Journal DOI: 10.36713/epra1013 | SJIF Impact Factor (2025): 8.619 ISSN: 2347-4378
EPRA International Journal of Economics, Business and Management Studies (EBMS)
Volume: 12 | Issue: 5 | May 2025 -Peer-Reviewed Journal

TRAINING AND DEVELOPMENT AND EMPLOYEE ENGAGEMENT OF HEALTHCARE SECTOR IN SOUTH-SOUTH, NIGERIA

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ABSTRACT

This study examined the relationship between training and development (independent variable) and employee engagement (dependent variable), measured through vigor, dedication, and absorption, among healthcare professionals in South-South Nigeria. Adopting a cross-sectional survey design, the research collected data from 317 respondents across urban, semi-urban, and rural healthcare facilities in Rivers, Bayelsa, and Akwa Ibom States, selected via multi-stage sampling. Grounded in the positivist paradigm, the study utilized a structured questionnaire validated through expert review, with reliability confirmed via Cronbach's alpha (training and development: a = 0.824; vigor: a = 0.907; dedication: a = 0.722; absorption: a = 0.815). Spearman's rank-order correlation revealed significant positive relationships between training and development and all engagement dimensions: vigor (r = .497, p < .01), dedication (r = .437, p < .01), and absorption (r = .374, p < .01). Vigor emerged as the most responsive to training, underscoring its role in sustaining energy and resilience in high-pressure healthcare environments. Dedication's linkage to training highlighted the importance of purpose-driven skill development, while absorption's weaker correlation suggested systemic barriers like workload constraints. The findings affirm that targeted training enhances engagement but must be paired with environmental supports for optimal impact. Recommendations include: (1) implementing competency-based and role-specific training programs, reinforced by mentorship and recognition systems, to boost vigor and dedication; and (2) improving work conditions through streamlined workflows, updated tools, and flexible scheduling to deepen absorption. These strategies can help healthcare managers in South-South Nigeria cultivate a more engaged workforce, ultimately enhancing service delivery. The study contributes to literature by contextualizing the training-engagement nexus within a resource-constrained healthcare setting, offering practical insights for policymakers and administrators.

KEYWORDS: *Training & Development, Employee Engagement, Vigor, Dedication, Absorption*

1.0 INTRODUCTION

The healthcare sector serves as a critical pillar of Nigeria's economy, contributing significantly to GDP, employment generation, and foreign exchange earnings through medical tourism and pharmaceutical exports. Despite its economic importance, the sector faces numerous challenges including inadequate funding, brain drain, and poor infrastructure - all of which negatively impact workforce productivity and service delivery (Adeoye et al., 2023). These systemic challenges have created a work environment where healthcare professionals often experience burnout, low motivation, and declining engagement levels (Mowbray et al., 2014), ultimately compromising the quality of patient care. The current situation presents a paradox where the sector most critical to national development struggles with maintaining an engaged workforce capable of meeting population health needs.

Employee engagement, characterized by vigor, dedication, and absorption (Schaufeli & Bakker, 2010), assumes particular significance in healthcare institutions where human capital constitutes the primary determinant of service quality. Engaged healthcare workers demonstrate higher levels of creativity, productivity and organizational commitment (Albrecht et al., 2015), while also exhibiting greater resilience in managing work-related stressors (Bakker & Demerouti, 2008). The three dimensions of engagement - vigor (energy and mental resilience), dedication (emotional connection to work), and absorption (task immersion) - collectively determine healthcare professionals'

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capacity to deliver consistent, quality care even under challenging conditions (Al-Dalahmeh et al., 2018). However, current engagement levels remain suboptimal across many Nigerian healthcare facilities, manifesting in high turnover rates and declining service quality (Coyle-Shapiro et al., 2019).

Training and development (T&D) emerges as a strategic human resource intervention with strong potential to enhance employee engagement in the healthcare sector. As a systematic process for enhancing employees' skills, knowledge and competencies (Noe, 2017), T&D addresses critical engagement drivers including competence development, autonomy support, and relatedness - the three basic psychological needs identified by Self-Determination Theory (Deci & Ryan, 2000). Effective T&D programs not only bridge skill gaps but also signal organizational investment in employee growth, thereby fostering stronger psychological contracts (Rousseau, 1995) and work meaningfulness (Truss et al., 2013). In healthcare settings, continuous T&D enables professionals to confidently handle evolving medical challenges (Kumar et al., 2022), while structured development opportunities promote long-term career satisfaction (Anitha, 2014). The competence-autonomy support provided through T&D appears particularly crucial for sustaining vigor and dedication among healthcare workers facing chronic resource constraints (Akinyemi & James, 2021).

Despite growing recognition of T&D's strategic value, existing research presents notable gaps that this study seeks to address. While studies like Jain and Khurana (2017) and Thanh and Ha (2023) have established the general relationship between T&D and engagement, few have examined this dynamic specifically within healthcare contexts, particularly in developing economies. The South-South region of Nigeria presents a unique research setting characterized by both healthcare workforce challenges and increasing health service demands, yet remains understudied in engagement literature. Furthermore, existing studies have predominantly focused on broad engagement metrics rather than its specific dimensions (vigor, dedication, absorption) as proposed in the Job Demands-Resources model (Bakker & Demerouti, 2008). Studies such as Akoto (2024) and Adeyemo et al. (2024) have examined T&D outcomes like job satisfaction and retention, but not their mediating effects on engagement dimensions. This leaves unanswered questions about how different T&D approaches might distinctly influence vigor, dedication and absorption among healthcare professionals.

The persistence of declining employee engagement in Nigeria's healthcare sector despite various scholarly efforts underscored the need for this investigation. While previous research has identified multiple predictors of engagement, the specific role of T&D in driving engagement within the South-South healthcare context remains unclear. This study therefore examined the relationship between T&D and employee engagement among healthcare professionals in South-South Nigeria.

1.1 Hypotheses

The following hypotheses were formulated to guide the study:

H_{01}: There is no significant relationship between training and development and vigor of healthcare sector in south-south, Nigeria.

H_{02}: There is no significant relationship between training and development and dedication of healthcare sector in south-south, Nigeria.

H_{03}: There is no significant relationship between training and development and absorption of healthcare sector in south-south, Nigeria.

2.0 LITERATURE REVIEW

2.1 Conceptual Review

2.1.2Training and Development

Training and Development (T&D) is a strategic human resource management practice aimed at enhancing employees' skills, knowledge, and competencies to improve job performance and align with organizational goals (Noe, 2017; Dessler, 2019). Training involves structured learning activities such as workshops, on-the-job training, and e-learning to equip employees with job-specific skills, while development focuses on long-term growth through mentorship, coaching, and career advancement opportunities (Klepić, 2021). Recent studies highlight the critical role of T&D in fostering employee engagement by addressing skill gaps, reducing job-related stress, and promoting a sense of competence and autonomy (Akinyemi & James, 2021; Kumar et al., 2022). In the healthcare sector, continuous T&D ensures professionals remain adept at handling evolving medical challenges, thereby enhancing service delivery and

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reducing errors (Adeoye et al., 2023). Effective T&D programs are linked to higher productivity, innovation, and employee retention, as they signal organizational investment in employee growth, which in turn strengthens engagement (Saks, 2006; Anitha, 2014).

2.1.3 Employee Engagement

Employee engagement refers to the emotional and psychological commitment employees exhibit toward their work and organization, characterized by vigor, dedication, and absorption (Schaufeli & Bakker, 2010; Saks, 2006). Engaged employees are intrinsically motivated, proactive, and emotionally invested in their roles, leading to higher creativity, productivity, and organizational performance (Albrecht et al., 2015; Harter et al., 2002). Research underscores that engagement is driven by factors such as meaningful work, supportive leadership, and opportunities for development (Deci & Ryan, 2000; Truss et al., 2013). In healthcare, engagement is vital for maintaining high-quality patient care and reducing burnout (Mowbray et al., 2014). Organizations that foster engagement through fair HR practices and psychological contract fulfillment experience lower turnover and higher job satisfaction (Rousseau, 1995; Coyle-Shapiro et al., 2019).

2.1.4 Measures of Employee Engagement

Vigor

Vigor, a dimension of employee engagement, denotes high energy levels, mental resilience, and persistence in work tasks (Schaufeli & Bakker, 2010; Shirom, 2010). Employees with vigor demonstrate enthusiasm, proactive behavior, and the ability to overcome challenges without succumbing to fatigue (Christian et al., 2011). Recent studies link vigor to job resources such as autonomy, feedback, and supportive work environments, which enhance motivation and reduce burnout (Bakker & Demerouti, 2008; Obeidat, 2016). In healthcare, vigor is critical for sustaining performance under pressure, as it enables professionals to maintain focus and deliver consistent care (Al-Dalahmeh et al., 2018). Organizations can cultivate vigor through equitable workloads, recognition, and wellness programs (Amahwa & Otuya, 2020).

Dedication

Dedication reflects an employee's deep emotional connection to their work, marked by feelings of pride, inspiration, and significance (Schaufeli & Bakker, 2010; Mauno et al., 2007). Dedicated employees are passionate about their roles, view their tasks as meaningful, and align their efforts with organizational goals (Karatepe & Olugbade, 2009). Research highlights that dedication is fostered through recognition, career development opportunities, and a positive work culture (Al-Dalahmeh et al., 2018). In healthcare, dedication drives professionals to go beyond basic duties, improving patient outcomes and teamwork (Truss et al., 2013). Leadership practices that emphasize trust and purpose further strengthen dedication, reducing turnover intentions (Rayton & Yalabik, 2014).

Absorption

Dedication reflects an employee's deep emotional connection to their work, marked by feelings of pride, inspiration, and significance (Schaufeli & Bakker, 2010; Mauno et al., 2007). Dedicated employees are passionate about their roles, view their tasks as meaningful, and align their efforts with organizational goals (Karatepe & Olugbade, 2009). Research highlights that dedication is fostered through recognition, career development opportunities, and a positive work culture (Al-Dalahmeh et al., 2018). In healthcare, dedication drives professionals to go beyond basic duties, improving patient outcomes and teamwork (Truss et al., 2013). Leadership practices that emphasize trust and purpose further strengthen dedication, reducing turnover intentions (Rayton & Yalabik, 2014).

2.2 Theoretical Framework

Self-Determination Theory (SDT)

Self-Determination Theory (SDT) was developed by Edward L. Deci and Richard M. Ryan in the 1980s as a macro theory of human motivation, personality development, and well-being. The core tenets of SDT revolve around three fundamental psychological needs: autonomy (the need to feel in control of one's actions), competence (the need to feel effective and capable), and relatedness (the need to feel connected with others) (Deci & Ryan, 1985). According to the theory, when these needs are satisfied, individuals exhibit enhanced self-motivation, engagement, and psychological growth. However, SDT has been critiqued for its overemphasis on internal motivation while underplaying the importance of external rewards in organizational contexts, particularly in cultures where collectivism and hierarchical structures are dominant (Vansteenkiste et al., 2010).

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In the context of training and development and employee engagement in the healthcare sector in South-South Nigeria, SDT offers a valuable lens for understanding how tailored capacity-building efforts can foster intrinsic motivation and engagement. When healthcare workers are provided with development opportunities that enhance their skills (competence), allow them to exercise judgment and initiative (autonomy), and promote teamwork and collaboration (relatedness), their emotional and psychological investment in their work tends to increase. This is particularly critical in healthcare settings, where high engagement is necessary to ensure quality care delivery despite challenging conditions. SDT, therefore, underpins this study by offering a framework that links the psychological outcomes of training interventions with sustained employee engagement.

2.3 Empirical Review

Table 2.1: A Webometric of Empirical Review and Gaps in Literature

S/No	Author(s) / Year	Topic / Objectives	Methodology	Findings	Conclusion	Gaps	Comparison with Current Study
1	Jain and Khurana (2017)	To map the impact of Training and Development practices on overall employee engagement and its factors (Job Satisfaction, Organizational Commitment, Advocacy, Pride, Intention to Stay, Emotional Connect)	Self-administered questionnaire (450 respondents)	Significant effect of Training and Development on Job satisfaction, Organizational commitment, Advocacy, Pride, Intention to stay, and overall employee engagement. No effect on Emotional connect.	Training and development impacts various aspects of employee engagement except emotional connect.	Focus on a broad range of engagement factors, differing from the focus on vigor, dedication, and absorption. Did not specify the sector.	Current study focuses on the healthcare sector in South-South, Nigeria, using SDT and Spearman's rank order correlation, and focuses on vigor, dedication, and absorption.
2	Thanh and Ha (2023)	To examine the effects of training and development (TD) on employee engagement (EE), satisfaction (ES) and retention (ER)	Structural equation modeling	TD is positively and directly associated with EE, ES and ER. EE mediates the effects of TD on ES and ER.	TD activities enhance employees' positive attitudes and behaviors, influencing engagement, satisfaction, and retention.	Includes employee satisfaction and retention, unlike the current study's focus solely on employee engagement. General "developing economy" setting lacks the specific regional context.	Current study is in the South-South region of Nigeria's healthcare sector, uses Spearman rank order correlation, and is grounded in Self-Determination Theory (SDT).
3	Akoto (2024)	To assess the impact of training and development on employee job satisfaction and performance of two polyclinics	Quantitative cross-sectional survey design, purposive and convenient sampling, SPSS v. 21	Significant positive relationship between training and development and job satisfaction. Training and development	Training and development influences job satisfaction and performance.	Focus on job satisfaction and performance, not employee engagement. Different geographical and cultural context	Current study investigates employee engagement (vigor, dedication, absorption) in the healthcare sector in South-South,

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				positively impacted employee job performance. Job satisfaction impacted employee performance.		(Ghana vs. South-South Nigeria).	Nigeria, using Spearman rank order correlation and SDT.
4	Adeyemo et al. (2024)	To investigate the impact of Training and Development on Employee Retention in Listed Insurance Companies	Cross-sectional survey design, MANOVA	Training frequency and quality significantly influence job satisfaction but not turnover intention. Development opportunities moderately impact job satisfaction but not turnover intention.	Continuous and high-quality training enhances job satisfaction.	Focus on employee retention in the insurance sector, not employee engagement in the healthcare sector.	Current study examines engagement in the healthcare sector in South-South, Nigeria, using Spearman rank order correlation and SDT.
5	Saleh and Azimi (2025)	To explore the impact of Training and Development (T&D) on improving employees' Performance and Productivity (P&P) in JACK NGO	Quantitative research, linear regression analysis	T&D has a strong and statistically significant positive relationship with employee performance and productivity. On-the-job training is particularly effective.	Strategic T&D programs are essential for enhancing employee effectiveness and organizational success.	Focus on employee performance and productivity in an NGO setting, not employee engagement in the healthcare sector.	Current study examines employee engagement in the healthcare sector in South-South, Nigeria, using Spearman rank order correlation and SDT.

3.0 METHODOLOGY

The study employed a cross-sectional survey research design to examine the relationship between training and development (independent variable) and employee engagement (dependent variable), measured through vigor, dedication, and absorption, among healthcare professionals in South-South Nigeria. This design was chosen because it allowed for the collection of data at a single point in time, facilitating the analysis of associations between variables without inferring causality (Saunders et al., 2019). The research was grounded in the positivist paradigm, which emphasizes objectivity and empirical observation, ensuring that findings were derived through systematic data collection and statistical analysis (Sekaran & Bougie, 2016). A structured questionnaire was administered to 317 respondents selected through a multi-stage sampling technique, ensuring representation across urban, semi-urban, and rural healthcare facilities in Rivers, Bayelsa, and Akwa Ibom States. The sample size was determined using Krejcie and Morgan's (1970) formula, ensuring statistical adequacy.

The validity and reliability of the research instrument were rigorously assessed to ensure data accuracy. Face and content validity were established through expert reviews, confirming that the questionnaire items accurately measured the intended constructs (Babbie, 2020; Haynes et al., 1995). Reliability was tested using Cronbach's alpha, with all constructs—training and development ($\alpha = 0.824$), dedication ($\alpha = 0.722$), absorption ($\alpha = 0.815$), and vigor ($\alpha = 0.907$)—exceeding the 0.70 threshold, indicating strong internal consistency (Nunnally, 1978). Data analysis was

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conducted using Spearman Rank Order Correlation to test the hypotheses, as this non-parametric method was suitable for examining relationships between ordinal-scaled variables (Lauren, 2021).

4.0 RESULTS AND DISCUSSION

4.1 Results and Analyses

Table 4.1: Demographic Analyses

		Frequency	Percent	Valid Percent	Cumulative Percent
Gender Distribution of Respondents					
Valid	Male	181	57.1	57.1	57.1
	Female	136	42.9	42.9	100.0
	Total	317	100.0	100.0	
Age Group Distribution					
Valid	18 - 29 years	105	33.1	33.1	33.1
	30 - 45 years	125	39.4	39.4	72.6
	46 years and above	87	27.4	27.4	100.0
	Total	317	100.0	100.0	
Marital Status Distribution					
Valid	Single	111	35.0	35.0	35.0
	Married	171	53.9	53.9	89.0
	Others	35	11.0	11.0	100.0
	Total	317	100.0	100.0	
Educational Qualification Distribution					
Valid	MBBS/BNSC or Equivalent	112	35.3	35.3	35.3
	MPH/MSN or Equivalent	165	52.1	52.1	87.4
	PhD/DNP or Equivalent	40	12.6	12.6	100.0
	Total	317	100.0	100.0	
Length of Time in Service Distribution					
Valid	0 - 4 years	76	24.0	24.0	24.0
	5 - 9 years	97	30.6	30.6	54.6
	10 - 14 years	112	35.3	35.3	89.9
	15 years and above	32	10.1	10.1	100.0
	Total	317	100.0	100.0	

The demographic analysis revealed key characteristics of the respondents in the study. As shown in Table 4.1, the gender distribution indicated a slightly higher representation of male respondents (57.1%) compared to females (42.9%), suggesting a gender disparity in the healthcare workforce in South-South Nigeria. Age distribution showed that the majority of respondents (39.4%) fell within the 30–45 years age bracket, followed by those aged 18–29 years (33.1%) and 46 years and above (27.4%). This suggests that the healthcare workforce is predominantly composed of middle-aged professionals, likely reflecting a balance between experience and youthful dynamism. Marital status distribution indicated that most respondents were married (53.9%), followed by single individuals (35.0%) and others (11.0%), which may imply that work-life balance policies could be an important consideration for employee engagement strategies.

Educational qualifications revealed that a majority of respondents held an MPH/MSN or equivalent (52.1%), followed by MBBS/BNSC or equivalent (35.3%) and PhD/DNP or equivalent (12.6%), indicating a workforce with strong professional qualifications. The length of service distribution showed that most respondents had served between 10–14 years (35.3%), followed by 5–9 years (30.6%), 0–4 years (24.0%), and 15 years and above (10.1%). This suggests that a significant proportion of the workforce has substantial experience, which may influence their engagement levels and perceptions of training and development initiatives.

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4.1.1 Univariate Analyses

Table 4.2: Descriptive Statistics on Training and Development

	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Deviation Statistic	Skewness		Kurtosis	
						Statistic	Std. Error	Statistic	Std. Error
The training programs provided by my organization address the specific challenges of my healthcare role.	317	1	5	3.33	1.058	-.461	.137	-.259	.273
I am given opportunities to attend external workshops or courses to enhance my professional skills.	317	1	5	3.46	1.077	-.524	.137	-.366	.273
My organization encourages continuous learning and supports my professional growth.	317	1	5	3.85	.947	-1.149	.137	1.497	.273
Training provided by my organization has positively impacted my ability to deliver quality patient care.	317	1	5	3.81	.970	-.988	.137	.997	.273
I receive adequate training on the use of new medical technologies and procedures.	317	1	5	3.21	.979	-.231	.137	-.315	.273
Valid N (listwise)	317								

The descriptive statistics presented in Table 4.2 reveal key insights into healthcare workers' perceptions of training and development initiatives in South-South Nigeria. The mean scores across all items ranged from 3.21 to 3.85 on a 5-point scale, indicating a generally positive but moderate perception of training effectiveness. The highest-rated statement, "My organization encourages continuous learning and supports my professional growth" (M = 3.85, SD = 0.947), suggests that employees perceive organizational support for skill development, though there is room for improvement. Conversely, the lowest-rated item, "I receive adequate training on the use of new medical technologies and procedures" (M = 3.21, SD = 0.979), highlights a potential gap in technical training, which may hinder optimal healthcare delivery. The negative skewness values (ranging from -1.149 to -0.231) indicate that responses were slightly skewed toward higher ratings, while kurtosis values suggest varying degrees of peakedness in response distributions.

The standard deviations (ranging from 0.947 to 1.077) reflect moderate variability in responses, implying differing experiences with training programs among healthcare workers. Notably, the statement on "Training provided by my organization has positively impacted my ability to deliver quality patient care" (M = 3.81, SD = 0.970) had a relatively high mean, suggesting that employees recognize the value of training in enhancing service quality. However, the lower mean for "The training programs address the specific challenges of my healthcare role" (M = 3.33, SD = 1.058) indicates that training may not always be sufficiently role-specific. These findings underscore the need for more tailored and technology-focused training programs to maximize employee engagement and healthcare efficiency in the region.

Table 4.3: Descriptive Statistics on Vigor

	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Deviation Statistic	Skewness		Kurtosis	
						Statistic	Std. Error	Statistic	Std. Error
I approach my work with energy and excitement every day.	317	1	5	3.19	1.030	-.323	.137	-.492	.273
I can maintain high levels of energy throughout my work shifts, even during demanding periods.	317	1	5	3.44	.981	-.687	.137	.064	.273
My role inspires me to push my limits and achieve challenging goals.	317	1	5	2.94	1.126	-.021	.137	-.753	.273

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I feel resilient and able to bounce back quickly from stressful work situations.	317	1	5	2.90	1.119	.029	.137	-.792	.273
My job energizes me and keeps me motivated throughout the day.	317	1	5	3.26	.949	-.471	.137	-.181	.273
Valid N (listwise)	317								

The descriptive statistics in Table 4.3 reveal moderate levels of vigor among healthcare workers in South-South Nigeria, with mean scores ranging from 2.90 to 3.44 on a 5-point scale. The highest-rated item, "I can maintain high levels of energy throughout my work shifts, even during demanding periods" (M = 3.44, SD = 0.981), suggests that many employees demonstrate resilience in managing work pressures. However, the relatively lower scores for "My role inspires me to push my limits and achieve challenging goals" (M = 2.94, SD = 1.126) and "I feel resilient and able to bounce back quickly from stressful work situations" (M = 2.90, SD = 1.119) indicate that a significant portion of respondents may struggle with sustained motivation and stress recovery. The negative skewness values (ranging from -0.687 to 0.029) suggest that responses were slightly skewed toward higher vigor levels, though the near-zero skewness for resilience-related items implies a more balanced distribution.

Standard deviations (ranging from 0.949 to 1.126) indicate variability in vigor perceptions, reflecting differing experiences among healthcare workers. The item "I approach my work with energy and excitement every day" (M = 3.19, SD = 1.030) and "My job energizes me and keeps me motivated throughout the day" (M = 3.26, SD = 0.949) received moderate ratings, suggesting that while some employees feel engaged, others may experience fatigue or disengagement. The negative kurtosis values for most items (ranging from -0.792 to -0.181) indicate flatter distributions, meaning responses were spread across the scale rather than clustered around the mean. These findings highlight the need for targeted interventions, such as stress management programs and motivational strategies, to enhance vigor and sustain employee engagement in this high-pressure sector.

Table 4.4: Descriptive Statistics on Dedication

	N Statistic	Minimum Statistic	Maximum Statistic	Mean Statistic	Std. Deviation Statistic	Skewness		Kurtosis	
						Statistic	Std. Error	Statistic	Std. Error
I take pride in being a part of my organization and its mission.	317	1	5	3.29	.963	-.417	.137	.047	.273
I am deeply committed to delivering the best possible care to patients.	317	1	5	3.09	.947	-.235	.137	-.111	.273
I feel that my work contributes meaningfully to the organization's goals.	317	1	5	3.66	1.203	-.859	.137	-.094	.273
My dedication to my role often inspires my colleagues to perform better.	317	1	5	3.13	1.101	-.166	.137	-.757	.273
I believe my work positively impacts the lives of patients and their families.	317	1	5	3.38	1.126	-.524	.137	-.455	.273
Valid N (listwise)	317								

The descriptive statistics presented in Table 4.4 reveal important insights into the dedication levels of healthcare workers in South-South Nigeria. The mean scores across all items ranged from 3.09 to 3.66 on a 5-point scale, indicating generally moderate levels of dedication among respondents. The highest-rated statement, "I feel that my work contributes meaningfully to the organization's goals" (M = 3.66, SD = 1.203), suggests that employees derive a sense of purpose from their roles, though the relatively large standard deviation indicates significant variability in responses. In contrast, the lowest-rated item, "I am deeply committed to delivering the best possible care to patients"

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(M = 3.09, SD = 0.947), raises concerns about the consistency of professional commitment, potentially reflecting systemic challenges such as resource constraints or burnout. The negative skewness values (ranging from -0.859 to -0.166) suggest that responses were slightly skewed toward higher dedication levels, while the kurtosis values (ranging from -0.757 to 0.047) indicate mostly platykurtic distributions, meaning responses were spread across the scale rather than clustered around the mean.

Notably, the item "I believe my work positively impacts the lives of patients and their families" (M = 3.38, SD = 1.126) received a moderately positive rating, highlighting that many healthcare workers recognize the significance of their contributions. However, the lower mean for "My dedication to my role often inspires my colleagues to perform better" (M = 3.13, SD = 1.101) suggests limited perceived influence on peer motivation, possibly due to workplace culture or leadership factors. The standard deviations (ranging from 0.947 to 1.203) further underscore the variability in dedication levels, implying that while some employees feel highly engaged, others may experience detachment or dissatisfaction. These findings emphasize the need for targeted interventions, such as recognition programs and leadership development initiatives, to strengthen dedication and reinforce the connection between individual roles and organizational mission in Nigeria's healthcare sector.

Table 4.5: Descriptive Statistics on Absorption

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
I often find myself fully immersed in my tasks, losing track of time.	317	1	5	3.68	1.020	-.995	.137	.717	.273
My work demands my full attention, and I enjoy being completely focused on it.	317	1	5	3.85	.995	-1.187	.137	1.458	.273
I feel highly productive when engaged in my healthcare responsibilities.	317	1	5	3.57	1.049	-.818	.137	.224	.273
I remain engrossed in my duties, even during challenging situations.	317	1	5	3.54	1.008	-.819	.137	.314	.273
My job allows me to work in a state of flow, enhancing my performance.	317	1	5	3.59	1.029	-.831	.137	.234	.273
Valid N (listwise)	317								

The descriptive statistics in Table 4.5 reveal moderately high levels of absorption among healthcare workers in South-South Nigeria, with mean scores ranging from 3.54 to 3.85 on a 5-point scale. The highest-rated item, "My work demands my full attention, and I enjoy being completely focused on it" (M = 3.85, SD = 0.995), indicates that many employees experience deep engagement in their tasks, while "I often find myself fully immersed in my tasks, losing track of time" (M = 3.68, SD = 1.020) further supports this finding. The negative skewness values (ranging from -1.187 to -0.818) suggest that responses were skewed toward higher absorption levels, with most respondents reporting positive experiences of task immersion. The positive kurtosis values (ranging from 0.224 to 1.458) for these items indicate peaked distributions, meaning responses clustered around the higher end of the scale. These results suggest that, despite the demanding nature of healthcare work, many professionals in the region are able to achieve states of deep focus and engagement in their roles.

The remaining items—"I feel highly productive when engaged in my healthcare responsibilities" (M = 3.57, SD = 1.049), "I remain engrossed in my duties, even during challenging situations" (M = 3.54, SD = 1.008), and "My job allows me to work in a state of flow, enhancing my performance" (M = 3.59, SD = 1.029)—demonstrate consistent

Journal DOI: 10.36713/epra1013 | SJIF Impact Factor (2025): 8.619 ISSN: 2347-4378
EPRA International Journal of Economics, Business and Management Studies (EBMS)
Volume: 12 | Issue: 5 | May 2025 -Peer-Reviewed Journal

patterns of moderate to high absorption. The standard deviations (ranging from 0.995 to 1.049) indicate some variability in responses, suggesting that while many healthcare workers experience absorption, others may face distractions or barriers to full engagement. The relatively high means across all absorption items highlight the potential for healthcare roles to foster intrinsic motivation and productivity. However, the variability also points to opportunities for improvement, such as optimizing work environments or providing resources to minimize disruptions. These findings underscore the importance of designing supportive workplace conditions that enhance absorption, ultimately contributing to higher employee engagement and better healthcare delivery in the region.

4.1.3 Bivariate Analysis

Table 4.6: Test of Relationships between Training and Development and Employee Engagement (Vigor, Dedication and Absorption)

			Training and Development	Vigor	Dedication	Absorption
Spearman's rho	Training and Development	Correlation Coefficient	1.000	.497**	.437**	.374**
		Sig. (2-tailed)	.	.000	.000	.000
		N	317	317	317	317
	Vigor	Correlation Coefficient	.497**	1.000	.550**	.467**
		Sig. (2-tailed)	.000	.	.000	.000
		N	317	317	317	317
	Dedication	Correlation Coefficient	.437**	.550**	1.000	.589**
		Sig. (2-tailed)	.000	.000	.	.000
		N	317	317	317	317
	Absorption	Correlation Coefficient	.374**	.467**	.589**	1.000
		Sig. (2-tailed)	.000	.000	.000	.
		N	317	317	317	317

**. Correlation is significant at the 0.01 level (2-tailed).

The results presented in Table 4.6 reveal statistically significant relationships between training and development and all three dimensions of employee engagement - vigor, dedication, and absorption - among healthcare workers in South-South Nigeria. The Spearman's rho correlation coefficients indicate moderate to strong positive associations: training and development showed the strongest correlation with vigor ($r = .497$, $p < .01$), followed by dedication ($r = .437$, $p < .01$), and absorption ($r = .374$, $p < .01$). These findings lead to the rejection of all three null hypotheses (H01, H02, and H03), confirming that training and development initiatives significantly influence employee engagement in the healthcare sector. The robust p-values ($p = .000$) further underscore the reliability of these relationships, suggesting that investments in employee training are likely to enhance engagement levels across multiple dimensions.

Notably, vigor demonstrated the strongest association with training and development, implying that well-designed training programs may be particularly effective in boosting employees' energy, resilience, and enthusiasm for their work. The correlation between training and dedication ($r = .437$) also highlights the role of professional development in fostering employees' sense of pride, commitment, and alignment with organizational goals. While absorption had the weakest correlation with training ($r = .374$), the relationship remains statistically significant, indicating that training initiatives can still contribute to employees' ability to focus deeply on their tasks and achieve flow states. These results align with prior research emphasizing the importance of continuous learning in sustaining engagement, particularly in high-stress environments like healthcare.

Additionally, the intercorrelations among vigor, dedication, and absorption (ranging from $r = .467$ to $r = .589$) suggest that these engagement dimensions are interrelated and may mutually reinforce one another. For instance, employees who experience high vigor are also likely to report greater dedication and absorption, creating a positive feedback loop that enhances overall engagement. This interconnectedness underscores the need for holistic training programs that address multiple facets of engagement simultaneously. The findings have practical implications for healthcare

administrators in South-South Nigeria, emphasizing that targeted training investments can yield measurable improvements in employee motivation, performance, and job satisfaction - ultimately benefiting both staff well-being and patient care outcomes.

4.2 Discussion of Findings

Training and Development and Vigor

The study's finding that training and development had the strongest correlation with vigor (r = .497) aligns with Self-Determination Theory (SDT), which posits that competence and autonomy—key outcomes of effective training—enhance intrinsic motivation and energy levels (Deci & Ryan, 1985). Vigor, characterized by high energy and resilience (Schaufeli & Bakker, 2010), is critical in healthcare, where professionals face physically and emotionally demanding tasks. Training programs that address job-specific challenges (Adeoye et al., 2023) and reduce skill-related stress (Akinyemi & James, 2021) likely empower healthcare workers to approach their roles with greater enthusiasm and stamina. This finding is consistent with Jain and Khurana's (2017) observation that training enhances job satisfaction and advocacy, which are precursors to vigor. However, the current study uniquely highlights vigor as the most responsive dimension to training in Nigeria's healthcare sector, suggesting that energy and resilience are particularly malleable through skill development.

Training and Development and Dedication

The significant relationship between training and dedication (r = .437) underscores how professional growth opportunities foster emotional commitment and pride in one's work (Schaufeli & Bakker, 2010). SDT's relatedness need explains this linkage: training that promotes teamwork and aligns individual roles with organizational missions (Dessler, 2019) strengthens employees' sense of purpose. Dedication thrives when employees perceive their work as meaningful (Mauno et al., 2007), a perception bolstered by training that clarifies their impact on patient care (Adeoye et al., 2023). This finding mirrors Thanh and Ha's (2023) conclusion that training directly boosts engagement, though the current study specifically ties it to dedication in a high-stakes healthcare context. Notably, while Jain and Khurana (2017) found no training effect on emotional connection, this study contradicts that by showing dedication's responsiveness to development initiatives, possibly due to cultural differences or sector-specific dynamics in Nigeria.

Training and Development and Absorption

The weakest but still significant correlation between training and absorption (r = .374) suggests that while skill development enhances focus, other factors like workload and environment may limit deep immersion. Absorption, defined as intense concentration and flow (Schaufeli & Bakker, 2010), relies on job resources such as autonomy and feedback (Bakker & Demerouti, 2008). Training may indirectly foster absorption by improving competence (SDT; Deci & Ryan, 1985), but its moderate effect implies that healthcare workers' absorption is also constrained by systemic pressures like understaffing or inadequate tools (Al-Dalahmeh et al., 2018). This nuanced finding diverges from Saleh and Azimi's (2025) focus on productivity, instead highlighting that while training improves engagement, absorption requires complementary interventions like workload management. The study thus advances sector-specific insights, showing that in South-South Nigeria's healthcare settings, training alone may not suffice to achieve optimal flow states without addressing broader organizational barriers.

5.0 CONCLUSION AND RECOMMENDATIONS

This study confirms that training and development significantly enhance employee engagement among healthcare workers in South-South Nigeria, with notable positive effects on vigor, dedication, and absorption. The findings underscore the importance of strategic human resource investments in fostering a motivated, resilient, and focused workforce capable of delivering quality patient care despite challenging conditions. Consequently, it is recommended that:

i. Management should prioritize competency-based and role-specific training to sustain employee energy (vigor) and emotional commitment (dedication). This can be achieved by conducting regular needs assessments to tailor workshops addressing healthcare workers' daily challenges, such as stress management and clinical skill updates; implementing mentorship programs pairing junior staff with experienced professionals to foster pride and long-term engagement; and recognizing and rewarding participation in training to reinforce motivation.

ii. To deepen task immersion (absorption), management must complement training with environmental supports. To attain this, they should consider streamlining workflows to reduce unnecessary interruptions,

allowing uninterrupted focus during critical tasks; providing up-to-date tools and technologies to minimize frustration and facilitate seamless task execution; and introducing flexible scheduling to prevent burnout, ensuring staff can fully engage during work hours without exhaustion.

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