
ENGAGEMENT, SPIRITUALITY, AND THRIVING AT WORK AMONG NURSES

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ABSTRACT

Background: Organizations change their working environments to turn out to be more spiritual, it will perhaps turn into a significant new driver of work engagement and thriving at work. **Aim:** Investigate the relationship between engagement, spirituality, and thriving at work among nurses. **Subjects and Method: Design:** Descriptive correlational research design. **Subjects:** Total number of nurses included in the study were 257 nurses. **Setting:** The study was carried out in a Main Mansoura University Hospital at all departments of the main building, **data collection tools:** The incorporated scale of Utrecht work engagement, workplace spirituality, thriving at work scale. **Results:** The study results revealed that the highest percent of the nurses had a moderate level of total engagement and absorption domains. In addition, the highest percent of workplace spirituality domains was shown in the inner life, followed by a sense of community. Whereas, most of them had a moderate level in the total additional items. Also, the highest percent of the nurses had a moderate level of thriving and there had a level of vitality and learning domain. **Conclusion:** There was a highly positive correlation between work engagement, workplace spirituality, thriving at work among nurses. **Recommendations:** Continuing education programs for nurses in improving their workplace position and various clinical settings and different health care sectors are worthwhile would replication of the present study.

Keywords: Engagement, Nurses, Spirituality, Thriving, Work.

INTRODUCTION

Today medical care associations are described by quick change, industrialization, urbanization, just as technological headways that lead to progress, engagement, spirituality, and thriving at work among the nurses. Most importantly, satisfaction level has been on the climb due to the ever expanding rivalry and efforts to attempt to stay up with advancements in one's field, along with the consistent danger of missing the mark concerning one's own and those of other's assumptions (Dhawan, 2013).

Khatri, Gupta, & Varma (2017) and Ghazawy, Mahfouz, Mohammed, & Refaei (2019) mention that work engagement has arisen as a critical apparatus for guaranteeing patient wellbeing and care quality. Moreover, according to, Watson (2018) and Eldor and Vigoda-Gadot (2017) nurses' engagement is an active and satisfying concept that reflects the simultaneous expression of the multidimensional physical, emotional, and cognitive energies that benefit the organization and employees. It is also the nurse's ability to make a discretionary effort to work with the fundamental causal variables being clear objectives, leadership, responsibility, workload, organizational picture, work-life balance, and strengthening.

Later on, Christian, Garza, and Slaughter (2015) and Mazetti, Schaufeli, & Guglielmi (2018) viewed engagement as a superset of work engagement and the conceptual dimensions of vigor as occurring at the actual level, dedication at the passionate level, and absorption at the intellectual level. According to Swensen, Dilling, Mc Carty, Bolton, & Harper (2017) the work engages workers in medical clinic settings gives patient-focused consideration which builds patient fulfillment, and furthermore advances increased financial performance.

Spirituality is one of the significant determinants of nurses' engagement, it denotes strength, mental fortitude, assurance, morale, will, excitement, internal identity, enhance employee retention, prosperity, work fulfillment, responsibility, and citizenship behaviors, and organizational performance. In the working environment, spirituality consists of employees and organizations looking for a chance to develop and add to society in a significant manner. According to Ashmos and Duchon (2000) the three constructs that make up the theory of spirituality include meaningful work, inner self, a sense of community, and connectedness. Also, spirituality alludes to a reconnection to inner life enthusiasm for all-inclusive qualities that rise above vanity and supports

compassion for every living being (Devendhiran & Wesley, 2017; Gupta, Ravindranath, & Kumar, 2018 & Johnson, 2019).

Moreover, nurses' engagement and workplace spirituality require a feeling of connectedness with regards to the working environment. However, interest in work engagement and workplace spirituality has expanded extensively in the course of the last decade (Saks, 2011). Accordingly, if associations change their working environments to become more spiritual, it will perhaps turn into a significant new engine of thriving and engaged to work (Breytenbach, 2016). Thriving at work is connected and helps support performance, a significant component for understanding the human element of sustainability (Spreitzer, Porath & Gibson, 2012).

Thriving is the most paramount condition of prosperity, nurses thrive, it has better performance as evaluated by their supervisor in both in-role performance and as far as authoritative citizenship practices, engagement, and extra-job execution (Rath & Harter, 2010). Moreover, thriving is typically conceptualized as a dynamic process of acclimation to physical, psychological, or social adversity, leading to positive outcomes such as personal growth and enhanced functioning. Besides, thriving is regularly conceptualized as a dynamic process of acclimation to mental, physical, social misfortune, prompting positive results like self-awareness, improved working, and assuming a buoyant part in communication with others (Kleine, Rudolph, & Zacher, 2019& Basinska, 2017).

According to, Spreitzer & Porath (2014) thriving is an arising development, and it is viewed as a mental state comprised of two dimensions, to be specific vitality and learning. Vitality alludes to the feeling of being alive, energetic, and energized, while learning alludes to the development that comes from acquiring new information and abilities. In addition, Spreitzer et al. (2012) discovered thrive, nurses, have a healthier, less physical or substantial illnesses, looked for doctor care less frequently, and had lower burnout or work strain, and each factor converted into lower wellbeing costs. Lower absenteeism and making proficiency gains as far as efficiency.

Nurses thrive, profit from the positive well-being from the learning in their attempt and from expanded vitality (Porath et al. 2012). Institutions permit people to thrive when see them be benefiting as thriving workers have work fulfillment, positive achievement, and institutions' responsibility (Nilsson, 2015).

Significance of the Study

The study gave a diverse scope of qualities and advantages, from a person to organizational level and beyond. As far as the movement of research discourse, it would give data, reliability about the engagement and spirituality of nurses and its impacts on thriving. It was additionally essential to give data about the nature and degree of thriving in the nursing work environment, empower a more delicate and proactive way to engagement and spirituality in the workplace.

AIM OF STUDY

Investigate the relationship between engagement, spirituality, and thriving at work among nurses at the Main Mansoura University Hospital.

Research Questions:

1. What is the level of work engagement among nurses?
2. What level the workplace spirituality presented among nurses?
3. What is the level of thriving at work among nurses?
4. Is there a correlation between engagement, spirituality, and thriving at work among nurses at Main Mansoura University Hospital?

SUBJECTS AND METHOD

Research design:

The descriptive correlational research design was used.

Setting:

The study was carried out in a Main Mansoura University Hospital at all departments of the main building.

Subjects:

The target population of this study included staff nurses working in the previously mentioned settings; who were on duty and participate in the study during the period of data collection. Data obtained from a staff member's affairs office revealed that the total number of nurses in all departments was 415. Estimated minimum sample size $n = 200$ nurses with a confidence level, 95%, this increased to 257 nurses to avoid dropped, incomplete responses, or withdrawal.

Sampling technique:

The study subjects included (257) nurses who agree to participate in the study. The distribution of nurses, according to the different departments and were selected randomly.

The inclusion criteria :

They had to be currently working in nursing; least one year of experience in the hospital in their current job.

Tools of data collection:**Tool (I): Utrecht Work Engagement Scale.**

This scale was developed by Schaufeli (2007); updated and adopted from (Roach, 2017). To assess the levels of engagement of the staff nurses . It consists of two parts:

Part (I): This part included data about personal and job characteristics of the staff nurses; including gender, age, marital status department, qualifications, and years of experience.

Part (II): Utrecht work engagement scale. It consisted of 17 items. The items measured three domains of engagement; vigor (6 items), dedication (5 items), and absorption (6 items).

Scoring system:

All items were rated on a seven-point Likert scale ranging from 0 “Never” to 6 “Always”. Range score was calculated for each of the three dimensions: vigor (0-36), dedication (0-30), and absorption (0-36). Work Engagement scores are classified as Low engagement (<50%), Moderate engagement (50-75%), High engagement (>75%) based on a cutoff point of 50%.

Tool (II): Workplace Spirituality Scale:

This scale was developed by Ashmos & Duchon (2000); updated and adopted from (Johnson, 2017).

It consisted of 33 items and was used to measure the workplace spirituality of the staff nurses. The items measured three dimensions of workplace spirituality: meaningful work (7 items), sense of community (9 items), inner life (7 items), and additional items that conceptualization of workplace spirituality (12 items).

Scoring system:

All items were rated on a seven-point Likert scale that ranges from 1 = Strongly Disagree to 7 = Strongly Agree. Range score was calculated for each of the dimensions: inner life (5-35), conditions for the community (9-63), meaningful work (7-49), blocks to spirituality (6-42), personal responsibility (2-14), positive connections with others (2-14) and contemplation (2-14). Workplace spirituality scores are classified to low spiritual level (<50%), moderate spiritual level (50-75%), high spiritual level (>75%) based on cutoff point 50%.

Tool (III): Thriving at Work Scale:

This scale was developed by Porath et al. (2012) updated and adopted from (Roach, 2017).

It consisted of 10 items and was used to assess the level of thriving at work among staff nurses. The items measured two dimensions of thriving; vitality with (5 items) and learning (5 items).

Scoring system:

All items were rated on a seven-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree. Range score was calculated for each of the two dimensions: vitality (5-35) and learning (5-35). Thriving at work scores are classified to low thrive level (<50%), moderate thrive level (50-75%), high thrive level (>75%) based on cutoff point 50%.

Validity:

The validity was examined by five experts in the field. They were requested to express their opinions on the relevant fields to assure that the content was assessing what the researchers want to measure and comments on the translated tools. Also,

they reviewed the tools for clarity, relevance, comprehensiveness, and then necessary modification was done according to the opinions of experts of the content validity

Reliability:

The tools of the study were tested by using Cronbach's alpha coefficient test to assess the consistency of research tools. Utrecht's work engagement scale is 0.87, workplace spirituality scale was 0.86, and thriving at work scale was 0.78.

Pilot study:

A pilot study was carried out after the development of study tools, and before the data collection phase. A pilot study was carried out on 26 nurses who represent 10% of the nurses who fulfilled the criteria of the study to test applicability, feasibility, and objectivity and to estimate the needed time to fill the data collection sheets, and then necessary modification. Nurses responded well to the questionnaire during the pilot study and no changes required in the questionnaire and then were included from the original sample. Completion of nurses' sheets took 25-30 minutes and starting from April 2020 to the end of May 2020

Fieldwork:

This study was carried out in the period starting from June 2020 to the end of October 2020. Data were collected from nurses within the main Mansoura university. The questionnaire sheet was filled in by the study subjects after explaining the aim and purpose of the study. They were assured that the information given would be utilized confidentially and used for the research purpose only, and the researcher explained to them how to fill in the sheets. The researcher remained with the nurses until questionnaires were completed to ensure the objectivity of the responses and to check that all items were answered. The time needed to fill the questionnaire was from 25 to 30 minutes. Data were collected by the researcher from nurses three days per week.

Ethical Considerations:

Official permission through formal agreement was taken from the Dean of Faculty of Nursing, Port- Said University to carry out the study. Informed consent was

obtained from nurses to participate in the study. The studied nurses were informed that their participation is voluntary and they have the right of withdrawing from the study at any time. The studied nurses were ensured about the confidentiality of the information collected and that it was used only for the purpose of the study, and anonymity is guaranteed.

Data analysis:

The collected data were organized, tabulated, and statistically analyzed using SPSS software (version 22, SPSS Inc). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describes a categorical set of data frequency, percentage, or proportion of each category. The correlation between variables was evaluated using Pearson's correlation coefficient (r) Significance was adopted at $p < 0.05$ for interpretation of results of tests of significance (Dawson & Trapp, 2001).

RESULT:

Table (1): displays the personal and job characteristics of the nurses. The results reveal that the vast majority of nurses (90.3 %) were females. As well, more than one quarter (30.4%) of them aged between 21 to less than 25 years old. Slightly more than three-quarters (77.0%) of them were married. Regarding educational qualification, less than half of nurses (45.5%) had a nursing diploma. In relation to years of experience since graduation, more than one-third (37.0%) of nurses had years of experience between one year to less than five years. According to department position (14.8) were working in obstetrics and gynecology and (14.0) in the anesthesia department.

Table (2): Represents the level of work engagement scores among studies nurses. As shown in the table, nearly to half of nurses (47.1%) had a moderate level of absorption domain. Whereas, (40.1 %) of the nurses had a low level of engagement vigor domain. Finally (43.2 %) of the nurses had a moderate level of total work engagement. In addition, higher mean scores (20.47 ± 5.98) for domain absorption while lowest mean scores were (17.83 ± 6.85) for dedication domain.

Table (3): illustrates the level of work workplace spirituality scores among the studied nurses. As shown in the table, the highest percent of workplace spirituality dimensions as shown in the inner life (63.8%), followed by a sense of community

(62.3 %). Whereas, (75.9%) had a moderate total additional item level. Also, (63.8 %) of the nurses had a moderate spirituality level. While only, (3.5 %) of them had low spirituality levels.

Table (4): Represents the level of thriving at work dimensions among the studied nurses. As shown in the table, near half of the nurses (50.2 %, 49.8 %) had a high level of vitality and learning dimensions respectively. Finally, (51.8 %) of the nurses had a moderate level of total thriving at work.

Figure (1): Delineates correlation between work engagement and workplace spirituality among the studied nurses. There were appositive correlations between work engagement and workplace spirituality.

Figure (2): Reveals the correlation between work engagement and thriving at work among the studied nurses. There were also positive correlation between of work engagement and thriving at work.

Figure (3): Illustrate correlation between workplace spirituality and thriving at work scores among the studied nurses. There were highly positive correlation between workplace spirituality and thriving at work.

Table (1): Personal and job characteristics of the studied nurses at Main Mansoura University Hospital (N=257).

Variables	The studied nurses (N=257)	
	N	%
•Gender:		
Male	25	9.7
Female	232	90.3
•Age years:		
21-<25	78	30.4
25-<30	63	24.5
30-<40	68	26.5
40-55	48	18.7
Range	21-55	
Mean±SD	30.49±8.12	
•Marital status:		
Single	54	21.0
Married	198	77.0
Divorced	4	1.6
Widow	1	0.4
•Educational qualification:		
Secondary technical school of nursing	117	45.5
A technical institute of health	89	34.6
Nursing bachelor	51	19.8
•Experience years:		
1-<5	95	37.0
5-<10	54	21.0
10-<20	51	19.8
20-40	57	22.2
Range	1-40	
Mean±SD	10.47±9.09	
•Department:		
Anesthesia	36	14.0
Colon surgery	9	3.5
Colon unit	6	2.3
Nose, ear and throat	8	3.1
Emergency surgery	9	3.5
Endocrine surgery	9	3.5
Heart and chest	17	6.6
Heart and chest surgery	8	3.1
Internal medicine	16	6.2
Neonatal intensive care unit	12	4.7
Neurology	8	3.1
Neurosurgery	7	2.7
Obstetrics and gynecology	38	14.8
Orthopedic oncology	6	2.3
Orthopedic surgery	24	9.3
Rectum and colon unit	8	3.1
Renal dialysis	22	8.6
General surgery	14	5.4

Table (2): Mean scores of work engagement levels among the studied nurses at Main Mansoura University Hospital (N =257)

Work engagement domains	Level of work engagement (N =257)						Mean±SD	Range
	Low engagement		Moderate engagement		High engagement			
	N	%	N	%	N	%		
A-Engagement vigor	103	40.1	115	44.7	39	15.2	20.09±7.16	4-35
B-Dedication	98	38.1	81	31.5	78	30.4	17.83±6.85	2-30
C-Absorption	96	37.4	121	47.1	40	15.6	20.47±5.98	3-34
Total work engagement level	91	35.4	111	43.2	55	21.4	58.39±18.15	9-93

Table (3): Level of workplace spirituality scores among the studied nurses at Main Mansoura University Hospital (N =257).

Workplace spirituality dimensions	Level of workplace spirituality (N =257)						Mean ± SD	Range
	Low level		Moderate level		High level			
	N	%	N	%	N	%		
A- Meaningful work	25	9.7	110	42.8	122	47.5	37.05±6.57	8-49
B-Sense of community	16	6.2	81	31.5	160	62.3	50.09±8.11	16-60
C-Inner life	13	5.1	80	31.1	164	63.8	28.40±5.32	5-35
D-Total additional items	35	13.6	195	75.9	27	10.5	55.79±8.64	18-82
Total workplace spirituality	9	3.5	164	63.8	84	32.7	171.33±21.16	74-217

Table (4): Level of thriving at work dimensions scores among the studied nurses at Main Mansoura University Hospital (n=257).

Thriving at work dimensions	Level of Thriving (N=257)						Mean±SD	Range
	Low level		Moderate level		High level			
	N	%	N	%	N	%		
- Vitality	11	4.3	117	45.5	129	50.2	26.56±4.40	5-34
- A learning	13	5.1	116	45.1	128	49.8	26.73±4.01	5-34
Total thriving at work level	10	3.9	133	51.8	114	44.4	53.29±7.77	10-67

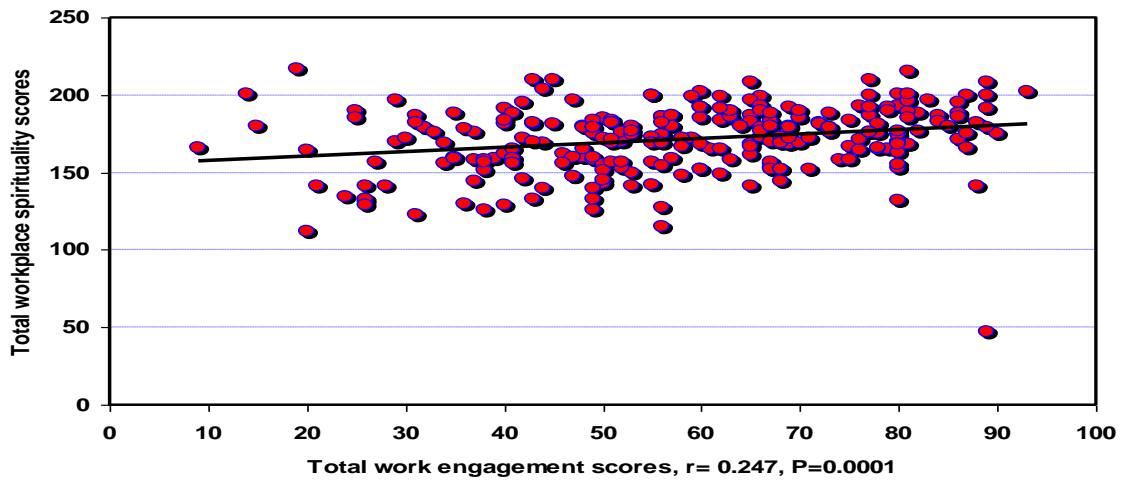


Figure (1): Correlation between work engagement and workplace spirituality among the studied nurses at Main Mansoura University Hospital (n=257).



Figure (2): Correlation between work engagement and thriving at work among the studied nurses at Main Mansoura University Hospital (n=257).

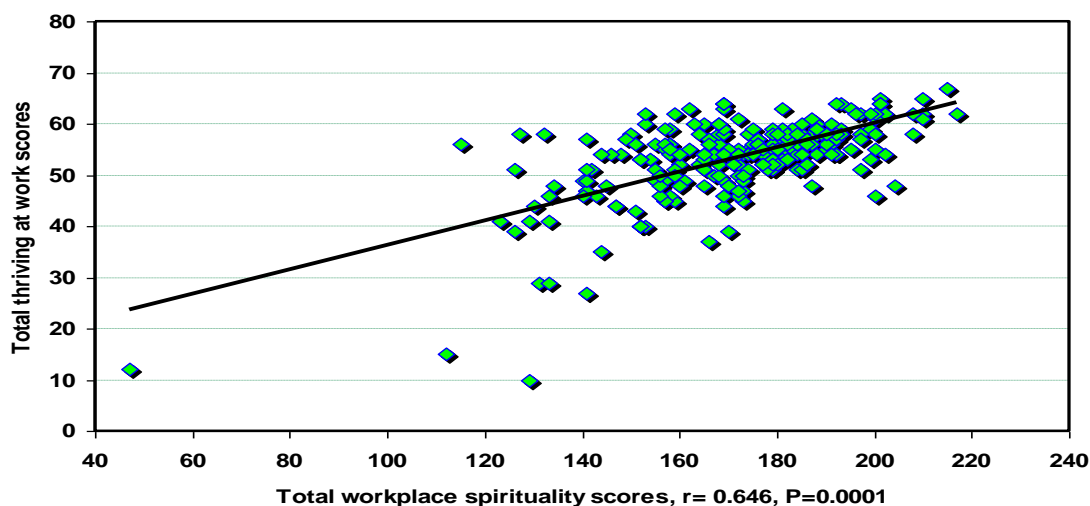


Figure (3): Correlation between workplace spirituality and thriving at work among the studied nurses at Main Mansoura University Hospital (n=257).

DISCUSSION

Sustainability of high performance is critical in order to create a competitive advantage in any environment. Work engagement is high energy that improves sustainable performance. Luckily, employees have the drive, the capacity for development performance consistently and over a long period of time (Llopis, 2012& Spreitzer, Lam & Fritz, 2014).

The present study was concerned with investigating the relationship between engagement, spirituality, and thriving at work, through identifying the level of work engagement, assessing workplace spirituality, determining the level of thriving, and detecting the relationship between engagement, spirituality, and thriving at work among nurses at Main Mansoura University Hospital.

The study included two hundred and fifty-seven nurses, the vast majority of them were females, more than three-quarters of them were married and all of them were working in different departments at the Main Mansoura University Hospital.

Regarding the work engagement of nurses, the findings find out that a high percentage of the nurses had a moderate and high engagement level in their work. This finding probably due to the nurses satisfied with their work due to the conditions in the hospital gave a good environment for their work and work performance aides that help them, to make a good service to the patients efficiently. Nurses are loving their work as

nurses due to they love their work and become a good condition where they take care of diseased persons.

This result agreed with Ghazawy et al. (2019) found that most of the nurses have a high level of work engagement. Work environment, accessibility of intentions and motivators, and capacity to decide (self-sufficiency) were indicators of a significant high-level work engagement among nurses. Work engagement represented a huge addition in explaining the difference in work performance and turnover intention. Hobfoll, Johnson, Ennis, & Jackson (2003) showed that using resources, both employee and occupation are basic to work engagement and refers to a positive evaluation of employee capacity to control the environment. In the same line, Suzuki, Tamesue, Asahi, & Ishikawa (2015) tracked down that, employee resources as organization-based confidence, self-viability, and idealism were emphatically connected with work engagement.

Meanwhile, our results regarding the level of work engagement domains among the studied nurses, cleared that, around two-third of nurses had moderate and high levels of engagement domains were shown in absorption followed by a dedication and engagement vigor. This result attributed to the most nurses feels responsibility for patients and their treatment. This result agreed with those of Christian, Garza, and Slaughter (2015) reported that, the nurse's engagement of work and the cognitive domains of vigor as happening at the actual level, dedication at the emotional level, and absorption at the intellectual level. In addition, this result agreed with Ghazawy et al. (2019) reported that the nurses are committed to their work and it is essential for them to have the required resources, environments, and performance feedback in order to support a balance between work requests and the feeling of satisfaction and decreased turnover rates.

In the same line results of Freney et al. (2009) who reported that dedication is the employees feeling of significance, impassioned articulation, motivation, and pride at work. Absorption is characterized as an outright center that one discovers trouble stop from work and all of them affected positively in engagement. Also, Fiabane et al. (2013) discovered that work engagement is described by energy, involvement, and professional efficacy and it is the opposite of burnout. Meanwhile, Marques, Dhiman, and King (2006) mention that, three components of the workplace that, affect the satisfaction of nurses in their work and improve their engagement that, includes (external, internal, and integrated) were essential for establishing a spiritual workplace.

Concerning the level of workplace spirituality among the nurses, the present study results cleared that, the majority of the nurses had moderate and high levels of workplace spirituality in their work. This result attributed to the workplace at the Main Mansoura University is a good place and gave good satisfaction to the nurses during work and work free from any stress conditions and consider the workplace is the main factor affecting the work characters of the nurses that it gave the comfortable environments to the nurses to do their work perfectly. Gupta, Kumar, & Singh (2014) discovered spirituality means that an employee through objectively work and community in a typical workplace becomes a spiritual entity. Moreover, Caponetti et al. (2013) reported that vigor, dedication, and absorption are rewards and recognition for work-life experiences. In this regard, Ross et al. (2016) and Wu et al. (2016) stated that personal spirituality is effectively understood in spiritual care. Also, most attitudes toward the spirituality of nurses indicate a positive attitude toward spiritual care.

Regarding the level of workplace spirituality dimensions among the studied nurses, the results cleared that, the highest percent of workplace spirituality dimensions as shown in the inner life, followed by a sense of community, followed by meaningful work dimension and additional factors dimension. This result attributed to the most nurses' believes that the inner life and sense of community are the main factors that affect the work of the nurses and causes satisfaction of them during treatment of the patients and attributed to the positive relationships between the work and the social condition and the community conditions. Organizations benefit by combining inner life, effective community, and purposeful work (Gangadharan & Welbourne, 2017). In this regard, Zsolnai & Illes (2017) characterized spirituality as a reconnection to the inner life and an enthusiasm for all-inclusive qualities that rises above selfishness and supports sympathy for every single living being.

This result conformed with Dhawan (2013) revealed that the job relegated to a person inside the general structure of the organization that coordinates him might be a pivotal part of an association. At the working environment, the pressure related to the job performed by the employee in the organization is one of the significant determinants of fruitful change and resulting performance of a worker. Stress-prompted due to the jobs performed by workers are considered as an intense organizational stressor.

Moreover, Singh & Mishra (2016) reported that nurses are obliged to respond, including organizations, testing themselves spiritually, strong hierarchical base, authoritative honesty, a positive workplace, feeling of community among individuals, opportunities for self-improvement and advancement, and worker appreciation. In the same line, spirituality is a global event that can impact people's moral decision-making. Also, the nurse satisfaction affected mainly by personal responsibility than the contemplation and blocks to spirituality (Vitell et al., 2016).

Ongoing the study results, regarding to thriving at work among the studied nurses, showed that highest percentage nurses had high and moderate levels of thrive in work. May be due to the nurses improved work enhance the knowledge and information and the improving vitality associated with good health condition of nurses that will improve their work and satisfaction especially that will improve the nurse satisfaction and thriving. This result congruent with those of Porath et al. (2012) and Roach (2017) reported that, the nurse satisfaction in the workplace improves the thriving of the work at work scale. Research on thriving has addressed the importance of factors such as caring relationships to support thriving both during periods of stress and adversity, as well as during periods of opportunity and growth, social support is an important element that helps people thrive when they are experiencing positive growth as well (Feeney & Collins, 2015).

Regards to thriving dimensions at work among the studied nurses, cleared that, highest percentage nurses had high and moderate levels of vitality and learning thriving dimensions at work among the studied nurses. May be nurses they keep on to learn more and increasingly more as time passes by, self learning often, continually improving and have developed a lot. This result attributed to the learning improves the satisfaction and indications with the improvement of the nurse work place that will improve the nurse thriving.

This result agreed with those of Bakker and Demerouti (2008) reported that, the learning nurses have been found to enhance work engagement, spirituality and thriving. Spreitzer, Sutcliffe, Dutton, Sonenshein and Grant (2005) stated that thriving at work as occurring when workers feel a feeling of progress and force, vitality, and a feeling of encountering advancement through new information and thoughts and is related with a better way of life practices and good wellbeing health.

Regarding to the correlation between work engagement, workplace spirituality and thriving at work among studies nurses, cleared that, a statistically significant correlation between all variables. This result may be because nurses are positive and satisfactory participation in work, has vitality, dedication, high levels of commitment and energy, even when there are difficulties and obstacles. Also, attributed the increasing satisfaction will increase the productivity of the nurses and their total thriving at the work level.

This finding was congruent with Breytenbach (2016) discovering the correlation between engagement and spirituality at work. This finding suggests that the degree to which individuals feel connected with and immersed in work and upon the degree to which they experience spirit in their work. Moreover, Sharma and Hussain (2012) found a relationship between all workplace spirituality dimensions and the vigor dimension of engagement. Additional Spreitzer et al. (2005) suggest that spirituality-based organizations enable nurses to completely engage in their jobs, leading to nurses engagement and spirituality at work.

In the same line, Petchsawang and McLean (2017) found a positive correlation between employee engagement and the spiritual dimensions in the workplace. Also indicated that employees who have a satisfying spiritual life tend to be satisfied with their working life, meaning that satisfaction has an indirect effect, and employees spend their energies fully in their work when they are happy. Spirituality at work positively influences employees' perceptions of their organization. However, it is important that organizations support the development of the spiritual well-being of employees to empower them to engage and excel in the workplace.

The study findings were supported by Spreitzer et al. (2012) who reported that, posits that having access to a wide range of information about the organization encourages employee thriving. When people can see the larger impact their work has on the wider organization and why the decisions that are being made are made, they are more likely to thrive and are more likely to make good decisions. Finally, the competitive advantage of the organization is affected by the engagement in the work at a high level (Beukes and Botha, 2013).

CONCLUSION

Based on the study findings; it was concluded that:

The highest percent of nurses had a moderate level of work engagement at the Main Mansoura University Hospital. Moreover, the around half of the nurses had a moderate level of absorption. In addition, most the nurses had a moderate level of workplace spirituality Whereas, the highest percent of workplace spirituality domains was shown in the inner life, followed by a sense of community. In addition, there was the majority of nurses had moderate and high level of thriving at work. Also, thriving domains, vitality and learning had high and moderate level. In the end, there was highly apposite a statistically significant correlation between engagement, spirituality, thriving at work among nurses.

RECOMMENDATION

- Hospital administrators and policymakers establish an alluring working environment among the nursing staff to increase their engagement.
- Conduct periodic meetings between nurse manager and staff nurses to share, improve two way of communication, discuss nurses' problems, share nurses in creating solutions for their problems and advanced work engagement.
- Conducting in-service training programs for nurses to improving their workplace position.
- Hospital managers are responsible for providing adequate resources to nursing staff to enable them to perform their jobs and allocating workloads and working hours to ensure that staff is not overburdened.

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الاندماج والروحانية والازدهار في العمل بين الممرضين

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الخلاصة

الخلفية: تغير المنظمات بيئات عملها لتصبح أكثر روحانية ، وربما تتحول إلى محرك جديد مهم للمشاركة في العمل والازدهار في العمل. الهدف: التحقق من العلاقة بين الارتباط والروحانية والازدهار في العمل بين الممرضات. تصميم البحث الوصفي الارتباطي ، شمل الدراسة (257) ممرضًا. تضمنت أدوات جمع البيانات المشاركة في العمل ، والروحانية في مكان العمل ، والازدهار على نطاق العمل. النتائج: أظهرت نتائج الدراسة أن أعلى نسبة من الممرضين كان لديهم مستوى متوسط من المشاركة ومجال الاستيعاب. بالإضافة إلى ذلك ، ظهرت أعلى نسبة من مجالات الروحانية في مكان العمل في الحياة الداخلية ، يليها الشعور بالانتماء للمجتمع. في حين أن معظمهم كان لديهم مستوى معتدل في إجمالي العناصر. أيضا ، كانت أعلى نسبة من الممرضين ذات مستوى متوسط من الازدهار وكان هناك مستوى معتدل من الحيوية ومجال التعلم. الخلاصة: توجد علاقة ذات دلالة إحصائية إيجابية بين الانخراط في العمل والروحانية في مكان العمل والازدهار في العمل بين الممرضين. التوصيات توصي الدراسة ، في مجال الخدمات ، بأن تكون برامج التعليم المستمر للممرضين في تحسين وضعهم في مكان العمل والعديد من البيئات السريرية وقطاعات الرعاية الصحية المختلفة مفيدة لتكرار الدراسة الحالية.

الكلمات المرشدة : الاندماج ، الممرضين ، الروحانية والازدهار