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Health Professionals work engagement at public health facilities, and its Relationship with clinical managers' Leadership Style, and ˙ Self-determination from their prospective

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Background: Providing the greatest healthcare at a reasonable cost and retaining nursing staff are only two of the many intricate issues that healthcare organizations must deal with if they are to succeed. To manage and overcome these obstacles, a health workers leader must be well-prepared and possess an effective leadership style. First-line health workers supervisors' leadership philosophies can positively affect staff public health professionals ' Self-determination and engagement, which in turn can boost public health professionals ' output.
The purpose of this study is to determine the relationship between the leadership style of first-line health workers supervisors and the Self-determination and work engagement of staff public health professionals . Settings: The study was conducted at primary healthcare centers in The study was conducted in the first zone of Jeddah-Saudia Arabia(11 public health centers) .
Subjects: 340 public health professionals with at least six months of experience who worked in the aforementioned units and were accessible for data collection, and who gave patients both direct and indirect care
Tools: The Utrecht Work Engagement Scale (UWES), the Conditions of Work Effectiveness Questionnaire (CWEQ II), and the Multifactor Leadership Questionnaire 5X Short Form were the three instruments utilized in this study. Findings: Staff public health professionals ' Self-determination and transformational leadership style had a significant positive high correlation ($r = 0.754$, $p = 0.000$*), while staff public health professionals ' work engagement and transformational leadership style had a significant positive moderate correlation ($r = 0.575$, $p = 0.000$*), according to the study. Furthermore, there was a negligible association ($r = 0.047$, $p = 0.384$) between staff public health professionals ' structural Self-determination and transactional leadership style. Additionally, a significant low connection was found between staff public health professionals ' work engagement and transactional leadership style ($r = 0.129$, $p = 0.017$*). Additionally, there was a strong inverse relationship between public health professionals and a laissez-faire leadership style.
Conclusion :

Health professionals in this study were moderately engaged at work. To increase employee engagement, healthcare facilities should strengthen their cultures of peer support, role clarity, reward, resilience, self-efficacy, and optimism. To assess the connection between health professionals' work engagement and cognitive demand, future researchers will conduct additional research. The Self-determination and work engagement of public health professionals are positively impacted by first-line health workers managers' transformational leadership style.
Keywords: clinical manager, Leadership style, Self-determination , Work engagement.

Introduction:

Saudi Arabia has made significant investments in its healthcare system by building facilities to enhance national health. But whether it is successful and efficient in delivering necessary health care services is still up in the air. The performance, difficulties, and prospects of primary healthcare, which forms the cornerstone of universal health coverage, must be evaluated in order to benefit the Saudi Arabian populace .Providing the greatest healthcare at a reasonable cost and retaining nursing staff are just two of the many intricate issues that healthcare organizations face and that have an impact on their overall performance. To manage and overcome these obstacles, a health workers leader must be well-prepared and possess an effective leadership style (Coomber, Barriball, Staff public health professionals ' Leadership Style, Structural Self-determination , and Work Engagement can all benefit from first-line health workers supervisors' leadership styles. Engagement and Self-determination , which leads to improved public health professionals ' performance (Cowden & Cummings, 2012).

According to Abreese-Ako, Agyepong, and Van Dijk (2018) and Perfecto Aquino (2015), leadership is the capacity to organise, influence, and convey the mission and vision of the organisation in order to inspire, empower, and encourage others to voluntarily act in the direction of accomplishing organizational goals.

According to Gilitinane (2013), leadership style is the behavioral pattern that motivates and drives staff public health professionals .Clinical managers can adopt one of three leadership philosophies: laissez-faire, transactional, or transformative. Transactional leaders concentrate on the role of supervision, organization, and group performance; transformational leaders aim to increase public health professionals ' motivation and engagement by guiding behavior towards a common vision; and laissez-faire (passive ⁄avoidant) leaders are the closest thing to lacking leadership; they put little effort into decisions, delay them, and give no feedback to satisfy the needs of public health professionals (Amegayibor, 2021;Cummings, 2012).

The five main factors that transformational leaders use to influence public health professionals are: idealized influence attributes, which refer to the charismatic qualities of the leader, idealized influence behavior, role modelling behaviors, inspirational motivation, visionary and inspirational behaviors, intellectual stimulation, which refers to the leader's creative and innovative stimulation regarding challenges, and individualized consideration, which refers to the leader's respect and recognition shown to the public health professionals (Bayram, Dinç, 2015).

Transactional leaders use the following factors to influence staff public health professionals : management by exception (active) refers to how a leader watches for mistakes and takes corrective action quickly after the mistake is identified; management by exception (passive) refers to how a leader watches for mistakes and takes corrective action in a passive manner, such as during staff public health professionals ' evaluations; and contingent reward, which is defined by the exchange between leaders and followers where there is an exchange for a specific reward (Rowold, & Schlotz, 2009).

One way to characterize laissez faire leadership (passive / avoidant) is as nondirective, passive, and inert. This type of leader assigns tasks to the subordinates after establishing a few guidelines for handling organizational problems. To assign assignments, a leader must have a thorough understanding of the followers' degree of expertise, competency, and honesty. This approach encourages the follower to fully utilize their skills and aptitudes. It works better with more independent and mature public health professionals , but generally speaking, it is not a productive or successful approach (Haile, 2017).

The leadership style of a health workers manager has the potential to significantly improve the organization, as well as the structural Self-determination and work engagement of public health professionals . Structural Self-determination is defined by Kanter & Nedd (2006) as a work environment that empowers public health professionals to carry out their duties in meaningful ways. In order for structural Self-determination to occur, Laschinger et al. (2003) divided it into six dimensions: access to resources, which refers to the capacity to obtain time, materials, and supplies; access to opportunity, which refers to the potential for growth; mobility within the organization; and the ability to enhance knowledge and skills within the organization. and the financial resources required to do tasks successfully; access to information, which entails possessing the knowledge required to be productive at work, including technical know-how, organizational policies, and expertise; In a health care organization, "access to support" refers to the direction and criticism given by peers, superiors, and subordinates. Informal power comes from building relationships with peers, subordinates, cross-functional groups, sponsors, and social connections; formal power comes from certain job attributes like flexibility, adaptability, visibility, and centrality to organizational goals.

According to Bakker (2011), work engagement in nursing is a positive work-related state in which an employee is completely immersed in their work and is distinguished by vigor, dedication, and absorption. Vigour is defined as having a high level of energy and mental fortitude while working, dedication as being deeply involved in one's work, and absorption as being completely focused and contentedly absorbed in one's work.

Aim of the study:

to determine the relationship between staff public health professionals ' structural Self-determination and job engagement and first-line health workers managers' leadership style.

Research question: How do staff public health professionals ' structural Self-determination , job engagement, and intention to stay relate to the leadership style of first-line health workers managers?

Material and methods :

A descriptive correlational , cross- sectional design was used to conduct this study.

Tools:

Three tools were used in this study as
follows:

Tool (1): The Multifactor Leadership Questionnaire 5X Short Form: This tool was developed by Avolio &Bass (2004). It was adopted to measure three major leadership styles as perceived by public health professionals ;transformational, transactional and laissez –faire leadership styles of the first line health workers managers. The instrument contained (45) items with 4 scales, (3 leadership styles) and (one outcomes of leadership styles). The first scale included: Transformational leadership style with (5sub- scales) consists of: Idealized influence attributes (4 items) ; idealized influence behavior (4 items) ; inspirational motivation (4 items) ; intellectual stimulation (4 items), and individual consideration (4 items). The second scale including:

Transactional leadership style consists of (3 sub- scales), namely contingent reward (4 items) ; management by exception (active, 4 items), and management by exception (passive, 4 items).
The third scale included: Laissez- faire leadership style consists of (4 items) and finally leadership outcomes which comprised from (3sub-scales) namely extra effort (3 items) ; effectiveness (4 items), and satisfaction (2 items). The responses were measured on 5 points – Likert scale ranging from (1) strongly disagree to (5) strongly agree. The overall score ranging from (45- 225), low scoring ranging from (45- 139), moderate scoring ranging from (140-184), and high scoring ranging from (185-225). Cronbach alpha Coefficient for internal consistency reliability of the tool was (0.95).

Tool (2): Conditions of Work Effectiveness Questionnaire (CWEQ II):

This tool was developed by (Laschinger et al., 2001), it was adopted to measure public health professionals 'perception of structural Self-determination in work place. It consists of (21 items) & six dimensions namely: access to opportunity (3 items) ; support (3 items) ; information (3 items) ; resources (3 items) ; formal power (3 items) ; informal power (4 items), and (2 items) to measure global Self-determination . Responses to all items were measured on a 5-point Likert scale ranging from (1) none to 5 (a lot). The overall score ranging from (21-105), low scoring of Self-determination ranging from (21-45), moderate scoring of Self-determination ranging from (46-76), and high scoring of Self-determination ranging from (77-105). Cronbach′s alpha Coefficient for internal consistency reliability of the tool was (0.74).

Tool (3): Utrecht Work Engagement Scale (UWES): This tool was developed by Schaufeli and Bakker (2002) and then updated by them in (2006). It was adopted to measure work engagement of participating public health professionals ; it consists of 9 items classified into three dimensions namely: vigor, dedication, and absorption. Each dimension was composed of three items. For purpose of ease response, the scale was adapted from seven-point Likert scale to 5-point Likert scale ranging from (0) never to (4) always. The overall score level ranging from (0 to 36). Low scoring of work engagement ranging from (0 -11), moderate scoring of work engagement ranging from (12-23), and high scoring of work engagement ranging from (24 -36). Cronbach′s alpha Coefficient for internal consistency reliability of the tool was (0.90).

Method:

Settings:

The study was conducted in the first zone of Jeddah-Saudia Arabia(11 public health centers) Every person should have access to healthcare services, according to Article 31 of the Saudi Basic Law on Citizens' Rights, which holds the government accountable for the Kingdom's public health. There have been significant gains in Saudi Arabia's health indicators, indicating that the population's health has improved. The kingdom has made significant investments in health, primarily in the area of cure, as seen by the establishment of hundreds of hospitals and primary care facilities throughout the kingdom [Table 1]. For service delivery, this was linked to a significant contract with medical and paramedical personnel from throughout the world

s) Subjects:

The research population consisted of health professionals who were employed permanently at specific public health facilities within the first zine of Jaddah , whereas the source population consisted of 250 health professionals working in the public health facilities. The study excluded health professionals with fewer than six months of work experience in the study area who worked in the chosen healthcare facilities . only 233 was returned the questionnaire to the researchers. Attrition rate : 6.8% and 93.2% response rate . .

Cross-sectional quantitative research design was used in this study. The research ethics committee of the Directorate of Health Affairs in Jeddah provided ethical permission. Consequently, all research activities were conducted in accordance with the ethical principles that govern nursing research procedures, and participants' informed agreement was obtained.

Every study tools was translated into Arabic, and an Arabic to English back-to-back translation was completed. Five subject-matter experts evaluated the research instruments' content validity, and several of the statements were reworded. To verify the clarity and applicability of the research tools, a pilot study was conducted on 5% (n=17) of the study sample after all necessary revisions. The reliability of the study tools was evaluated. employing the Cronbach's Alpha test. The reliability coefficients for tools one and two were.989,.781, and.935, respectively.

Data collection:

A self-administered questionnaire was used to collect data for this investigation. Each study participant took roughly 15 to 20 minutes to complete the questionnaire, which was hand delivered to them in their workplaces along with the necessary instructions prior to distribution. the information gathered during the course of two months, from September 28, 2024, to November 25, 2024.The study participants' anonymity and the data's confidentiality were guaranteed.

Statistical analysis:

The relationship between the structural Self-determination and work engagement of public health professionals and the leadership style of clinical managers was ascertained using appropriate statistical analysis methods. The statistical analysis version 24 of the SPSS (Statistical Package for Social Science) tool was used to edit, code, and input the data after it had been collected. The statistical analysis metrics listed below were applied.

Descriptive statistical measures, included the mean with standard deviation and percentage and frequencies to describe the scale and categorical data and description of the study subjects' characteristics, respectively. - Statistical analysis tests, which included: Chi square, T test and One way ANOVA (F-ratio test).

Results:

Table 1 indicates that the majority of public health professionals participating in the current study (37.8%) were between the ages of 30 and 40. Regarding the gender of public health professionals , it was found that the majority were female (83.4%) and that nearly one third of them (26.8%) had completed secondary technical nursing school. Furthermore, the majority of public health professionals (24.2 %) had more than 20 years of experience, . Furthermore, most public health professionals (41.2%) have between 15 and 20 years of experience. Furthermore, 89.1% of public health professionals work more than or equal to 36 hours per week.

Table 1: Frequency distribution of public health professionals according to Socio demographic data

		Frequency	Percent 100.0
Sex	Female	196	83.4
	Male	39	16.6
Marital Status	Single	60	25.5
	Married	159	67.7
	Widow	10	4.3
	Divorced	6	2.6
Level of education	Secondary school	61	26.0

	Technical institute	79	33.6
	Bscs	94	40.0
	Master	1	.4
Current working units	Emergency	21	8.9
	ICU	112	47.7
	Endoscopy	14	6.0
	Renal dialysis	21	8.9
	In patients/words	67	28.5
Age	20<25	32	13.6
	25<30	58	24.7
	30<35	48	20.4
	35<40	41	17.4
	40<45	22	9.4
	45<50	13	5.5
	More than 50	21	8.9
Years of experience in nursing	Less than 5 years	75	31.9
	5≤10	42	17.9
	11≤15	31	13.2
	16≤20	29	12.3
	More than 20 year	58	24.7
Mean ±SD = 7.02±6.01			
Experience in the unit	Less than 5 years	130	55.3
	5≤10	54	23.0
	11≤15	26	11.1
	16≤20	13	5.5
	More than 20 year	12	5.1
Mean± SD = 13.30±9.79			

It is evident from Table (2) that most public health professionals (72.4%) thought first line health workers supervisors had a high degree of transformational leadership style. Nonetheless, it is evident that 92.1% of respondents thought the health workers manager exhibited a moderate degree of transactional leadership. However, the lowest proportion of public health professionals (80.3%) said that a laissez-faire leadership style was less effective.

Table 2: frequency distribution of levels of leadership styles

Leadership styles	Low		Moderate		High	
	No.	%	No.	%	No.	%
Individualized consideration	6	1.8	69	20.3	265	77.9

Transactional leadership style	0	0.0	313	92.1	27	7.9
Contingent reward	3	0.9	41	12.1	296	87.1
Management by active exception	18	5.3	169	49.7	153	45.0
Management by passive exception	22 0	64. 7	104	30.6	16	4.7
Laissez faire leadership style:	27 3	80. 3	47	13.8	20	5.9

Table 3 indicated that the public health professionals had moderate levels of work engagement and Self-determination (37.45±2.342; 76.45±11.234)respectively. Also they perceived the Self-determination dimension moderately

Items	Min-max	Mean	SD
Work engagement	9-36	37.45	2.342
Access to opportunity	3-15	11.67	1.023
Support	3-15	10.87	0.342
Information	3-15	9.76	0.546
Formal power	3-15	9.65	0.645
Informal power	4-20	15.45	0.456
Global Self-determination	2-10	6.66	1.034
Total Self-determination	21-105	76.45	11.234

There was positive relation between work engagement and structural Self-determination of public health professional (r=.543(001)$^{**.}$. Moreover Laissez faire styles were negatively correlated with each of work engagement and Self-determination (-0.478 (0.003**); -0.711 (0.002) **) respectively. In addition, transformational leadership of clinical managers were positively related to work engagement and Self-determination (.596 (0.004); 0.475 (0.004) respectively

Table (4 relation between leadership style, structural Self-determination and work engagement in public health facilities .

	Transformational Style	Transactional Style	Laissez faire Style	Work engagement	Structural Self-determination
Transformational Style	1				
Transactional Style	0.192 (0.000)	1			
Laissez faire Style	0.761 (0.003)	0.213(0.000*)	1		
Work engagement	.596 (0.004)	0.129(007)	-0.478 (0.003)	1	
Structural Self-determination	0.475 (0.004)	0.384(0.192)	-0.711 (0.002)	.543(001)	1

Discussion:

The success and accomplishment of any healthcare organization are greatly dependent on the nursing staff. Health workers supervisors must thus value the work that public health professionals do, give them chances to develop, and attend to their comfort (Alam & Muhammad, 2010). In order to create a safe, effective, and creative nursing environment that boosts public health professionals ' engagement and job satisfaction, Self-determination is an essential organizational strategy.

The results of this survey showed that most public health professionals thought their leaders had a higher degree of transformational leadership. This may have to do with the transformational leader's future vision, pursuit of change, development of each collaborator's potential, acceptance of obstacles, and intrinsic moral and values that drive their decisions independent of peer, organizational, or societal influences. The results of this investigation were in line with those of Al-Yami et al. (2018).

According to Asif et al. (2019), the results of this study also showed that first-line health workers managers' transformational leadership style significantly increased public health professionals ' job engagement and had a favorable, high association with staff public health professionals ' structural Self-determination . This research aligns with the findings of Laschinger et al. (2014) regarding the transformational leadership style of first-line health workers managers, which demonstrated that supportive and empowering leadership styles are important in enhancing staff public health professionals ' structural Self-determination , as are transformational and transactional leadership styles.

However, the current study's results somewhat contradicted those of Phillips et al. (2018), who found that only leaders who aligned with transformational leadership had a positive effect on staff public health professionals ' structural Self-determination . Phillips' study found that both transformational and transactional leaders had a positive effect on staff public health professionals ' structural Self-determination , while laissez-faire leaders with subpar management abilities had a negative effect. The work engagement of public health professionals and transactional leadership style. Additionally, a statistically significant negative low association was found between staff public health professionals ' work engagement and laissez-faire leadership style.

The study's findings conflict with those of Khan et al. (2018), who found a moderate correlation between staff public health professionals ' structural Self-determination and health workers supervisors' transformational leadership behaviors. To a lesser extent, staff public health professionals ' structural Self-determination was associated with transactional leadership behaviors.

The results of this study showed that transformational style and overall outcomes had a substantial positive high connection, while transactional style and overall outcomes had a significant positive low correlation. Additionally, there was a moderately significant negative association between overall results and a laissez-faire approach. Avolio and Yammarino (2013) provided support for this study by demonstrating that transformational leaders improve the outcomes of staff public health professionals . Higher levels of organizational commitment result from transformational leaders encouraging public health professionals to devote more time to their work (Chai et al., 2017).

As the study shows that there was a statistically significant relationship between public health professionals ' demographic characteristics like age, working unit, and years of experience, these

factors have a significant impact on how public health professionals perceive transformational leadership style and its related dimensions. A study by Suratno (2018) corroborated the findings, elucidating that public health professionals ' perceptions of transformational leadership style are contingent upon their age, gender, and years of experience.

Additionally, certain demographic traits—such as working unit, years of experience, and working hours—have an impact on how public health professionals perceive the transactional leadership style of first-line health workers managers. This was corroborated by research by Bajaj et al. (2018) and Wang et al. (2016), which found that an increase in an individual's sense of accomplishment and autonomy was the reason behind their increased motivation at work.

Additionally, public health professionals ' perceptions of a laissez-faire leadership style are not influenced by certain demographic variables, with the exception of years of experience. This was corroborated by Breevaart and Zacher (2019) and Duwayri (2019), who claimed that public health professionals ' perceptions of laissez-faire are unaffected by demographic factors because they lack support, confidence in their leaders' comments, and staff performance review.

Perceiving structural Self-determination is also influenced by some demographic traits, such as age, gender, working unit, and years of experience. Spence Laschinger et al. (2012) provided support for this, demonstrating that public health professionals benefit from structural Self-determination through supportive work environments, favorable demographics, and an effective leadership style.

Additionally, there was a statistically significant correlation between public health professionals ' demographic traits—such as age, gender, working unit, and years of experience—and their level of job engagement. This was corroborated by Bakker and Schaufeli (2008), who found that motivated workers typically feel happier and have more positive thoughts about their jobs.

In conclusion:

Health professionals in this study were moderately engaged at work. To increase employee engagement, healthcare facilities should strengthen their cultures of peer support, role clarity, reward, resilience, self-efficacy, and optimism. To assess the connection between health professionals' work engagement and cognitive demand, future researchers will conduct additional research. The structural Self-determination and work engagement of public health professionals are positively impacted by first-line health workers managers' transformational leadership style.

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