

Spiritual Well Being and It's Relation with Quality of Work Life and Caring Behavior among Nurses



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1.ABSTRACT

Background Nurses' spiritual well-being directly influenced by religious belief that likely to improve caring behavior and quality of work life. **Aim:** search for the relation among spiritual well-being with quality of work life and caring behavior among nurses at Oncology Center- Mansoura University. **Subjects and methods:** At the Oncology Centre of Mansoura University, a descriptive correlational study design was used with a practical sample of (180) staff nurses. Three tools were used to gather the data as, Spiritual Well-Being Scale, Quality of Work Life Questionnaire and Caring Behaviors Inventory. **Results:** Majority of staff nurses were satisfied level about total spiritual well-being, slightly near to half of staff nurses have high level about quality of work life and more than half of studied nurses have good level of caring behavior. In addition, there was highly statistically significant positive correlations were found between total spiritual well-being scores and both total quality of work life and total caring behavior. **Conclusion:** Spiritual well-being improve nurses' quality of work life and caring behavior. **Recommendations:** Including culture in hospital policies by allowing all staff nurses to have a voice in decision-making. Offering training classes, workshops, and initiatives to improve and maintain nurses' compassion and spiritual health. Using the QWL program to raise productivity, organizational commitment, and work satisfaction among nurses.

Keywords: *Caring Behavior, Quality of Work Life, Spiritual Well-Being, Staff Nurses*

2.Introduction

Providing care for people, families, and communities in order for them to achieve, maintain, or improve their optimal health and quality of life is the goal of the nursing profession, which is part of the health care industry (Maymoun & Sohail, 2020). According to the World Health Organization (WHO), the main idea of human existence, which is strongly related to human growth, is comprised of the physical, psychological, social, and spiritual components (Crisp, Taylor, Potter & Perry, 2005). Nursing care must take into account patients' spiritual needs and appropriate caring behavior as one area of nursing care that contributes to the patients' satisfaction and improves the quality of work life for nurses. Nurses are the largest members of the healthcare team and spend more time with their patients than other healthcare providers. (Fort, Deussom, Burlew, Gilroy & Nelson, 2017).

The relationship between a person's life and God, as well as with others, nature, and oneself, is how they experience spirituality, which includes immaterial sides of life. Understanding spirituality

is crucial for comprehending the values, attitudes, and constructive actions (Khorrami-Markani, Yaghmaie, Khodayarifard & Alavimajd, 2012).

Being spiritually healthy is living in a way that nurtures and values wholeness in one's relationships with God, one's self, others, the community, and the environment. The lives, purposes, and satisfaction of nurses who value spiritual well-being tend to be more vibrant. (Wang & Lin, 2016). A sense of acceptance, pleasant sensations, and a cordial bond with a higher divine force are additional characteristics of spiritual well-being. These qualities are attained through a dynamic and dependable process of thought, emotion, and action. (Koenig, 2004).

People experience two different kinds of spiritual well-being Existential well-being, which concentrates on people's psychosocial difficulties, and religious well-being, which centers on views of health in spiritual life when communicating with a higher power. Having a positive relationship with a higher power is the main focus of religious well-being, whereas existential wellbeing looks at how

individuals interact with one another, culture, as well as the atmosphere. **(Deale Man, Kuckelman&frey, 2001).**

Spiritual well-being is "One of the most crucial components of human wellbeing and an active lifestyle. It offers a well-organized and seamless link for the forces within. It can be recognized by traits like consistency in life, calmness, coordination, and harmonization, as well as a feeling of intimacy with God, others, and the environment. In addition to giving one the energy needed to live a long life, it can also lead to happiness and a meaningful life. A person will experience significant diseases of the mind, such as loneliness, sadness, also a lack of purpose in lifespan when their spiritual health is under danger. **(Bai & Lazenby, 2015).**

It is a professional obligation for nurses to become increasingly skilled at delivering spiritual care, performing spiritual needs assessments, and ministering as well as their patients' spiritual requirements, the healthcare system becomes more complex. Nurses must be capable to recognize the spiritual requirements of patients and develop solutions to meet those needs in order to enhance patients' quality of life and minimize their suffering. **(Wu, Liao & Yeh, 2012).** Patients' compliance is influenced by their spiritual well-beings especially those with serious and life-threatening illnesses, and it also improves nurses' quality of life at work. **(Gall, et al., 2005).**

The nursing work life quality (QNWL) is "the extent to which nurses can meet their own needs through experiences at work while achieving the objectives of the organization is known as the quality of nursing work life (QNWL)". The quality of work life (QWL) is "a nurse's perception towards their work, organization, and employer". **(Vagharseyyedin, Vanaki& Mohammadi, 2011).** The nursing work life quality levels were still varied, varying from weak, medium, and excellent. The standard of nurses' performance at work is affected by a variety of factors, including associations with coworkers, choice-production attitude, demographic traits, management and leadership style, pay perks, schedules, and workload. The best predictor of a nurse's work life quality is their monthly wage, which is proceeded by the organization's dedication to the workplace, and occupational strain. **(Sinha, 2012).**

QWL is" a complex idea that describes how nurses feel about many aspects of their professions. Some of these are job requirements, working conditions, fair and sufficient remuneration, chances for stress, responsibility discretion,

decision-making, professional growth, and workplace health and safety at work, career stability, interpersonal connections, and maintaining a healthy balance between work and life". **(Mosadeghrad, Ferlie, & Rosenberg, 2011).**

QWL is" frequently thought of as one of the key components of staffing and retention, it significantly effects on keeping the necessary quantity of nurses in any healthcare setting. Workload, professional leadership and clinical support, adequate ongoing education, career mobility and career hierarchies, flexibility, planning and placement, professional admiration, provision of safety for work-related illnesses, and higher salaries are some of the issues that need to be addressed in order to solve the problem". **(Blaauw, Ditlopo, & Rispel, 2014).**

A nurse's quality of life (QWL) may be impacted by a variety of factors, such as the duties and setting of the workplace, public climate within the union, organizational structure, and the harmony of work and life **(Che Rose et al., 2006).** Both patient care and staff quality need to be improved, and this goes double for employee quality of life. A nurse's commitment, intention to leave the profession, Organizational efficiency, output, and standard of living are all correlated with their standard of living at work. **(Rai, 2013).**

A few ways that nurses, nursing services, and organizations are impacted by the quality of their work lives are the effectiveness of nursing care delivery, workplace productivity, job satisfaction, performance hurdles, horizontal violence, religious coping, organizational commitment, and job burnout. **(Eren& Hisar, 2016).** By conducting nursing work life assessments, organizations can gain a better understanding of how factors such as job policy, Organizational settings, societal factors, and work-life balance affect nurses by extension, enterprise effectiveness. Additionally, businesses will be able to pinpoint areas for improvement and the proper kind of compassionate behavior through evaluating the standard of nursing practice. **(Brooks& Storfjell, 2007).**

Caring behavior is associated with patient satisfaction. Nurses' compassionate acts help to foster healing environments that affect patient outcomes. Patient support and comfort are so dependent on nurses. **(Labrague, et al., 2017).** Caring behavior that provides comprehensive help to people is a crucial component of routine nursing practice. **(Nursalam, 2014).** Respect, honor, certainty, assurance, good connections, professionalism, and selfless service are all

characteristics of caring behavior. (Rafii, Forough, et al., 2007).

Caring behaviors include things like being sensitive, comforting, listening intently, being honest, and accepting others without judgement. (McSherry, MSherry & Watson, 2012). The diagnosis of the patient, the kind of facility, the nurse's age, and the patient's and nurse's cultural backgrounds may all have an impact on how the nurse behaves when providing care (Ehlers, 2008). The strategies employed for allocating nurses to various patients may also have an impact on caring behaviors. Lack of time and support may also influence how compassionate nurses behave. (Enns & Gregory, 2007).

Caring behavior is a strong work value in nursing; it plays a significant role in influencing or contributing to job satisfaction in nurses around the world. Nurses feel significance, self-determination, self-worth, and wellbeing via providing care; these traits all contribute to job and career happiness (Burtson & Stichler, 2010). Giving nurses a positive outlook on their work is also crucial. (Kalisch, Tschanen & Hyunhwa, 2011).

2.1 Significance of study:

The state of a nurse's spirituality can have a direct impact on how they act, interact with patients, communicate with them to provide spiritual care, and manage quality of life at work. Without spiritual health, it is difficult to achieve the highest potential level of life quality (Ali, Marhemat, Sara & Hamid, 2015). Religious beliefs that affect nurses' spiritual well-being may motivate them to act compassionately. Assisting people holistically, which is a crucial component of routine nursing practice, involves respect, honor, certainty, assurance, constructive connections, professionalism, and selfless service (Nursalam, 2014). The purpose of the current study is to examine the connection between

spiritual well-being and the caring behaviors and quality of work life of nurses at Oncology Center- Mansoura University.

2.2 Aim of the study

The study's goal is to determine the relationship between spiritual well-being with quality of work life and caring behavior among nurses at Oncology Center- Mansoura University.

2.3 Research Questions:

Q1: What is the level of spiritual well-being among nurses at Oncology Center- Mansoura University?

Q2: What is the level of quality of work life among nurses at Oncology Center- Mansoura University?

Q3: What is the level of caring behavior among nurses at Oncology Center- Mansoura University?

Q4: Is there a relation between spiritual well-being with quality of work life and caring behavior among nurses at Oncology Center- Mansoura University?

3. Methods

3.1 Research design:

Descriptive correlational research design was performed to conduct this study (Nassaji, 2015).

3.2 The study setting :

This study was performed at all inpatient and outpatient department at Oncology Center Mansoura University that provides a wide spectrum of health service at Delta region.

3.3 Participants of the study:

It included convenience (180) staff nurses who were available during the time of data collection at previous mentioned setting.

3.4 Tools of data collection: -

Three tools were used to collect the data for this study.:-

Tool (I): Spiritual Well-Being Scale:

This scale was developed by Paloutzian & Ellison, (1982). It aims to assess nurses' spiritual well-being; it consists of two parts: -

The first part:

Personal characteristics of nurses such as; age, gender, marital status, years of experience and level of education.

The second part:

Spiritual well-being Scale. It includes 20 items categorized into two dimensions as follow; Religious Well-Being (10 items) and Existential Well-Being (10 items). Scores for the two subscales are summed to provide an overall measure of Spiritual Well-Being. The response will be measured by six point Likert scale ranging from "strongly agree"(6) to "strongly disagree" (1). Score were classified into two level based on cut of points 60% as; satisfactory < 60% and unsatisfactory ≥ 60%.

Tool (II): Quality of Work Life Questionnaire:

This questionnaire was developed by NIOSH, (2002). It aims to assess the quality of work life at work place as perceived by nurses. It

includes 36 items categorized into 6 domains includes; psychological work environment, job characteristics, salaries and incentives, team work, supervisor leadership style and participation in decision making. Each domain includes 6 statements. The response will be measured by five point Likert scale ranging from "strongly agree"(5) to "strongly disagree" (1). The total score was divided into three levels based on cut of points 60% as; low < 60%, moderate 60% - 75% and high > 75%.

Tool (III): Caring Behaviors Inventory:

This tool was developed by **Wolf, Giardino, Osborne & Ambrose, (1994)**. It aims to assess nurses' caring behavior. It contains 42 items categorized in-to five dimension include: respectful deference to the other (12 item), assurance of human presence (12 item), positive connectedness (9 item), professional knowledge and skill (5 item), and attentiveness to the other's experience (4 item). The response will be measured by four point Likert scale ranging from "strongly agree"(4) to "strongly disagree" (1). The total score was classified into three levels based on cut of points 60% as; poor 60%, average 60% - 75% and good > 75%.

3.5 Validity and reliability:

The data collection tools were translated into Arabic and then back into English by a jury of five specialists from the academic nursing administration personnel to confirm their clarity. After reviewing the instruments for clarity, appropriateness, applicability, completeness, understanding, and ease of measurement, they made any required adjustments in accordance with their recommendations. A few sentences had to be rewritten to reflect the modifications. As a result of the experts' recommendations, the 20-item spiritual well-being measure was changed, four items were eliminated, leaving 16 items that were more suitable for the participant's culture. By using a pilot participant and the Cronbach's Alpha test, three instruments—the Spiritual Well-Being Scale, the Quality of Work Life Questionnaire, and the Caring Behavior Inventory—have their reliability assessed. Reliability calculations and findings (0.83), (0.81) and (0.95) respectively.

3.6 Pilot study:

The subject of a pilot study was (20) nurses 10% of the total participant from all oncology center departments from the whole sample in order to evaluate the tools' clarity, viability, and applicability. Based on their responses, any necessary adjustments were made. It aids in estimating the amount of time needed to complete

questions as well as the questions' clarity and viability, as well as any potential difficulties or problems that may arise during the data gathering process.

3.7 Data Collection:

Between the beginning of January 2022 to the end of March 2022, data collecting took three months. by talking to the nurses and explaining the goal of the study to them. Each participant nurse in the study received a questionnaire sheet during a separate shift (morning, afternoon, and night shifts). The survey took 20 to 30 minutes to complete.

3.8 Ethical Consideration

The Faculty of Nursing at Mansoura University's Research Ethics Council received ethical approval. The responsible hospital administrator gave the study's execution official permission. Staff nurses who decided to take part in the study verbally consented after being informed of its nature and objectives. The study's participants were informed that their participation was completely voluntary and that they might withdraw at any time. All study participants were given guarantees about their privacy and the of the data collected.

3.9 Statistical analysis:

The SPSS program was used to organize, tabulate, and statistically assess the collected data. (Statistical Package for the Social Sciences, SPSS Inc., Chicago, Illinois, USA, version 26). Both percentages and frequencies were used to express the category variables. The mean and standard deviation were used to depict continuous variables. To determine if the means of two continuous variables varied, the independent t-test was used to compare them. The ANOVA test was developed to assess the variance among the means of several continuous variables. The relationship between two categorical variables was examined using the chi-square test. The relationship between two continuous variables was investigated using the Pearson correlation coefficient test. Statistical significance was defined as a 0.05 or higher p-value.

4. Results:

Table (1): Clarified personal characteristics of the studied nurses. This table showed that majority of studied nurses (73.3%) aged from 20-30 years with more than two third (87.8%) of them were women. Regarding experience year, more than half (59.4%) of studied nurses have 1-5 year of experience (59.4%) and (61.1%) having

technical degree of nursing education with (70.6%) of them were married.

Figure (1): Show total levels of spiritual well-being among the studied nurses. More than two third (88.9 %) of studied staff nurses were reported satisfied level about their spiritual well-being, whereas (11.1%) of them were unsatisfied level of it.

Figure (2): Shows total levels of caring behaviors among the studied nurses. More than half (66.1%) of studied nurses have good level of caring behavior, whereas (2.2%) of them had poor levels of it.

Figure (3): Demonstrate total levels of quality of work life among studied nurses. This figure shows that (46.1%) of studied nurses were

high levels about quality of work life while, (15.6%) of them were low levels of it.

Figure (4): Illustrate correlation between total spiritual well-being and total quality of work life among the studied nurses. This table illustrate that there was highly statistically significant positive correlation between total spiritual well-being scores and total quality of work life scores among studied nurses.

Figure (5): Demonstrate correlation between total spiritual well-being and total caring behavior among the studied nurses. This table shows that there was highly statistically significant positive correlation between total spiritual well being score and total caring behavior scores among studied nurses.

Table (1): Personal characteristics of the studied nurses (n=180)

Personal characteristics	Studied nurses (n=180)	
	No.	%
Age years:		
▪ 20-30	132	73.3
▪ 31-40	48	26.7
Range	20-40	
Mean±SD	27.76±4.27	
Gender:		
▪ Male	22	12.2
▪ Female	158	87.8
Marital status:		
▪ Single	53	29.4
▪ Married	127	70.6
Level of education:		
▪ Secondary school of nursing	28	15.6
▪ Technical health and nursing institute	110	61.1
▪ Bachelor degree	42	23.3
Experience years:		
▪ 1-5	107	59.4
▪ 6-10	31	17.2
▪ > 10	40	23.3
Range	1-18	
Mean±SD	6.67±5.04	

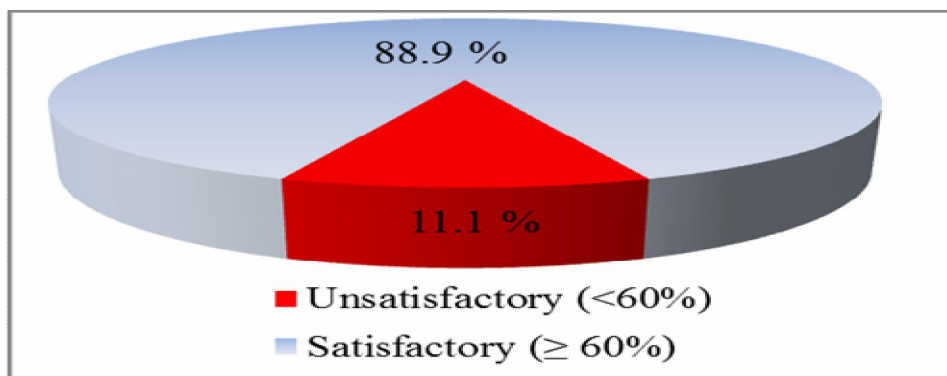


Figure (1): Total levels of spiritual wellbeing among the studied nurses (n=180)

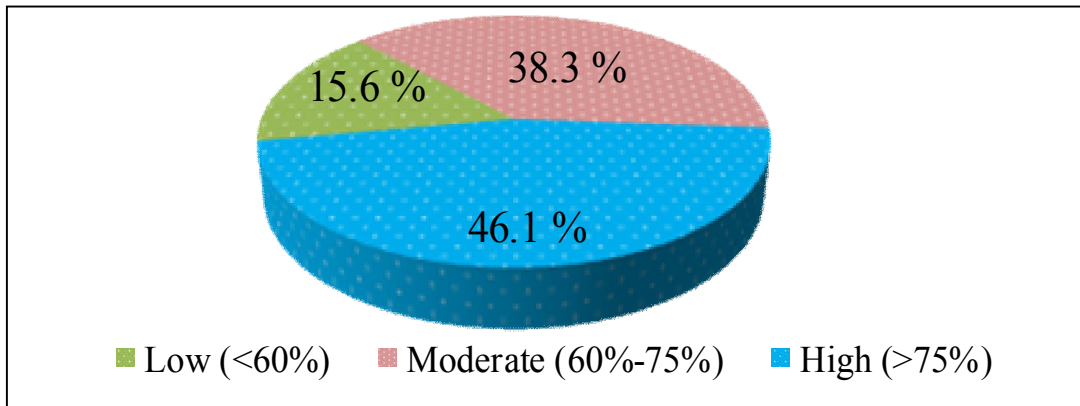


Figure (2): Total levels of quality of work life among studied nurses (n=180)

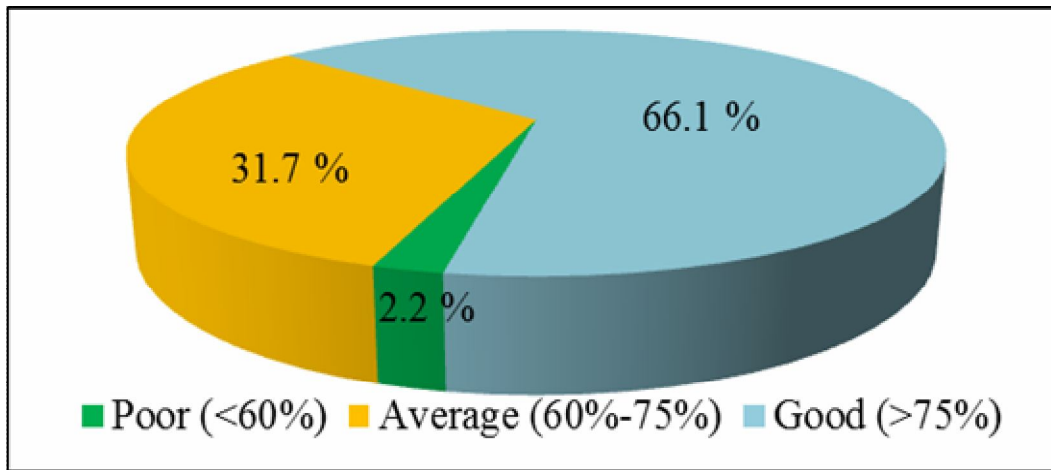


Figure (3): Total levels of caring behaviors among the studied nurses (n=180)

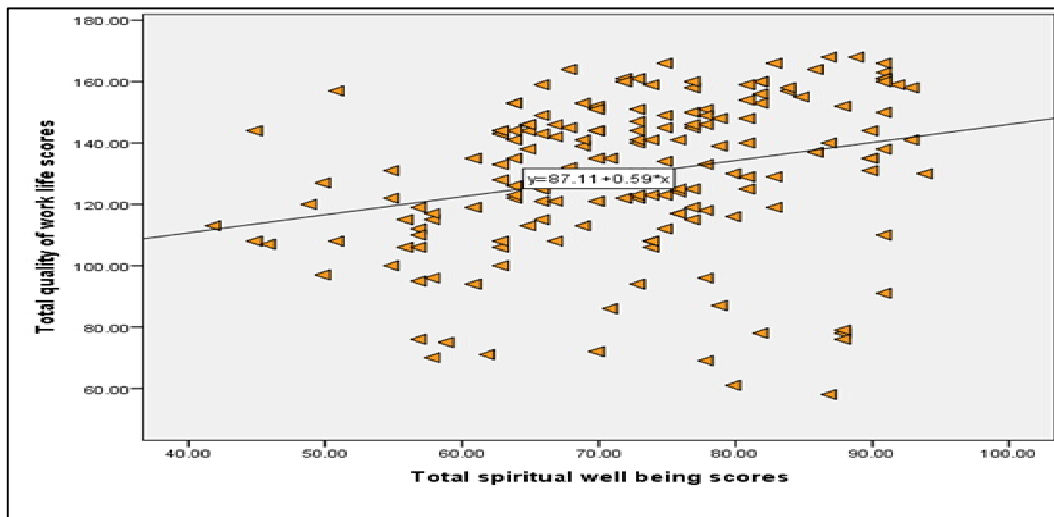


Figure (4): Correlation between total spiritual well-being scores and total quality of work life among the studied nurses (n=180)

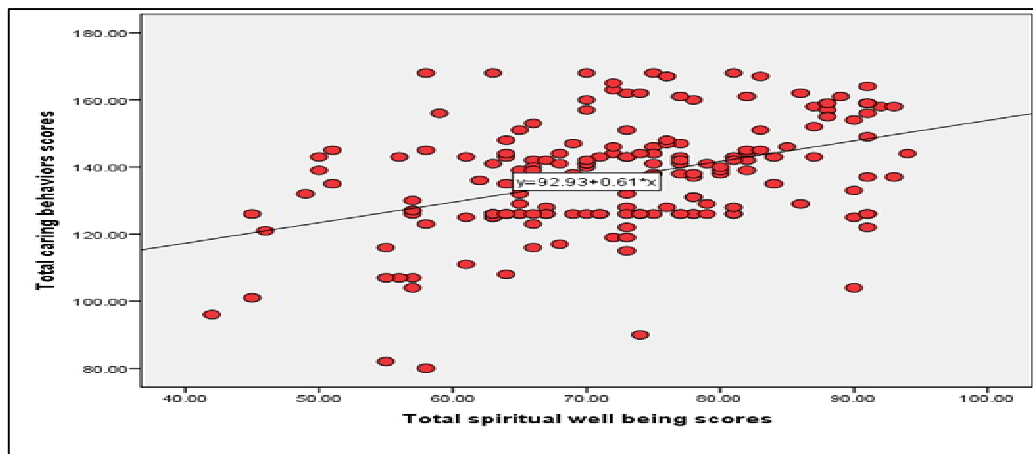


Figure (5): Correlation between total spiritual well-being and total caring behavior among the studied nurses (n=180)

5. Discussion

The four facets of human health are physical, psychological, social, and spiritual well-being. It fosters overall general wellbeing and harmonies further areas of healthiness in order to boost the psychological well-being's compatibility and efficiency. Also, it's regarded as a crucial resource for coping with a difficult life (Hemmati Maslak pak, Ahmadi & Anoosheh., 2011). an example of things influencing the nurses' standard of work lifetime is their spiritual well-being. This improves nurses' abilities to deal with patients and families and helps them find inner peace. Also, spiritual health plays a role in nurses' strong dedication to exhibiting the highest level of compassion and a high standard of living while at work. (Abbaszadeh, Borhani & Abbasi., 2015).

Accordingly, the present study aims to investigate the relation between spiritual well-being with quality of work life and caring behavior among nurses at Oncology Center- Mansoura University.

Rendering to a research, the majority of nurses who participated in the survey expressed a high level of satisfaction with their overall spiritual well-being.; this could be because their religion places a special emphasis on spiritual values and the nurses themselves have deep, meaningful relationships with God. Islam and these spiritual practices help explain why nurses have such a strong commitment to upholding moral standards in their work, find great satisfaction in praying to God in solitude, and believe that God loves them and cares for them. One way that nurses cope with life's challenges is by placing their trust in God. Assuming that the participant defines trust in God as their confidence in the Lord's power to put an end to the suffering and their understanding that

God is everyone's source of strength and protection. According to Zare & Jahandideh's (2014) study on the effect of special ward nurses' spiritual well-being on patients' spiritual care, "Iranian nurses had high levels of spiritual well-being. What form of spirituality enables nurses to find inner peace and improves their capacity to properly manage stress."

Furthermore, similarly Ricci-Allegra, (2018) study about hospice and palliative nurses' use of spirituality, mindfulness, and spiritual care shown that" the spiritual health of palliative care nurses is very high. Particularly at times of personal crisis, spirituality is an inherent quality of humans and an ontological requirement that must be satisfied. Higher levels of spiritual perspectives and more regular spiritual care were offered by nurses who identified as "religious and spiritual" in comparison to those who identified as spiritual but not religious." In addition to FallahiKhoshknab, Mazaheri , Maddah, & Rahgozar, (2010) study about validation and reliability test of Persian version of the spirituality and spiritual care rating scale indicated that "attitude of nurses in Razi psychiatric teaching hospital to spiritual well-being and spiritual care was at a high satisfied level who also, said that psychiatric nurses have more time, are accustomed to consulting, and are more likely than nurses in other specialties to analyze the patients' spiritual requirements". In contrast Mostafazadeh& Asadzadeh, (2012) study about assessment of mental and spiritual health who found that "as a result of nursing's nature and the near relationships nurses have with their patients, their spiritual well-being is in the medium to poor level. Also, the study's findings were in disagreement with these findings". As well as the finding of the study disagreed with these results a study was done in Spain by Burke, Moodie ,

Dolan & Fiksenbaum, (2012) study about job demands, social support, work satisfaction and psychological well-being among nurses in Spain who found that “the majority of the nurses under study had low scores on the subscales measuring total spiritual well-being. They defended their position by pointing out that nurses are prone to work in stressful environments, which might make them unhappy at work. This will result in lower organizational results related to patient care and nursing staff well-being”. Also, the finding of the study not supported with the study of **MichiyoAndo, et al., (2010)** study about effects of bereavement life review on spiritual well-being and depression, pain symptom manages, who confirmed “how going through bereavement and crisis situations might cause one to perceive their spiritual well-being as being low and cause more psychological discomfort. High levels of satisfaction with their quality of work life have been reported by study staff nurses. The capacity to take part in decision-making, the existence of a spirit of communication amongst one another, the importance of one's own self-worth, social interaction as one works sincerely and honestly with one's fellow group members, taking care of one another, and the supervision of each other may all contribute to staff nurses feeling satisfied with their achievements at work, feeling respected, feeling the sense of accountability of what they do, understanding the importance of their job assignments, and having the ability to do so”. This was in the similar line with **Mohammadi & Karupiah, (2020)** study about quality of work life and staff performance who found that “staff nurses reported high levels of work life satisfaction, demonstrating that it has a positive effect on all outcomes for both the staff nurse and the business”.

In line with this study's findings **Sinval, Sirgy, Lee, & Marôco, (2020)** study about the quality of work life scale stated “a high level of contentment with their jobs was reported by people when asked about their quality of work life”. Furthermore, **Angin, Lumbanraja, & Absah, (2020)** study about the effect of quality of work life and work engagement to employee performance with job satisfaction level who revealed that “the majority of staff nurses rated their quality of work life as positive, which gives them a boost and encourages them to give it their all, enhancing their engagement and performance”.

On the contrast **Alharbi, Alahmadi, Alali, & Alsaedi, (2019)** study about quality of nursing work life among hospital nurses in Saudi Arabia disputed the current study and noted that “work-

related stress among national nurses was a factor, as well as the respondents' low level of work life satisfaction and lack of energy after work”. In addition, **Chegini, Asghari Jafarabadi, & Kakemam, (2019)** study about occupational stress, quality of working life and turnover intention amongst nurses also not support the present study who stated that “their QWL level was low, the most significant factors contributing to low QWL were insufficient and unfair pay, a lack of management support and organization to address staff issues, job insecurity, high levels of job stress, unfair promotion policies, and a lack of involvement in decision-making”. As well as **Salarvand, Azizimalekabadi, Jebeli, & Nazer (2017)** study about obstacles faced by nurses during the implementation of Iran's healthcare reform plan nurses they believed that “Iranian nurses had poor QWL, and that the Health Sector Evolution Plan, which is now being implemented, may be to blame for the country's current low QWL (HSEP). Consequences of this change include inequities in pay and workload”.

According to the results of this study, the majority of nurses who took part exhibited high levels of compassion. This might be because the nurse pays close attention to the patient, treats them with respect, meets their needs, is patient with them, cautious, and confident, has a high level of knowledge and abilities, and priorities them. Other because the foundation of Muslim nurses' compassionate behavior is their relationship with Allah (God) and is based on Islamic principles. Hence, Allah rewards nurses for their kind deeds towards their patients. This was comparable to **Davoodi, et al., (2020)** study about workplace health management who found that “The organizational structure, general attitude in society, nursing curriculum, and culture all contributed to the nurses' caring behaviors being at a high desirable level”.

This finding also consistent with the findings of a study conducted in Jimma by **Oluma & Abadiga., (2020)** study about [Nursing staff at the Jimma University specialised hospital in Oromia, southwest Ethiopia, exhibits caring behaviour and related variables., they found that](#) “indicated nurses and midwives had a greater degree of higher perception of caring behaviors”. As well as the study of **Sarafis, Rousaki, Tsounis, Malliarou, Lahana, Bamidis, et al., (2016)** study about the impact of occupational stress on nurses' caring behaviors and their health related quality of life found “that caring behaviors of oncology nurses were reported at moderate to

high levels, this may be due to differences between oncology nurses and other nurses”. On the other side study of **Li Cheng, Yilan Liu, Yuye Ke, & Wenru Wang. (2017)**. study about comparison of caring ability between Chinese and American nursing who found that “the level of nurses' care behaviour is low; this finding may be influenced by differences in cultural backgrounds and educational systems”.

According to the current study, there is a highly statistically significant Positive correlation between a nurse's overall quality of life score and their total spiritual well-being score. This could be attributed to the hospital's support of the staff nurses, which includes providing a safe environment that is appropriate for work, a group-based approach to overcoming obstacles at work, assistance with critical thinking, decision-making, and problem-solving that allows and stimulates positive behaviors so they feel with satisfaction, organizational commitment and engagement in work that creates feeling that life has much meaning for them, and comfort regarding the future. **Ramezankhani, et al., (2013)** study about association between spiritual health and quality of work life support the present study and confirmed that “a significant strong inverse association among quality of work life and spiritual well-being, with employees reporting higher quality of work life when their spiritual well-being was higher”. Additionally, the results of **Pirasteh Motlagh, Nikmanesh, (2012)** study about the connection between spirituality and suffering and the nature of the work life also showed that “the quality of work life and spiritual well-being were significantly positively correlated”. Furthermore, **Cetinkaya, Dundar, & Azak, (2013)** Study about nurses' perception of spirituality and spiritual care indicated that “the spiritual well-being and attitude towards spirituality with the spiritual care competence in critical care nurses were positively and significantly correlated”. The correlation is vital and meaningful in order to enhance the standard of their spiritual care work practice, hospitals may be motivated to encourage nurses' understanding of spiritual care”. The current study also revealed a highly statistically significant positive relationship between the overall score for spiritual well-being and the overall score for caring behavior among the nurses examined. Their compassionate behavior was enhanced by providing the patient with excellent physical care, spending more time with them, and guaranteeing their mental and physical comfort. This helped them maintain a strong relationship with God, which helped them be content with life, believe that

there is a meaningful purpose for their lives, and feel well-being. They felt secure as a result, which allowed them to be more upbeat.

In the same line the study made by **Bakar, et al., (2017)** about nurses' spirituality improves caring behavior support the present study and demonstrated that “caring actions and spirituality have a substantial association. Hence, gaining a spiritual awareness could result in the provision of spiritual care to patients and may have an impact on nurses' caring behaviours”. Also, the study made by **Priambodo & Galih, (2014)** about caring behaviors, spiritual, and cultural competencies: a holistic approach to nursing care “They provided high correlations between compassionate behaviour and spiritual well-being in agreement with my findings. Because of their endurance, sincerity, and thankfulness has positive relation with caring behaviour”. In addition, the study made by **Tomey & Alligood, (2014)** study about nursing theorists and their work support the study who found that “there was strong harmony between spiritual well-being and caring behavior, like behavior was positively associated with spiritual well-being, according to sun rise theoretical models”.

6. Conclusion:

According to the study's results, the staff nurses at the Oncology Centre at Mansoura University had significant levels of spiritual well-being, high levels of standard of work, and high levels of caring behavior. Additionally, It was highly statistically positive significance link among the overall spiritual well-being ratings both the overall work-life quality and caring behavior scores among the nurses who were the subject of the study.

7. Recommendations: -

Based on the findings recommended to:

- Including culture in hospital policies by allowing all staff nurses to have a voice in decision-making.
- Offering training classes, workshops, and initiatives to improve and maintain nurses' compassion and spiritual health.
- Offering scheduling flexibility so that nurses can balance their personal and professional obligations.
- Promoting goodwill among coworkers and social support.
- Creating open and transparent communication that allows nurses to bring up challenging issues.

- Hiring auxiliary staff members to perform non-nursing care tasks expressly for clients in nursing units.
- Redesigning the role of nurses at work to improve job characteristics, particularly task identity.
- Using the QWL program to raise productivity, organizational commitment, and work satisfaction among nurses.

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