Research Article

Reflective and Interactive Coaching Huddles in Building Engaging Workplace

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Abstract

The professional image of nurses is one of the most important elements in building their professional character, which keeps them confident and ready to face whatever challenges they meet. It is their enriching capacity to care that makes them significant in the lives of the patients, while ensuring comfort and complete recuperation from their unbalanced physiologic state of being. In the study of Bridges, Nicholson [1] optimization of organizational conditions supports nurses in their relationship with patients. There is a need to establish a culture of professional-patient relationship, which is vital in guaranteeing expected clinical outcome. Managers on the other hand, have to be relatively involved in monitoring their nurses.

Introduction

The professional image of nurses is one of the most important elements in building their professional character, which keeps them confident and ready to face whatever challenges they meet. It is their enriching capacity to care that makes them significant in the lives of the patients, while ensuring comfort and complete recuperation from their unbalanced physiologic state of being. In the study of Bridges, Nicholson [1] optimization of organizational conditions supports nurses in their relationship with patients. There is a need to establish a culture of professional-patient relationship, which is vital in guaranteeing expected clinical outcome. Managers on the other hand, have to be relatively involved in monitoring their nurses that would give emphasis to peer support and authentic supervision. Stressed that a 'good' clinical learning environment is dependent on the management style of the ward manager and the premises of nursing on the ward. This only depict that in order to improve business, we have to always think about the welfare of our people, who are working very hard to sustain development [2].

The research locale is San Juan de Dios Educational Foundation Inc. (Hospital), formerly Hospital de San Juan de Dios, which is considered the oldest private hospital in the Philippines. It traces its origin when the Franciscan Missionaries arrived in the country on June 24, 1578. A fire in 1603 and an earthquake in 1645 drained the Confraternity's resources, which made the founders decide to hand over the management of the hospital to the Brothers of St. John of God. It was then known as Hospital de San Juan de Dios. In August 29, 1866, the Spanish government ordered the transfer of the religious order to Cavite, which was temporarily entrusted to the Council of Inspectors. Later on, the Council turned over the administration of the hospital to the Daughters of Charity of St. Vincent de Paul. This was in conformity with the Royal Order of Queen Isabella II of Spain. In 1913, the School of Nursing was established. In 1952, the Hospital de San Juan de Dios was relocated along Dewey and now Roxas Boulevard. The hospital is a private tertiary hospital with an out-patient service section provided to indigent patients. Thereafter, Hospital de San Juan de Dios became an Educational Foundation in April 17, 1990, which is now called as San Juan de Dios Educational Foundation Inc. -Hospital, or SJDEFI -Hospital.

One of the values of the hospital that relates to work engagement is Co-responsibility, which was found to be a challenging behaviour. Nevertheless, it devotes its context towards developing individual's capability to engage in the organizational activities. There were authors who identified relationships between personal resources and work engagement. It was yielded that self-esteem, self-efficacy, locus of control, and the abilities to perceive and regulate emotions are positive predictors of work engagement [3]. Further, studies by Xantho- poulou**,** Bakker, Demerouti, and Schaufeli [4-7] investigated the roles of the three personal resources (self-efficacy, organizational-based self-esteem, and optimism) in in eliciting work engagement. Findings further revealed that engaged employees are highly self-efficacious; who are positively responding to every demands they encounter even in perplex situations. From this, they feel satisfied and fulfilled as they continuously adhere on whatever challenges they face. Abraham (2012) [8] affirmed that "Job satisfaction is an antecedent to employee engagement".

Employees are emotionally stable and exceptionally perform their jobs, which coincide with factors like benefits, recognition, cooperation, fair treatment, sound company policies, team spirit and performance management system. In fact, Blessing,White (2011) [9] reported that India engagement reached 37% during the year 2010. It was lucid that Indian managers considered factors of job satisfaction such as career development opportunities and training (28%), more opportunities to do what one does best (21%) and more challenging work (15%) as the most important contributors.

It was also interesting to note about the 7 year prospective study conducted by Hakanen, and Schaufeli (2012) [10], which inferred that work engagement and burnout are not directly distinct with each other. Both significantly predicted the general well-being of the person. This could have something to do with those people who are relatively and consistently engaged without knowing that they are already stressed that led them to depression. Some managers may not realize that rest and the opportunity to divert employees' attention to other positively reinforcing activities would also help the staff to revitalize their energies. They have to consider also tapping others not only concentrating to their best talents and extend the trust and confidence especially to those who receives less attention. The 7 year prospective study lucidly contradicted the concepts of work engagement by Leiter and Bakker (2010) [11] who elicited that work engagement should be a positive, fulfilling, affective-motivational state of work-related well-being, which is supposed to be an antidote job burnout. Workers have to be more energized and consistently manifest passion to work that would intrinsically motivate each one. In fact in one of the audits measured engagement as aspects of the workplace by which leaders can take advantage of by identifying actions that would encourage development and conscious recognition of good works (Harter et al., 2002) [12]. In the same line reference, [13] stated that "employee engagement includes facets of work on which leaders can take action", including task and relationship components.

What better serve the above suggestions in promoting workplace engagement is establishing relationships with the people and gain upper hand in extracting self-efficacy from employees. The resounding presence of "coaching' as one of the effective strategies in managing people effectively has been vividly given attention by companies in its relentless drive towards engaging their employees. This was supported in the study facilitated by Evers, Bouwers, and Tomic (2006) [14], who expressed that coaching has become popular among managers, specifically in pushing organizational changes. It was emphasized that leaders should initiate reflection of their emotions, values, and standards to be able to connect with their

employees. In fact in the related research conducted by Baron and Morin (2009) [15] coaching is a commonly managerial method in developing skills of employees, which [16] in previous article employed similar concept by equipping people with enough tools, knowledge, and opportunities the employees need to become effective in their work. Executive coaching according to [17] is the process of teaching relevant skills in the context of personal relationship. Having said so, even old literatures provided homogenize understanding of the recent concepts about the value of coaching in energizing employees' engagement. In a related article, Gregory et al (2008) [18] introduced four elements of executive coaching, which include: one-on-one relationship; monitoring the coachee's performance and other work relevant behaviours; setting goals based on behaviours monitored, and providing feedback throughout the relationship.

The San Juan de Dios Educational Foundation Inc.-Hospital nursing service division has been very passionate of its drive to observe the "no blaming culture", which for them can transform their people and produce similarly proactive leaders whose disposition and plight is to ensure quality and safety clinical care outcomes. Through this culture, punitive approach was discouraged and moved towards involving employees across sections so that efficiency and effectiveness will become the mainstream of the nursing services that they provide. Realizing the Theory X and Y by Douglas Mc Gregor, the Investigator remained steadfast of pushing the X personalities (who are relatively disengaged) to flip to Y who is described to be active and motivated to work. It is in the light of the aforementioned justifications that the Investigator was convinced to look for better management model to be utilized in order to attain employees' workplace engagement. In 2014, the Investigator challenged his Training Coordinator to conceptualized coaching strategies that can be used by the division in guiding not only those who experienced variances in the conduct of their duties, but also used as preventive approach for potential events and a training initiative to ensure workplace engagement. With the desire to execute it immediately, a Guideline (Reflective Coaching) and training module was created and approved, which eventually paved the way for the start of the training among managers and preceptors. The evolution further enhanced the title of the guideline, and re-titled it as Reflective and Interactive Coaching Huddle (RICH). After more than a year, the Investigator was prompted to conduct a study on the impact of RICH in building workplace engagement among the nursing employees. This will be measured with the use of the Accelerated Improvement Metrics, which was developed by the Investigator, and underwent validity and analysis of its internal consistency.
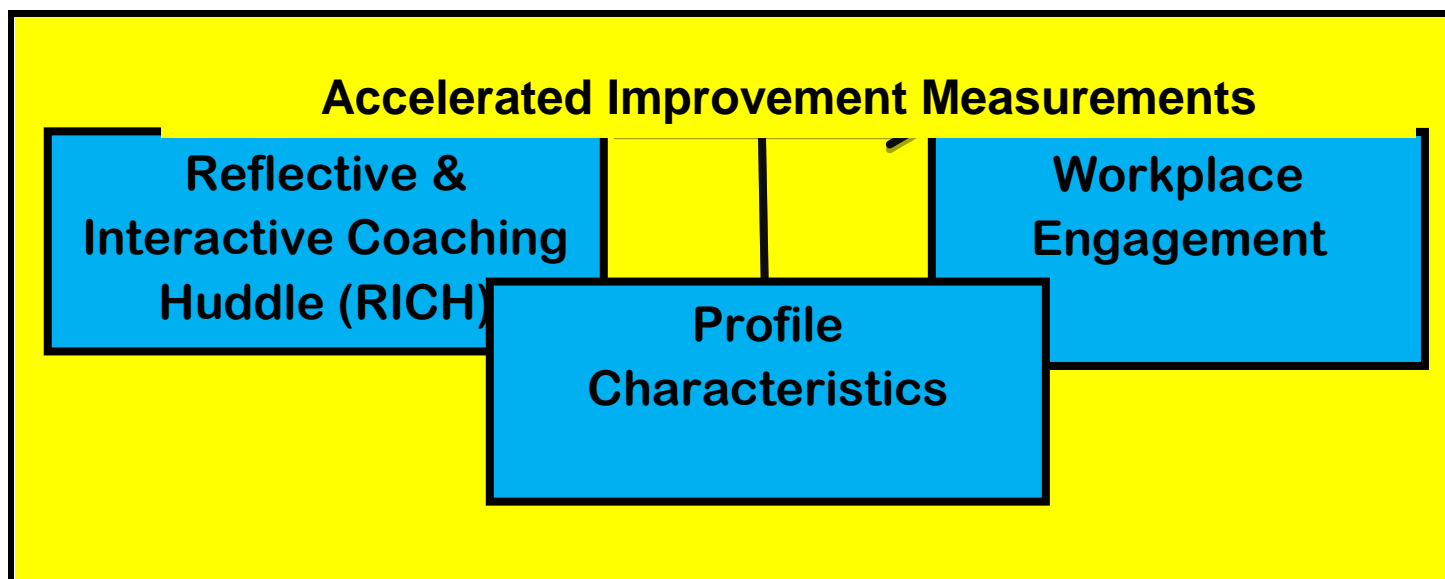
Conceptual Paradigm

Figure 1: Reflective and Interactive Coaching Huddle leading to Workplace Engagement

As indicated in Figure 1, the investigator presented the conceptual basis of the study that covered the integration of the variables, which highlighted the mainstream of the evidence-based practice. The expected dependent variable is for the nurses across positions should manifest workplace engagement, after experiencing either coaching a subordinate or the one being coached, which fall under the independent variable. This was determined utilizing the Accelerated Improvement Metrics (AIM), which is a measure that evaluates extent of achievement to workplace engagement as confined within the following domains: dynamic involvement; inter-disciplinary communication; individual tasks expectations; and acquired leadership roles in various levels of nursing staff.

Capitalizing on the above metrics, the investigator also included the profile characteristics as intervening variables to evaluate variations between and among its identified groups to dig deeper on other potential factors that corroborated the findings that were elicited.

Statement of the Problem

The study determined the impact of the Reflective and Interactive Coaching Huddle (RICH) in building workplace engagement among nursing service employees of San Juan de Dios Educational Foundation Inc- Hospital.

Specifically the study sought answers to the following questions:

- What are the profile characteristics of the nurse managers, charge nurse, and staff nurses in terms of:
- Age,
- Gender,
- Position?
- What is the extent of achievement to work engagement of the participants along the following metrics:
- Dynamic Involvement,
- Inter-disciplinary Communication
- Individual Tasks Expectations
- Acquired Leadership Roles?
- How do these achievements to work engagement metrics significantly differ when grouped according to the participants' profile characteristics?
- Is there a significant difference between and among the metrics of work engagement?

Hypothesis

The following hypotheses were tested at 0.05 level of significance:

- H1. There is significant difference on the extent of achievement to work engagement when grouped according to the participants' profile characteristics.
- H0. There is no significant difference on the extent of achievement to workplace engagement between and among its metrics.

Objectives of the Study

General

The purpose of the study was to determine the significant variations on the achievement to work engagement metrics of the employees of SJDEFI-Hospital after the implementation of the Reflective and Interactive Coaching Huddle.

Specific

- Identify the profile characteristics of the study participants.
- Illustrate the extent of achievement to work engagement of the participants who experienced and facilitated RICH.
- Determine significant differences of the extent of achievement to work engagement when classified according to the profile characteristics of the participants.
- Determine the significant differences on the extent of achievement to work engagement between and among the participants of the study.

Methods

This section presents the research design, the locale, determination of the samples, ethical considerations, and the statistical analysis utilized by the investigator.

The study is a descriptive, evaluative research design, wherein after the implementation of the Reflective and Interactive Coaching Huddle in the Nursing Service Division through the initiative of the Investigator started to assess its relevance to the workplace engagements of the nursing personnel who have been exposed to the said strategy. As indicated in the preliminary introduction, the study was conducted at San Juan de Dios Educational Foundation Inc.-Hospital, which has a 230 bed capacity that is administered by the Daughters of Charity, one of the religious congregations of the Roman Catholic in the Philippines. It takes pride of being accredited by the Integrated Management System by the International Organization for Standardization for almost 14 years.

Based on the following inclusion and exclusion criteria, the investigator was able to qualify subjects: For the inclusion: (1) unit manager, charge nurse, and staff nurses who have experienced Reflective and Interactive Coaching Huddle (RICH) either being a coach of a coachee; (2) has one and a half year of experience in SJDEFI-Hospital. Those who were excluded in the study group are: (1) had never experienced coaching or being coached (either pro-active coaching or corrective coaching); (2) With less than one and a half year of experience in SJDEFI hospital. From the process of selection, the investigator identified and included a total of section/unit manager (21); charge nurse (43); staff nurse (121). The qualified subjects were instructed concepts about the Accelerated Improvement Metrics (AIM), which is an investigator-made questionnaire that measures workplace engagement after being exposed to RICH. The said instrument was based from series of focus group discussions on the expected outcomes of RICH, literature reviews, and expert validations. The said questionnaire was divided according to the following metrics, with its equivalent Alpha level results that measured its internal consistencies: Dynamic Involvement (0.971-0.974); Inter-disciplinary Communication (0.971-0.973); Individual Tasks Expectations (0.972-0.973); and Acquired Leadership Roles (0.971-0.972), which all yielded very high reliability findings.

After the approval was granted by the Institutional Review Board (IRB), the study was facilitated immediately by orienting the identified respondents (who passed the requisite criteria) about the study process and the underlying indicators that improved workplace engagements. Retrieved data were treated statistically utilizing the SPSS software, version 19.0. Comparison of evaluation on the significant variations between and among the three groups of respondents, including differences on the extent of achievement to workplace engagement when classified according to the profile of the respondents were taken that illustrated the value of RICH as an approach in strengthening engagement of nurses in the workplace. Depicted below are the scale, mean ranges, and the corresponding verbal interpretations of the descriptive data based on the extent of achievement to workplace engagement.

Scale	Mean Range	Verbal Interpretations
4	3.28-4.00	Very high extent of achievement to workplace engagement
3	2.52-3.27	High extent of achievement to workplace engagement
2	1.76-2. 51	Moderate extent of achievement to workplace engagement
1	1.00-1.75	Low extent of achievement to workplace engagement.

For the study's ethical considerations, the investigator facilitated the informed consent signing with due diligence to the observance of beneficence and non-maleficence; respect for human dignity that adhered to right to self-determination, right to full disclosure of the study, anonymity and confidentiality; and honesty and accuracy in the collection of data.

Results

After treating the data utilizing statistical analyses, the investigator was able to come up findings that yielded results as answers to the sub-problems raise in the introduction following the strategies and techniques in the methods. The following areas were the highlights that enabled the

investigator to identify features of the treated data. These included the following: profile characteristics, distribution on the extent of achievement to workplace engagement, significant differences in the extent of workplace engagement when classified according to the profiles of the participants, and the significant differences between the domains of the accelerated improvement metrics that measured workplace engagement.

Profile	Frequency	Percentage
Age 21-25 years	80	43.7
26- 30 years	63	34.4
31-40 years	31	16.9
40 years & Above	9	4.9
Total	183	100
Gender Male	49	26.8
Female	134	73.2
Total	183	100
Position Section/Unit Manager	20	10.9
Charge Nurse	42	23.0
Staff Nurse	121	66.1
Total	183	100

Table 1: Frequency and Percentage Distribution of the Profile Characteristics of the Participants.

Table 2: Mean Distribution of the Extent of Achievement to Workplace Engagement in terms of Dynamic Involvement.

Indicators	Section/Unit Managers			Charge Nurse			Staff Nurse			Average
	Std Dev.	Mean	Int.	Std Dev.	Mean	Int.	Std Dev.	Mean	Int.	
Showed enthusiastic drive in involving self to various tasks and delegated responsibilities.	0.48	3.65	VHEA	0.62	3.38	VHEA	0.56	3.23	HEA	3.42
Offers suggestions and/or recommendation/s to improve services	0.44	3.75	VHEA	0.58	3.38	VHEA	0.60	3.19	HEA	3.44
Finds meaning to the essence of his/her tasks through display of his/her initiatives during work.	0.48	3.65	VHEA	0.65	3.33	VHEA	0.59	3.27	HEA	3.41
Participates actively in any of the unit, section, division, or institutional events that promote character building. (e.g. Circle, Cluster, Unit Meetings, BEC, Retreat/Recollections etc.)	0.48	3.65	VHEA	0.63	3.50	VHEA	0.64	3.29	VHEA	3.48
As a manifestation of his/her formative learning from such activities, he/she performs as expected.	0.58	3.60	VHEA	0.62	3.40	VHEA	0.60	3.24	HEA	3.41
General Weighted Mean		3.66			3.39			3.24		3.43

Indicators	Section/Unit Managers			Charge Nurse			Staff Nurse			Average
	Std Dev.	Mean	Int.	Std Dev.	Mean	Int.	Std Dev.	Mean	Int.	
Value the importance of effective communication in achieving the desired objectives.	0.41	3.80	VHEA	0.67	3.21	HEA	0.63	3.36	VHEA	3.45
Shows professional assertiveness in dealing with people (e.g.co-workers, doctors, other paramedical staff) within and across divisions.	0.58	3.65	VHEA	0.65	3.39	VHEA	0.61	3.31	VHEA	3.45
Display positive disposition in sharing views and opinions.	0.58	3.65	VHEA	0.69	3.13	HEA	0.56	3.30	VHEA	3.36
Courteously clarify information if not clear.	0.41	3.80	VHEA	0.68	3.26	HEA	0.61	3.34	VHEA	3.46
Demonstrate respect between and among co-workers regardless of positions in the hierarchy.	0.44	3.75	VHEA	0.66	3.52	VHEA	0.59	3.33	VHEA	3.52
Consistently follow channels of communication to avoid overlapping in delivering concerns.	0.41	3.80	VHEA	0.83	3.34	VHEA	0.60	3.30	VHEA	3.48
Provide relevant information needed by external customers (e.g. visitors, relatives, and significant others)	0.41	3.80	VHEA	0.76	3.30	VHEA	0.60	3.31	VHEA	3.47
Value the importance of documentation by ensuring its substance, accuracy and completeness.	0.44	3.75	VHEA	0.73	3.21	HEA	0.60	3.32	VHEA	3.42
General Weighted Mean		3.75			3.29			3.32		3.45

Legend: 4.0-3.28 Very High Excellent of Achievement (VHEA); 3.27-2.52 High Excellent of Achievement (HEV); 2.51-1.76 Moderate Excellent of Achievement (MEA); 1.75-1.0 Low Excellent of Achievement (LEA).

Table 3: Mean Distribution of the Extent of Achievement to Workplace Engagement in terms of Inter-Disciplinary Communication.

Indicators	Section/Unit Managers			Charge Nurse			Staff Nurse			Average
	Std Dev.	Mean	Int.	Std Dev.	Mean	Int.	Std Dev.	Mean	Int.	
Demonstrate quick and precise movements to avoid unnecessary wastes.	0.47	3.70	VHEA	0.61	3.26	HEA	0.60	3.32	VHEA	3.42
Consciously observe/follow standards that eliminate potential variances.	0.50	3.60	VHEA	0.59	3.47	VHEA	0.60	3.36	VHEA	3.47
Critically thinks and anticipates events, which allows him/her to prepare relevant plans.	0.50	3.60	VHEA	0.75	3.26	HEA	0.60	3.32	VHEA	3.39
Execute plans as desired, without wasting time.	0.51	3.50	VHEA	0.65	3.39	VHEA	0.64	3.14	HEA	3.34
Logically decides best options and priority tasks ahead.	0.51	3.55	VHEA	0.75	3.26	HEA	0.63	3.31	VHEA	3.37
Value the importance of outcomes and results through monitoring and evaluation.	0.44	3.75	VHEA	0.66	3.43	VHEA	0.61	3.36	VHEA	3.51
Asserts in-depth review and analyze unsuccessful options. (e.g. Huddles, expressing opinions during meetings, SBAR, NCR, Fishbone reports etc)	0.50	3.60	VHEA	0.70	3.04	HEA	0.64	3.17	HEA	3.27
After reviewing unsuccessful options, provide new set of strategies to reinforce ineffective actions.	0.48	3.65	VHEA	0.55	3.30	VHEA	0.63	3.28	VHEA	3.41
Technically adept to the programs of the institution. (Safe Practice of Nursing; occupational safety; environmental safety; etc.)	0.48	3.65	VHEA	0.63	3.30	VHEA	0.60	3.32	VHEA	3.42
General Weighted Mean		3.62			**3.30**			**3.28**		**3.4**

Legend: 4.0-3.28 Very High Excellent of Achievement (VHEA); 3.27-2.52 High Excellent of Achievement (HEV); 2.51-1.76 Moderate Excellent of Achievement (MEA); 1.75-1.0 Low Excellent of Achievement (LEA).

Table 4: Mean Distribution of the Extent of Achievement to Workplace Engagement in terms of Individual Tasks Expectations.

Legend: 4.0-3.28 Very High Excellent of Achievement (VHEA); 3.27-2.52 High Excellent of Achievement (HEV); 2.51-1.76 Moderate Excellent of Achievement (MEA); 1.75-1.0 Low Excellent of Achievement (LEA).

Indicators	Section/Unit Managers			Charge Nurse			Staff Nurse			Average
	Std Dev.	Mean	Int.	Std Dev.	Mean	Int.	Std Dev.	Mean	Int.	
Express that Leadership is not all about position, but the capacity of the one to influence others to one direction (Vision/Mission)	0.44	3.75	VHEA	0.66	3.47	VHEA	0.59	3.32	VHEA	3.51
Relatively ready to assume leadership role in any given situation. (e.g. Acting as Nurse-in-Charge; Small Team activities; delegated tasks; representative of unit, section, division, committee participation etc.)	0.41	3.80	VHEA	0.72	3.39	VHEA	0.60	3.21	HEA	3.46
Show attributes of a leader through his/her actions and disposition.	0.48	3.65	VHEA	0.82	3.30	VHEA	0.62	3.19	HEA	3.38
Collaborate independently and/or interdependently to ensure harmony in the execution of processes.	0.41	3.80	VHEA	0.58	3.43	VHEA	0.60	3.24	HEA	3.49
Proactively listen to others' opinion and suggestions to improve services.	0.44	3.75	VHEA	0.58	3.39	VHEA	0.57	3.20	HEA	3.44
Motivate others pursuant to the achievement of the unit, section, division, and institutional goals, and objectives. (e.g. zero medication and procedural variances, OTPs' achievements; other KPIs' etc)	0.44	3.75	VHEA	0.61	3.26	VHEA	0.65	3.19	HEA	3.4
Act as model to others by equally showing adherence to the agreed plans and programs of the institution.	0.47	3.70	VHEA	0.65	3.39	VHEA	0.62	3.28	HEA	3.45
General Weighted Mean		**3.74**			**3.37**			**3.23**		**3.44**

Table 5: Mean Distribution of the Extent of Achievement to Workplace Engagement in terms of Acquired Leadership Roles.

Legend: 4.0-3.28 Very High Excellent of Achievement (VHEA); 3.27-2.52 High Excellent of Achievement (HEV); 2.51-1.76 Moderate Excellent of Achievement (MEA); 1.75-1.0 Low Excellent of Achievement (LEA).

Variables	Age			Gender			Position		
	F/Z	Sig	Int.	F/Z	Sig	Int.	F/Z	Sig	Int.
Dynamic Involvement	2.31	0.07	NS	-0.07	0.94	NS	2	0.00	S
Inter-Disciplinary Communication	3.14	0.02	S	-0.08	0.93	NS	2	0.00	S
Individual Task Expectations	1.01	0.38	NS	-0.48	0.62	NS	2	0.01	S
Acquired Leadership Roles	3.68	0.01	S	-0.87	0.38	NS	2	0.00	S

Table 6: Significant Difference on the Extent of Achievement to Work Engagement when grouped according to the Participants' Profile Characteristics.

Legend: 0.05 < Significant (S) and 0.05 is > Not Significant (NS).

	Variables	Sig	Int.
Dynamic Involvement	Staff Nurse Charge Nurse	0.25	N.S
	Nurse Managers	0.00	S
	Charge Nurse Managers	0.17	N.S
Inter-Disciplinary Communication	Staff Nurse Charge Nurse	0.60	N.S
	Nurse Managers	0.00	S
	Charge Nurse Managers	0.05	N.S
Individual Tasks Expectations	Staff Nurse Charge Nurse	0.75	N.S
	Nurse Managers	0.03	S
	Charge Nurse Managers	0.17	N.S
Acquired Leadership Roles	Staff Nurse Charge Nurse	0.06	N.S
	Nurse Managers	0.00	S
	Charge Nurse Managers	0.10	N.S

Table 7: Significant Difference on the Extent of Achievement to Workplace Engagement between and among Positions.

Variables	F	Sig	Interpretation
Dynamic Involvement			
Inter-Disciplinary Communication			
Individual Task Expectations	0.53	0.65	Not Significant
Acquired Leadership Roles			

Table 8: Significant Difference on the Extent of Achievement to Workplace Engagement between and among its Metrics.

Discussions

Under this section, the investigator outlined the major and the minor findings, which were analysed and interpreted in accordance to the critical results that were elicited.

As expected in the profile characteristics in the aspect of age, the investigator revealed that the highest number of participants came from 21-25 years (n=80) with 43.7%; followed by 25-30 years (n=63) with 34.4 %; while the lowest was 40 years and above (n=9) with only 4.9%. This clearly indicated young group of nurses who are exposed to various clinical situations that challenged their capacity to withstand pressures of work just to attain their desired patient care outcomes. Though they can be presumed as young and energetic considering their physical strength, but there are instances that their other social activities are adding to what seem to be a usual challenge for a nurse to have during work. This could lead them to burnout due to multiple exposures to activities that can directly affect their well-being. While it is true that their physiologic capacity can dynamically compensate, but once they reach their saturation point, they might end up experiencing stress, which could further affect their performance and engagement. Though not really directly connecting young nurses, the prospective study conducted by Hakanen, and Schaufeli (2012) [19], could somehow cover above revelations as one of the potential factors, which can be associated to the concluded result that both workplace engagement and burnout significantly predicted the general well-being of the person.

Similarly depicting expected finding was the distribution of gender, where female comprised the majority of the respondents (n=134) 73.2%; while male (n=49), with only 26.8%. As to the positions, most of the respondents (n=121), 66.1% were from the staff nurses' group, followed by the charge nurses (n=42), 23%, and the lowest came from the nurse managers (n=20), 10.8 %. All were qualified based on their participations to the Reflective and Interactive Coaching Huddles, which were experienced in our current system.

Illustrated in the overall results of the descriptive means that covered all the domains of the Accelerated Improvement Metrics (AIM), which measured the workplace engagements of the nurses across positions, data yielded high extent of achievement (n=3.23) to very high extent of achievement (n=3.75). This lucidly manifesting that despite variations between the evaluation of the staff nurses and nurse managers on the extent of achievement to workplace engagement after experience the Reflective and Interactive Coaching Huddles (RICH), everyone (staff and charge nurses, including the nurse managers) expressed that the intervention contributed to their active involvement to work. Notably, indicators that obtained the high ratings included: *participation in institutional events (x=3.48); following consistently communication channels (x=3.48); respect between and among co-workers (x=3.52); value the importance of outcomes and results through monitoring and evaluation (x=3.51); and expression that Leadership is not all about position, but the capacity of the one*

to influence others to one direction (x=3.51). In context participation in institutional events would allow employees to connect to other members of the other departments not only within their respective zones. This further elevate respect between and among co-workers that give less barrier to leadership positions, which will refocus everyone on the importance of outcomes and results in raising customers' satisfaction both internal and external. Such collaborative linkage can make a difference in preparing and empowering employees in contributing critical suggestions and recommendations to improve services. In empowering employees, [20] targeted leaders' responsibility to reflect on their emotions, values, and standards in connecting with their subordinates. [8] On the other note, affirmed job satisfaction by stating that employees should be emotionally stable, which coincide with their benefits, cooperation, fair treatment, sound company policies, team spirit and performance management system.

Aside from descriptive inquiry, the investigator also sought significant variations on the extent of achievement to workplace engagement, when classified according to the profile characteristics. In age category, there was a significant variation between noted in the aspect of inter-disciplinary communication. Those who belonged to 21-25 years old and those in 41 years and above group revealed the widest distinction in the category of inter-disciplinary communication. Meanwhile, in terms of position, all domains illustrated significant results, with all P<0.01-0.05 level. This can be attributed to the generational gaps underlying positions that differentiate their perspectives over the introduction of the said coaching encounter. However, despite significant variations, the investigator still needed to consider Post hoc evaluation in order to reveal variations between and among subjects in particular. As anticipated, all the domains showed significant differences specifically between the staff nurses and the nurse managers on the extent of achievement to workplace engagement. Like what was earlier presented the generational gaps between the two can better explain how each one perceived the intervention. The locus of responsibilities in each of the two positions may differ greatly on the maturity level of some of the staff nurses. It may be viewed though that indications of appreciation were reflected in the ratings given by the staff nurses, which ranged from high to very high that obviously exhibited satisfaction to the extended arms provided by the managers to them, by way of establishing connections and relationship. This was vividly capitalized in the wisdom of [21] who stressed that the management style of the ward manager and the premises of nursing can make a good account to the staff's learning environment. Moreover, such link further enhance positive outlook for both the coach and the couchee, whose two dimensional interactions can address emotional disturbance and positional interference that can only affect proactive participation, support and cooperation of the staff, which would make it harder for the managers to seamlessly execute their programs. The mere presence of the managers beside the staff (who most of the time looked at them as high and mighty), would somehow reverse their notion and build

their confidence because they may feel that they are trusted and will become motivated to accomplish their day to day challenge.

Lastly, as to the difference between and among the metrics of AIM that measures the extent of achievement to workplace engagement, showed $P > 0.05$ level of significance. Meaning, the amount of weight given to the metrics, yielded insignificant variations that only connote consistency on the weight, or their perspective to each of the domain of AIM. This only affirm their common understanding to all of the indicators, which will be easier for the nurse managers to implement actions due to the active involvement of not only those in leadership, but those who are working together to achieve their tasks on hand. The domains of the metrics is supported by the elements of executive coaching by Gregory, who valued one-on-one relationship/inter-disciplinary communication; monitoring performance of coaches/ dynamic involvement; setting goals based on behaviours/individual tasks expectations; and providing feedback throughout the relationship, which is initiated if you have the acquired leadership role. The common understanding to all of the domains of the metrics can offer opportunity for the division of nursing to implement more sensible programs that can escalate the standards of practice that would eventually benefit the customers they are serving.

Conclusions

- After realizing the findings elicited from the study, the following conclusions were drawn:
- Most of the respondents were from 21-25 years of age, while the lowest came from those who belong to 41 and above years. On the other hand, female nurses as expected dominated the number of participants.
- Extent of workplace engagement was evidently observed by nurses across positions, which rated the RICH initiative from high extent to very high extent of achievement.
- There were significant variations on the extent of achievement to workplace engagement when classified according to positions and between the age group and inter-disciplinary communication.
- Significant variations also were seen between the evaluation of the staff nurses and nurse managers on the extent of achievement to workplace engagement, while no variations between staff nurses and charge nurses, and charge nurses and nurse managers. Despite the variations yielded between the nurse managers and the staff nurses, still both showed high to very high acceptance to the RICH program.
- There was no significant difference between and among the domains of the Accelerated Improvement metrics.

Recommendations

- Based from the above conclusions, the following recommendations are offered:
- Continue the implementation of the Reflective and Interactive Coaching Huddle to the Nursing service Division.
- Propose inclusion of such to the other divisions of the hospital.
- Consider blending understanding of both the nurse managers and staff nurses to the concepts of RICH and its connection to workplace engagement through division wide campaign on "no blaming culture" during Team meetings that can include Focus Group Discussions.
- As to the variation between age groups along the interdisciplinary communication, binding generational gaps scheme should be created through a training module capitalizing on "reflecting generational limitations".
- Consider devising a recognition criteria for the" most engaged team and nurse" across units and positions.

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