A Causal Model of Workplace Engagement Among Indonesian Nursing Staff

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Abstract: Considering the important role of nurses during emergencies and grounded in the cybernetic theory of stress, coping, and well-being, this study investigated the direct and indirect impact of coping resources (i.e., resilience, spiritual support) on nurses' workplace engagement via underlying mechanism coping strategies (i.e., seeking information and consultation, self-control). Applying a time-lagged survey methodology, data were collected from 414 registered nurses in Banjarmasin city, the capital of South Kalimantan, Indonesia, and working in the hub of various private and public health care units. Five measures used to collect the data were: Resilience, Spiritual support, Seeking information and consultation, Self-control, and the Utrecht Workplace Engagement Scale. Data were analyzed using Structural Equation Modeling SmartPLS 3.0 software.

The results revealed the positive direct and indirect impact of resilience and spiritual support on workplace engagement through the mediatory role of self-control and seeking information and consultation. All variables explained 69% of the variance in workplace engagement. This study has uniquely assessed the mediatory role of coping strategies in transmitting the impact of coping resources among nurses into their workplace engagement. Simultaneously, various coping strategies in the workplace might serve to construct a pathway for developing engaged nurses, wherein the nurses can employ their resources to confront new challenges and find new ways to handle the demanding situations at the workplace. Similarly, health care centers and hospitals can promote communication and information at all levels to help nurses to develop skills and coping mechanisms to improve their productivity and engagement in the workplace.

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Introduction

Nursing staff act as frontline workers as they respond to medical emergencies of various kinds. While performing their duties, the nurses have to face chronic psychological pressures due to work-related stress and risks associated with their physical, emotional, and mental health as they witness trauma and suffering

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daily.[1] Research reveals the importance of workplace engagement (WPE) among nursing staff to combat such emergencies and perform their duties without distraction and stress.[2] However, there exists a gap regarding factors and underlying mechanisms leading to WPE among nurses. Employees' workplace engagement is a human resource (HR) concept that presents workers' level of dedication and enthusiasm regarding their job responsibilities.[3] Besides, the more engaged employees are the more they are conscious of their performance and the company's productivity based on the significance of their efforts. Researchers have reported WPE as a positive state, indicating workplace contentment embodied in dedication (high identification) and vigor (high activation).[4] At the same time, the WPE of nurses does not just indicate the nurses' orientation residency. Instead, it is a process of a health care institution's investment in nurses via enlightened nurse leadership, shared decision-making, and active listening.[5]

Additionally, in medical science, positive WPE refers to loyalty towards job duty and accountability towards patients.[2] It further includes performing job duties, such as following standard operating procedures (SOPs), and tending to the patient›s needs.[6] Moreover, nursing staff are required to be vigilant, alert, and attentive to monitor and respond to the vital signs of their patient.[7] Simultaneously, research reveals various obstacles that impact nurses' WPE. Some of these include short staffing, long working hours, bullying and harassment, and workplace violence and hazards.[7] These further create workplace stress among nurses. Various coping strategies deal with work-related stress for medical staff, however, the focus of the current study is important coping resources, resilience (RES), seeking information and assistance, and spiritual support (SS).

This study uniquely examined the impact of resilience and spiritual support as a coping resource to engage nurses in the workplace. Resilience refers to the capacity to recover quickly from difficulties and challenges.[8] Religion plays an influential role in reducing anxiety, stress, and frustration in individuals as it gives hope, motivation, and support to deal with unprecedented situations.[9] Most religions regard the services of medical staff as being pious and righteous for humanity and earning greater religious status.[10] This spiritual support may help nursing staff cope with stressful medical emergencies. The current study also focuses on the mediating role of seeking information and consultation (SIAC) and self-control (SC) to promote coping resources necessary for quality WPE by the nursing staff during medical emergencies. SC strategy for nursing staff may include using various methods such as positive thinking, silence, tolerance and forced acceptance, crying, self-learning, the use of recreation and sports. Therefore, SC is of utmost importance to remain compact and organized to deal with emergencies,[11] since it can serve as an important underlying mechanism to lead various coping strategies in nurses' WPE. Furthermore, Indonesia is a country that faces a medical crisis in nursing staff for their capacity in preparedness, response, recovery, and evaluation of disaster needs.[5] Therefore, health workers need new coping strategies to work actively to overcome stressful circumstances that pose health risks and emotional strain.

Literature Review and Theoretical Framework

This study's theoretical framework was established within the cybernetic theory of stress, coping, and well-being, also known as Control Theory.[12] This theory focuses on individuals taking control of their environment when presented with difficulties; as a result, they get to engage in their work-related tasks.[13] The theory considers stress, coping, and well-being as critical elements to initiate negative feedback, where the loopholes between internal standards and environmental inputs cause stress. This stress further stimulates coping efforts to restore well-being by

resolving the discrepancies between the standards and the environment.[14] The theory also suggests that RES and SC as coping resources allow individuals to take control of their external environment and internal goals. This further results in coping strategies. Our study considered two coping strategies, including seeking information and consultation and self-control, to restore the well-being of the nursing staff in the form of their workplace engagement. Researchers report well-being and engagement as highly reciprocal to each other,[15] and also assert that employees' WPE reflects their well-being based on internal satisfaction.[16] The well-being of employees depicts their internal feelings, whereas WPE depicts their feelings regarding their job, role, and worth in a company. Hence in the current study, researchers considered the WPE of the nurses as a depiction of their well-being arising based on coping mechanisms and strategies.

Resilience, Spiritual Support, and Workplace Engagement

Literature suggests that resilience is related to the capacity to develop a response to challenging, disturbing, complex, and confusing situations that add to distress.[17] A study shows that RES practices allow nurses to adapt healthfully and recover from moral distress while preserving integrity in challenging work environments.[2] Moreover, previous studies also indicate that stress-coping training, self-awareness programs, cultivating mindfulness, etc., are the best RES strategies that further enhance performance.[17,18] Simultaneously, nurses who can showcase resilience towards various stressors are better able to engage in work.[19] Spirituality in management studies has focused on how individuals instigate religion and organizational psychology.[10] It varies across religions, cultures, and ethnic backgrounds; therefore, it is hard to standardize within the organization.[20] However, research indicates that spiritual support helps individuals overcome fear, anxiety, and distress. Spirituality also helps deal with the emotional trauma caused by life loss. Simultaneously, nursing staff operate in highly stressful conditions

witnessing suffering, loss, and pain that causes distress to them.[10] Therefore, spiritual support can motivate them to perform better in their duties and fulfill their moral obligations. Hence, it is hypothesized that

H1: a) *resilience and b) spiritual support have a direct effect on workplace engagement.*

Resilience, Spiritual Support, Seeking Information and Consultation, and Self Control

SIAC has been conceptualized as the continuous urge of individuals to obtain information in both human and technological contexts.[21] Research depicts that dealing with trauma causes a negative impact on the mental health of nurses, especially during medical emergencies causing distress and anxiety.[21] Therefore, nurses need adequate information and consultation to respond effectively.[22] Studies indicate that adverse effects of psychological distress can be reduced by seeking consultation and advice.[23] Besides, self-control refers to the ability to control oneself, particularly one's emotions and desires, especially in difficult situations.[24] Research shows that employees at the workplace are required to shape their behavior, actions, and efforts in line with task performance, supervisor demands, and company policies.[25] Moreover, SC helps individuals adhere to workplace values, norms, and evaluation criteria required for performance.[25] At the same time, resilience makes it possible for individuals to consult their seniors and experts to come out of stressful situations and show self-control. Simultaneously, spiritual support helps individuals regulate their behaviors to avoid temptations that might cause harm and distress and help them oblige towards their duties.[26] Individuals who rely on religion and spiritual support deal with stressful situations better. Spiritual support also aids in gaining better SC as individuals try to mold their actions following the moral norms of their religions.[27] Hence, applying the above arguments to nursing staff who deal with uncertainties and stressful situations, it is assumed that they require coping strategies to build self-control and seek information and consultation to come out of

stressful situations. Thus, the following hypotheses were proposed:

H2: a) *resilience and b) spiritual support have a direct effect on seeking information and consultation.*

H3: a) *resilience and b) spiritual support have a direct effect on self-control.*

Seeking Information and Consultation, Self-Control, and Workplace Engagement

Researchers have focused on individuals' aligning their efforts and actions towards attaining organizational goals and objectives.[24] Employees seeking information and consultation show better compliance with company policies and standards, leading to positive workplace engagement.[2] Besides, SIAC helps reduce anxiety and distress to make sound health and safety decisions, as it provides moral support from supervisors and mentors that are well experienced.[28] Individuals utilize various coping mechanisms to increase SC in stressful situations, including approach-oriented and avoidance-oriented processes,[23] whereas SIAC relates approach-oriented coping strategies focus on gaining support in dealing with stress.[29] Some previous studies point out that SIAC increases self-awareness.[28,30] At the same time, self-control in the workplace has been related to transforming mental, physical, and emotional energy toward meeting the demands of organizations.[11] In addition, research evidences that SC helps nursing staff to regulate their behavior to respond to urgent critical situations in a stressful working environment.[2] Workplace engagement requires employees to improve productivity, set standards, and commit to work and organization. Therefore, based on the above arguments and the cybernetic theory of stress, coping, and well-being, individuals who deal with stressful situations, get more engaged in their work based on others' help and self-control. We proposed that

H4: a) *seeking information and consultation and b) self-control have a direct effect on workplace engagement.*

Mediating Role of Seeking Information and Consultation and Self-Control

Researchers have found RES to be a productive trait that individuals exhibit in positively engaging at work and adding value.[31] There is evidence that RES prevents burnout and hence helps individuals gain sustainable clinical well-being.[25] Previous studies indicate that nurses deal with occupational stress by exhibiting emotional and cognitive focus on SC, which allows for adaptation to stressful situations.[19] Literature also suggests that high-stress-related environments require individuals to stay focused and alert, which can be achieved through SC.[25] Besides, spiritual support is important to combat unprecedented situations like the COVID-19 pandemic that have increased the mortality rate among nursing staff.[32] The fear and risk of losing life amid the virus have posed a greater threat to the nursing staff and affected their performance. In addition, nursing staff require information and monitoring to address stress-related situations in medical emergencies and ensure the safety of patients and medical staff safety.[21] Literature depicts that SIAC gives employees assurance and confidence to comply with company policies.[22] It also helps address concerns and stressors to improve performance,[28] and SC could be enhanced through consultation and mentoring of employees. On the other hand, SC has been linked with WPE. Moreover, SC helps individuals overcome their weaknesses and build up their cognitive competencies to improve engagement at work,[1] and reduces turnover and absenteeism, which can be achieved through better coping strategies.[11] Despite these direct associations of RES and SS with SIAC, SC, and WPE, literature shows limited research regarding the mediatory role of SIAC and SC between RES, SS, and WPE, which has been examined in the current study. Hence, it is hypothesized that

H5: *Seeking information and consultation mediates the association of a) resilience and b) spiritual support with workplace engagement.*

H6: *Self-control mediates the association of a) resilience and b) spiritual support with workplace engagement.*

The causal model depicting the direct and indirect effect of all variables on workplace engagement is shown in **Figure 1**
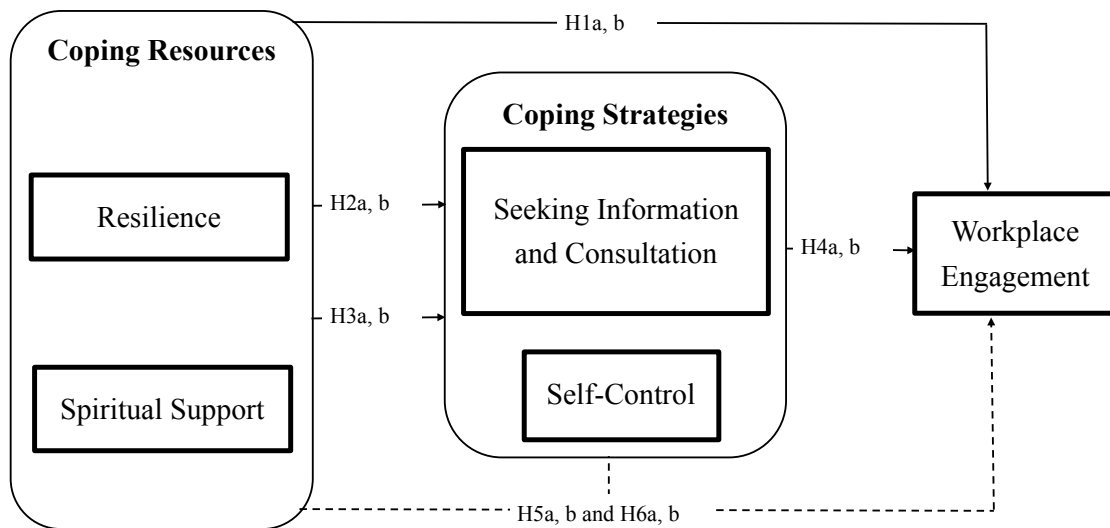

Figure 1: Causal model of workplace engagement

Methods

Research Design: A survey design based on a time-lagged research methodology was used to investigate how nurses exhibit WPE. The time-lagged research design was used to avoid common methods and non-response bias based on self-reported measures.[33] Moreover, it is better to establish the correct sequence of events, identify changes over time, and provide insight into the cause-and-effect relationship. We used the STROBE - Strengthening the Reporting of Observational Studies in Epidemiology checklist to report this study.

Sampling and Setting: Indonesia's healthcare system is developing to cater to the widespread needs of its citizens in this technological era. According to the latest data from the Ministry of Health, there are over 356,960 employed nurses working in private and public health institutes around Indonesia.[5] For this study, Banjarmasin city, the capital of South Kalimantan, Indonesia, and the hub of various private

and public health care units, was chosen. Using a random sampling technique, in total 14 different private and public sector hospitals were approached as study sites. While selecting the sample size, we followed suggestions[34] to consider the 10 times observations for the number of indicators for each construct. In our study, the total number of indicators was 39. Hence the minimum projected sample was 390 (39x10). Moreover, we also considered the guidelines of Churchill[35] that the range of respondents in cause and impact studies should be 200-500 responses.[36] Hence, the final data set of the current study comprised 414 respondents.

Data Collection: Administrative departments were approached with a letter from the researchers' university explaining the purpose of research, its significance to the health sector and request to allow access to the nursing staff for the survey. After formal permission from the hospitals and collecting the email addresses of the nursing staff working in various private and public hospitals, medical centers,

and institutions in Banjarmasin, Indonesia, we approached nurses using a convenience-based sampling technique. Initially, a formal email was sent to 1100 nurses (based on the data provided by the hospitals' administrative departments) explaining the reason for contact and to take their consent to participate in the survey. They were also assured about the anonymity of their responses and the positive intentions of the researchers. We received 800 positive replies. In the second stage, a survey questionnaire was circulated among 800 nurses. We avoided physical contact with the respondents due to COVID-19; hence, we conducted an online survey consisting of two parts. The Time1 questionnaire consisted of respondents' demographic characteristics, i.e., gender, age, marital status, education, and experience. The survey items related to the RES, SS, SIAC, and SC were sent to respondents on December 1, 2021. After sending two soft reminders in twelve weeks, the authors received 630 filled responses. These 630 respondents were sent part 2 of the survey at Time2 on April 01, 2021, which includes items related to WPE. We received 443 filled responses in 8-weeks. After careful screening, 13 responses with missing values and 16 with unengaged patterns were identified; therefore, they were not included in further analysis resulting in a data set of 414 responses for this study,

in which study respondents successfully filled all parts of the survey final response rate of 51.75%.

Ethics Considerations: Ethical approval for the study was received from the Health Research Ethics Committee of the Department of Nursing, Universitas Muhammadiyah Banjarmasin, No. 001/IK/UMB/2021. Moreover, the respondents were ensured the anonymity of their responses. They also explained the purpose of conducting this study and ensured that the survey data would be solely considered for the research purpose.

Measures: There were five measures used in this study: Resilience, Spiritual support, Seeking information and consultation, Self-control, and Utrecht Workplace Engagement Scale. All these measures were originally developed in English and were translated by two professional translators and area experts from English to Indonesian language using the forward-backward translation method.[37] Besides, the instruments' content validity was established by prior testing with the help of five academicians and experts in nursing and disaster management. They verified the content in terms of clarity, relevance, and meaningfulness. The content validity index (CVI) for all the study constructs varied from 0.81-0.84. Cronbach's alpha (CA) coefficients in the actual study and the example of an item in each measure are shown in **Table 1.**

Table 1. Measures, means, standard deviations, and reliabilities of the measures

Constructs/Items	Mean	STD.	CR	CA	CVI
Resilience	4.01	0.86	0.85	0.81	82
RES1: I can stay focused under pressure					
RES2: I can adjust to the situation and deal with the changes					
RES3: I believe that coping with stress can strengthen me					
RES4: Perceive myself as a strong personality					
Spiritual Support	3.87	1.04	0.77	0.75	84
SS1: When I have a question about the situation, I use social networks for religious scholars to get information					
SS2: I put my trust in God					
Seeking Information and Consultation	4.12	0.77	0.83	0.79	83
SIAC1: I try to get advice from someone about what to do					
SIAC2: When I have a question about the situation, I search for information					
SIAC3: When I have a question about the condition, I use professional sources (articles or medical articles) to get information					

Table 1. Measures, means, standard deviations, and reliabilities of the measures (Cont.)

Constructs/Items	Mean	STD.	CR	CA	CVI
Self-Control	3.91	0.98	0.94	0.84	83
SC1: I am good at resisting temptation.					
SC2: I never allow myself to lose control.					
SC3: People can count on me to keep on schedule.					
SC4: I refuse things that are bad for me.					
SC5: I keep everything neat.					
SC6: I am reliable.					
SC7: People would say that I have iron self-discipline.					
SC8: I'm not easily discouraged.					
SC9: I engage in healthy practices.					
SC10: I eat healthy foods.					
SC11: I am able to work effectively toward long-term goals.					
SC12: I do not lose my temper too easily.					
SC13: I am always on time.					
Workplace Engagement	3.91	0.98	0.95	0.85	81
WPE1: When I get up in the morning, I feel like going to work.					
WPE2: At my work, I feel bursting with energy.					
WPE3: At my work, I always persevere, even when things do not go well.					
WPE4: I can continue working for very long periods at a time.					
WPE5: At my job, I am very resilient mentally.					
WPE6: At my job, I feel strong and vigorous.					
WPE7: To me, my job is challenging.					
WPE8: My job inspires me.					
WPE9: I am enthusiastic about my job.					
WPE10: I am proud of the work that I do.					
WPE11: I find the work that I do full of meaning and purpose.					
WPE12: When I am working, I forget everything else around me.					
WPE13: Time flies when I am working.					
WPE14: I get carried away when I am working.					
WPE15: It is difficult to detach myself from my job.					
WPE16: I am immersed in my work.					
WPE17: I feel happy when I am working intensively					

Note: *CR=Composite reliability; CA= Cronbach's alpha; CVI=Content validity indicator*

Resilience was measured with a 4-item scale adapted from Savitsky et al.[7] was a Likert scale of 1 = strongly disagree to 5 = strongly agree, used to record the responses. The score ranges from 1-10, with a higher score indicating higher resilience.

Spiritual support was measured with a 2-item scale adapted from Savitsky et al.[7] A Likert scale of 1 = strongly disagree to 5 = strongly agree was used to record the responses. The score ranged from 1-10, with a higher score indicating higher spiritual support.

Seeking information and consultation was measured with a 3-item scale adapted from Savitsky et al.[7] and a Likert scale of 1 = strongly disagree to 5 = strongly agree was used to record responses. The score ranges from 1-10, with a higher score indicating a higher level of seeking information and consultation.

S*elf-control* was measured with a 13-items scale by Tangney and Baumeister[38] was adopted. Responses were recorded as 1 = Not at all like me to 5 = Very much like me. The score ranges from 13- 65, with a higher score indicating higher self-control.

The Workplace Engagement Scale (UWES) was developed with 17-items by Schaufeli and Bakker[39] and was used to assess nurses' workplace engagement. A Likert scale of 1 = never to 5 = always/every day was used to record responses. The score ranges from 17- 85, with a higher score indicating higher workplace engagement.

Data Analysis: To check the probable issue of multicollinearity, correlation among all the study constructs was assessed, and all the values were under the range of 0.35- 0.60, presenting no issues of multicollinearity (**Table 2**).

Table 2. Correlation matrix

Constructs	RES	SS	SIAC	SC	WPE
Resilience	1				
Spiritual support	0.53***	1			
Seeking information and consultation	0.53***	0.49***	1		
Self-control	0.51***	0.50***	0.43***	1	
Workplace engagement	0.48***	0.38**	0.53***	0.49***	1

Where: RES=Resilience; SIAC=Seeking information and consultation; SS= Spiritual support; SC= Self-control; WPE= Workplace engagement
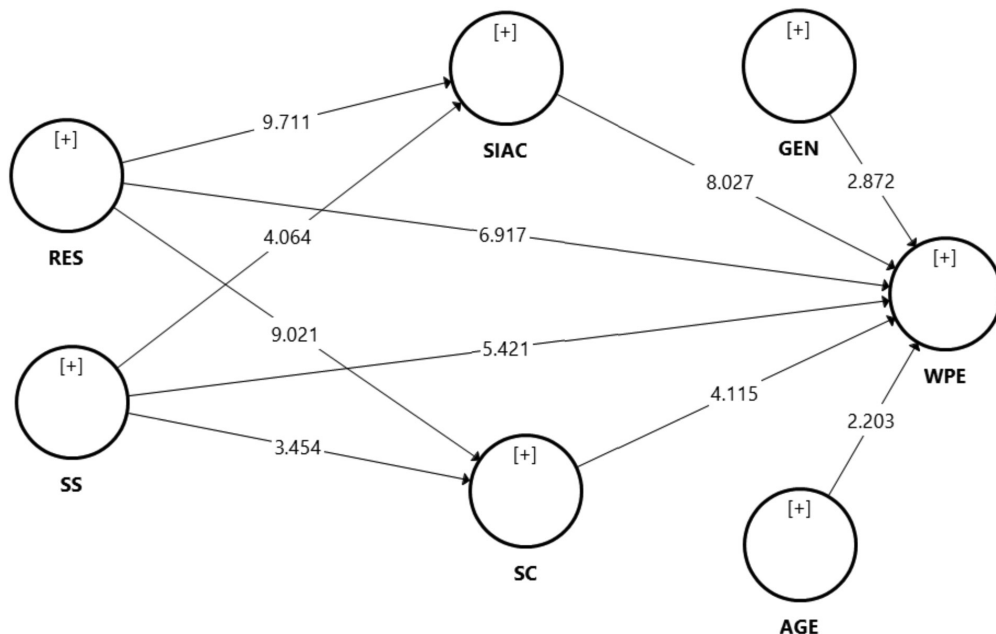
Where: GEN= Gender, RES=Resilience; SIAC=Seeking information and consultation; SS= Spiritual support; SC= Self-control; WPE= Workplace engagement

Figure 2. Result of model testing

Results

Demographic characteristics of respondents

The respondents' demographic statistics showed that more (71.2%) were females than males (27.8%) while 47.4% were married, 27.3% were 20–30 years, 33.4% were 31–40 years, and 24.5% were 41–50 years. The remaining 11.2% were 50 years and above. Of the participants, 19.5% were undergraduates, 53.6% were graduates, and 26.9% were postgraduates. Regarding experience, 47.2% had a work experience of more than ten years, 28.2% had an experience of 7–10 years, 15.3% had been serving their duties for 4–6 years, and 9.3% of participants had the least experience of 1–3 years.

Structural model

For testing the hypothesized paths, the structural model was applied in SmartPLS. Moreover, $ß$–coefficient, p–value, and t–value were recorded to confirm the proposed associations. Simultaneously, the coefficient of determination (R^2) was also calculated to assess the overall fitness of the proposed model.[40] The R^2 change of 69% in the WPE among the nurses working at different health institutions in Banjarmasin city, Indonesia, was found based on the independent and mediating variables reflecting the good model fit (**See Figure 1**). Also, the model fit indices were found to be in the acceptable range SRMR = 0.056, NFI = 0.911, AVIF = 2.123, and GOF = 0.910. Moreover, results show a positive and significant impact of RES on WPE. At the same time, results showed a positive and significant influence of RES and SS on SIAC. Likewise, a positive and significant impact of RES and SS on SC was found. Moreover, SIAC and SC were positively related to WPE. Therefore, as shown in **Table 3**, hypotheses H1 a, b; H2 a, b; H3 a, b; and H4 a, b were supported by the results. Furthermore, the mediation hypotheses H5 a, b, and H6 a and b were also supported by the results. An indirect and positive effect of RES and SS on WPE in the presence of SIAC as mediators was proved by the results. Simultaneously, results revealed an indirect and positive effect of RES and SS on WPE in the presence of SC as mediators. Besides, t–values for all the hypothesized paths are shown in **Figure 2**. The mediation results reflect that seeking information and consultation and self–control in the form of coping strategies are more helpful in transmitting the impact of coping resources, i.e., resilience and spiritual support to nurses' WPE.

Table 3. Hypothesis testing results

	Hypotheses	Std. Beta	t–value	p–value	Supported
H1a	RESàWPE	0.28	6.92	0.000	Yes
H1b	SSàWPE	0.22	5.42	0.003	Yes
H2a	RESàSIAC	0.39	9.71	0.000	Yes
H2b	SSàSIAC	0.18	4.06	0.007	Yes
H3a	RESàSC	0.35	9.02	0.000	Yes
H3b	SSàSC	0.17	3.45	0.011	Yes
H4a	SIACàWPE	0.32	8.03	0.000	Yes
H4b	SCàWPE	0.17	4.12	0.009	Yes
H5a	RESàSIACàWPE	0.25	6.21	0.000	Yes
H5b	SSàSIACàWPE	0.23	6.01	0.000	Yes
H6a	RESàSCàWPE	0.21	5.67	0.001	Yes
H6a	RESàSCàWPE	0.20	5.39	0.004	Yes

Discussion

This study was conducted to fill the literature gap by investigating SIAC and SC's mediating role as coping strategies intended to increase WPE in nursing staff. The study shows that nursing staff dealing with medical emergencies operating in highly unpredictable and stressful working conditions face the need to utilize coping strategies. This study showed that various positive coping strategies, including RES and SS, help nurses improve their WPE. RES was found to increase WPE, which is also in line with previous literature [19] as it helps employees and nursing staff overcome stressful and negative situations that disrupt their engagement. By showing RES, they are better able to cope with highly demanding jobs and cater to the needs of their patients.[17] Moreover, resilience presents individuals' complete focus on handling and adjusting to pressures and their belief to cope with stress and challenges.[7] Therefore, it can be asserted that those who are more resilient to varying situations are more able to engage in the workplace. Results revealed the significant influence of spiritual support on WPE among nurses during stressful situations. Spiritual support presents the religious help available to individuals through religious scholars.[7] Hence, those who seek such help and trust in Allah among Indonesian nurses in this study were more determined to perform their duties with more commitment and engagement.

This study also found that utilizing the coping strategy of SIAC to deal with medical emergencies helps actively engage the nurses. Previous research has also supported the role of SIAC in enhancing WPE and the performance of individuals.[2] Likewise, it was found through the current study results that nurses who scored high on SIAC from their supervisors and peers were better able to focus and achieve work-related goals at the workplace. Simultaneously, nurses who seek information try to get advice from seniors and professional sources, which helps them perform their duties with more interest and involvement. Besides adding to existing literature, SIAC was found as a strong underlying coping strategy to transmit the coping resources of nurses to enhance their workplace engagement. It further shows that with adequate coping resources, nurses should seek information and consultation from their seniors, bosses, and experts when they face stressful situations. This further reflects that to deal with uncertain emergency conditions and cope with stressful situations, the suggestions and advice of experienced seniors help the nursing staff; as a result, they feel more engaged in the workplace.

Similarly, SC was found to mediate between RES and WPE, as it helps regulate individuals' behavior to comply with their job duties. Previously it has been reported that seeking professional help and consultation improves job morale and efficiency and lowers the margin of error.[2] At the same time, the current study findings reveal that RES aided nurses in gaining better SC, leading to a higher level of WPE. Besides, self-control measures an individual's resisting temptations, punctuality, inhibition of bad things, cleanliness, reliability, strong personality, healthy routine, and hard work.[38] Hence it can be asserted that nurses who can handle variable situations depict more self-control, which further helps them to engage in their duties. Finally, as Indonesia is a country of various religious backgrounds, it was found that nurses relied on religion and faith to deal with stress during medical emergencies. As it was found that there are 1.3 % of nurses to cater to 1000 population metric, they feel job strain to cater to the needs of the overgrowing population. Hence, due to this restraint, SS helps boost confidence and restore nurses' faith in their healing power towards their patients. SC also mediated between SS and WPE as the health care system faces immense pressure due to scarcity of resources, time constraints, and safety risks,[20] which can be addressed by focusing on religious values in gaining SC to combat moral distress.

Limitations and Future Research Directions

Although this study investigated in detail the ways to increase WPE, there are still a few drawbacks that can be addressed through future studies. One such limitation is that, as the study focused on nursing staff, the data were gathered through the main city, where the health facilities are much better. In contrast, future research can focus on rural areas and those facing a scarcity of medical equipment and nursing staff. Secondly, this study focused only on coping resources and strategies to enhance WPE among nursing staff. In contrast, future studies can also focus on moral and external factors/stressors that affect the WPE of medical staff and coping mechanisms. Thirdly, the current city study utilized the quantitative research methodology. Although the data were collected at two different points to avoid common methods and non-postpones bias issues, self-reported questionnaires add to the limitation of the methodology. Hence, in the future, a mixed-method approach utilizing qualitative along with quantitative research methods should be utilized to collect the data from the respondents. Interviews can be conducted with the nurses to gain knowledge regarding the various medical emergencies they deal with and the factors that help them engage in the workplace. Finally, this study has gathered data from the nursing staff working at private and public hospitals. Future studies might also focus on a comparative approach by separately taking private and public sector hospitals. The results can be compared for nursing staff working for both sectors to better understand various stressors, coping strategies, and underlying mechanisms.

Conclusion and Implications

Establishing the cybernetic theory of stress, coping, and well-being, also known as Control Theory, the current research examines the direct and indirect impact of coping strategies, including RES, SIAC, and SS, on WPE via an underlying mechanism SC among Indonesian nurses. Results revealed that the indirect impacts of RES and SS on WPE in the presence of SIAC and SC as mediators are very strong. Moreover, the study implications are presented as follows.

Theoretical Implications: There are various theoretical implications of this study. As for the first time, this study explored the mediating roles of SIAC and SC, which has not been previously explored in terms of WPE. SC is needed to maintain attention on current tasks, block out competing goals and irrelevant information, persist when faced with obstacles, and compare one's current state with the desired goal state, among other things.[11] Hence, when dealing with trauma, accidents, and disasters, nursing staff must exhibit and practice self-control to be better able to perform duties. The researchers can benefit from this study by gaining in-depth knowledge about coping resources such as RES and examining them as potential predictors of SC and WPE. Moreover, this study contributes to the literature by exhibiting that SIAC, as support from management and nonmanager co-workers, is positively linked with WPE. Hence, managers who establish a positive, supportive work environment that reduces job-related emotional distress can improve their WPE. In addition, the current study identifies the role of SS that has been least explored previously for WPE in stressful situations. Spiritual care is fundamental to nursing; attending to patients' spiritual needs may improve their health outcomes. It adds calmness and brings mental peace, harmony, and positive energy to life; therefore, utilizing spirituality can help employees and frontline staff, like nurses, overcome stress and fear. Finally, this study utilizes the cybernetic theory of stress, coping, and well-being which has hardly been explored in previous literature, to explain the role of coping resources and mechanisms and self-regulation in response to stress in enhancing WPE among nurses.

Practical Implications: This study offers various practical implications and can be utilized by various developing and underdeveloped health care

systems that face constraints on resources, such as qualified nursing staff and medical equipment, to better handle medical emergencies and reduce health and safety risks. The significance of coping resources in building SIAC, SC, and WPE shows that organizations need to help employees develop skills and coping mechanisms to improve their employability and marketability. Secondly, findings can be utilized to motivate nursing and other paramedic staff to better handle stress-prone situations by exhibiting coping strategies such as SIAC and SC. Thirdly, this study also highlights the importance of self-regulatory behavior in terms of SC, which can be achieved by overcoming desires and expectations and aligning them to achieve organizational goals and objectives. Fourthly, this study offers vital insights to human resource managers and counselors for building interventions and practices to develop employee RES, especially in frontline workers such as the nursing staff in medical sciences, to exhibit workplace engagement. The dynamic marketplace requires employees to adjust successfully to changing policies and structures and operate effectively in an arduous environment, which exerts pressure on employees. Thus, RES might serve to construct a pathway for developing engaged nurses, wherein the nurses can employ their resources to confront new challenges and find new ways to handle the demanding situations at the workplace. Similarly, organizations and managers that promote communication and information at all levels within the organization will be better able to engage at work.

Significance to Public Health: Recently, much research has been conducted to highlight the challenges posed to public health by the COVID-19 pandemic. Moreover, doctors and paramedical staff, including nurses as frontline workers, have faced many health challenges during the pandemic. Hence, considering the important role of nurses during emergencies and grounded in the cybernetic theory of stress, coping, and well-being, this study investigated the impact of various coping sources, including resilience and spiritual support, on nurses' workplace engagement. Moreover, the underlying mechanism of nurses' seeking information and consultation and self-control in transmitting these coping resources into their workplace engagement has been assessed. Along with several theoretical significance, this study offers various practical implications. It can be utilized by various developing and underdeveloped health care systems facing resource constraints, such as qualified nursing staff and medical equipment, to handle emergencies better and reduce health and safety risks. Moreover, this research is significant for public health from the theoretical, administrative, and practical perspectives on the coping mechanisms during the crises of COVID-19 in current times.

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แบบจำลองเชิงสาเหตุของความตั้งใจทำงานของเจ้าหน้าที่พยาบาลชาวอินโดนีเซีย

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บทคัดย่อ: จากการพิจารณาถึงบทบาทที่สำคัญของพยาบาลในภาวะฉุกเฉินโดยใช้ทฤษฎีไซเบอร์เนติก เรื่องความเครียด การเผชิญปัญหา และความผาสุกเป็นพื้นฐาน งานวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาผลกระทบทางตรงและทางอ้อมของแหล่งประโยชน์ในการเผชิญความเครียด ได้แก่ ความยืดหยุ่น การสนับสนุนทางจิตวิญญาณ ต่อความตั้งใจทำงานของพยาบาลโดยผ่านกลไกวิธีการเผชิญความเครียดพื้นฐานได้แก่ การหาข้อมูลและการปรึกษาหารือ การควบคุมตนเอง รูปแบบการวิจัย ใช้วิธีการสำรวจแบบต่างช่วงเวลาที่กำหนด รวบรวมข้อมูลจากพยาบาลวิชาชีพ 414 คนในเมืองบันจามาชิน ซึ่งเป็นเมืองหลวงของกาลิมันตันใต้ ประเทศอินโดนีเซีย และทำงานในศูนย์กลางของหน่วยงานด้านสาธารณสุขทั้งภาครัฐและเอกชนต่างๆ เครื่องมือที่ใช้ในการรวบรวมข้อมูลมี 5 ฉบับ ได้แก่ แบบสอบถามเกี่ยวกับความยืดหยุ่น การสนับสนุนทางจิตวิญญาณ การหาข้อมูลและการปรึกษาหารือ การควบคุมตนเอง และความตั้งใจทำงานของ Utrecht วิเคราะห์ข้อมูลโดยใช้โปรแกรมคอมพิวเตอร์ Structural Equation Modeling SmartPLS 3.0

ผลการวิจัยพบว่าความยืดหยุ่นและการสนับสนุนทางจิตวิญญาณมีผลทางบวกทั้งทางตรงและทางอ้อมต่อความตั้งใจทำงานโดยผ่านตัวแปรกลาง คือ การควบคุมตนเอง และการหาข้อมูลและการปรึกษาหารือ ตัวแปรในการวิจัยทั้งหมดอธิบายความแปรปรวนในความตั้งใจทำงานร้อยละ 69 การศึกษานี้ได้ประเมินบทบาทการเป็นตัวแปรกลางของวิธีการเผชิญความเครียดในการส่งผ่านผลของแหล่งประโยชน์ในการเผชิญความเครียดของพยาบาลไปยังความตั้งใจทำงาน ในขณะเดียวกัน วิธีการเผชิญความเครียดต่าง ๆ ในสถานที่ทำงานอาจทำหน้าที่เป็นเส้นทางในการพัฒนาพยาบาลให้มีความตั้งใจทำงาน ซึ่งพยาบาลสามารถใช้แหล่งประโยชน์ในการเผชิญกับความท้าทายใหม่ ๆ และค้นหาวิธีใหม่ในการจัดการกับสถานการณ์ที่เรียกร้องในที่ทำงาน ในทำนองเดียวกัน ศูนย์ดูแลสุขภาพและโรงพยาบาลสามารถส่งเสริมการสื่อสารและข้อมูลในทุกระดับเพื่อช่วยให้พยาบาลพัฒนาทักษะและกลไกการเผชิญความเครียดเพื่อปรับปรุงประสิทธิผลในการทำงานและการการตั้งใจทำงาน

คำสำคัญ: ทฤษฎีไซเบอร์เนติก พยาบาลชาวอินโดนีเซีย ความยืดหยุ่น การควบคุมตนเอง การหาข้อมูลและการปรึกษาหารือ การสนับสนุนทางจิตวิญญาณ ความตั้งใจทำงาน

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