



Closing the RN Engagement Gap

Which Drivers of Engagement Matter?

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Objective: This study focused on the relationship between RNs' perceptions of drivers of engagement and their workplace engagement.

Background: In multiple studies, mostly not in health-care, researchers found that employees engaged in their work are in the minority. This phenomenon is referred to as the *engagement gap*.

Methods: Drivers of engagement and levels of nurse engagement were measured among 510 RNs from a large urban academic university center.

Results: The greatest difference between engaged and not-engaged nurses was in the manager action index; the smallest difference was in the salary and benefits index. The passion-for-nursing index was the only significant driver related to RN levels of engagement when controlling for all the other drivers.

Conclusion: Nurse managers play a critical role in promoting employee engagement. The nurses' passion for nursing is an important dimension of engagement. Salary and benefits were not primary drivers in employee engagement.

Organizations with higher employee engagement levels enjoy wide-ranging benefits including better

employee retention, improved customer satisfaction, higher total shareholder returns, and overall business success.¹⁻⁶ Despite the benefits of an engagement workforce, studies across industries reported that employees who are engaged with their work are in the minority,¹⁻⁵ creating what is termed an *engagement gap*.^{7,8}

In the Development Dimensions International engagement database of 30,000 employees across 200 organizations, only 19% of employees were highly engaged.⁵ A study by Towers Perrin⁴ found less than optimistic results, with just 17% of more than 35,000 employees surveyed found to be highly engaged. There has been limited research on engagement in the academic literature⁹⁻¹² as well as a dearth of research regarding perceived drivers of engagement and nurse engagement among RNs.

The Nursing Executive Center (NEC) of the Advisory Board Company conducted one of the few studies focused solely on RN engagement. Researchers from NEC surveyed more than 4,000 hospital-based nurses in the United States and found that 26% were engaged, 43% were content overall, 22% were ambivalent, and 9% were disengaged. In addition, the investigators reported that even the very best hospitals, which totaled 19, had room to improve performance with engagement.¹ In defining engagement, the NEC stated that "an engaged nurse should be inspired by his/her hospital, willing to invest discretionary effort, likely to recommend employer, and planning to remain with the hospital for the foreseeable future."^{1(p15)}

Drivers of Engagement

The NEC researchers¹ followed the systematic process of isolating factors that would likely influence

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Table 1. Attributes/Drivers of Engagement

AI	This driver refers to how well the nurse understands the hospital's goals and direction, perceives his/her level of independence, and recognizes how his/her individual contribution impacts patient care.
MA	This driver refers to the degree to which the nurse values the specific efforts made by his/her direct manager and the manager is open and responsive to staff nurse input.
NNT	This driver recognizes the significance of team influence and collaboration that nonnurse colleagues have.
NST	This driver recognizes the significance of team influence and collaboration that nurse colleagues have.
PG	This driver refers to the degree to which the nurse feels that there are opportunities for career growth and development.
RE	This driver recognizes and celebrates the significance of contributions that a nurse makes to the workplace.
SB	This driver refers to the degree to which the nurse perceives that his/her salary is competitive and that benefits package meets his/her needs.
PN	This driver refers to the satisfaction derived from day-to-day responsibilities of the nurse's job and the degree of self-esteem that a nurse derives from being a nurse.
WE	This driver refers to the degree to which the nurse feels that healthy working conditions are provided.

engagement. At the onset, their study yielded 150 variables; the list was then narrowed to 60. The instrument was administered to more than 4,000 respondents from various hospitals nationwide. Using multivariate regression, researchers identified the 10 most important workplace attributes influencing engagement: (a) My manager is an effective advocate for staff nurses, (b) I believe in my hospital's mission, (c) My hospital effectively selects and implements new technologies to support nursing, (d) I have experienced significant professional growth over the past year, (e) My hospital's chief nursing officer is a visible advocate for nursing, (f) My hospital's administration acts in accordance with its stated mission and values, (g) I receive positive recognition for providing excellent care, (h) I am proud to be a nurse, (i) I typically have enough time to spend with my patients, and (j) Hospital administration respects the contribution of nursing. In a conversation with J. Knight (oral communication, October 23, 2007), a confirmatory factor analysis was conducted and found 9 discrete attributes or drivers of engagement (Table 1).

Conceptual Framework

The conceptual model (Figure 1) assumes that the drivers of engagement are highly dependent on 3 prevailing psychological conditions, meaningfulness, safety, and availability. Much of the research done by Kahn¹³ and May et al¹⁴ found that all 3 psychological conditions had significant positive relations with engagement, with meaningfulness having the strongest relationship. Therefore, it is assumed that if any of these 3 pillars are affected, the drivers of engagement will diminish. Likewise, engagement drivers are the levers that organizations can use to build a more engaging work environment.⁵ Furthermore, Kahn's model¹³ and social exchange theory¹⁴ explain the varying degrees of engagement in organizations.

Research Questions

The purpose of the present study was to investigate the relationship between the RNs' perceptions of the presence of drivers of engagement and nurse engagement. The research questions were as follows: (a) what are the RNs' levels of engagement at the research site? And (b) what are the relationships between RN engagement and each driver of engagement (autonomy and input [AI], manager action [MA], nurse staff teamwork [NST], nonnurse teamwork [NNT], personal growth [PG], recognition [RE], salary and benefits [SB], passion for nursing [PN], and work environment [WE])?

Methods

Study Variables

The independent variables in this study were RNs' perceptions of the presence of 9 drivers of nurse engagement in the workplace. RN engagement was the dependent variable. The drivers of engagement were operationally defined as the subscale index

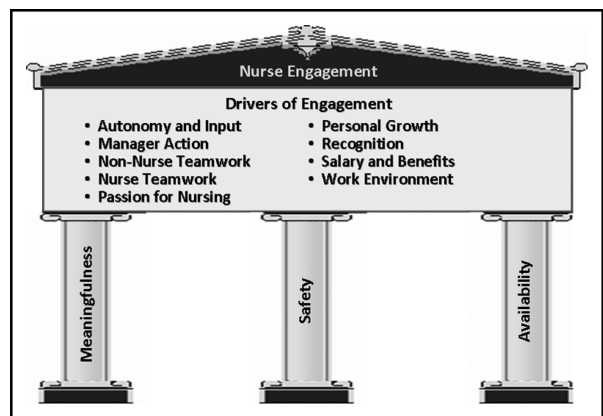


Figure 1. Conceptual framework of drivers of engagement and engagement.

scores in the nurse engagement survey (NES). Item scores for each subscale were added, and an item mean was calculated to create a subscale index score. There was no total score for the instrument. RN engagement was operationally defined as the average engagement index score in the NES.

Instrument

The NES was administered electronically, included 64 questions, and was completed in 10 minutes or less. The NES has 3 sections: 11 demographic questions, 49 questions regarding the presence of drivers of nurse engagement in the workplace, and 4 questions regarding RN engagement. Responses for 53 questions (drivers of nurse engagement and RN engagement) are on a 6-point Likert scale, with scoring as follows: 1 = strongly disagree, 2 = disagree, 3 = tend to disagree, 4 = tend to agree, 5 = agree, and 6 = strongly agree.

Nurse engagement was measured as being inspired by one's workplace, willingness to invest discretionary effort to help the organization succeed, likelihood to recommend one's employer to others, and planning to work with the organization 3 years from now.¹ These 4 items are summed, and an item mean is calculated to create a nurse engagement index score. Four levels of nurse engagement are as follows: engaged, content, ambivalent, and disengaged. To be considered engaged, respondents must answer "strongly agree" to at least 2 of the 4 nurse engagement items listed above, and no less than agree to any item.

Cronbach α coefficients were calculated to determine the reliability of measure from the data that were collected in this study. Cronbach α values were .84 for the nurse engagement scale and .97 for the drivers of engagement scale, indicating good internal consistencies.

Procedure

The investigator obtained institutional review board approvals for conducting the study. An e-mail was

sent out to all RNs in the hospital informing them about the upcoming survey study. The e-mail had a hyperlink to the Nurse Engagement Survey provided by the NEC Advisory Board. A follow-up reminder e-mail was sent to all RNs 2 weeks prior to the survey deadline. Respondents were informed that participation was voluntary and no individual responses were identified. All information collected in this study was anonymous, and refusal to participate would not affect their employment. Informed consent was inferred if the Web-based survey was submitted electronically by the participant.

Results

The sample was drawn from a large urban university hospital on the East Coast. Of the 1,592 RNs eligible to participate, 510 RNs participated, for a response rate of 32%. Inclusion criteria were all staff RNs regardless of employment status, age, race, sex, shifts, education, or clinical units. Administrators, directors of nursing, patient care directors/nurse managers, and nursing supervisors were excluded (see Table, Supplemental Digital Content 1, for sample characteristics, <http://links.lww.com/JONA/A51>).

Research Question 1: What Are the RNs' Levels of Engagement?

Participant engagement levels were as follows: 31% engaged, 46% content, 17% ambivalent, and 6% disengaged. Results are displayed in Figure 2. According to the NEC Advisory Board, scores above the depicted bar exceed the 50th percentile benchmark line, indicating that the nurses at this hospital had a higher average score than the majority of respondents who comprised the benchmark score. Scores below the 50th percentile benchmark line indicate that the hospital has a lower average score than the majority of respondents from the benchmark. Data indicate that study participants who were in the engaged level reflect the 75th percentile compared with the benchmark.

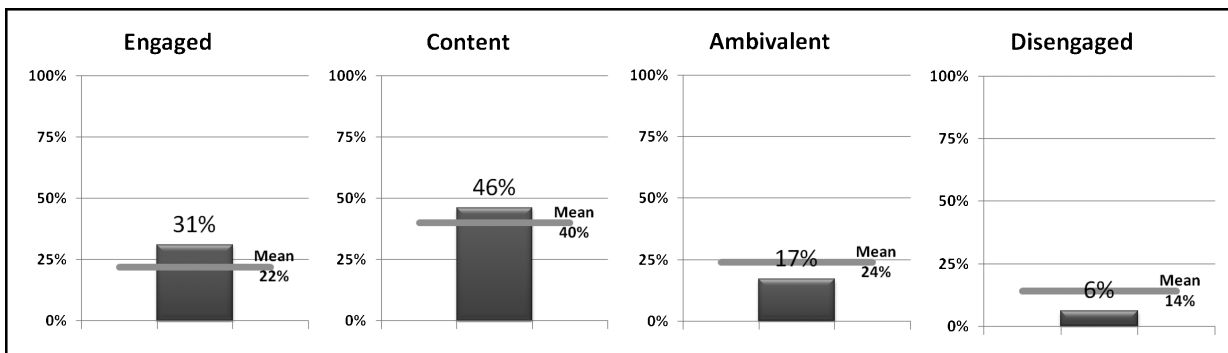


Figure 2. Levels of engagement.

Research Question 2: What Are the Relationships Between Each Driver of Engagement and RN Engagement?

Correlation analysis was used to describe the strength of the relationship between each of the drivers of engagement (AI, MA, NNT, NST, PN, PG, RE, SB, and WE) and RN engagement. Pearson product-moment correlation coefficients were computed. Results indicated that each of the drivers of engagement was significantly positively correlated to the engagement index ($P < .001$, 2-tailed test). The lowest correlation coefficient was found with the SB index, but this was still significant at $P < .001$. Correlations between the engagement index and all drivers of engagement indices are displayed in Table 2.

To test for significant differences between each of the drivers of engagement and engaged and not-engaged respondents (content, ambivalent, or disengaged), t tests for independent samples were calculated. Each index mean was significantly higher in those who were engaged than in those who were not engaged ($P < .001$, 2-tailed test). The greatest difference between engaged and not-engaged respondents was seen in the MA index (1.12), whereas the smallest difference was seen in the SB index (0.57). Each of the indices was significantly associated with engagement. The t test results for driver indices and those who are engaged are shown in Table 3.

Further analysis included 1-way analysis of variance (ANOVA) to determine if there was a significant difference between each of the drivers of engagement

and levels of engagement. Bonferroni post hoc tests were computed. Results indicated that, in every index, the mean differences were statistically different across all levels of engagement with 1 exception: the levels disengaged and ambivalent were not significantly different in the SB index. In every other case, the average values of the indices decreased significantly as one went from engaged to disengaged. Analyses of variance results for driver indices and the 4 levels of engagement (engaged, content, ambivalent and disengaged) are displayed in Table 4.

Logistic regression was conducted to test the significance of drivers of engagement believed to influence RN levels of engagement when controlling for all the other drivers. The regression was performed based on 400 cases in the research sample (any case that did not have even 1 index was not included). Results indicated that the PN index was the only significant driver ($P < .001$) that influenced RNs' levels of engagement when controlling for all driver indices.

Additional Findings and Analyses

χ^2 Tests were calculated to determine if there were significant differences between engaged/not-engaged RNs and the different demographic variables such as age, sex, education level, shift, time in nursing, and tenure at the hospital. There was a significant difference between age and engagement ($\chi^2 = 25.12$, $P = .001$). Older age groups (≥ 36 years) were proportionally more engaged as compared with those

Table 2. Pearson Correlations Between Drivers and Engagement Index

		Engagement Index	1	2	3	4	5	6	7	8	9
Engagement Index	<i>r</i>	1.0	0.637 ^a	0.635 ^a	0.548 ^a	0.598 ^a	0.672 ^a	0.625 ^a	0.710 ^a	0.434 ^a	0.719 ^a
	<i>n</i>	503	476	489	478	485	483	472	473	492	474
AI index	<i>r</i>		1.000	0.690 ^a	0.752 ^a	0.762 ^a	0.758 ^a	0.776 ^a	0.783 ^a	0.557 ^a	0.784 ^a
	<i>n</i>		482	474	463	469	470	459	460	476	463
MA index	<i>r</i>			1.000	0.486 ^a	0.686 ^a	0.528 ^a	0.718 ^a	0.760 ^a	0.506 ^a	0.659 ^a
	<i>n</i>			495	474	481	479	470	471	487	471
NNT index	<i>r</i>				1.000	0.595 ^a	0.642 ^a	0.554 ^a	0.669 ^a	0.485 ^a	0.723 ^a
	<i>n</i>				483	474	469	462	460	475	463
NST index	<i>r</i>					1.000	0.607 ^a	0.712 ^a	0.706 ^a	0.545 ^a	0.664 ^a
	<i>n</i>					490	476	470	466	481	469
PN index	<i>r</i>						1.000	0.658 ^a	0.663 ^a	0.525 ^a	0.704 ^a
	<i>n</i>						488	467	465	482	467
PG index	<i>r</i>							1.000	0.766 ^a	0.531 ^a	0.680 ^a
	<i>n</i>							479	459	470	459
RE index	<i>r</i>								1.000	0.570 ^a	0.810 ^a
	<i>n</i>								478	473	458
SB index	<i>r</i>									1.000	0.549 ^a
	<i>n</i>									498	474
WE index	<i>r</i>										1.000
	<i>n</i>										479

^a $P < .001$ level (2-tailed).

Table 3. Mean Scores of Engaged and Nonengaged and *t* Test Results

Index	Engaged	n	Mean	SD	<i>t</i> Test Value
AI index	Yes	144	5.17	0.57	12.41 ^a
	No	338	4.39	0.74	
MA index	Yes	149	5.41	0.79	11.91 ^a
	No	346	4.29	1.26	
NNT index	Yes	145	4.80	0.73	10.74 ^a
	No	338	3.95	0.92	
NST index	Yes	146	5.34	0.52	11.24 ^a
	No	344	4.69	0.74	
PN index	Yes	148	5.59	0.43	13.25 ^a
	No	340	4.94	0.63	
PG index	Yes	141	5.28	0.55	12.24 ^a
	No	336	4.52	0.77	
RE index	Yes	142	5.04	0.63	14.71 ^a
	No	336	4.00	0.94	
SB index	Yes	150	5.06	0.62	8.83 ^a
	No	348	4.49	0.91	
WE index	Yes	145	5.03	0.61	13.52 ^a
	No	334	4.07	0.91	

^a*P* < .001.

35 years or younger. Older age groups were found to be engaged, but this finding was not related to tenure. There was no difference between tenure at the hospital and engagement ($\chi^2 = 6.28, P = .179$). However, there was a significant difference between time in nursing and engagement ($\chi^2 = 20.54, P = .001$). Nurses who had been in nursing for more than 15 years were proportionately more engaged as compared with nurses who had been in nursing for less than 15 years. There was also a difference between shift and engagement ($\chi^2 = 6.20, P = .045$). Day-shift nurses were proportionately more engaged as compared with evening- and night-shift nurses.

Sex, the length of time at the research site, and educational level were also not significantly associated with engagement. Results of the analyses testing differences between engagement and the different demographic variables are shown in Table 5.

Table 4. ANOVA Results—Indices Versus 4 Engagement Levels

Index	<i>df</i>	<i>F</i>
AI	3, 472	90.89 ^a
MA	3, 485	95.90 ^a
NNT	3, 474	56.66 ^a
NST	3, 481	78.33 ^a
PN	3, 479	106.58 ^a
PG	3, 468	88.70 ^a
RE	3, 469	139.22 ^a
SB	3, 488	33.45 ^a
WE	3, 470	127.92 ^a

^a*P* < .001.

Discussion

Participants in the study included 510 RNs, with a response rate of 32%. The background characteristics of the study sample are similar to the demographics of the population from which they were drawn with respect to age, sex, level of education, employment status, tenure at the hospital, and time in nursing.

RNs at the research site were found to be a highly engaged group of nurses. They had a higher average engagement score as compared with most respondents from the NEC Advisory Board benchmark study. RNs at this hospital who were engaged (31%) represented the 75th percentile compared with the benchmark. Many were content (46%); few were ambivalent (17%) and disengaged (6%). The total of engaged and content RNs at the research site represents 77% of the sample, compared with 62% in the benchmark study. The results of this study may be understood in terms of the social exchange theory, based on the work of Kahn,¹³ Cropanzano and Mitchell,¹⁵ and May et al,¹⁴ who report that employees responded to an institution that provides resources and organizational support by exhibiting higher levels of engagement. Furthermore, engaged employees are fully immersed in their work roles, exhibiting more positive attitudes, intentions, and work behaviors.¹⁶

Each of the drivers of engagement was significantly positively correlated to the engagement index. The lowest correlation was found with the SB index, but it too was significantly correlated. This appears to support the seminal research of Herzberg,¹⁷ which determined that “hygiene factors,” such as good pay and benefits, do not serve to

Table 5. Associations Between Engagement and Demographic Variables

		Engaged				χ^2
		Yes		no		
		n	%	n	%	
Age, y	<25	8	5.2	46	13.1	25.12 ^a
	25-35	46	30.1	156	44.6	
	36-45	40	26.1	68	19.4	
	46-55	39	25.5	45	12.9	
	55+	20	13.1	35	10.0	
Sex	Female	139	88.9	318	89.6	0.05
	Male	17	11.1	37	10.4	
Education level	Associate/diploma	23	15.1	31	8.7	5.31
	Bachelor's	102	67.1	268	75.3	
	Master's +	27	17.8	57	16.0	
Shift	Day	114	74.5	224	63.5	6.20 ^b
	Evening	7	4.6	18	5.1	
	Night	32	20.9	111	31.4	
Time in nursing, y	<1	6	4.0	16	4.5	20.54 ^a
	1-3	26	17.2	103	29.0	
	4-6	19	12.6	65	18.3	
	7-15	30	19.9	76	21.4	
	15+	70	46.4	95	26.8	
Tenure at the hospital, y	<1	16	10.5	26	7.3	6.28
	1-3	43	28.1	129	36.2	
	4-6	24	15.7	65	18.3	
	7-15	25	16.3	58	16.3	
	15+	45	29.4	78	21.9	

^aP < .001.

^bP < .05.

motivate employees; rather, their lack causes dissatisfaction. Herzberg¹⁷ highlighted “motivational factors,” such as a sense of achievement and recognition by one’s manager, as drivers of satisfaction with one’s overall job experience.

Further analysis indicated that all study indices were highly associated with engagement. The greatest mean difference between engaged and not-engaged respondents was seen in the MA index; the smallest difference seen in the SB index. The Corporate Leadership Council¹⁸ meta-analysis report corroborated that the role of an employee’s direct manager is key to influencing his/her level of employee engagement. In fact, it is considered to be one of the most powerful drivers of employee engagement. This suggests that an organization might include employee engagement as a criterion for selecting, developing, and rewarding managers.

Logistic regression indicated that the PN index was the only significant driver that influenced RN levels of engagement when controlling for all driver indices. Of further note, Gubman¹⁹ focused on the leadership characteristic of “passion.” He posited that passion is a catalyst of engagement on the part of coworkers. If passion is sustainable, it can stimulate engagement in others. Gubman¹⁹ stated that passionate people make natural leaders who can evoke

the potential of others and therefore should be promoted within their organizations over time.

A significant difference was found between age and engagement. Older age groups (≥ 36 years) were proportionally more engaged as compared with RNs 35 years or younger. Although older nurses were found to be engaged, this finding was not related to their tenure at the hospital, possibly because the sample at the research site represented a predominantly younger group with less tenure at the hospital. However, there was a significant difference between time in nursing and engagement.

Employers should recognize that older employees are likely to be more engaged and value their contribution. At the same time, employers should design strategies that will be attractive to younger people. The results provide evidence of the importance of addressing age diversity. Younger nurses are tomorrow’s workforce, and hospitals cannot afford to alienate them.

Of further note, there was also a difference between shift and engagement; day-shift nurses were proportionately more engaged as compared with other shifts. Additional findings revealed a lack of statistically significant associations between sex and educational level with engagement. All these findings were congruent with the NEC Advisory Board’s study.

Other significant findings that indicated worst performance were (a) I receive my patient's medication on a timely basis, (b) I have sufficient input on my patient's care plans, and (c) I receive the necessary support from nonnurse staff assigned to my unit to help me succeed in my work. With respect to timely receipt of patient's medications and support from nonnurse staff, the site, prior to the survey, commenced a process improvement initiative to address these 2 issues. Also, input into patient's care plan requires further investigation by the site and may require the establishment of focus groups to better understand this issue.

The remaining questions indicated significantly better performances for combined strongly agree and agree. All of the above data are important to leadership plans for creating recruitment and retention action plans.

Study Limitations

The results of this study should be considered in light of its limitations. Similar to other studies in this area, this study used self-reported data, voluntary participation, and single-hospital study site. Perhaps RNs with higher engagement levels elected to respond to the survey. Another limitation is the disparity in overall size and complexity of the research site compared with several smaller and less complex sites included in the Advisory Board benchmark data.

Although the results of this research study might have been affected by method bias, there are several reasons for confidence in the results. First, the study sample represents the population with respect to age, sex, level of education, employment status, tenure at the hospital, and time in nursing. The results therefore may be generalized to institutions of a similar size and characteristics. Furthermore, the investigator was able to obtain many eligible subjects, in excess of the required 113 (based on power analysis), to ensure adequate sample size.

Recommendations for Future Research

The results of this study indicate that employee engagement is a meaningful construct worthy of future research. There are several avenues to consider. Conducting a study with a national random sample

would be powerful. Second, further exploration of the effects of type of leadership and characteristics of the work environment on RN engagement is warranted. Most important RN levels of engagement should be explored related to patient outcomes.

Implications

Nurse managers play a critical role in promoting employee engagement and building a culture of engagement—one that supports AI, control over the practice environment, professional development and growth, teamwork, and nurse-physician collaboration. These also are the characteristics of institutions that attract and retain nurses. Benefits accrue when nurse executives and senior management invest in developing their nurse managers' skills to recruit and hire suitable nurses for the role and provide them with necessary tools to carry out their responsibilities. Nurse managers also need the authority to act appropriately and the accountability to ensure excellence and patient satisfaction throughout the organization and have an appropriate feedback mechanism to senior management to address issues and uniformly align all units to the mission and goals of the institution.

Communication is vital in engaging the nursing workforce. The nurse executives' direct communication with new hires during the orientation process may increase new hires' knowledge about the vision and mission of the institution. Information about support and resources, opportunities, and nursing innovations that enhance employees' productivity and effectiveness may also be communicated at that time. Regularly scheduled meetings and management rounds in the clinical units with the nursing staff may also improve engagement. Implementing a true shared governance model provides more opportunities for nurses at all organizational levels to be engaged on hospital and system committees. This involvement may build relationships within and outside the organization.

The NES can be used to close the engagement gap by prioritizing survey findings, developing action plans, surfacing only the most relevant insights, and driving leadership accountability. The use of action plans will impact nurses' perception of trust with their nursing leaders and maximize staff involvement and commitment. These set the stage for aligning goals and ensuring organizational success.

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