



Effect of Workplace Spirituality on Work Attitudes among Nurses in the Hospital Setting

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Abstract: Healthcare organizations in the 21st century are fronting several challenges owing to globalization, rapidly moving customer marketplace, struggle, technology, economy, and diversity. Quality of care is a main health concern in the hospital setting. A work setting that supports professional nursing as well as the spirituality of nurses, discover in their labor may participate to quality of patient care. **Aim:** Explore the effect of workplace spirituality on work attitudes among nurses working in intensive care units at Shebin El-Kom teaching hospital. **Subjects and methods:** A descriptive correlational research design was utilized in the current study. Two questionnaires were applied, which are, Workplace Spirituality and Work Attitudes Questionnaires. All nurses (150) from intensive care units who were accessible at the period of data gathering and as well as agreed to be part of this study constituted the study sample. **Results:** Nearly about two thirds (64.66%) of participant nurses had high level of workplace spirituality, even though (15.33%) of them had low level of workplace spirituality. In addition, less than two thirds (60.6%) of participant nurses had high level of work attitudes, whereas, (15.3%) of them had low level of work attitudes. **Conclusions:** There was a highly statistically significant positive correlation ($p=0.0001$) between all dimensions of workplace spirituality and all dimensions of work attitudes except intention to quit. **Recommendations:** Planning and executing a comprehensive training program on the significance of maintaining workplace spirituality and delivering spiritual care specially in intensive care units and its effect on improving quality of care provided is essential.

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1. Introduction:

Nurses don't only work with their brain and their bodies but they also utilize their spirit. The expression of self in the workplace cannot be achieved just by physical actions or abstract ideas without putting their character into it. There are many advantages gained from self-expression whether reducing stress and absenteeism, decreasing the number of struggles or even enhancing the performance (1). Nurses must meet patients' physical, mental, social and spiritual needs to provide high quality care (2). Sense of spirituality is very helpful for nurses in the implementation of their jobs which increase the productivity of the organizations (3). Quality of care is a main health concern in the hospital setting. A work setting that supports professional nursing as well as the spirituality of nurses, discover in their labor may donate to quality of patient care. (4).

Workplace spirituality is a concept that has obtained the attention of both academicians and experts as a prominent part of examination. Workplace spirituality is fundamentally an employee's

understanding of spirituality in the framework of the workplace (5). Workplace spirituality means the sustenance of the spirit at work. It does not infer religion or obligation to any religious principles but rather it is the inner wisdom and connection to humanity (6).

Ashmos et al., (7) have declared that workplace spirituality is not merely showing one's intelligence at work nonetheless, expressing one's whole self at the workplace. Workplace spirituality is the work of finding chances for self-expression, performing ethical principles at work and experiencing sacredness in each part of life. Workplace spirituality knows that when a person comes for work they carry their sole personalities to the occupation in terms of dexterity, aptitude, benefits and personalities (8).

Spirituality differs from individual to individual and context to context. Spirituality is a mechanism of finding peace with inner self instantaneously creating a coherence between inner self and outer environment (9). Spirituality is defined as meaningful, holistic, an understanding of one's self, and an accepting of one's

relationship and interconnectedness to others ((6). Spirituality is a person's inner consciousness. It is the connate human need to connect to something beyond ourselves. It does not require a belief in God or a divinity (10). Spirituality involves having a meaningful, purposeful life and a connectedness to others, self, and nature (11).

Workplace spirituality is defined by Ashmos et al., (7) as the acknowledgment that personnel had an internal life, which is supported by significant work, which happen in the framework of public and to have alignment with the values with of the organization (12). Moreover, it is a felling of linking to somewhat beyond ourselves. It includes having a meaningful and purposeful life and a connectedness to others, self, and nature (11).

In health care, workplace spirituality includes one's efforts to discover sense and aim in life; keep healthy associations with the members of the multidisciplinary group, families, and other

employees; and, the preservation of a consistency between one's core principles and the standards of the particular institute (13). In the workplace worth arises from labor when unique principles that individual is creation a impact, producing a change, and linking to others and to somewhat outside, and larger than oneself, through pursuing a mutual aim (14 and 15).

The planned frame presented at Figure (1) clarified that spirituality in the workplace can serve the purpose of building organizational capacity at three levels: meaningful work (individual level); having a sense of community (group level) and being in alignment with the organization's values and mission (organizational level) (16). From another point of view Gupta et al., (17) identified four dimensions of workplace spirituality which are meaningful work, sense of community, organizational values and compassion. This model is used in the conduction of this study.

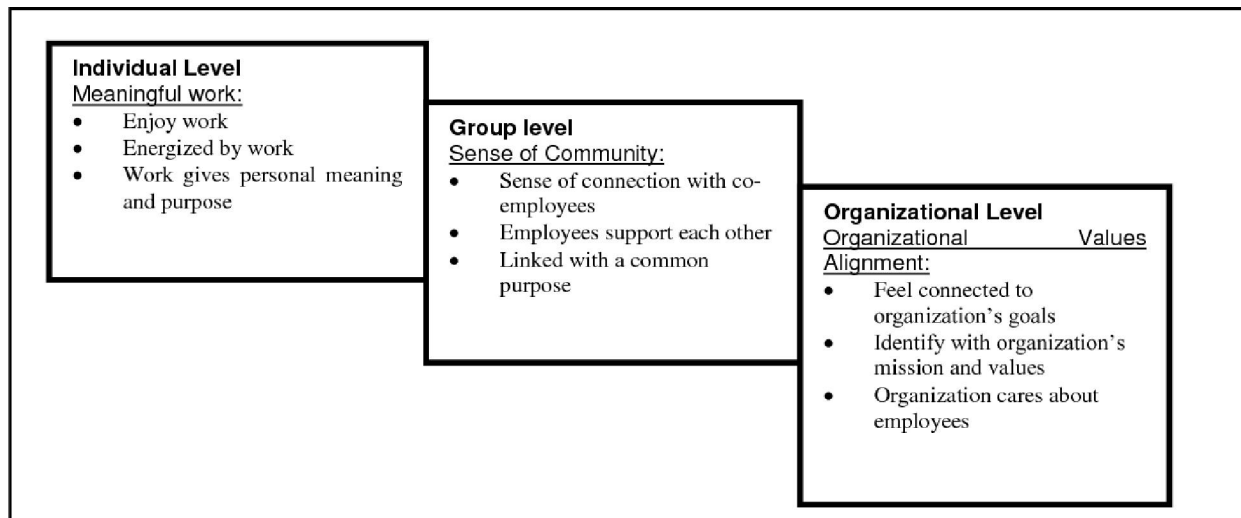


Figure 1 Conceptualization of workplace spirituality (Source: Milliman *et al.*, 2003: 432)

Meaningful work is a vital feature of spirituality at labor which includes having a profound sense of meaning and aim in one's work. This dimension of workplace spirituality denotes how personnel interrelate with their day-to-day labor at the individual level. A **sense of community** is a serious dimension of workplace spirituality that includes having a deep joining to; or association with others. **Alignment with organizational values:** A third aspect of spirituality in the workplace is when persons practice a strong sense of alignment between exploratory experimental assessment, their personal principles and their organization's mission and purpose (7 and 16). Finally, compassion is the fourth aspect of spirituality in the workplace which is defined as a wish to relieve

other people's suffering (18 and 1). Petchsawang & Duchon (19) defined this dimension of workplace spirituality (WPS) as "a deep consciousness of and compassion for others and a desire to release their suffering that results in accountability for another who is less blessed or suffering" (20).

Spirituality in the workplace can enhance teamwork, faith, imagination, and openness to alteration. Also, it contributes to improvement in levels of creative process engagement, job satisfaction and employee performance (12). Moreover, it is used as a tool for overcoming organizational problems and for change (21). Spirituality in the workplace means that personnel feel free to express who they are and what they bring to the working environment.

According to **Giacalone & Jurkiewicz (22)** people who have a higher personal spirituality generally make higher ethical decisions than those who do not **(6)**.

Research suggests that the focus on spirituality in the world of academia is to develop more considerable meaning to one's workplace. Spirituality in the workplace improves values, motivation, ethics, leadership, work-life stability, and other essential components of an institute. It allows for self-awareness, self-management, focusing on inner life, work-life balance, meaningful labor, and a sense of community. A spiritual workplace can create a culture of positive relationships and teamwork and can foster creativity **(6)**.

Though the study of workplace spirituality is completely novel, observed studies over the past two decades have constantly assured important relations between workplace spirituality and several work-related outcomes. **Van der Walt. & De Klerk (23)**, indicated that workplace spirituality has been discovered to be associated to organizational efficiency. While **Noor & Arif (24)** reported that spirituality shows an essential part in personeel' work satisfaction.

Likewise, **Milliman et al., (16)** specified a constructive connotation between workplace spirituality and various worker occupation-related outcomes, such as organizational commitment, an employee's intention to quit, intrinsic work satisfaction, job involvement, and organization-based self-esteem. Furthermore, **Pawar (25)** described a statistically significant relations between workplace spirituality and work attitudes, including job satisfaction, job involvement, and organizational commitment.

Attitude is defined as a tendency that comprises an emotional, an intellectual and a conative element **(26)**. Attitudes concerning numerous features of the working setting are denoted to as work-related attitudes. The work-related attitudes that have been stated on most commonly in the organizational behavior literature are organization commitment, intention to quit, intrinsic work satisfaction, job involvement, and organization-based self-esteem **(OBSE) (16)**.

Organization commitment has been defined as a state in which a person senses a connection with their organization and desires to preserve association in the institute. Intention to quit concerns whether a person is considering departing their present institute and investigating other labor chances **(16)**. Intrinsic job satisfaction and job involvement: Both of these attitudinal variables relate to how a worker views or notices their work experience in their present occupation and institute. Job satisfaction has been defined as the overall experience or emotions of

people regarding their present occupations **(27)**. Moreover, **Wnuk (28)** has described it as an emotional response derived from the environment.

Job involvement concerns the degree to which a person detects with and actively contributes in his/her work and considers his/her performance to be significant to their self-esteem **(17)**. Furthermore, job involvement is defined as the degree to which an individual notices the work condition to be a vital and essential portion of their life and uniqueness, owing to the chance it affords them to fulfill significant requirements **(29)**. Alignment with organizational standards can also be predictable to improve worker OBSE. Personnel who feel their input is valued and are also allied with their organization's principles believe they can make a actual alteration to the corporation and to others **(16)**.

Nurses, as the core of the treatment team, play a very essential role in improving community health. They have a large share of healthcare workers worldwide and cover over 80% of health-related services **(30)**. Also, with their critical behavior and function, nurses display an essential role in maintaining care quality and promoting the health status of society **(31)**. Nurses care for patients affected by misery and adversity. They provide patient care while concurrently confronting their own spirituality, or meaning in life. Not only is nursing care spiritual in nature, but also nurses who have a better understanding of their own spirituality, may be more effective in giving quality patient care **(4)**.

Significance of the study:

Spiritual organizations have a solid sense of purpose as its members recognize why an institute exists and what it standards, focuses on individual growth, organizational member relationships are branded by common faith, honesty and openness, employee empowerment. The organization culture encourages employees to be themselves and to express their moods and feelings without guilt or fear of reprimand **(32)**.

Based on the results of the studied literature it is detected that there are limited studies done locally about workplace spirituality. The arena of workplace spirituality is missing solid academic research to create what establishes effective workplace spirituality and how it can influence work attitudes among nurses. Furthermore, most of workplace spirituality studies revised did not directly bond workplace spirituality with the work attitudes and hence, there is a requirement to fill the current research gap by directing a study locally to examine the effect of workplace spirituality on work attitudes among nurses.

Aim of the study:

The aim of the present research was to explore the effect of workplace spirituality on work attitudes

among nurses working in intensive care units at Shebin El -Kom teaching hospital.

Research questions:

1. What are nurses' workplace spirituality levels at Shebin El-Kom teaching hospital?
2. What are nurses' work attitudes levels at Shebin El-Kom teaching hospital?
3. Is there a statistically significant positive correlation between workplace spirituality and work attitudes among nurses working in intensive care units at Shebin El- Kom teaching hospital?

2. Subjects and Methods

Research Design:

A descriptive correlational research design was applied in the conduction of this study.

Setting:

The study was conducted in all intensive care units (ICU) at Shebin El- Kom teaching hospital which is affiliated to General Organization for Teaching Hospitals and Institutes.

Subjects:

All nurses (150) from intensive care units who were accessible at the period of data gathering and as well as agreed to be part of this study constituted the study sample. They are working in the following areas (Cardiac Care Units (CCU), Pediatric Intensive Care Units (PICU), Neurosurgery, General Critical Care Units, and operating room).

Tools of data collection:

Two questionnaires were used to assess the variables from nurses' point of view, which are Workplace Spirituality and Work Attitudes Questionnaires.

Tool I: It consisted of two portions as the following:

Part I: Socio- demographic data:

This instrument was planned by the investigators to gather the socio- demographic data of the study sample (such as age; qualification; total years of experiences and marital status).

Part II: Workplace Spirituality Questionnaire:

This instrument was used to assess workplace spirituality from nurses' point of view which was adopted from **Gupta et al., (17)** and interpreted into Arabic by the investigators. It consisted of (35) items and divided into four main dimensions, which are meaningful work (9 items); sense of community (12 items); organizational values (9 items) and compassion (5 items). Each item was rated on a 5-point Likert scale. The likely answers extended from 1 (strongly disagree) to 5 (strongly agree) on all items. The greater the scores, the greater are the workplace spirituality level. The scores were then calculated and categorized as follows: scores (<60%) = low workplace spirituality level, while, scores from (60% -

75%) = moderate workplace spirituality level and scores (>75%) = high workplace spirituality level.

Tool II: Work Attitudes Questionnaire:

Work Attitudes Questionnaire was used to examine staff nurses' work attitudes. It is developed by **Ashmos et al., (7)** which included (22 items) distributed into five main dimensions, which are organization commitment (6 items), intention to quit (3 items), intrinsic work satisfaction (4 items), job involvement (4 items), and organization based self-esteem (OBSE) (5items). Each element was rated on a 5- point Likert scale. The potential answers extended from 1 (strongly disagree) to 5 (strongly agree) on all elements. The greater the scores, the greater are the work attitude level. The scores were then calculated and categorized as follows: scores (<60%) = low work attitudes level, while, scores from (60% -75%) = moderate work attitudes level and scores (>75%) = high work attitudes level.

Pilot study:

A pilot study was done on 10 nurses not involved in the study sample to examine the feasibility and applicability of the study tools, detect any problems, and assess the time required to fill in the questionnaires. Based on the results of the pilot study, the essential alteration and explanation of some questions were done. Validity and reliability of the study tool was verified using Cronbach's alpha extending from (0.82-96).

Methods of Data Collection:

Ethical approval was attained from an ethical research committee of the Faculty of Nursing, Menoufia University. An agreement to execute the study was attained from medical and nursing directors of the hospital setting. As soon as the subjects were requested to sign the planned consent form, then the researchers provided the questionnaire for filling it out, each participant was consumed 20-30 minutes to finish the questionnaire. The investigators told the applicants that all data collected will be utilized only for the purpose of research, and findings of the study will be published in aggregates. The data gathering stage of the study was accomplished in two months from 1/9/2019 to 30/10/2019.

Ethics and human rights:

An oral consent was gained from all participants who meet the inclusion criteria and agreed to be part of the current study before collecting any data. The data was collected by the researchers after describing the study aim to all participants. Anonymity and confidentiality of participants' information was totally assured. Voluntary participation in the study was assured to all participants as well. Participants were informed about their rights to withdraw from the study at any time without giving any reason.

Data Analysis Plan:

Data were reviewed, coded, entered, investigated and presented using Statistical Package of Social Sciences (SPSS) version 23. Both descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (Pearson correlation test, chi-square test, independent t test, P value less than 0.05 was considered significant.

3. Results:

Table (1): Demonstrated socio- demographic characteristics of participant nurses. As evident from the table, more than two thirds of staff nurses (70%) were less than 25 years, nearly about two thirds (60.6%) were married. More than half (57.33%) of them had Bachelor degree in nursing, and (46%) of them had 1-5 years of experience.

Distribution of workplace spirituality dimensions among participant nurses are illustrated in **table (2)**. As noticed from the table, the highest agreement for the majority of participant nurses (80%) was with the compassion dimension while the least agreement (46.6%) of them was organizational values.

Regarding, total workplace spirituality, nearly about two thirds (64.66%) of participant nurses had a high level of workplace spirituality, even though (15.33 %) of them had a low level of workplace spirituality.

Table (3): Displayed distributions of total work attitudes dimensions among participant nurses. As shown from the table, the highest agreement for most of participant nurses (74%) was with the job involvement dimension. Though, the least agreement (52%) of them was organization based self-esteem dimension. Concerning, total work attitudes, less than two thirds (60.6%) of participant nurses had a high level of work attitudes, whereas, the least (15.3%) of them had a low level of work attitudes.

Table (4): Showed correlation between workplace spirituality dimensions and work attitude dimensions among participant nurses. As noticed from the table, there was a highly statistically significant positive correlation ($p=0.0001$) between all dimensions of workplace spirituality and all dimensions of work attitudes except intention to quit.

Table (1): Socio-demographic Data of Participant Nurses (N=150).

Items:		N.	%
Age:	<25	105	70
	25-35	36	24
	>35	9	6
Mean \pm SD		27.8 \pm 4.3	
Marital Status:	Married	100	66.6
	Single	47	31.3
	Divorced	3	2
Nursing Education:	Nursing School Diploma	10	6.66
	Technical Institute of Nursing	47	31.33
	Bachelor Degree in Nursing	86	57.33
	Master Degree in Nursing	7	4.66
Years of Experience:	1-5	69	46
	6-10	50	33.33
	11-15	20	13.3
	>15	11	7.33
Mean \pm SD		6.4 \pm 4.1	

Table (2): Distribution of Workplace Spirituality Dimensions among Participant Nurses (N=150).

Workplace Spirituality Dimensions:	Low		Moderate		High		X ²	P. value
	N.	%	N.	%	N.	%		
Meaningful work.	23	15.33	34	22.66	93	60	39.5	0.001
Sense of community.	22	14.66	24	16	104	70		
Organizational values.	38	25.33	42	27.33	70	46.6		
Compassion.	8	5.33	22	14.66	120	80		
Total workplace spirituality.	23	15.33	30	20	97	64.66		

Table (3): Distributions of Total Work Attitudes Dimensions among Participant Nurses (N=150).

Work Attitude Dimensions:	Low		Moderate		High		X ²	P. value
	N.	%	N.	%	N.	%		
Organization commitment.	30	20	37	24.66	83	55.33	31.7	0.002
Intention to quit.	22	14.66	35	23.33	93	62		
Intrinsic work satisfaction.	18	12	42	28	90	60		
Job involvement.	13	8.6	26	17.3	111	74		
Organization based self -esteem.	33	22	38	25.33	79	52.6		
Total Work Attitudes.	23	15.3	36	24	91	60.6		

Table (4): Correlation between Workplace Spirituality Dimensions and Work Attitudes Dimensions among Participant Nurses (N=150).

Items:	Meaningful Work		Sense of Community		Organizational Values		Compassion		Total Workplace Spirituality	
	r	P	R	p	r	P	r	P	r	p
Organization Commitment.	.49	.0001*	.54	.0001*	.57	.0001*	.19	.01*	.62	.0001*
Intention to Quit.	.02	.74	.09	.22	.15	.04	.12	.12	.12	.10
Intrinsic Work Satisfaction.	.39	.0001*	.49	.0001*	.52	.0001*	.007	.92	.52	.0001*
Job Involvement.	.49	.0001*	.44	.0001*	.35	.0001*	.34	.0001*	.53	.0001*
Organization Based Self- Esteem.	.46	.0001*	.54	.0001*	.51	.0001*	.31	.0001*	.61	.0001*
Total Work Attitudes.	.53	.0001*	.60	.0001*	.60	.0001*	.26	.0001*	.68	.0001*

4. Discussion:

Workplace spirituality and engagement both advocates a sense of inclusiveness to each other in their underlying construct. Promoting spirituality will result in the workers feeling integral when they arrive to labor (33). Concern in workplace spirituality and staff engagement has improved significantly over the previous decade among practitioners and academics. So, finding out the connection between workplace spirituality and work attitudes among staff nurses through assessing them is very important (34).

Regarding, workplace spirituality the current study revealed that more than two thirds of staff nurses had a high level of workplace spirituality where the highest agreement for the majority of them was with the compassion dimension. This finding was supported by **Jahandideh et al., (2)** who found that nurses perceived themselves to be highly spiritual individuals. In the same context, **Hatami et al., (30)** directed a study to inspect the association between spiritual intelligence and resilience with self efficacy of clinical performance in nurses working in Shoushtar educational hospitals, revealed that most nurses had a high spiritual intelligence. In addition, the finding of **Rezaei (35)** who investigated the relationship between spiritual intelligence and self efficacy of midwifery clinical practice, showed that most midwives in the study had moderate to high spiritual intelligence.

Moreover, these findings were similar to **Schaufeli and Salanova (36)** who stated that they

work diligently because they like their work even when they are exhausted, labeling exhaustion as enjoyable because they can associate it with constructive accomplishments. Similarly, **Xanthopoulou et al., (37)** and **Halbesleben (38)** found that the level of engagement is certainly related to job performance in terms of monetary benefits, more customer loyalty and healthier adaptation to the working setting.

As regards to, work attitudes, the current study found that about two thirds of staff nurses had a high agreement with total work attitudes where the highest agreement for the majority of them was with the job involvement dimension. In the same context, **Freeney and Tiernan (39)** instituted that feeling part of a public created a enjoyable atmosphere and that this was an important component to attract nurses in their labor.

Concerning, relation between workplace spirituality dimensions and work attitudes dimension, the current study showed a highly statistically significant positive correlation ($p=0.0001$) between all dimensions of workplace spirituality and all dimensions of work attitudes except intention to quit. This findings were supported by **Crawford et al., (40)** who revealed that workplace spirituality has positive associations with intrinsic satisfaction, job involvement, commitment and a negative relationship with intention to quit.

Meanwhile, **Piryaei and Zare (41)** stated that workplace spirituality has a main influence on work attitudes even beyond the influence of individual spirituality. This design offers a further full vision into the straight effects of individual spirituality and workplace spirituality. **Taheri-Kharameh et al., (42)** supported the current study findings and revealed that there was a positive and significant correlation between attitudes toward spirituality and spiritual care and mental health in intensive care nurses.

In relation to work teams, in a study that was conducted using semi-structured focus groups. The result coincided with **Freeney and Tiernan (39)** who found that feeling a portion of a public formed an enjoyable atmosphere and was a important component for engaging nurses in their labor. While, **Othman and Nasurdin (43)** concluded that work colleagues did not have an important influence on engagement, and work overload, lack of autonomy, great responsibility, inadequate incentive and absence of justice were found to be obstacles to work engagement. Also, these results agreed with **Paul and Saha (44)** who explained that, the spirituality has now become an effective instrument to manage stress associated matters, for overcoming work problems, and promoting psychological growth.

Likewise, the findings come in agreement with **Afsar and Rehman (45)** who revealed that workplace spirituality teaches previous practices of inter-connectivity and a feeling of faith between persons, who are a portion of a specific labor procedure, which then initiate supportive spirits and result in an overall organizational values that is driven by inspiration, demonstrated by a constructive answer and coherence among the persons, therefore, inspiring the cumulative performance of the persons, and in turn assisting to the organizational quality as a whole.

Moreover, the findings were in the same track with **Piryaei and Zare (41)** who mentioned that these were the first empirically centered results on the connections between workplace spirituality and these organizational performance variables and also indicated that the spirituality dimensions were considerably linked to the five job attitude dimensions. It indicated that meaningful work was meaningfully linked to four of the five job attitude variables (the exception was intention to quit), sense of community was significantly connected to all five of the outcome variables, and that alignment with organizational values was significantly related to organization commitment and intention to quit. In addition, they reported that individual spirituality, seems to be positively.

In the same context, a study conducted by **Malik et al., (3)** revealed that profitable organizations has more loyal and pleased workforce. They are extra

involved in their works and considered to be having improved self-esteems and the delivery of spiritual workplace do exist in the profitable organization with a strong connotation with the organizational consequences like organizational commitment, organization based self-esteem (OBSE), intrinsic work satisfaction, and job involvement.

In addition, the results were supported by **Swanepoel (29)** who indicted a statistically important constructive connection existed between workplace spirituality and job involvement. Associated results have been identified by former researchers. In a study by **Huang and Lin (46)** positive relationship was reported between workplace spirituality and job involvement. In the same context, **Swanepoel (29)** showed a statistically significant positive relationship between workplace spirituality and job satisfaction. Related findings have been reported by **Pawar (25)**, in addition to **Van der Walt et al., (23)**. Also, **Van der Walt (47)** indicated that work engagement was positively and significantly related to workplace spirituality.

Also, the results were in agreement with **Habeeb and Khan (1)** who revealed that there is a positive strong to moderate correlation between job satisfaction and the chosen dimensions for workplace spirituality except for transcendence. In the same line, **Piryaei and Zare (41)** mentioned that workplace spirituality has a significant effect on work attitudes even beyond the effect of individual spirituality. Moreover, spirituality supports an institutional culture that encourages employees to be themselves and permits them to express their opinions, thoughts and feelings without any fear (**48**). **Bakhtiari et al., (49)** have found that workplace spirituality not only increases job satisfaction but also improves the way nurses deal with the topic of death.

Similarly, the findings were consistent with **Aboobaker (5)** who documented the significant role of workplace spirituality in fostering well-being at work. In addition, study conducted by **Gupta et al., (17)** revealed that a correlation analysis displayed a strong positive relationship between all the dimensions of spirituality in the workplace and job satisfaction. Furthermore, **Nadi and Golparvar (50)** conducted a study on relationship between spirituality in the workplace and loyalty. The results revealed significant positive relationship among all components of spirituality and loyalty. Meanwhile, the study conducted by **Rezaeiemanesh and Kermanshah (51)** reported significant positive correlation between spirituality and organizational commitment in the workplace.

In addition, a study on workplace spirituality and psychological wellbeing among Indian leaders revealed that workers experiencing spirituality at

workplace, also experienced independence, environmental mastery, individual development, constructive associations with others, purpose in life and self-acceptance which in turn determined their psychological well-being (52). Likewise, the results of this study supported the research conducted by Sa'adah (53) who explained that there was a significant relationship between workplace spirituality and employee performance.

In contrast with study' findings, Malik et al., (3) reported that there were very low relations between meaningful work and attitudes of commitment, work satisfaction, organization based self -esteem and job involvement. Likewise, the study result was on the contrary with Tims et al., (54); Breevaart et al., (55) who revealed that employees' awareness and understanding of workplace spirituality were limited and added that leadership was so important for work engagement. As well, effective leadership whether moral, or empowering donated certainly to work engagement (56 and 57). Moreover, the finding of the current study was contradicted with Wijaya and Supriyanto (58) who reported that workplace spirituality variables did not have a significant effect on employee performance ($p = 0.089 < 0.05$).

Also, Swanepoel (29) confirmed the significance of producing spiritually centered workplaces to safeguard that personnel are pleased with and involved in their works. Though, organisations should understand that workplace spirituality cannot be used as a 'quick fix' to resolve organisational problems, but should be applied accurately, and lived by organisational leaders, if it is to have constructive consequences for the organisation. Moreover, organizations where spirituality is not appreciated experience great absence and turnover rates, as well as personnel who are less competent and more displeased, leading to reduced worker performance that, in turn, results in lesser organizational performance (17).

Finally, people who have constructive attitudes to their institutions do not certainly work harder. On the other hand, people who emphasis on solving problems and act definitely are not essentially faithful to their organization. What this means is that you would want to effect an aspect of engagement if striving for a specific result. Although engagement is made up of several sides, there is one core element that managers and institutes want to grasp and take extremely: personnel want to feel that their organization is honestly interested in them. Concentrating on how to acquire optional energy from people, or how to ensure that they believe in the organization's mission, must not take precedence over signifying concern over employees' wellbeing.

Conclusion:

The findings of this study have yielded a deeper understanding of workplace spirituality and work attitudes among staff nurses working in intensive care units at Shebin El-Kom teaching hospital. Nearly about two thirds of participant nurses had a high level of workplace spirituality. Moreover, less than two thirds of participant nurses had a high level of work attitudes. In addition, there was a highly statistically significant positive correlation between workplace spirituality and work attitudes among staff nurses in the studied hospital.

Recommendations:

Based on the results of the current study, the following recommendations are projected:

1. Planning and executing a comprehensive training program on the significance of maintaining workplace spirituality and delivering spiritual care specially in intensive care units and its effect on improving quality of care provided is essential.
2. Additional studies are necessary with a greater sample size extending across diverse governmental and private hospitals in various governorates to popularize the results.
3. The idea of spirituality and spiritual care must be affirmed in the undergraduate as well as the postgraduate curricula to make applicants to apply the recognized programs where they work.
4. Organisations should train nurses to identify the positive features of workplace spirituality. Nursing management should comprise clear spirituality features when evolving or amending organisational policies and rules for spiritual care.
5. The nurse managers should also identify the spiritual needs of nurses, create a supportive work setting and carefully detect the single and organisational indicators which are happened.

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