

THE EFFECT OF INTERNAL MARKETING TRAINING PROGRAM ON NURSE MANAGERS MARKETING STRATEGIES AND WORK ENGAGEMENT

AL SHAIMMAA ELSAYED ABD ALLA

Teacher, El Glaa Educational Institution. Email: sakr.elhofy@yahoo.com

MAHASEN ISMAIL ABD EL MEGEED

Professor, Nursing Administration, Faculty of Nursing, Cairo University, Egypt.

EGLAL AHMED ABD ELWAHAB

Emeritus Assistant Professor, Nursing Administration, Faculty of Nursing, Cairo University, Egypt.

Abstract

Background: The critical concept of Internal marketing is a marketing strategy under which the employees are considered the organization's customers and are trained to build internal competencies for the external growth of the business. **Aim:** this study was aimed to examine the effect of internal marketing training program on nurse managers marketing strategies and work engagement **Design:** A quasi experimental design was utilized. **Setting:** The study was carried out at one of Ministry Of Health hospitals, titled El Monira general **Subjects:** A convenience sample of all nurse managers' at the selected hospital about 31 nurses. **Tools:** Three tools were used for data collection; Index of internal marketing perception questionnaire, internal marketing knowledge test , auditing and observational checklist for internal marketing strategies and the nine items Utrecht Work Engagement Scale-9 (UWES-9) **Results:** There were highly significant statistical positive correlations between internal marketing perception with total knowledge ($r=0.27$, $p=0.01$), between internal marketing perception with total engagement ($r=0.37$, $p=0.04$), and between engagement with total knowledge ($r=0.14$, $p=0.01$). **Conclusion:** based on the results of the present study it can be concluded that there was highly statistically significance correlation between internal marketing and work engagement. **Recommendations:** it is a priority to apply internal marketing strategies that focuses on work engagement and a sound internal marketing infrastructure; for allowing a professional practice environment.

Keywords: Internal Marketing, Training Program, Work Engagement.

1. INTRODUCTION

Today, organizations emphasize not only focusing on customer-oriented external marketing, but also internal marketing (IM) that seeks to effectively communicate their strategic visions, values, culture and identity to internal employees. Basically, IM strengthens the motivation and sense of belonging of employees, ultimately helping the organization's growth [1]. Internal marketing is a marketing strategy under which the employees are considered the organization's customers and are trained to build internal competencies for the external growth of the business. Furthermore, internal marketing campaigns are frequently led by human resource or marketing department, which is responsible of training and information on the vision and strategy of the organization [2]. Internal marketing has a tendency to increase work engagement by enhancing job satisfaction. In such dynamic and changeable service-oriented hospitals, professional

health care workers, who engage more in their work and hospital activities, are highlighted. Internal marketing influences job satisfaction and commitment in an indirect way. Moreover, internal marketing is used by hospitals to motivate professional health care workers' capabilities and to respond to hospital goals [3]. The Internal Marketing functions are based on the assumptions that all management functions should collaborate to develop customer satisfaction. So inter-functional coordination has been highlighted as a key enabling feature for both internal marketing and external Marketing [4].

Work engagement represents "motivational process that is driven by the availability of resources". Both job resources and personal resources may engage staff nurses, who "work hard (vigor), are involved (dedicated), and feel happily engrossed (absorbed) in their work". Mostly, organizations focus on their nurses to attract, retain and engage them to achieve the organizational goal as well as boost productivity levels. Nowadays, staff nurses engagement is considered one of the most powerful tools to measure the level of outcomes of organizations toward their vision, mission, and core values [5]. The term "staff nurses' engagement" refers to a feeling of emotional attachment and dedication on the part of staff nurses. Aside from emotions, the most important motivator for staff nurses' engagement is career potential, with reputation, compensation, the value of the organization to staff nurses, and new ideas rounding out the top five. An organization's culture of engagement is characterized by strong leadership, a focus on results [6].

Engaged employees are involved, committed, and compassionate about their job and believe their efforts are valuable and can make a difference in an organization's performance. These employees tend to integrate their well-being, value, and benefits with the organizations' successes, which are instrumental to both the employees' and the organizations' performance and achievements [7]. A high level of employee engagement is favorable and desirable for organizations because it brings constructive and positive effects. Thus, an organization's priority is cultivating and fostering highly engaged employees. Work-related factors (workload) were found to have a negative effect on nurses' work engagement. Workload was reported to negatively impact nurses' work engagement [8].

Work pressure acted as a moderating factor in the link between emotional demands and the vigor dimension of job engagement [9]. Physical and mental demands. Factors affecting physical and mental demands, such as shift work, day vs. night shifts, shift duration and recovery and rest were observed in studies. While keeping employees engaged and satisfied has many benefits, it can be a complex undertaking because work engagement and job satisfaction can be affected by many factors. Positive facilitators contain reward, collaboration, and support [10], and negative factors comprise increased stress and workload, difficult work conditions, and lack of resources [11]. The favorable outcomes of increased work engagement and job satisfaction include committed employees, and the negative result would be employees' intent to leave.

1.1 Significance of study

Application of internal marketing strategies encourage employees to perform better, empower the employee so that they are able to accept powers and assume responsibilities, achieve a greater understanding of the organization's goals, policies, procedures, and directions, and encourage the employee to provide distinguished service to customers, by commending their contribution to the organization successes, and achieving a better level of coordination and cooperation between the various organization departments and divisions Lee, et al [12]. Internal marketing was becoming more important to health care establishments, especially for hospitals that are facing changing societal and organizational patterns; Nurses come to health care profession with misunderstanding of patients' expectations and outcomes of nursing service quality. Ignoring or misunderstanding of these expectations and outcomes from nurses is equivalent to sending them to the competition with patients Ebrahim, [13].

Dong and Wang et al [14] interpreted that job characteristics and organizational justice had direct effects on nursing care quality. Work engagement mediated the relationship of nursing care quality with job characteristics and organizational justice. The final model explained 24% of nursing care quality. The results of study concluded that provide a better understanding of the associations between the study's variables. Perceived job characteristics and organizational justice can improve nursing care quality through work engagement Saito, et al [15] discussed that higher individual intrinsic and altruistic work values were associated with improvements in nurses' burnout and work engagement. Nurse organization non-congruence in altruistic values was associated with lower work engagement, whereas that of intrinsic work values was not associated with either outcome variable. The study concluded that promoting intrinsic and altruistic work values among nurses could be effective for improving both burnout and work engagement.

The study conducted at Sohag university by Ragab, [16] demonstrates that, about (57.4%) of total internal marketing was low and Clarified that, about (61.5%) of total nurses work engagement was low. In other study conducted at Benha University by Ebrahim(13) concluded that there was a positive statistical significant correlation between total knowledge level and total attitude level toward internal marketing of the studied nurses during pre, post-immediate and follow up (after three months) of educational program phases. The selected hospital in this study is governmental with limited resources, and as the investigator observed a lot of problems as heavy workload as lack of managerial support, empowerment, promotion and training as well as low job salary so nursing staff are overwhelmed need empowered, professional development to be more engaged. Therefore, offering internal marketing training program was intended to improve the described situation.

1.2 Aim of study

The aim of study was to investigate the effect of internal marketing training program on nurse managers marketing strategies and work engagement

1.3 Research hypotheses

The study will test the following hypotheses:

- H1.** There will be difference in internal marketing knowledge mean scores of nursing managers after the program implementation and three months later compared to before program.
- H2.** There will be difference in mean scores of planned marketing strategies by nurse managers after program implementation and three month later compared to before program.
- H3.** There will be difference in mean scores of nurse managers work engagement after program implementation and three month later compared to before program.

2. METHODS

2.1 Research Design: A quasi-experimental design with one group pretest-posttest was used to achieve the aim of the current study.

2.2 Participants

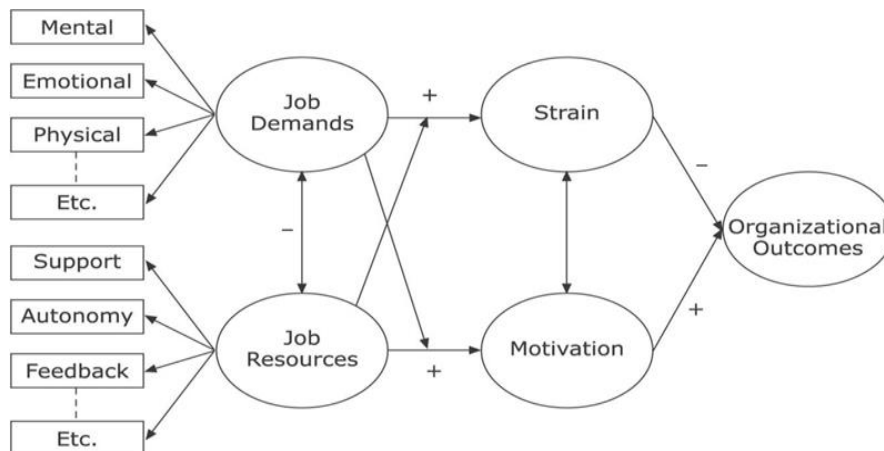
A convenience sample of nurse managers of the previously mentioned units constituted the study sample. The total number of nurse managers is 31. The studied hospital has one nurse director, two associated directors, seven supervisors and 15 unit managers. In addition to quality assurance supervisors was two and infection control was three.

2.3 Setting

This study was conducted in one of Ministry Of Health hospitals, titled El Monira general. It has medical, obstetric, pediatric, surgical, emergency intensive care units and outpatient services. It has 314 bed capacities.

2.4 Theoretical framework

Job demands-resources model (17)



2.5 Tools for Data Collection

Five tools were used for data collection in this study

First tool: Personal Characteristics Sheet.

It contains the personal data of the participants, as age, level of education, gender, years of experience in managerial level, years of experience in hospital and type of working.

Second tool: internal marketing perception questionnaire

It was adopted from Ismail & Sheriff [18]. The Arabic translated version was adopted from Ragab, [16] to be used. This tool was used to assess nurse managers' perception about internal marketing. The tool encompasses 28 items. Responses of items were against five points Likert scale, started from one strongly disagree to five strongly agree. Scoring system: The total score was 140. The study sample result less than 60% (40 scores) considered low level of perception, 60% to <80% (40 to less than 112) indicate moderate level of perception while 80% (112) and more considered high level of perception. The total score was 140

Third tool: internal marketing knowledge test

It was developed by the researcher based on reviewing of related literature in relation to internal marketing. This tool was used to assess nurse manager's knowledge about internal marketing. This tool consists of 14 multiple choice questions. Scoring system for this tool, the answers were assessed by one for (Correct answer) and zero for (Wrong answer). The total score was 14.

Fourth tool:

Concerned with observing internal marketing strategies

Part A: Auditing for internal marketing strategies

It was developed based on reviewing of related literature in relation to internal marketing, theoretical framework and its dimensions. This tool was used to audit internal marketing strategies practiced by nurse managers. It consists of 24 items for auditing. Scoring system: The answers were assessed by two for (all times), one for (sometimes) and zero for (not audit). The total score was 48.

Part B: Observational checklist for internal marketing strategies

It was developed based on reviewing of related literature in relation to internal marketing, theoretical framework and its dimensions. This tool was used to observe working conditions. It consists of 25 items. Scoring system: the answers were assessed by two for (Present items) and one for (Not present items). The total score was 50.

Fifth tool: Utrecht Work Engagement Scale-9 (UWES-9)

It was developed by Schaufeli & Bakker [19], The Arabic translated version was adopted from Ragab, [16] to be used after a written approval. It composed of three dimensions of "vigor", "dedication", and "absorption". It consists of 17 items which divided into three

subscales, measuring vigor (six items), measuring dedication (five items) and measuring absorption (six items). The scoring system of each dimension was assessed by using five points likert scale with one – Never, two- Rarely, three- Sometimes, four-Often and five- Always Schaufeli & Bakker, [19]. Scoring system: The level of work engagement is considered low if the present score is < 60% (less than 51). The level of work engagement is considered moderate if the present score is 60% -75% (51- 63) or the level of work engagement is considered high if the present score is > 75% (63). The total score was 85.

2.6 Ethical Consideration:

A primary approval letter was obtained from the ethical scientific research committee of The Faculty of Nursing - Cairo University to carry out the study. Participation in the study was voluntary based on the participants' acceptance to give informed consent; Informed consent was including an information sheet with the written consent form. The Information Sheet used to outline the reasons for introducing the training program, it provided a summary of the program and the research processes that participants might be asked to share in, and it explained that participation was voluntary and they were free to withdraw from the research at any time. The Faculty policy relating to the protection of research participants' privacy and confidentiality was described.

After finishing data collection, which was obtained from the hospital manager and the nursing director in addition to the consents which signed by the participants were collected and presented to the scientific research ethical committee of The Faculty of Nursing - Cairo University to obtain its final approval for the research

2.7 Procedure

The following phases: preparatory, planning, implementation and evaluation.

2.7.1 Preparatory phase: -

An official administrative approval was obtained from the General Director of the selected hospital to collect the study data and to implement the study activities. The investigator met the nursing director of the hospital and explained the purpose and the importance of the study. Before constructing the program content the investigator reviewed the national and international related literature concerning the topic of the study, to develop study tools.

2.7.2 Assessment phase: -

The collection of data started from 1 till 29 March. Data collection from nurse managers was obtained mainly on morning shift as well as at night shift who work fixed night shifts when needed. Distribution of personal characteristics sheet, internal marketing perceptions questionnaire, internal marketing knowledge and work engagement sheet. Necessary instructions were given verbally such as the aim, objectives, importance and benefits which was reflected to all nursing categories and the hospital from the program was explained as well as a written consent to participate in the study was obtained from them. Collection of questions was gained after two or three days in the pre study repeated in the post study and the follow up phase. Rate of return was 100%.

Regarding observation and auditing for internal marketing practice observation of working conditions , Observation was performed in three hours / day in a week to check physical conditions and climate of working space is adequate, technological instruments are adequate for work, facilities about job are adequate, employees 'safety are well kept and internal marketing research. This observations were repeated three times (three weeks) in the pre study repeated in the post study and the follow up phase.

Auditing was performed in three hours / day in a week to check internal marketing practices (vision, reward, empowerment and internal communication). This Auditing was repeated three times (three weeks) in the pre study repeated in the post study and the follow up phase.

Based on Job demands-resources model (Bakker & Demerouti, 2007), In this step, the investigator assesses job demands ,strains and motivation through internal marketing perception questionnaire and internal marketing knowledge test, assessed job resources through observational checklist to observe working conditions (job resources) and auditing checklist for internal marketing practices (strain and motivation) and assessed organization outcomes though work engagement scale.

2.7.3 Planning phase

The data analysis for the current study was based on Colaizzi's [14] phenomenological method. In this study, transcription of the audiotape was done by the investigator in handwriting word by word after each interview; the transcripts were line by line and word by word very closely, extracting significant statements and coding each of them. Then the codes were merged into categories; which were then clustered together into subthemes; then, major themes; professional, individual, organizational and interpersonal relationship-related challenges. The integration of the major themes into exhaustive description of the phenomenon, and validating the identified structure and nature of the phenomenon from the participants' description was then done as a final step.

2.7.4 Implementation

After coordination with the nursing manager and the training department of the selected hospital, the program schedule was issued and the training department had a copy. Place arrangement, educational methods and educational aids were provided by the training department. Then the first session was conducted by the investigator in the presence of all the participants. During this session objectives were clarified in addition to discussion about how training was relevant to participants work performance and job-related development. The importance of nurse managers' knowledge and performance and its impact on patients, nurses, and hospital was discussed to stimulate the participants' interest and to enhance their motivation to attend the program.

After that the investigator explained the program plan, objectives, schedule and content. Sessions lasts for one hour before the end of the morning shift. At the beginning of each session an orientation to the session objective clarified. The investigator teaches, through formal presentation of material.

Teaching methods were used during the program implementation included

1. Lectures and the teaching aids were used power point presentations and videos.
2. Open discussion (for example when the investigator talk about the concept , the history and the benefits of internal marketing the participants` who know were allowed to talk and discussed with each other)
3. Brain storming and group activities (for example in process of applying internal marketing strategies, the participants divided into subgroups and each group named itself with name and each group select a strategy and take five minutes thinking then state the activities of each one)

For example, one of group suggest process of applying internal marketing,” we can start from specific unite such as (NICUE), this facilitate application than the general hospital. Also, the group said that they may achieve job demands through training, motivation and empowerment for nurses and may achieve job resources through adequacy of instruments and physical conditions of working place are appropriate (bed for rest, cattel for hot drinks)

- There was active discussion and interaction among the group.
- Generation clarification questions about the related topics as anew issue.

Hand out to program content was given during each session to help the participants in the workplace. Feedback was given continuously after each objective and at the end of session to ensure their understanding.

About night shift nurse mangers, Sessions were performed early morning after their shift the investigator present four times and in each session take two hours.

During the training sessions the investigator recognizes and respects that the participants are adults, self-directed, and share certain characteristics that make the training more effective for them. So the investigator make the participants feel respected through considering their lifetime of existing knowledge, experience, and opinions.

2.7.5 Evaluation

At the final session, internal marketing and work engagement was assessed immediately, and after three months of the program implementation. The program effectiveness was evaluated by the participants using the same program assessment tools.

3. RESULTS

Table (1) showed that almost all (96.8%) of the study participants were males, more than half (58.1%) of them were 30-<40 years old, more than half (58.1%) of them had BSc in nursing, about half (48.4%) of them were unit managers, more than two fifths (41.9%) of them had 1-<5 years of experience in the current position, more than one quarter (25.8%) of them had either 10-<15 or 15-<20 years of experience in the this organization, and nobody of them had attended any training program.

Table (1): Frequency distribution of nursing managers' personal characteristics (n=31).

Personal Characteristics	No.	%
Gender:		
Female	30	96.8
Male	1	3.2
Age:		
20-< 30 years	3	9.7
30-< 40 years	18	58.1
40-< 50 years	8	25.8
≥ 50 years	2	6.5
Mean± SD	33.47± 2.09	
Degree of Education:		
Technical Nursing Diploma	8	25.8
Associate technical nursing diploma	5	16.1
BSc	18	58.1
Work position:		
Unit manager	15	48.4
Supervisor	11	35.5
Quality management supervisor	1	3.2
Infection prevention and control supervisor	2	6.5
Training supervisor	1	3.2
Director	1	3.2
Years of experiences in current position:		
1-< 5 years	13	41.9
5-< 10 years	10	32.3
10-< 15 years	4	12.9
15- 20 years	4	12.9
Mean± SD	7.17± 2.68	
Years of experiences in this organization:		
1-< 5 years	4	12.9
5-< 10 years	7	22.6
10-< 15 years	8	25.8
15- 20 years	8	25.8
>20 years	4	12.9
Mean± SD	11.80± 4.17	
Attending training program:		
No	31	100

*P value is significant at ≤ 0.05 , insignificant at > 0.05 .

Table (2) showed that there were highly statistical significant differences ($p \leq 0.001$ - $F = .36$) in nurse managers' perception regarding mean scores of internal marketing strategies among the different training phases.

Table (2): Comparing nurse managers' perception regarding mean scores of internal marketing strategies among the different training phases (n=31).

Dimensions	Pre-program		Post- program		Follow up		Repeated measures ANOVA	
	Mean	SD	Mean	SD	Mean	SD	F	P
Vision	2.67	1.65	4.87	1.37	4.25	1.6	.11	.00
Development	10.75	6.58	21.5	6.17	18.3	6.74	.09	.00
Rewards	6.09	5.32	13.5	4.92	11.5	5.29	.15	.00
Empowerment	7.99	6.64	19.3	5.38	17.5	6.42	1.15	.00
Internal communication	8.5	4.72	16.3	4.48	15.3	4.71	.28	.00
Total internal marketing strategies perception	36.00	24.91	75.52	22.32	66.83	24.76	.36	.00

*P value is significant at ≤ 0.05 , insignificant at > 0.05 .

Table (3) showed that that there were highly statistical significant differences ($p \leq 0.001$ - $F=93.79$) in nurse managers' total mean scores of internal marketing knowledge among the different training phases.

Table (3): Comparing nurse managers' total mean scores of internal marketing knowledge among the different training phases (n=31).

Total Knowledge	Pre-program		Post- program		Follow up		Repeated measures ANOVA	
	Mean	SD	Mean	SD	Mean	SD	F	P
	3.69	1.95	12.93	0.91	10.78	1.64	93.79	.00

*P value is significant at ≤ 0.05 , insignificant at > 0.05 .

Table (4) showed that there were highly statistical significant differences ($p \leq 0.001$ - $F=1420.3$) in auditing of nurse managers of practice internal marketing strategies among the different training phases.

Table (4): Comparing total mean scores auditing of practice of internal marketing strategies among the different training phases (n=31).

Total auditing	Pre-program		Post- program		Follow up		Repeated measures ANOVA	
	Mean	SD	Mean	SD	Mean	SD	F	P
	5.16	3.95	39.63	1.96	35.5	1.92	1420.3	.00

*P value is significant at ≤ 0.05 , insignificant at > 0.05 .

Table (5) showed that mean scores of the observed nurse managers' working condition were improved in post program phase and slightly declined in follow up phase but still higher than preprogram phase.

Table (5): Comparing observed nurse managers' working condition among the different training phases (number of observation=3).

Working condition	preprogram	Post program	Follow up
A) Physical conditions and climate of working space is adequate			
• Working place is neat, clean and hygienic.	1.7	2.0	1.7
• Appropriate lighting.	1.3	2.0	1.7
• Furniture and ergonomics	1.3	2.0	1.7
• Chairs and tables that are adjustable and Comfortable	1.7	2.0	1.7
• Organization and preparedness	1.3	1.7	1.3
• Quiet and noiselessness	1.0	1.7	1.3
• Easy access to information and resources	1.3	2.0	1.7
• Working place is neat, clean and hygienic.	1.7	2.0	1.7
• Appropriate lighting.	1.3	2.0	1.7
• Furniture and ergonomics	1.3	2.0	1.7
B) Technological instruments are adequate for work			
• Electronic Health Records (EHR) _s	1.3	2.0	1.7
• Digital monitors.	1.0	1.7	1.3
• Automatic IV pumps.	1.3	1.7	1.7
• Smartphones	2.0	2.0	1.7
• Portable Monitors	1.3	1.7	1.3
• Smart Beds	1.3	2.0	1.7
C) The facilities about job are adequate.			
• professional development opportunities.	1.3	1.7	1.3
• canteen facility	1.0	1.3	1.0
• child-care facilities	1.0	1.7	1.3
• flexible working hours and part-time	2.0	2.0	2.0
D) Employees' safety are well kept			
• Using universal precautions	1.3	1.7	1.3
• Availability of personal protective equipment, including masks	1.0	1.3	1.0
• Availability of hand hygiene resources	1.0	1.7	1.3
• Availability of sterile equipment and resources	2.0	2.0	2.0
• Carefully administering injections per facility policy	1.0	1.3	1.0
• There is policy of workplace violence (e.g., bullying, intimidation, verbal abuse)	1.0	1.7	1.3
• Removing obstacles, wiping up wet walking surfaces.	1.0	1.3	1.0

Table (6) indicates that there were highly statistical significant differences ($p \leq 0.001$ - $F=.87$) in nurse managers' mean scores of engagement dimensions among the different training phases.

Table (6): Comparing nurse managers' mean scores of engagement dimensions among the different training phases (n=31).

Dimensions	Pre-program		Post-program		Follow up		Repeated measures ANOVA	
	Mean	SD	Mean	SD	Mean	SD	F	P
Vigor	9.43	6.55	15.76	4.80	15.01	6.30	1.01	.00
Dedication	7.09	3.38	16.18	2.87	15.75	3.17	.20	.00
Absorption	9.26	5.25	15.27	4.24	14.18	4.88	.75	.00
Total engagement	25.78	15.18	47.21	11.91	44.94	14.35	.87	.00

*P value is significant at ≤ 0.05 , insignificant at > 0.05 .

Table (7) concludes that there were highly significant statistical positive correlations between internal marketing perception with total knowledge ($r=0.13$, $p=0.00$), between internal marketing perception with total engagement ($r=0.56$, $p=0.00$), and between engagement with total knowledge ($r=0.12$, $p=0.03$), there were highly statistical significant positive correlations among IM practice with working condition ($r=0.96$, $p=0.01$), among IM practice with IM perception ($r=0.58$, $p=0.12$ no significance), among IM practice with total knowledge ($r=0.13$, $p=0.01$ highly significance) and IM practice with total engagement ($r=0.28$, $p=0.03$ significance) in follow up phase i.e There is positive effect of IM training program on work engagement and IM strategies of nurse managers.

Table (7): Effect of internal marketing perception, internal marketing knowledge, internal marketing strategies, and work engagement among the nurse managers at follow up.

Follow up Regression test		Total perception	IM	Total knowledge	Total engagement	Total practice	IM
Total knowledge	R	0.13					
	P	0.00					
Total engagement	R	0.56		0.12			
	P	0.00		0.03			
Total practice	IM R	0.58		0.13	0.28		
	P	0.12		0.01	0.02		
Work condition	R	0.77		0.54	0.56	0.96	
	P	0.02		0.11	0.02	0.01	

4. DISCUSSION

The present study showed that the participants of the study were nurse managers and all of participants were females this may be due to the majority of the hospital managers and nursing staff are females in the nursing profession in general, as well as the male nurses are relatively new in nursing career especially at baccalaureate level in Egypt and they are few in managerial level or not present at all as in the current situation.

Regarding the participants educational level, the results revealed that more than half them having Bachelor of Nursing Science as the selected hospital is hiring nursing manager with baccalaureate degree in nursing as a minimum requirement to hold such administrative position. This is consistent with the study of El Ashkar, Shabaan, Gadiry, & Eid, [20], who found that more than half had BSc in nursing, about half of them were unit managers in their study's participants.

The findings of the present study revealed that the highest percent of the study sample's years of experience was from 30 to 40 years. It means that all the study participants have enough experience that helps them to acquire relevant managerial skills. This finding was contradicted with the research of El Ashkar, Shabaan, Gadiry, & Eid, [20], who studied the effect of educational program for internal marketing on novice nursing graduates job performance; they found that sample's years of experience was from 1 to 5 years.

Regarding nurse managers' perception of internal marketing strategies, there were highly significant statistical differences ($p \leq 0.001$) in nurse managers' perception of internal marketing strategies and concluded that there were elevation of nurse managers' perception of total levels of total internal marketing in immediate post program and slightly declined in follow up phase but still higher than preprogram phase.

From researcher point of view, the above results were might be related to inadequate training for internal marketing or negligence and lack of interest from nurse managers to acquire new knowledge. Also, it was new concept most of them exposed to attend sessions of the topic. i.e the first time to listening about IM. So this improvement was due to acquisition information about internal marketing.

This is congruent with Ashkar, Shabaan, Gadiry, & Eid [20], who found that range (59.8%-69.7%) of novice nursing graduates respectively showed low level of total perception for internal marketing. This result was contradicted with Zahran, Eldiasty, & EL Hasaneen [21], who studied perception of professional health care workers towards internal marketing at port said selected hospitals. According to the study results professional health care worker in both hospitals showed a high level of internal marketing perception.

Regarding with nurse managers' total level of internal marketing knowledge, there were highly significant statistical differences ($p \leq 0.001$) in nurse managers' total level of internal marketing knowledge and there was elevation of nurse managers' levels of total internal marketing knowledge in immediate post program and slightly declined in follow up phase but still higher than preprogram phase.

This is congruent with Ebrahim, [13], who studied the enhancing nurses toward internal marketing and its effect on patients' outcome at benha university hospital , who found that there was a highly statistical significant improvement in total knowledge level of the nurses about internal marketing throughout post and follow- up phases (after three months) of program than the pre-program phase; majority of them (84.9%) and (82.1%) had satisfactory knowledge level post immediate program phase and follow up phase (after 3 months) compared with pre-program phase.

Regarding with auditing of practice of internal marketing strategies and observing of work conditions, the present study revealed that there were highly statistical significant differences in auditing of nurse managers of practice internal marketing strategies and showed that the observed nurse managers' working condition were improved in post program phase and slightly declined in follow up phase but still higher than preprogram phase. It could be related to application to what was clarified and discussed in IM sessions.

This is congruent with Ragab [16], who studied formulation of internal marketing strategy to improve nurses' work engagement , found that the mean score of internal marketing and its five sub scales items includes vision, empowerment and internal communication was low than average .

El Ashkar, Shabaan, Gadiy, & Eid, [20], who studied the effect of educational program for internal marketing on novice nursing graduates job performance novice nursing graduate's percent practice of contextual performance pre and post program. There was statistically significant improvement of novice nursing graduate's practice of contextual performance post program than preprogram in some items at ($P=0.0001$).

This result was incongruent with Aryal, Kabita and Pokharel, Post Raj [22], who studied that internal marketing and business performance: a survey from service sector employees in Nepal, who suggests that the surveyed individuals generally perceive high levels of empowerment, effective communication, and positive work related factors.

This study was consistent with Ahmed, Shazly,& Abdrabou, [23], who studied that relationship between work design characteristics and work engagement among staff nurses, reveals that there was a statistically significant positive correlation between work design characteristics and work engagement ($P<0.01$).

Regarding with nurse managers' level of engagement. There was elevation of nurse managers' levels of total engagement in post program phase and slightly declined in follow up phase but still higher than preprogram phase.

From researcher point of view, this might be related to the fact that nurses fully utilize their professional skills and realize their value, which further strengthens a nurse's sense of mission and accomplishment. Thus, nurses are internally motivated to provide good nursing care. These results should prompt nurse managers to see that job design and redesigning can make employees experience the meaningfulness and worth of their work and take personal responsibility for the goals and outcomes of their work.

This is congruent with Baghdadi, Farghaly Abd-EL Aliem, & Alsayed [24], who studied that the relationship between nurses' job crafting behaviors and their work engagement revealed that the participating nurses had high levels of job crafting and work engagement. Also, this is consistent with Allande-Cussó, García-Iglesias, Ruiz-Frutos, Domínguez-Salas, Rodríguez-Domínguez, & Gómez-Salgado, [25], who studied that work engagement in nurses during the covid-19 pandemic, found that the distribution of mean scores, 80% of the sample showed intermediate and high levels of work engagement.

The present study showed that nurse managers perceived "dedication" with the highest level, followed by "vigor" and absorption is the lowest level. This is partially consistent with Alluhaybi, Usher, Durkin, & Wilson, [27], who studied that clinical nurse managers' leadership styles and staff nurses' work engagement in Saudi, found that the dedication subscale of work engagement was the most frequently reported, followed by absorption the vigor subscale of work engagement was the least frequently reported.

Also, this is cogurent with Allande-Cussó, , García-Iglesias, Ruiz-Frutos, Domínguez-Salas, Rodríguez-Domínguez, & Gómez-Salgado, [25], who studied that work engagement in nurses during the covid-19 pandemic, found that , the "dedication" dimension achieved the highest a mean score and followed by the "absorption" dimension and the "vigour" dimension scored the lowest mean.

This is contradicted with Dong, Lu, Wang, Zhang, Chen, Li, & Shang [14], who studied that the effects of job characteristics, organizational justice and work engagement on nursing care quality in China , the mean score of work engagement was 4.67(SD = 1.30), with vigour rated the lowest. Also, this is inconsistent with Ahmed, Shazly, & Abdrabou, [23], who studied that relationship between work design characteristics and work engagement among staff nurses. This study display that less than half of staff nurses (48.0%) had high level at vigor dimension& absorption dimension. While more than half of them, (55.5%) had high level at dedication dimension.

Regarding with relationships among internal marketing perception, internal marketing knowledge, internal marketing strategies, and work engagement among the Nurse Managers at the different training phases, the present study concludes that there were highly significant statistical positive correlations between internal marketing perception with total knowledge, among internal marketing perception with total engagement, and between engagements with total knowledge.

This is congruent with Ebrahim, [13], who studied that enhancing nurses toward internal marketing and its effect on patients' outcome at Benha university hospital, revealed that there was positive statistical significant correlation between total knowledge scores and attitude scores toward internal marketing of the studied nurses during pre- immediately-post and follow up educational program phases.

5. CONCLUSIONS

The finding of the present study concluded that: internal marketing training program for nurse managers at the selected hospital was effective in improving their practice of internal marketing strategies and work engagement. That's to say, regarding nurse

manager`s perception of internal marketing there was a statistical significant difference of nurse manager's perception mean scores in immediately post and follow up phases in relation to preprogram mean score. Regarding nurse manager total knowledge level of IM, there was statistical significant differences of nurse manager's perception mean scores in immediately post and follow up phases in relation to preprogram mean score. Regarding nurse manager practice of IM strategies, there was statistical significant differences of nurse manager's perception mean scores in immediately post and follow up phases in relation to preprogram mean score. Regarding work condition, there was improvement of commitment mean scores in immediately post and follow up phases compared to preprogram mean score. Regarding nurse manager work engagement, there was statistical significant differences of nurse manager's perception mean scores in immediately post and follow up phases in relation to preprogram mean score. The study hypothesis were approved.

6. RECOMMENDATIONS

In the light of the present study finding and conclusions the following recommendations were suggested:

For nursing decision makers:

- Orientation program for newly employed nurses should include IM program.
- In-service training and education programs must be a continuous process for refreshing and increasing nurse's knowledge, attitude and skills about the internal marketing process especially newly employed nurses.
- Develop and implement marketing strategies and attendance workshops and conferences to increase awareness and practice of all nursing personnel toward marketing and its consequences with nurse representation and involvement.
- Initiate a marketing committee in MOH to disseminate IM concepts, benefits, and strategies among the health team members.
- Improve working conditions especially for nursing staff.

In nurse education level

- Introduce IM in nursing curricula in diploma, technical and baccalaureate nurses.

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