and Employee Engagement. Published Doctorate Thesis. University of Melbourne. Global Graduate School.

Torabinia, M., Mahmoudi, S., Dolatshahi, M., & Abyaz, M., (2017): Measuring engagement in nurses: the psychometric properties of the Persian version of Utrecht Work Engagement Scale. *Medical Journal of The Islamic Republic of Iran*.. <https://doi.org/10.18869/mjiri.31.15>.