



THE IMPACT OF WORKPLACE SPIRITUALITY, PSYCHOLOGICAL
CAPITAL, AND PERCEIVED ORGANIZATIONAL SUPPORT ON
HAPPINESS AT WORK, MEDIATED BY WORK ENGAGEMENT,
WORK-LIFE BALANCE, AND CAREER SATISFACTION,
AMONG NURSES IN BANGKOK

Pirapat Thawinratna

A Dissertation Submitted in Partial Fulfillment of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY IN COUNSELING PSYCHOLOGY

Graduate School of Human Sciences

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ABSTRACT

I.D. No.: 5919540

Key Words: WORKPLACE SPIRITUALITY, PSYCHOLOGICAL CAPITAL, PERCEIVED ORGANIZATIONAL SUPPORT, WORK ENGAGEMENT, WORK-LIFE BALANCE, CAREER SATISFACTION, HAPPINESS AT WORK, AND NURSES.

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The purpose of this study was to examine the impact of workplace spirituality, psychological capital, and perceived organizational support on happiness at work, mediated by work engagement, work-life balance, and career satisfaction among Thai registered nurses in Bangkok. The participants of the study were 640 registered nurses conveniently selected from 6 private hospitals in Bangkok. The Workplace Spirituality Scale (WPSS), Psychological Capital Questionnaire (PCQ), the Survey of Perceived Organizational Support (SPOS), Career Satisfaction Scale (CSS), Work-

Life Balance Scale (WLBS), Work Engagement Scale (WES), and Happiness at Work Scale (HAWS) were employed to collect data for the study. Three studies were designed and conducted via structural equation modeling (SEM). Study 1 investigated the psychometric properties of the scales employed to measure the study's primary variables (reliability). All the questionnaires were an English version as same as the original instruments. Study 2 explored the hypothesized direct and indirect relationships among the study's exogenous, mediator, and criterion variables (through three models) were tested through multi-model path analysis. Study 3 investigated age and job experience differences that employed multi-group model invariant test to evaluate direct and indirect paths of structural relationships hypothesized in the proposed model. The results of reliability analyses in Study 1 revealed that the research instruments were reliable for employing in this research. The results from study 2 revealed that the proposed model fits the data and the full path model was the best fitting model data (χ^2 (df)= 18.42(4) NFI= 0.98 CFI= 0.99 GFI= 0.99 RMSEA = 0.09). The effect of workplace spirituality, psychological capital, and perceived organizational support, on happiness at work were found to be mediated by work engagement, work-life balance, and career satisfaction. The results from study 3 revealed that the pattern of structural relationships hypothesized for the proposed model operated differently for participants with different job experience (1-10 job experience and over 10 job experience group) but not for age (the 22–30 age group and over-30 age group). The study's limitations, implications, and avenues for further research are also discussed.

ACKNOWLEDGEMENTS

The successful completion of this dissertation has been made possible through the invaluable assistance and cooperation of numerous individuals. Firstly, I would like to express my profound gratitude to God and Mary, the holy mother, for bestowing upon me this exceptional opportunity to acquire knowledge and personal growth, and for the abundant blessings bestowed upon me throughout this transformative journey.

I extend my sincere appreciation to my supervisor, Dr. Santhosh Ayathupady Mohanan, for his invaluable suggestions, substantial assistance, unwavering support, and unwavering encouragement throughout this ambitious undertaking. Without his unwavering enthusiasm and unwavering dedication, I would not have been able to accomplish this feat.

Furthermore, I would like to convey my heartfelt gratitude to Dr. Chayada Thanavisuth, the esteemed Dean of the Graduate School of Human Sciences, for her invaluable support. I am immensely grateful to Dr. Parvathy Varma, the Programme Director of Counselling Psychology, as well as the esteemed Teaching Faculty members and committee members, Assoc. Prof. Dr. Dusadee Intraprasert, Dr. Rajitha Menon Arikatt, Dr. Davud Shahidi, for their exceptional guidance and unwavering assistance. Additionally, I would like to express my gratitude to all my fellow classmates at AU, with special recognition given to Kwan (Sutawadee), whose

unwavering support has played an indispensable role throughout my academic journey.

I wholeheartedly wish to express my profound gratitude to all the registered nurses who graciously devoted their time to participate in this research project. This study would not have been possible without their valuable insights and cooperative spirit. I extend my gratitude to Tierajutha Jarasyothinnuwat for her meticulous editing of my dissertation and Asst. Prof. Dr. Akadet Kedcham for his statistical recommendations.

Finally, I would like to convey my deepest appreciation to my parents, my brother and my daughter who have consistently offered their prayers, unwavering support, and boundless encouragement throughout my life and to my wife who has been my pillar of strength, my source of comfort, and my biggest cheerleader.

Pirapat Thawinratna

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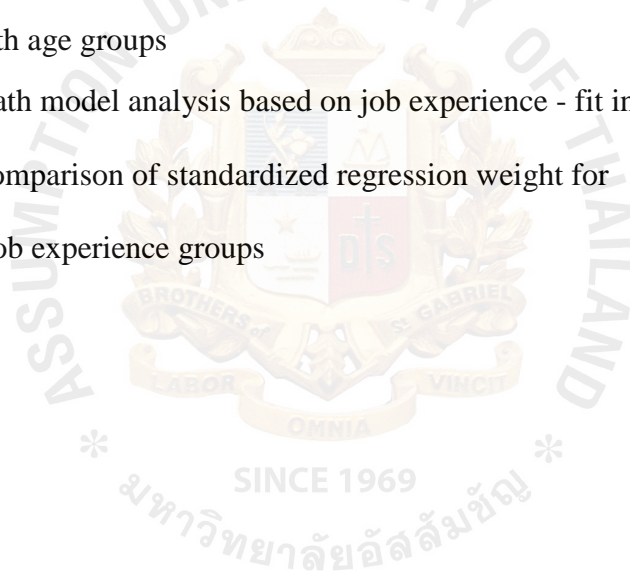
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CHAPTER I

INTRODUCTION

Happiness is a response to individuals' desires and needs, and it reflects their satisfaction with the main tasks they perform at work, which in turn affects their overall life satisfaction. It involves experiencing high levels of positive emotions and low levels of negative emotions (Chaichi, 2020).

When employees experience happiness, it contributes to the development of intellectual abilities, emotional control, problem-solving skills, and enhances work performance. Furthermore, it leads to various positive outcomes such as good health, youthful appearance, positive decision-making, and strong social connections (Chang et al., 2020). It also fosters higher levels of commitment to the organization.

In the face of rapid societal and environmental changes both domestically and globally, professionals in all fields, including nursing, cannot escape the impact of these changes. Nurses, as direct healthcare providers with responsibilities for promoting health and delivering healthcare services to individuals, families, communities, and healthcare facilities, are particularly affected. They play a vital role in guiding health-related matters, disease prevention, nursing care, and health promotion and recovery. Nurses constitute the largest group of healthcare

professionals and have closer and more continuous interactions with service recipients than any other healthcare personnel.

Background of the Study

Happiness is of great importance to most people and is an important issue in all professions (Saiga & Yoshioka, 2021). In the past decades, a lot of scientific studies on happiness have been conducted, not only in the domain of psychology but also in other areas such as business, economics, to mention but a few (Boehm & Lyubomirsky, 2009; Costa, & McCrae, 1980; Diener, 2000; Diener et al., 2009; Powdthavee, & Vernoit, 2013; Rehdanz, & Maddison, 2005), all of which have demonstrated the value of happiness in people's lives.

Despite the significance of happiness, not everyone can experience happiness all the time as lives is also filled with such negative emotions as fear, anger, sadness, stress, anxiety, etc. People need happiness but no one can avoid the dark sides of lives. The study in USA showed that around 14% of American adults felt happy. Similarly, NORC's research, the University of Chicago (2020), found that American people in general have been unhappy for nearly 50 years.

In Thailand, according to the World Happiness Report, the national level of happiness has continuously declined since 2012 (Thailand Development Research Institute [TDRI], 2021). Another survey in 2020 found that most Thai people are unhappy, especially those of generation Z born between 1997 and 2012: while 36% of

Thai “baby boomers” rated their happiness at a high level, only 7% of the generation “Z” rated at the same level (TDRI, 2021).

There can be several different factors behind happiness of a person. Layard (2005) found that family, community and friends, income, employment, health, personal freedom, and philosophy of life are the factors that could impact on a person’s happiness. Seligman's study (2011), the PERMA model of happiness, showed that some core elements, such as positive emotion, engagement, relationships, meaning, and accomplishment, could be important factors of happiness.

However, many things in a person’s life can lead to either positive or negative consequences: one is work life. Because people spend much of their time each day at work, those who are employed cannot avoid getting affected by each and every incident at the workplace.

A study by Chaichi (2020) found that being happy is a primary cause for a person to do his or her jobs successfully, which is supported by Annie Mckee (2017), whose study suggested that happiness could induce positivity in the workplace, reduce stress, and increase creativity. Furthermore, happiness can also have a positive effect on preventing psychological disorders, increasing self-confidence, boosting interpersonal relations, enhancing problem-solving skills, among others (Kose et al., 2018).

Among stressful careers, nurses have great responsibility for patient care and outcomes, having to bear the brunt of patients’ and their families’ stress, anxiety, and

trauma. Therefore, their work is demanding and intense. With the global outbreak of COVID-19 pandemic spreading in the past 2 years, daily workload of nurses has increased significantly, taking severe toll on their emotions, physical health, and quality of care given (San, 2014; Klinkhajon et al., 2020).

Some studies found that job satisfaction of nurses could affect the quality of care for their patients: nurses dissatisfied could develop depressive symptoms (Letvak et al., 2012; McHugh et al., 2011), medication errors, fear and anxiety, feelings of hopelessness (Best & Thurston, 2004; Sofie, Belza, & Young, 2003), burnout, quitting work, and could even affect satisfaction of others around them (McHugh et al., 2011; Kose et al., 2018).

To explore the importance of happiness at work among nurses, some studies investigate factors that play an important role in increasing or decreasing the level of happiness (Al-Aameri, 2000; Manion, 2003; Best & Thurston, 2004; Loke, 2001; Lin et al., 2011; Hosseini et al., 2016; Akter et al., 2018; Kim & Kwon, 2020). These factors are associated with personal attributes, interpersonal relationships, and organizational factors.

Recent studies in this decade have found that the happiness of nurses consists of personal factors, work characteristics, work environment (Ozkara, 2015), satisfaction with the environment, leadership, career development, job characteristics (Erdogan et al., 2012), salary, ward, hours of work, and age (Khosrojerdi et al., 2018). Kose et al (2018) found that the working hours over 181 hours per month can

negatively affect the happiness levels of nurses, while Leinweber et al (2016) suggested that, in general, the high working hours could have negative effects on the work environment and raise the intention to quit the job.

When the quality of work life is good, nurses feel happy and satisfied with the conditions they experience while performing their duties. This leads to them working with dedication and devotion, resulting in positive outcomes for the organization. Conversely, when the quality of work life is poor or dissatisfactory, it negatively affects both the individual's work and has detrimental consequences for the organization (Herzberg, Mausner & Snyderman, 1959). In the current business environment, competition in the private hospital sector has become increasingly intense. Organizations strive to enhance their capabilities to compete with other players in the industry. Additionally, there is a growing demand for leadership in the business and the ability to expand operations internationally. Hence, there is a focus on developing excellence in service and maintaining high-quality standards in healthcare at all times.

Although happiness at work has become an important topic for organizations, there is still a limited number of studies on this topic, especially on registered nurses in Thailand. Among the studies that examined some pro-happiness variables, for example, workplace spirituality, psychological capital, and perceived organizational support, only a small number were conducted with empirical data.

Workplace spirituality is a variable that has received increasing attention from researchers in the area of happiness at work (Lazar, 2010). Spirituality has been identified by some researchers as an important contributor to nurses' happiness at work (Brown, 2003; Komala & Ganesh, 2007). In the Thai society, spirituality has long been inherent part of the culture and daily living. The past studies in Thailand showed the relationship between religiosity/spirituality and happiness. The practices of Buddhism in Thailand, for example, the act of helping others, making donations (Gray, Tantipiwatanaskul, & Suwannoppakao, 2010), praying, meditating, altruism, generosity, and forgiveness were found positively related to happiness and health (Winzer & Gray, 2018). However, there are a small number of empirical studies that on the topic of spirituality effects on registered nurses' happiness at work, especially in Thailand.

Psychological capital, consisting of self-efficacy, optimism, hope, and resilience, is proposed as a variable to promote happiness at work (Basinska and Rozkwitalska, 2020). Some researchers have found that each component of psychological capital has a positive impact on happiness at work (Luthans & Avolio, 2009; Kahn, 1992; Malik, 2013).

Perceived organizational support is another factor that relates to happiness at work. Rhoades and Eisenberger (2002) found that employees who have a higher perception of organizational support will feel better at work, more pleased with their jobs, and less strained.

Moreover, there are also other factors that are associated with happiness at work. One that has become a new concept in mental health for the past two decades is work engagement. Research has found that work engagement relates to the feeling of pride, receiving a reward from working, happiness with increasing well-being, and work-related behaviors (Bailey et al., 2017; Knight et al., 2017), leading to positive work and health outcomes (Van De Voorde et al., 2016).

Work-life balance is the next variable associated with happiness at work that has become an important issue (Mathur, 2017; Gayathri & Sajeethkumar, 2019) as it is hard for some employees to keep a balance between work and personal life. Work-life balance among employees can also help organizations receive positive organizational outcomes (Gayathri & Sajeethkumar, 2019).

The next interesting variable associated with happiness at work is career satisfaction, defined as perception of a worker about his or her career success (Judge et al., 1999). This variable represents positive effects on the working life of employees, be it attitudes or behaviors. However, the body of knowledge concerning this variable in relation to happiness at work of registered nurses is still limited.

Moreover, demographic data, such as age and job experience, are another variable that can be related to happiness at work. The findings from past studies showed varying degree of relationship.

The nurse's age is the most determining demographic variable for the level of happiness at work (Lambrou et al., 2010). The studies in the last ten years have

shown that nurses' age can be a predictor of their happiness (Ahn & Kwon, 2020; Duche-Pérez & Galdos, 2019; Khosrojerdi et al., 2018; Yahya, & Ghazi, 2019), but a few studies found that there is no relationship between nurses' age and their happiness at work (Rahighee, 2015; Siamian et al., 2012).

The nurse's job experience is the next demographic variable that has been explored in association with happiness at work. Some previous studies showed that job experience is a variable that associates with happiness at work (Spevan et al., 2020; Lambrou et al., 2010; Tood et al., 2015), but others found that this variable did not associate with happiness at work (Ahn & Kwon, 2020; Promchoo, 2020).

These discrepancies in findings raise some research questions to find the answer for enhancing happiness at work among nurses in the context of the Thai society, where information in this area is scarce.

The statement of the problem

Happiness at work is not only crucial for the well-being of employees but also has a positive impact on their performance (Cooper et al., 2019). To achieve optimal performance, organizations have been focusing on enhancing happiness at work for their employees, leading to extensive research in the past two decades (Al-Aameri, 2000; Ingersoll et al., 2002; Best & Thurston, 2004; Kim & Kwon, 2020; Diener, 2000; Cooper et al., 2019; Kose et al., 2018; Lynn, 2002; Van De Voorde et al., 2016; Tandler et al., 2020; Javanmardnejad et al., 2021).

Existing studies have provided a foundation for understanding happiness at work and emphasized that it is influenced by a combination of factors (Gudivada VenkatRao et al., 2017). Cultural values have also been identified as moderators in the relationship between various factors and happiness at work (Wesarat, Sharif & Majid, 2015).

Among registered nurses, research has focused on identifying the factors influencing happiness at work. Some studies have explored the negative aspects, revealing that challenging circumstances such as heavy workloads, patient-related issues, limited support systems, inadequate supervisor support, unfair compensation, and restricted career opportunities impact emotional well-being and patient care quality (Ozkara, 2015).

Conversely, other studies have investigated positive factors contributing to happiness at work. For example, research by Chang et al. (2020) found that individual-level characteristics like personality and attitudes have a stronger influence on happiness at work compared to organizational-level factors.

Additional factors that positively impact happiness at work for registered nurses include work-life balance, life satisfaction, workplace spirituality, self-nurturance, and overall well-being (Prabhashani & Rathnayaka, 2017; Ellwart & Konradt, 2011; Kołtuniuk et al., 2021; Iqbal et al., 2020; Nemcek, 2007; Khosrojerdi et al., 2018).

Although numerous studies have explored happiness at work, there is a scarcity of research specifically focused on registered nurses in the Thai context, particularly those working in private hospitals. Additionally, existing studies have often had limited participation from registered nurses. Moreover, the literature suggests that the impact of variables such as psychological capital, perceived organizational support, and workplace spirituality may be mediated by work-life balance, work engagement, and career satisfaction. Furthermore, the influence of these variables and relationships may be moderated by the nurses' age and job experience. Consequently, this study aims to address these identified gaps and examine happiness at work among registered nurses in private hospitals in Bangkok, Thailand, within the unique cultural context.

Purpose of the study

The main purpose of the current study is to investigate the impact of workplace spirituality, psychological capital, and perceived organizational support on happiness at work among Thai registered nurses in Bangkok, mediated by work engagement, work-life balance, and career satisfaction. This study consists of three parts, each of which interrelates with one another, based on the following objectives:

1. To test the psychometric properties of the assessment tools employed in this study with the sample of registered nurses from the private hospitals in Bangkok;

2. To investigate the direct effects of workplace spirituality, psychological capital, and perceived organizational support on happiness at work of registered nurses who work in a private hospital in Bangkok;

3. To investigate the indirect effects of workplace spirituality, psychological capital, and perceived organizational support on happiness at work of registered nurses who work in the private hospital in Bangkok as mediated by work engagement, work-life balance, and career satisfaction;

4. To investigate whether the structure of the paths (direct and/or indirect) between workplace spirituality, psychological capital, perceived organizational support, happiness at work, work engagement, work-life balance, and career satisfaction vary as a function of nurses' age and job experience.

Significance of the study

The significance of this study lies in its contribution to the understanding of happiness at work among registered nurses in Bangkok, Thailand. Happiness at work is a crucial factor that can positively impact both employees and organizations (Mckee, 2017). By exploring this topic within the specific context of Thai culture, the study aims to fill a gap in knowledge.

Understanding the psychological factors that influence Thai individuals' perceptions of happiness and well-being, including their experiences in the workplace, is essential. While extensive research on happiness at work has been

conducted in Western cultures, it is important to recognize that these findings may not directly apply to the Thai cultural context.

The study acknowledges the deep influence of Buddhism on Thai culture, which promotes concepts such as mindfulness, non-attachment, and compassion. These values may shape how Thai individuals perceive and experience happiness at work differently from individuals in Western cultures, where Christianity has had a dominant influence.

The findings of this study would not only contribute to the existing literature on happiness at work but also provide valuable insights to organizations operating in Thailand or working with Thai nurses. Understanding the factors that promote happiness at work within the Thai cultural context can help organizations create more supportive and engaging work environments, ultimately improving employee well-being and enhancing organizational performance.

Moreover, the knowledge gained from this study can inform counseling psychologists and organizations on how to make positive contributions to registered nurses and their organizations. The findings may serve as a guide for the development of intervention programs aimed at enhancing the happiness at work of registered nurses. By understanding the factors that influence nurses' happiness at work, counseling psychologists and organizations can provide support and create interventions that improve nurses' well-being, leading to enhanced performance and better outcomes for patients.

Definition of Terms

The definition of terms in this study are:

Career satisfaction: Career satisfaction is defined as the perception of employees about their satisfaction with their overall career goals, goals for income, goals for advancement, and goals for developing new skills (Greenhaus, et al., 1990). This study employs the Career Satisfaction Scale (CSS) of Greenhaus et al. (1990) to evaluate the perception of nurses about their satisfaction with their goals. The higher the score on this scale, the higher the level of career satisfaction perceived by the respondent.

Happiness at work: Happiness at work is defined as an attitude, a way of feeling about something that leads to a behavior (Salas-Vallina et al., 2017a). Positive attitudes are crucial for an organization to improve job performance (Wright et al., 2002); and reduce absenteeism (Meyer et al., 2002). This study employs the Happiness at Work Scale of Salas-Vallina and Alegre (2018). The scale includes the three dimensions-- engagement, job satisfaction, and affective organizational commitment-- to reflect the attitudes of nurses about their happiness at work. A high score indicates a high level of happiness at work perceived by the respondent.

Perceived organizational support: Perceived organizational support is employees' perception of the extent to which their organization values their contributions and care about their well-being (Eisenberger et al., 1986). The Survey of Perceived Organizational Support (Eisenberger et al., 1997) was employed in this

study to measure perceived organizational support. The result of this scale describes the degree to which registered nurses perceived being valued and cared for by their organizations based on their well-being and their needs.

Psychological capital: Psychological capital is a person's positive psychological state of development, consisting 4 dimensions: 1) self-efficacy means confidence to take on and make the necessary effort for the success of challenging tasks; 2) optimism means positive attribution about succeeding now and in the future; 3) hope means continuous determination to proceed toward goals in order to succeed; and 4) resilience means ability to bounce back and even beyond to reach goals after experiencing serious problem and adversity (Luthans et al., 2007). A high score on this scale indicates a high level of perceived psychological capital.

Registered nurses: Registered nurses (RN) are defined by Thailand Nursing and Midwifery Council (2021) as nurses from accredited nursing schools who pass the national licensing examination and are registered with a nursing license from Thailand Nursing and Midwifery Council (TNMC) so as to work in private hospitals in Bangkok.

Work engagement: Work engagement is defined as a positive state of mind at work that lead a person to positive work-related outcomes. Its three factors include vigor, dedication, and absorption (Schaufeli et al., 2006). This study employed the Work Engagement Scale of Schaufeli et al. (2006). A person who scores high on vigor usually has much energy, stamina, and zest at work. A person with a high score

on dedication can easily have meaningful, inspiring and challenging experiences at work, thus feeling enthusiastic and proud of his or her work. Lastly, a person who scores high on absorption usually enjoys working: it is, therefore, difficult for this person to detach himself or herself from working (Schaufeli & Bakker, 2004).

Work-life balance: Work-life balance is defined as a balance between work commitment and family life. A good work-life balance involves satisfaction and daily achievement at work and home with less role conflict. This study employed the 15-item Work-Life Balance Scale by Hayman (2005). The high scores indicate that respondents perceived that their work and personal life are well-balanced and satisfactory.

Workplace spirituality: Workplace spirituality is a feeling of connection with and having compassion toward others, an experience of inner mindfulness in the pursuit of meaningful work, which enables transcendence (Petchsawanga & Duchon, 2009). Workplace spirituality is significantly connected to persons, organizations, mental health, organizational commitment, organizational support, and internal work satisfaction. The Workplace Spirituality Scale by Petchsawanga, Pawinee, and Duchon, Dennis (2009) is employed in this study to measure the workplace spirituality of registered nurses. The higher the score on the measure, the higher the level of workplace spirituality perceived by the respondent.

CHAPTER II

LITERATURE REVIEW

Happiness at work is an important factor in the life of almost everyone. It can be considered as a high-priority goal in life (Diener, 2000). The career of a nurse is one that regularly encounters difficult situations; thus, nurses need good health and good rest. Happiness at work may be a question or hope for many nurses to cope effectively with such situations.

The main purpose of the current study is to investigate the impact of workplace spirituality, psychological capital, and perceived organizational support on happiness at work among Thai registered nurses in Bangkok, being mediated by work engagement, work-life balance and career satisfaction.

This chapter provides a comprehensive review of the literature on happiness at work and other variables related to the main variable in this study. In addition, this chapter presents the models, information of the variables, and relevant contemporary research findings useful for an in-depth understanding of these variables.

Theoretical Review

1. Happiness at work

Working is an important factor in human life as it relates to many dimensions of a person's existence, for example, social relationships, economic status, career

success, self-esteem, physical health, etc. Therefore, it cannot be denied that working is closely related to employees' happiness. For this reason, psychologists have been trying to find how working affect a person and how to help employees be happy at work.

The definition of happiness at work has been developed and clarified from study to study to help researchers and practitioners gain more understanding of this issue. According to the literature on happiness at work, this variable was defined in the work context in its early years as follows: job satisfaction – a positive emotional state that comes from one's experience of a job (Locke, 1976); engagement – giving oneself (physical, emotional, cognitive and mental) to work (Kahn, 1990); well-being as psychological well-being related to the eudaimonic aspects of happiness, including with personal growth, purpose in life, environmental mastery, and autonomy (Ryff, 1988).

After this period, the definition of happiness at work shifted to positive emotions: one that facilitates employees' learning and teamwork (Fredrickson, 2001); one that belongs to an employee who feels working is happy and not work (Maenapothi, 2007); general happy feelings towards the work (Fisher, 2010); a positive psychological state perceived by an employee, along with other factors acting as antecedents, that influences employees' behavior (Macey & Schneider, 2008; Sender et al., 2021); one that depends on and vary from workplace environments, job characteristics, and career development (Erdogan et al., 2012).

In current research, happiness at work is defined as an attitude from feeling about something that leads to behavior and consist of three dimensions: engagement, job satisfaction, and affective organizational commitment (Salas-Vallina et al., 2017a).

After the year 2000, the topic of happiness at work has gained more attention and spotlight by researchers. Some studies found that happiness at work was constructed by the interrelations between some variables that relate to happiness at work such as income, friendship, employment status, and work activities (Wesarat et al., 2015), job satisfaction, employee engagement, and organizational commitment (Sender et al., 2021). Others found that the perspective of people in each society depends on cultural background related to happiness (Lu et al., 2001; Goos, 2012; Ram, 2010).

However, it is quite difficult to measure how people feel about work (Dolan, 2015). Researchers have tried to develop the measurements with variables that are possible to reflect or predict the happiness of employees (Seligman, 2000; Fisher, 2010; Chou et al., 2012; Harrison et al., 2014; Williams et al., 2015; Salas-Vallina & Alegre, 2018), resulting in the Happiness at Work Scale, which is usually administered through questionnaires and self-report surveys (Sender et al., 2021).

Fisher (2010) tried to identify the characteristics of happiness at work and presented the need of measuring happiness at work, which is consequences of both individuals and organizations. From the conceptualization of happiness at work that

was developed by Fisher, Salas-Vallina et al. (2017) further developed the Happiness at Work Scale with 3 dimensions: engagement, job satisfaction, and affective organizational commitment. This scale has 31 items. After that, Salas-vallina et al. (2018) developed a new short questionnaire that consist of 9 items reflecting the three dimensions of engagement, job satisfaction, and affective organizational commitment.

2. Workplace spirituality

Spirituality is a term that is difficult to be completely defined due to its abstract nature and association with people's beliefs. However, there are some scholars who have tried to explore this variable because of its importance in the workplace.

Since Mary Parker Follett presented the need for concentrating on the spiritual life of a person in the workplace in 1924 (as cited in Ratnakar & Nair, 2012), many scholars have attempted to study, define, and measure this variable (Krahnke, Giacalone, & Jurkiewicz, 2003; Mascaro, Rosen, & Morey, 2004; Petchsawang & Duchon, 2009; Sheng & Chen, 2012; Shrestha, 2016). The growing number of research, scholarly publications, and academic conferences on this issue indicated that workplace spirituality is not only worthy of further research but also inspires and fulfills employees' work life (Miller, 2007; Yimprasert et al., 2019).

The growth of interest in this topic leads to various definitions of workplace spirituality: for example, values of the organization in the culture that promote the

experience of transcendence among employees through the work process, facilitating their sense of connection to others in a way that gives the feelings of completeness and joy (Giacalone & Jurkiewicz, 2003); a workplace's recognition that meaningful work nourishes an inner life of employees in the context of community (Duchon & Plowman, 2005); the endeavor to discover the ultimate purpose in a person's life, the development of a strong relation to colleagues and others involved with work, and the consistency of being in the agreement between a person's core beliefs and values of the organization (Beheshtifar & Zare, 2013); seeking identity and building meaning, connectedness, and the sense of transcendence at workplace (Prabhu, Rodrigues & Kumar, 2017).

The definition of workplace spirituality in this study was a feeling of connection with and having compassion toward others, an experience of inner mindfulness in the pursuit of meaningful work that enables transcendence (Petchsawanga & Duchon, 2009).

Workplace spirituality is a multi-dimensional construct in the opinions of some scholars. Ashmos and Duchon (2000) found that this variable's construct involves the sense of inner life, meaningful work, and community. The other empirical studies found that the dimensions of workplace spirituality included organizational norms, inner self, connectedness, and personal fulfillment (Pawar, 2009); sense of community, meaningful work, inner life, and transcendence (Chawla

and Guda, 2010); and interconnection with a higher power, human beings, nature, and all living things (Liu and Robertson, 2011).

To measure workplace spirituality, the measurement of Ashmos and Duchon (2000) seems to be one of the most famous questionnaires in this area. The questionnaire consists of 23 items, each of which is measured on a 7-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree.’ In 2009, Petchsawang and Duchon (2009) developed a workplace spirituality scale in an Eastern context, including 22 items. This questionnaire was a 5-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree.’ Moreover, Sheng and Chen (2012) extracted from participants in focus groups information that was related to workplace spirituality to develop a new measurement relevant to Eastern culture: the outcome was a Likert 5- point scale that consist of 27 items.

3. Psychological capital

The trend of human management in the present is focusing on a person’s growth by promoting strengths than dealing with weaknesses of employees (Kotera, Green & Sheffield, 2021). Psychological capital is a concept that can help organizations to reach their goal of human resource development.

Psychological capital is the term introduced by a group of positive psychology. Prof. Martin Seligman and his colleagues conducted research to identify positive organizational behavior that could help people develop their strengths. Thereafter, Fred Luthans, a professor at the University of Lincoln-Nebraska, and his

colleagues developed the concept of psychological capital (Luthans et al., 2006) to help a person increase and maintain sustainable positive psychological capital in work and general life (Çavuş & Gökçen, 2015).

Psychological capital is defined as a person's positive psychological state of development consisting of 1) self-efficacy, confidence to take on and make the necessary effort for the success of challenging tasks; 2) optimism, a positive attribution of succeeding now and in the future; 3) hope, continuous attempt to do something in a very determined way toward goals; and 4) resilience, ability to bounce back and even beyond to attain goals after experiencing serious problem and adversity (Luthans et al., 2007).

The construct of psychological capital combines four positive psychological resources, with the acronym "HERO" from four psychological resources: hope, efficacy, resilience, and optimism. These resources interact in synergy to help maintain an internalized sense of control and intention to achieve one's goal (Luthans & Youssef-Morgan, 2017).

The first construct of "HERO" is "Hope," defined as continuous attempt to do something in a very determined way toward goals (Luthans et al., 2007). Hope can mean a way that directs people to the aim and a motivation for people to do their jobs as required. This construct consists of three components: goal-directed determination, pathways, and agency (Snyder & Lopez, 2002).

The second construct is “Efficacy” or “Self-efficacy.” positive belief or confidence in the abilities of a person to encourage people or to support something in an active way to become successful when facing challenging tasks (Luthans et al., 2007). This construct is the concept developed from the social cognitive theory of Bandura.

The third construct is “Resilience,” the ability to sustaining and bounce back while focusing on goals and success (Luthans et al., 2007). Resiliency is a tendency to recover from adversity or troubled situations. A resilient person possesses an optimistic view and believes that she or he can have a chance of recovery.

The last construct is “Optimism” or a positive attribution of succeeding now and in the future (Luthans et al., 2007). Optimists typically have expectation or hope for a positive outcome in the future. Optimism can help a person to distance himself or herself from stress and mental health problems (Çavuş, & Gökçen, 2015).

To measure psychological capital, past studies used the four scales for each construct: the Hope Scale of Snyder et al. (1996), the Resilience Scale of Wagnild & Young (1993), the Optimism Scale of Scheier & Carver (1985), and Self-Efficacy of Parker (1998). These scales provided basic ideas and pools of items for developing the Psychological Capital Questionnaire (PCQ), consisting of 24 items from the best six items of each construct, HERO, (Luthans et al., 2007).

4. Perceived organizational support

Humans by nature desire a better life, better health, and better job. One thing that can help them achieve a better life is organizational support, be it in the form of a greater salary or better position. However, many employers may not aware of this factor and can quit their job to find a new one when lacking thereof (Fitria & Linda, 2019).

Therefore, perception of organizational support is an important factor that impacts employees' satisfaction (Hussami, 2008). Some studies found that employees with a higher perception of organizational support had better feelings about work and pleasure at work (Rhoades & Eisenberger, 2002), increased work engagement (Eisenberger, Malone & Presson, 2016), and developed relationships with others in the workplace (Ekowati & Andini, 2008).

Perceived organizational support can be defined as the belief of employees towards the organization's support to them and their welfare (Eisenberger & Rhoades, 2002), or the employees' confidence that they are taken care of and supported to achieve self-development by their organization (Ekowati & Andin, 2008), or the attitudes of employees that lead them to have a good relationship with colleagues and organization (Chiang & Hsieh, 2012). In this study, perceived organizational support was defined as employees' perception concerning the extent to which their organizations value their contributions and care about their well-being (Eisenberger et al., 1986).

Perceived organizational support consists of a) a feeling of approval from the organization or superiors, b) personal relationships that help employees to solve their problems, c) receiving fair treatment so as to know what their organizations expect from them (Strauss & Sayles, 1990). Over the following years, the constructs of this variable that appeared in the study of Eisenberger et al. (2016) were quite similar to the constructs of Strauss & Sayles' study. The more recent constructs consist of the rewards from the organization, the conditions of work, supervisors' support, and fairness (Eisenberger et al., 2016).

To measure this variable, Eisenberger et al. (1986) assessed the perception of employees towards the extent to which their companies valued and cared for their well-being and how much support they get from their organizations. The Survey of Perceived organizational Support by Eisenberger et al. (1986) consisted of 36 items in the 7-point Likert scale. After that, Eisenberger et al. (1986) conducted the second similar study, using the scale with high-loading 17 items selected from the 36 items scale. Later, the 16-item and 8-item versions of the Perceived Organizational Support scale were developed by selecting high-loading items from the original measurement (Eisenberger et al., 1997). This current study employed the one-dimensional, 8-item Survey of Perceived Organizational Support of Eisenberger et al. (1997).

5. Work engagement

Nurse is a career that has demanding workloads resulting from challenges in the work environment, for example, a lack of nurses, a lack of organizational

leadership, stress in the workplace, among others. These factors can be the causes of burnout among nurses (Shah et al., 2021).

Work engagement is a psychological concept opposite of burnout (Maslach & Leiter, 1997). The study by Van De Voorde et al. (2016) found that work engagement could exert an influence on the work of employees and their health outcomes. The characteristics of burnout are exhaustion, cynicism and lower professional efficacy, while energy, involvement, and efficacy are the characteristics of work engagement (Maslach and Leiter, 1997). Relevant empirical research showed that burnout is the opposite of engagement, the reason the latter has interested researchers that hope to protect employees from burnout, enhance their health and a good environment in the workplace, and raise their performance, especially among nurses (Garg & Singh, 2020).

Work engagement is defined as a positive work-related mind characterized by vigor, absorption, and dedication. Vigor reflects the level of energy and mental resilience of workers while they are working. Absorption involves such fully concentration and happy preoccupation of employees with their work that they feel difficult to detach themselves from work. Dedication encompasses a sense of significance, pride, inspiration, enthusiasm, and challenge (Schaufeli & Bakker, 2004).

The construct of work engagement consists of three dimensions: vigor, dedication, and absorption (Schaufeli et al., 2006). From the literature review, these

three factors can reflect the perception of a person toward his or her work. Such perception is a significant sign of work engagement (Schaufeli & Bakker, 2004, Kahn, 1990).

From the definition, work engagement refers to a state of mind, which means that it is not a trait of a person but a dynamic mental state. Therefore, work engagement can be changeable and variable, both positively and negatively. within a period of time (Slatten et al., 2022). Furthermore, work engagement is considered a state of mind that contrasts with burnout (Schaufeli et al., 2002). Therefore, it is not easy to measure work engagement; many a times, work engagement is measured with the same questionnaire for burnout (Maslach and Leiter, 1997).

According to Maslach and Leiter (1997), the characteristics of work engagement are involvement, energy, and efficacy, which are the opposite of burnout's characteristics (cynicism, exhaustion, and lack of professional efficacy). Consequently, Maslach and Leiter (1997) measured work engagement by analyzing the opposite pattern of scores derived from the three dimensions of the Maslach-Burnout Inventory (MBI).

However, Schaufeli and Bakker (2001) proposed that burnout and engagement are different concepts; therefore, these variables should be measured with different scales. Utrecht Work Engagement Scale (UWES) was designed to assess work engagement in nurses (Schaufeli and Bakker, 2004). This measurement consists of 17 items, reflecting in the three dimensions of engagement: 6 items of vigor, 6 items

of absorption, and 5 items of dedication. Respondents rate each item on a 5-point Likert scale, ranging from 1- never to 5- always.

Later, the UWES was shortened to 9 items from the 17-item questionnaire of Schaufeli, Salanova, et al. (2002). This scale still had three dimensions as in the 17-item scale. The results showed that this 9-item questionnaire is negatively related to burnout (Schaufeli and Bakker, 2006). This current study employed this short questionnaire.

6. Work-life balance

Work-life balance is one of important issues in psychological research (Prabhashani & Rathnayaka, 2017) as this variable is useful in helping employees to balance their roles at home and workplace. Previous studies found that those who have high levels of work-life balance tend to have greater performance and productivity (Aryee et al., 2005) but less risk of stress and burnout (Kalliath & Brough, 2008).

Furthermore, understanding work-life balance can help employers create a happy atmosphere in an organization, value personal lives and needs outside work of their employees, and eventually gain greater organizational commitment, etc. (Agha, et al., 2017; Gragnano, et al., 2020; Goyal, 2014). Therefore, happy personal life and happy workplace are not only important for employees but also for the entire organization.

Besides the aforementioned definitions, work-life balance is also defined as a person's perception that work and nonwork activities can be compatible and increase personal growth in accord with a person's current life priorities (Kalliath & Brough, 2008). Some studies define work-life balance as a daily effort to have time for family, friends, community participation, spirituality, personal growth, self-care, and other personal activities in addition to the demands of the workplace (Shankar et al., 2016), as well as the ability of a person to combine household responsibilities and work successfully regardless of age and gender (Dan, 2012).

Although work-life balance is important for employees and business, research has found that the number of people who experience work-life balance is decreasing each year (Kumarasamy et al., 2015). Seeking work-life balance's factors is essential thing to understand and improve the balance of life and work so as to increasing happiness at work, which in turn leads to positive consequences for organizations.

However, there are many factors that involve balancing work and personal life, for example, family support and childcare (Shankar et al., 2016), emotional intelligence (Goleman, 1998), work satisfaction (Saif, Malik, & Awan, 201), spiritual intelligence (Sum, 2005), work engagement (Jawaharrani & Susi, 2011), work overload (Vogel, 2012), work-life policies of employers (Kossek et al., 2010), etc.

The quest for factors that are the components of work-life balance brought researchers to different conclusions. Greenhaus et al. (2003) suggested three components as a construct of work-life balance: namely, time balance or ability to

divide time equally between the family role and professional role; involvement balance or equal psychological involvement in both roles; and satisfaction balance, or equal satisfaction acquired from both roles.

Another construct of work-life balance also consists of three dimensions: that is, work interference with personal life, personal life interference with work, and work/personal life enhancement (Fisher-McAuley et al., 2003).

To measure work-life balance is quite difficult because of a lack of consistency in the construct definitions (McMillan, 2010). Greenhaus et al. (2003) found that the work-life balance measurements in the previous studies were based on the self-reported assessment of respondents. This could be a cause of limitation in measuring due to varying interpretation of each respondent.

However, other researchers measured work-life balance with different methods and perspectives. For instance, Hill et al., (2001) regarded work-life balance as a dependent variable, using a different score of 5 items and 5 points to measure the ability of a person to balance their work and family life. This instrument has the value of Cronbach's alpha = 0.83.

In 2003, Greenhaus et al., changed the measurement from a subjective report to the one grounded in measuring the equality of time, involvement, satisfaction, and what each person feel in his work and family roles, which supports the continuum theory (Greenhaus et al., 2003).

In 2005, Hayman developed a measurement for the use in organizations. This questionnaire has 15 items adapted from the original scale of Fish-McAuley et al. (2003). Work-life Balance Measurement of Hayman measures work interference with personal life, personal life interference with work, and work personal life enhancement (Hayman, 2005). The current study employed the work-life balance questionnaire developed by Hayman (2005).

7. Career satisfaction

A happy life is the utmost desire of almost all people. A career that can bring happiness to a person is another foremost desire for most people. Past research found that career satisfaction is a concept that can affect employees' working life (Ture & Akkoc, 2020). From literature review, it is found that career satisfaction has been one of the important topics in research on careers in recent years (Ture & Akkoc, 2020; Hagmaier, 2018; Joo & Lee, 2017; Laschinger, 2012).

Career satisfaction is defined as the perceptions of employees about their satisfaction with their overall career goals, goals for income, goals for advancement, and goals for developing new skills (Greenhaus, et al., 1990). Some studies define this variable as an employee's perception towards his or her career success (Judge et al., 1999), an indicator of a person's career success (Heslin, 2005), and a person's satisfaction obtained from the external and internal facets of his or her own career (Judge et al., 1995).

The perception toward career satisfaction of employees is related to certain factors. Systems in organizations that facilitate employees' work can help them to have higher perceptions of task significance, skill variety, autonomy, and career satisfaction (Trivellas et al., 2015). Some studies found that career satisfaction is associated with career success (Judge et al., 1995; Baek-Kyoo & Ready, 2012; Barnett & Bradley, 2007), supports personal goals in the workplace (Barnett and Bradley, 2007), and relates to achievement, job performance, salary, teamwork, and job security (Rad & Yarmohammadian, 2006).

Even though career satisfaction is assessed primarily from the perception of employees, it cannot be denied that organizations still play an important role in supporting employees to have satisfaction in their careers as organizational cultures that support employees to have a chance of learning and developing their careers can expect their employees to perceive career satisfaction (Baek-Kyoo & Ready, 2012).

To measure career satisfaction, the Career Satisfaction Scale (CSS) by Greenhaus et al. (1990) is one of the most famous psychological instruments in this area (Baek-Kyoo & Ready, 2012; Ture & Akkoc, 2020). This scale is one dimension, consisting of 5 items. Each item is measured on a 5-point Likert scale ranging from 5= strongly disagree to 1= strongly agree. The current study employed the CSS of Greenhaus et al (1990).

Relationship between Predictor and Outcome Variables

1. Workplace spirituality and happiness at work

Over the last two decades, workplace spirituality has become an interesting issue for scholarly research that aims to benefit workers and organizations (Ashmos, & Duchon, 2000; Brown, 2003, Chawla, & Guda, 2010; Beheshtifar, & Zare, 2013; Prabhu, 2017; Iqbal et al., 2020).

Previous studies have shown that workplace spirituality can help employees to find their goals in life, develop a good relationship with colleagues (Kinjerski & Skrypnik, 2004), enhance well-being and quality of life, provides a sense of meaning at work (Karakas, 2010), improve a level of commitment (Mohamed et al., 2004), and influence health and well-being (Pawar, 2016). Furthermore, the study by Lazar (2010) found that workplace spirituality has a positive relationship with job satisfaction among nurses.

From the literature review regarding the impacts of spirituality at the workplace, a relationship between workplace spirituality and happiness at work can be found presumably because engagement, job satisfaction, and affective organizational commitment are the dimensions of happiness at work (Salas-Vallina, & Alegre, 2018). Even though this connection is found less frequently in empirical studies, especially in the context of counseling psychology, it is interesting to study this variable to enhance happiness among employees, especially nurses who work in a very demanding environment.

2. Psychological capital and happiness at work

When a person is working with happiness, it can be said that he or she has a feeling of happiness and pride in his or her job. One factor that can increase happiness at work is psychological capital, which has proven by the previous empirical research to help employees develop happiness at the workplace (Luthans & Avolio, 2009).

Psychological capital is a person's positive psychological state of development. This variable consists of 4 elements: self-efficacy, optimism, hope, and resilience (Luthans et al., 2007). Previous studies indicated that there is a relationship between psychological capital and happiness at work (Avey et al., 2010; Malik, 2013; Kawalya et al., 2019; Basinska & Rozkwitalska, 2020), showing that each of the 4 elements of psychological capital has a positive association with happiness at work (Kawalya et al., 2019).

Self-efficacy, the first element, is a key element in the social learning theory of Bandura, which states that a person's belief in his or her capability to perform a job (Bandura, 1977). A person who has high self-efficacy usually sets high personal goals, learns and makes efforts in the job, attempts new and difficult tasks (Malik, 2013), regulates his or her reaction to various situations, and has a more positive attitude, which result in happiness (McNatt and Judge, 2008)

Regarding optimism, the second element, it is found that optimists work harder, are more happiness, and try to continue doing something in a difficult

situation (Malik, 2013). Optimism can help a person to have good health, good work, and higher level of happiness at work (Podsakoff, & MacKenzie, 1997; Loke, 2001).

Hope, the third element, is found to be associated with employees' higher retention rates and higher levels of satisfaction (Peterson, & Luthans, (2003), while resilience is dominant in a person who shows high capacity of learning and self-development (Malik, 2013). A resilient person can rebound from conflicts, feelings of failures, or a situation teeming with problems. Therefore, psychological capital can be a factor that helps employees, especially nurses, to develop themselves and to feel happier when they face problems in their lives.

3. Perceived organizational support and happiness at work

Perceiving organizational support is one of the factors that impact employees' satisfaction. The empirical studies found that this factor can help employees to have a better feeling about work and satisfaction at work (Rhoades & Eisenberger, 2002), while developing relationships with others at the workplace (Ekowati & Andini, 2008).

Generally, employees expect support from their organization. That means they want their organization to give value to them as an important part of the organization. Certainly, the perception of organizational support can lead to a feeling of ownership, work engagement, the tendency to perform optimally, and happiness in their workplace (Eisenberger et al., 1986; LaMastro, 1999; Özdemir, 2022).

However, the research on the relationship between perceived organizational support and happiness at work is not much, especially in Thailand (Özdemir, 2022, Rajchaburi & Pipatprapa, 2021).

Relationship between Mediator and Outcome Variables

1. Work engagement and happiness at work

It is well known that work engagement is the opposite psychological factor of burnout (Maslach & Leiter, 1997). This variable is found to affect the quality of life and work of employees.

The empirical studies found that work engagement has a direct impact on the happiness of employees. Engaged workers have less stress from work and depression than nonengaged workers (Schaufeli & Bakker, 2004). Moreover, this variable can enhance the quality of care in nursing service (García-Sierra et al., 2016), work happiness, and job performance, while reducing turnover intention (Salanova et al., 2011).

2. Work-life balance and happiness at work

In the past two decades, work-life balance is regarded as an important issue for policymakers, HR managers, and employees (Standen et al., 1999; Agha et al., 2017). Balancing family and work are not easy nowadays although it can benefit employees and organizations.

A large number of empirical studies in the field of work-life balance have shown the relationship between work-life balance and negative consequences, for example, depression, and stress from longer working hours or work overload (Major et al., 2002, Nasurdin et al., 2013), imbalance of time-sharing with family and work that can be a cause of burnout (Lawson et al., 2013), or the impact of time pressure on exhaustion and work-life balance (Syrek et al., 2013).

However, a recent study by Uresha (2020) found a relationship between employee happiness and work-life balance. This research indicates that telecommuting, which helps employees to have more time at home, has a positive impact on work-life balance, which, in turn, relates to employee happiness significantly in the Sri Lankan context.

3. Career satisfaction and happiness at work

A career is an important dimension in life. It is considered to be a part of life, not just a job (De Hauw & De Vos, 2010). Career satisfaction is a reflection of a person to career success, an positive outcome of work experience that an employee has with his or her career (Munfaqiroh et al., 2020).

The research that studied the relationship between career satisfaction and happiness at work has not explored this variable sufficiently. Instead, those which studied the relationship between career satisfaction and happiness at work used the terms “job satisfaction” and “satisfaction from work” (Salas-Vallina et al., 2017; Drela, 2018; Wong et al., 1998).

Job satisfaction involves employees' emotions, thoughts, and intuition in the workplace (Butt et al., 2021). Some studies have shown that this variable is associated with happiness at work (Salas-Vallina et al., 2017; Duche-Pérez & Galdos, 2019; Butt et al., 2021).

Satisfaction from work is another term that is referred to as a key motivation of employees. This variable reflects the happiness from work or career that employees do every day and has been found to be associated with happiness at work (Drela, 2018).

Relationship Between Predictor and Mediator Variables

1. Workplace spirituality and work engagement, work-life balance and career satisfaction.

The previous studies showed a relationship between workplace spirituality and work engagement (Saks, 2011), workplace spirituality and work-life balance (Jena & Pradhan, 2014), and workplace spirituality and career satisfaction (Dubey et al., 2020).

Workplace spirituality is one of the factors that was found to be an impactful factor on these three following variables: work engagement, work-life balance, and career satisfaction. Some companies have begun to pay great attention to spirituality and engagement in their organizations (Baskar & Indradevi, 2020). Spirituality, either the form that connects or the one that does not connect to religions or any belief system, can provide values that can be shared in an organization or even becomes the

one that represent the organization (Cavanagh, 1999), which is called the organizational culture. At this level, employees will accept and integrate this culture into their lives (Kreitner and Kinicki, 2010). Moreover, the strong organizational culture will have a great impact on workers' behavior and work engagement (Robbins & Judge, 2017; Margaretha et al., 2021).

Work-life balance is a perception of a person towards both work and nonwork activities and is looked at as a daily effort of a person to have time for family, friends, community participation, spirituality, personal growth, self-care, and other personal activities in addition to the demands of the workplace (Kalliath & Brough, 2008; Shankar et al., 2016).

However, there is high competition and complexity in personal life in the present society (Anupama et al., 2021). It is not easy to do what a person wants to do all. Every employee needs to keep a good relationship with family members, work colleagues, and employers. They also need to keep a balance between work and nonwork activities. Previous studies showed that spirituality is an important factor that can help a person overcome the conflicts in their lives and maintain the various domains of life (Anupama et al., 2021; Jena & Pradhan, 2014). In addition, the findings confirmed that increasing spirituality has a positive association with well-being, sense of meaning, purpose in life (Kennedy et al., 2003), and balance between personal and professional life (Anupama et al., 2021).

From relevant research findings, workplace spirituality can help a person to have meaning and purpose in work, feeling good toward his or her job, and improve work performance (Giacalone and Jurkiewicz, 2003). Organizations that promote workplace spirituality can increase productivity as their workers have positive emotions and spirit, which are the consequences of workplace spirituality (Krishnakumar & Neck, 2002; Giacalone & Jurkiewicz, 2003). Furthermore, workplace spirituality is found to be a significant factor that can promote employees' career satisfaction and reduce employee's burnout (Sawatzky et al., 2005; Komala & Ganesh, 2007).

However, no research has investigated the relationship between these four variables. This current study is trying to examine the relationship between these four variables and happiness at work to help employees in organization, in particular nurses, find their happiness in work life.

2. Psychological capital and work engagement, work-life balance, and career satisfaction

Psychological capital combines four positive psychological resource: hope, efficacy, resilience, and optimism (called 'HERO'). These resources interact in synergy to help maintain an internalized sense of control and intention to achieve one's goal (Luthans & Youssef-Morgan, 2017).

Work engagement can influence employees' work and health outcomes (Van De Voorde et al., 2016). Vigor, dedication, and absorption are the constructs of work engagement, which can be considered opposite psychological factor of burnout (Schaufeli et al., 2006).

Previous studies showed that there is a relationship between psychological capital and work engagement (John, 2021; Karatepe & Avci, 2017; Karatepe, & Karadas, 2015). Some studies found that psychological capital has a positive relationship with work engagement. This variable can help employees to be confident in their ability to help the organization and to make their plans come true (John, 2021). Employees with psychological capital will see things with hope that good things will always happen and maintain desire to solve a problem in spite of difficult circumstances. Employees with work engagement will also strive for positive consequences (Karatepe & Avci, 2017).

Work-life balance is one of the variables that is really important for employees to keep balance between their roles at home and workplace and is considered an important issue in the research field (Prabhashani & Rathnayaka, 2017).

Previous studies showed that there is a relationship between psychological capital and work-life balance (Sen & Hooja, 2015; Christy et al., 2021). Sen & Hooja (2015), who conducted a study on psychological capital and work-life balance with police officers, found the police officers with a higher level of psychological capital

had better work-life balance compared with those who had a lower level of psychological capital. Similarly, Christy et al. (2021) conducted a study to explore the same variables – psychological capital and work-life balance with 108 samples. They found that the psychological capital of each entrepreneur influenced their work-life balance. However, there is still little empirical study on the relationship between psychological capital and work-life balance, especially among registered nurses in Thailand.

Career satisfaction is a variable that can affect employees' working life (Ture & Akkoc, 2020) and it has been one of the important topics in research to improve satisfaction in careers in recent years (Ture & Akkoc, 2020; Hagmaier, 2018). A study examined the career satisfaction of new graduate nurses and found that their perceptions towards their careers were positive. However, these perceptions changed after the first year of practice because of the quality of the work environments (Laschinger, 2012).

Previous studies showed that there is a relationship between psychological capital and career satisfaction (Badran & Morgan, 2015; Luthans, et al., 2006). Psychological capital can enhance the career satisfaction of employees. The four dimensions of psychological capital can increase the positive perception, responsibility, and achievement of employees (Badran & Morgan, 2015).

Self-efficacy, as a construct of psychological capital, can enhance the motivation of persons to attempt, choose, and achieve their challenging goals.

Success in challenging goals can lead to career satisfaction (Locke & Latham, 2002). Hope can increase a person's satisfaction and provides a sense of control when a person faces conflicts at work. Hope can also protect a person from frustrating situations and can result in more positive thinking and happiness (Kim-Prieto et al., 2005).

Resilience can help individuals cope with their stress and overcome the problems that challenge their lives (Masten et al., 2009), which can bring more positive feelings to their careers, while optimism can help individuals to have positive appraisals of their career and personal interrelationship (Badran & Morgan, 2015).

However, there is still little empirical study on the relationship between psychological capital and career satisfaction, especially among registered nurses in Thailand.

3. Perceived organizational support and work engagement, work-life balance and career satisfaction.

Perceived organizational support is the belief of employees towards the organization's support for them and their welfare (Eisenberger & Rhoades, 2002), and employees' confidence that they are cared for and supported on their self-development paths (Ekowati & Andin, 2008). These perceptions and feelings are very important to develop happiness at work, work engagement, work-life balance, and career satisfaction.

Previous studies have shown that there is a relationship between perceived organizational support and work engagement (Eisenberger et al., 2016; Dabke, & Patole, 2014). The previous study found that perceived organizational support is an important factor in developing work engagement among employees (Eisenberger et al., 2016) because the treatment of the organization can greatly impact the perceptions of employees, which, in turn, affect the level of employees' engagement.

Moreover, the level of work engagement could be affected by other factors related to organizational support. For example, the quality of management (the attitude of managers regarding fair treatment, career development, and support for their subordinates) is an important factor that can either increase or decrease the level of work engagement. The second factor affecting work engagement is communication within an organization. Good communication should be two-way and open: all parties involved should listen to one another. The third factor is effective cooperation within the organization and outside the organization, in addition to value given to employee development, well-being of employees, justice, to mention but a few (Robinson et al., 2004).

Work-life balance is a factor shown to have a positive relationship with perceived organizational support (Fitria & Linda, 2018; Gayathri & Sajeethkumar, 2019). Research by Gayathri & Sajeethkumar (2019) found that if perceived organizational support increases, work-life will balance also rise accordingly.

Employees, especially nurses, not only need financial rewards from employers only but also need understanding and support in other ways, such as opportunities for career development and work hours management, among others (Harini et al., 2019; Akter et al., 2018; Nadeem & Abbas, 2009). These rewards can help employees to manage their time and life for family and work and, therefore, help them to have a better perception toward organizational support.

Career satisfaction, a factor that associates with perceived organizational support (Türe & Akkoç, 2020), is the perception of employees toward satisfaction with their career goals and their career success (Greenhaus, et al., 1990; Judge et al., 1999). The factors that can enhance career satisfaction can be many: such as the degree of supervision, work conditions, salary, internal relationships, work achievement, hospital policy, etc. (Marquis & Huston, 2009). However, previous studies has found that perceived organizational support is a factor that has a positive relationship with career satisfaction (Islam, 2014; Yahya, 2017). If nurses or employees believe that their organization cares for them, they will feel satisfied with their work (Eisenberger et al., 2004).

Age and happiness at work

The happiness of nurses is important not only for nurses themselves, but also for patients, and hospitals they are working for because nurses' abilities in helping patients are related to whether they are happy or not (Scott, 2008).

Registered nurses are key personnel that provide nursing services to all patients. Nurses are instrumental in helping patients to have a good healthcare journey. The key responsibilities of registered nurses are to coordinate care with other healthcare professionals and provide health promotion, expert care, counseling, and education, while administering medications, among others (Nursing Division, Ministry of Public Health, 2022).

One question that has been raised in investigation of nurses' experience is what factors influence their happiness, especially in the workplace environment. The answers that have been discovered include several factors, such as working style, job position, workplace (Gurdogan & Uslusoy, 2019; Mirfarhadi et al., 2013), job duties and other tasks related to the job (Duche-Pérez & Galdos, 2019), salary, working hours, job shift, and physician's performance (Khosrojerdi et al., 2018; Yahya, & Ghazi, 2019). However, to date there has been quite a number of studies that examine the relationship between age and happiness at work.

Some studies found that nurses' age can be a predictor of nurses' happiness (Ahn & Kwon, 2020; Duche-Pérez & Galdos, 2019; Khosrojerdi et al., 2018; Yahya, & Ghazi, 2019). However, others found that there is no relationship between age and happiness at work of nurses (Rahighee, 2015; Siamian et al., 2012). Likewise, in Thailand, some empirical studies on registered nurses have showed that age can be a predictor of nurses' happiness at work (Pisolyabudr et al., 2003; Plainoi &

Sueprasertsit, 1998; Ruetrakul, 1998), while others found no relationship between age and happiness at work (Laowanich et al., 2021; Mongkhonpan, 2017).

The study by Pisolyabudr et al. (2003), which investigated the level of happiness at work of Siriraj Hospital's staff found that younger staff were less happy than the older staff. However, the finding of Mongkhonpan's study (2016) showed different results: it has found that age is not a predictor of happiness at work. The researcher explained that such discrepancy may come from the relationship among the staff in the university hospital, which treat staff like family member (Mongkhonpan, 2016).

Therefore, different findings require further examination in the context of registered nurses in Thailand. It is interesting to find out whether age can be a predictor of happiness at work for registered nurses in private hospitals in Bangkok, where little information in this area is available.

Job experience and happiness at work

The majority of studies have found that a minority of nurses, approximately 5%, are happy at work. The dissatisfaction of the majority primarily came from job characteristics (Spevan et al., 2020).

Generally, the job characteristics of nurses include being attentive to and providing nursing care for patients. A registered nurse who works in OPD wards will

work the day shift. Their roles consist of directing care, charting, educating, and serving as the link between physicians, patients, and caregivers (Ramesh, 2020).

A registered nurse who works in IPD wards will be on-site to observe patients at all times, provide nursing care as patients need, and teach patients and their families about patients' health care. Therefore, a registered nurse may need to support patients and their families emotionally, provide them with understanding of health care, illness and medication, and continue their medical care even after they are discharged from the hospital (Paharia, 2022).

Some studies examined the relationship between job experience and happiness at work. For example, Zagreb, Croatia, found that nurses who have the shortest job experience were significantly happier than those with longer job experience (Spevan et al., 2020).

The study in Cyprus found contradictory results: nurses with longer job experience and managerial positions experienced higher happiness than those with shorter job experience (Lambrou et al., 2010). Supporting this result, another study found that beginner nurses in Estonia were anxious and complained about stress from nursing duties because of a lack of nursing skills (Tood et al., 2015).

However, the study by Ahn & Kwon (2020) suggested there is no relationship between job experience and happiness at work among nurses in South Korea. This study conforms with the study by Promchoo (2020), which shows that the level of happiness at work among professional nurses in community hospitals in

Nakhonsritammarat Province, Thailand, has no relationship with their years of work experience.

The literature review showed that past research has found contradicting outcomes about the relationships between several sets of factors and the levels happiness at work among registered nurses. Therefore, a study is needed to explore this topic with the registered nurses in the context of Thailand. It is interesting to investigate whether years of job experience can be a predictor of happiness at work for registered nurses in private hospitals in Bangkok as there seems to be little information in this area.

Summary of the review of literature

Based on the review of the studies that focus on the relationships among the study variables, it can be summarized that there is enough evidence that suggest the variables psychological capital, workplace spirituality and perceived organizational support could be the predictors of nurses' happiness at work. Additionally, it can also be assumed that work engagement, work-life balance and career satisfaction mediate these relationships. Furthermore, there is a possibility of moderation by the age and job experience of nurses.

The Current Investigation

The present study consisted of three separate but interrelated studies that aimed to meet the following three objectives:

1. To investigate the psychometric properties of the assessment tools employed in this study with registered nurses from private hospitals in Bangkok.
2. To evaluate and compare the direct and indirect effects of workplace spirituality, psychological capital, and perceived organizational support on happiness at work of registered nurses who work in private hospitals in Bangkok as mediated by work engagement, work-life balance, and career satisfaction.
3. To investigate whether the structure of the paths (direct and/or indirect) among workplace spirituality, psychological capital, perceived organizational support, happiness at work, work engagement, work-life balance, and career satisfaction vary according to the nurses' age and job experience.

In study 1, the purpose was to investigate the psychometric properties of the assessment tools with registered nurses from private hospitals in Bangkok. The internal consistencies of the scales were indicated by Cronbach's Alpha.

In study 2, the purpose was to investigate the direct and indirect of workplace spirituality, psychological capital, and perceived organizational support, while the indirect effects were hypothesized to be mediated by work engagement, work-life balance, and career satisfaction. After examining the measurement model, three models (direct model, indirect model, and full path model) were examined by multi-model path analysis via Structural Equation Modeling (SEM), aiming to compare these models and provided the best explanation of the hypothesized direct and

indirect effects among the models' exogenous, mediator, and criterion variables.

These models progressed as follows:

Model 1- Direct Model: This direct model represents the hypothesized structural linkage between workplace spirituality, psychological capital, and perceived organizational support with the criterion variable of happiness at work.

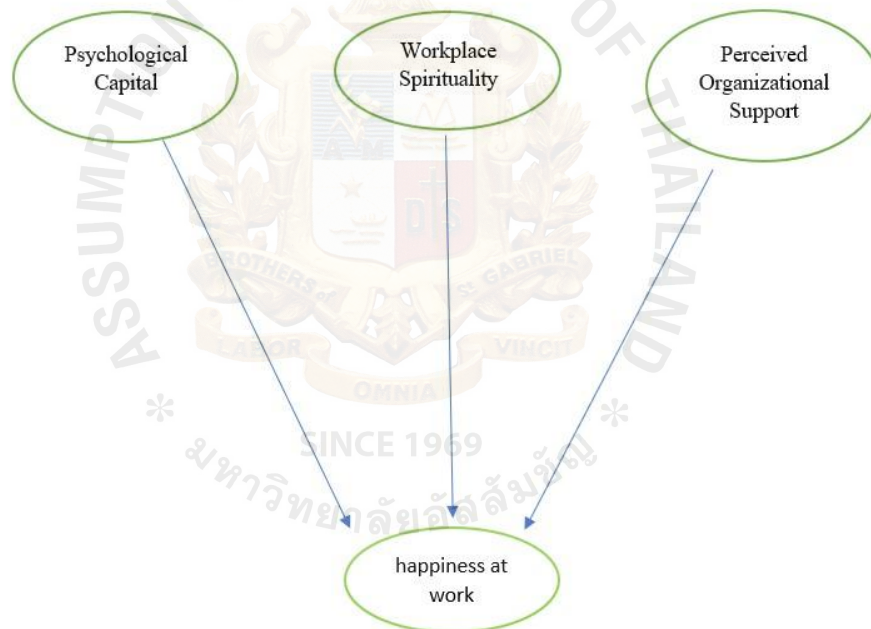


Figure 1. Direct model: The relationship between workplace spirituality, psychological capital and perceived organizational support and the criterion variable of happiness at work.

Model 2 - Indirect Model: The indirect model shows the hypothesized relationship among workplace spirituality, psychological capital, and perceived organizational support with the criterion variable of happiness at work, which is posited to be mediated by work engagement, work-life balance, and career satisfaction.

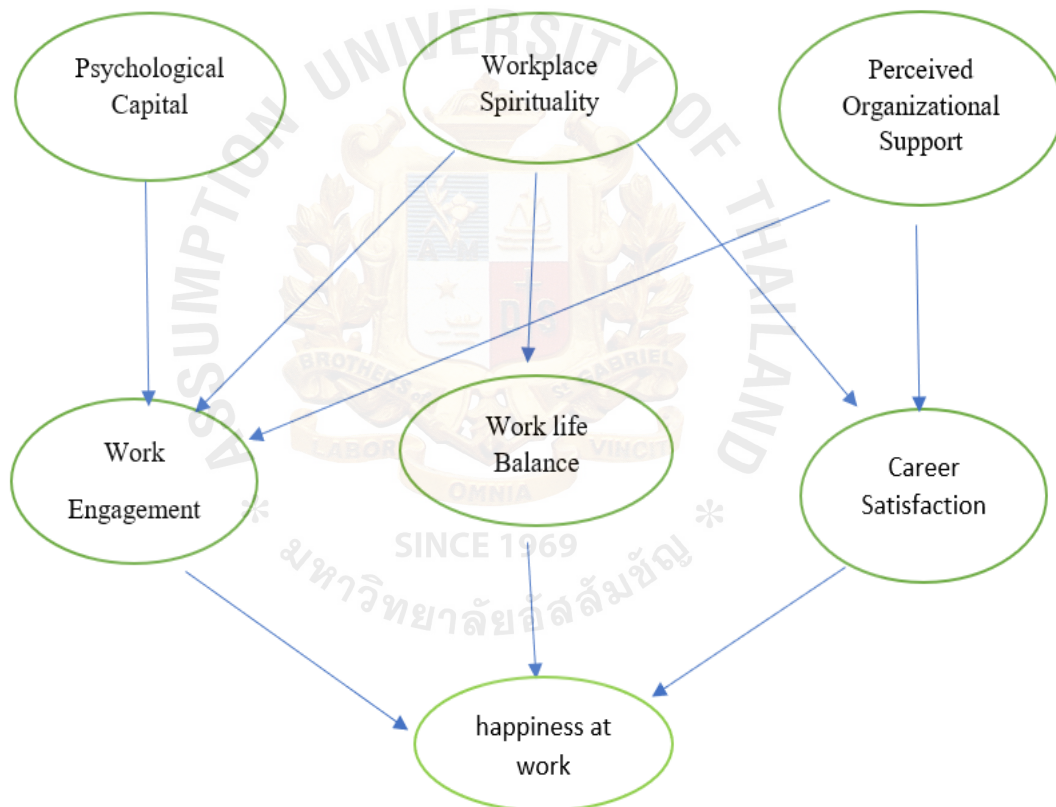


Figure 2. Indirect model level: The relationships among workplace spirituality, psychological capital, and perceived organizational support with the criterion variable of happiness at work, posited to be mediated by work engagement, work-life balance, and career satisfaction.

Model 3 - Full Path Model This full path model shows all the hypothesized relationships among workplace spirituality, psychological capital, and perceived organizational support with the criterion variable of happiness at work, which is posited to be mediated by work engagement, work-life balance, and career satisfaction.

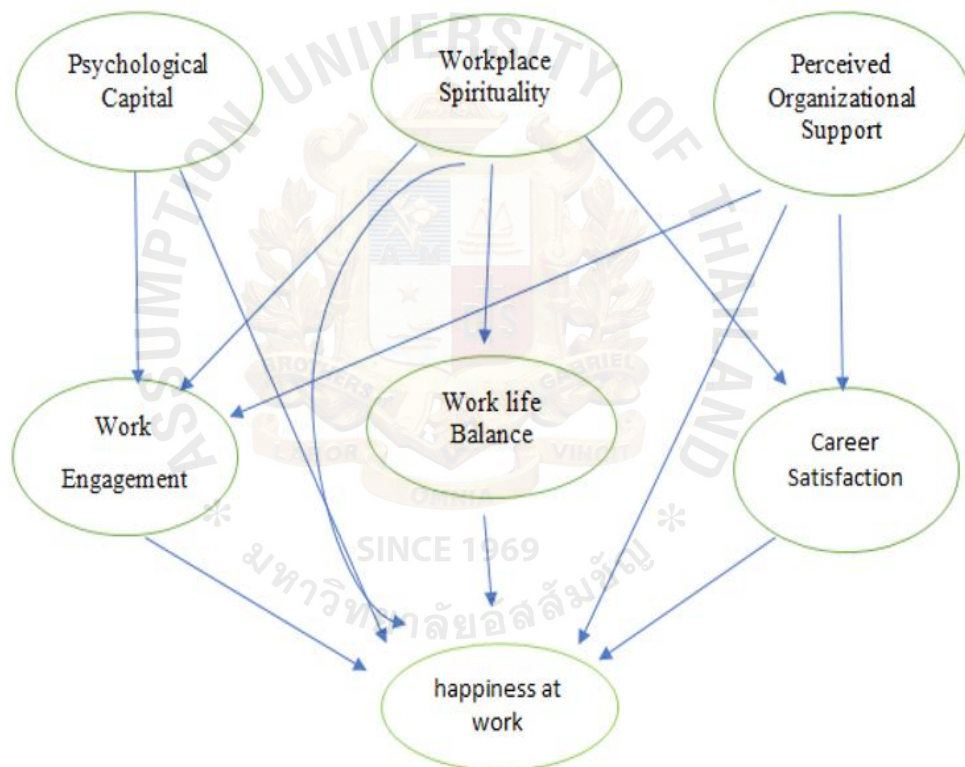


Figure 3. Full Path Model- Path relationships among workplace spirituality, psychological capital, and perceived organizational support with the criterion variable of happiness at work, posited to be mediated by work engagement, work-life balance, and career satisfaction.

In study 3, the purpose was to investigate whether the structure of paths (direct and/ or indirect) among workplace spirituality, psychological capital, perceived organizational support, work engagement, work-life balance, and career satisfaction on happiness at work would vary according to the functions of the nurses' age and job experience.

Research Questions

Based on the literature review and conceptual framework of the current study, the following research questions were generated:

1. Are the psychometric properties of the following questionnaires adequate to be used on the sample of registered nurses from the private hospitals in Bangkok?
 1. Workplace Spirituality Scale (WPSS; Sheng & Chen, 2012), 2. Psychological Capital Questionnaire (PCQ; Luthans et al., 2007), 3. The survey of Perceived Organizational Support (SPOS; Eisenberger et al., 1997), 4. Career Satisfaction Scale (CSS; Greenhaus et al., 1990), 5. Work Life Balance Scale (WLBS; Hayman, 2005), 6. Work Engagement Scale (WES; Schaufeli et al., 2006), 7. Happiness at Work Scale (HAWS; Salas-Vallina and Alegre, 2018).

2. Which causal model (direct, indirect and full path model) is the best-fit explanation for the pattern of structural relationships hypothesized among workplace spirituality, psychological capital, perceived organizational support, and happiness at

work, as mediated by work engagement, work-life balance, and career satisfaction among registered nurses from the private hospitals in Bangkok?

3. Does age and job experience intervene in the pattern of structural relationships hypothesized among workplace spirituality, psychological capital, perceived organizational support, and happiness at work, as mediated by work engagement, work-life balance, and career satisfaction?

Research Hypotheses

H1: workplace spirituality, psychological capital, and perceived organizational support have a positive direct effect on happiness at work such that (1) the higher the registered nurses' perceived positive workplace spirituality, psychological capital, and perceived organizational support, the higher their levels of happiness at work will be reported; and (2) the lower their level of workplace spirituality, psychological capital, and perceived organizational support, the lower their levels of their happiness at work would be reported.

H2: Workplace spirituality, psychological capital, and perceived organizational support have an indirect effect on happiness at work as mediated by work engagement, work-life balance, and career satisfaction such that (1) the higher the registered nurses' perceived positive workplace spirituality, psychological capital, and perceived organizational support, the higher their levels of work engagement, work-life balance, and career satisfaction will be reported, subsequently resulting in

their higher reported levels of happiness at work; and (2) the lower their level of workplace spirituality, psychological capital, and perceived organizational support, the higher their reported levels of work engagement, work-life balance, and career satisfaction will be, subsequently resulting in their lower reported happiness at work.

H3: Workplace spirituality, psychological capital, and perceived organizational support have both direct and indirect effects on happiness at work as mediated by the effect of work engagement, work-life balance, and career satisfaction in the structural path model.

H4: The hypothesized direct and indirect effects of positive and negative workplace spirituality, psychological capital, and perceived organizational support on happiness at work will vary according to the function of the participants' age.

H5: The hypothesized direct and indirect effects of positive and negative workplace spirituality, psychological capital, and perceived organizational support on happiness at work will vary according to the function of the participants' job experience.

Summary of the current investigation

In summary, the current investigation consisted of three separate but interconnected studies that aimed at fulfilling the main objectives of the study: to investigate the psychometric properties of the measures employed in the current study with the registered nurses who work in the private hospital in Bangkok, Thailand

(Study 1); to evaluate and compare the direct and/or indirect effects of workplace spirituality, psychological capital, and perceived organizational support on happiness at work, while the indirect path is hypothesized to be mediated by work engagement, work-life balance, and career satisfaction (study 2); and finally, to study whether the hypothesized model would vary based on age and job experience (study 3).



CHAPTER 3

RESEARCH METHODOLOGY

The current study used a quantitative research design. The purpose of this study was to investigate and evaluate the impact of workplace spirituality, psychological capital, and perceived organizational support on happiness at work among Thai registered nurses in Bangkok, being mediated by work engagement, work-life balance and career satisfaction.

This chapter is divided into five sections: 1. Research design, 2. Participants of the study, 3. Research instrumentation, 4. Data collection procedure, and 5. Data analysis.

Research Design

This research study used correlation-covariance techniques based path analysis via Structural Equation Modeling (SEM).

This study examined the relationship between workplace spirituality, psychological capital, perceived organizational support and happiness at work, mediated by work engagement, work-life balance and career satisfaction. The research consisted of three studies that each part of the study interrelated with all the others.

Study 1 evaluated the psychometric properties of the assessment tools for use with registered nurses in Bangkok. Study 2 tested the causal relationship models.

Study 3 aimed at achieving specific objectives. The following section provided a brief summary of each of the studies.

Study 1

The purpose of study 1 was to evaluate the psychological measured instruments in employment among registered nurses in Bangkok who were the participants in this research. The instruments include 7 standardized measures that were performed for reliability analysis (Cronbach's Alpha value) to determine the reliability of the instruments. All of them were the primary tools that validity is shown in research. Thus, there were not necessary to investigate the validity of the instruments. Even though, the instruments were the primary tools in the English version and the participants are Thai people, the participants who are registered nurses have to pass the English standard test before working and have ongoing English courses to develop their English skills. Therefore, the participants were the persons who can read and understand the questionnaires.

Study 2

The purpose of study 2 was to investigate the direct and indirect effects of Workplace spirituality, Psychological capital and Perceived organizational support toward Happiness at work with the indirect effects mediated by Work engagement, Work-life balance and Career satisfaction. In this study, three models (direct model, indirect model and full path model) were analyzed by Structural Equation Modeling

(SEM) to achieve the best-fit model. It also helped the researcher check and had the best explanation of the hypothesis of these models.

Study 3

The purpose of study 3 was to investigate the moderating effect of the participants' age and job experience on the structural relations between the predictors, mediators and the outcome variable-happiness at work. Study 3 applied the multi-group path analysis via SEM.

Participants of the Study

The participants of this study were registered nurses in Bangkok. They were selected from being registered nurse who works in a private hospital in Bangkok, has the ability to read English language, and has willing to join this research. The researcher selected the participants for this study by using convenience sampling as the sampling technique.

The latest report of the National Statistical Office (2017) revealed that there are 14,091 registered nurses who work in the private hospitals in Bangkok.

The sample size required for the Structural Equation Models was estimated applying item parceling and sample size calculation based on effect size. The total number of observed variables is 91. However, item parceling was applied to reduce the number of items and to increase the item loading. The item parceling was applied based on the item total correlation results that were part of the reliability analysis. Therefore, the total number of observed variables were reduced to 31 items.

The required sample size was estimated using the online priori sample size calculation for Structural Equation Models application (Soper, 2022). The parameters entered were, anticipated effect size = 0.3, desired statistical power level = 0.8, number of latent variables = 7, number of observed variables = 31, and probability level = 0.05. The required sample size was estimated to be 170. However, the researcher decided to increase the sample size to 400 for increasing the power of the analysis and to have a better representation of the population. Study 1 was conducted using a distinct sample of 240 registered nurses in Bangkok, Thailand. This sample size was more than the required sample size (170) for having a better representation of the population. A random sample of 240 respondents was chosen from a total sample of 640 using simple random sampling to represent approximately 35% of the total sample.

Research Instrumentation

The research instrument in this study was a survey questionnaire. The questionnaires were in English language that were the original versions. Since the English language is the most important in worldwide communication. Developing English skills becomes a necessary thing that occurs almost everywhere in this world, including in Thailand. Registered nurses, especially in private hospitals, have developed their English skills for work continuously. Thus, we can assume that registered nurses are able to read and understand the English language. With the

ability of participants in English, the questionnaire was no need to translate into Thai language.

The survey questionnaire included an informed consent form that expresses the intentions of the study, confidentiality clauses, the structure of this questionnaire, and some needed details for participants to know about the research. The research instrument which employed in this study consisted of personal information and a set of seven standardized questionnaires. Part one of the questionnaire was the personal information of the participants. Part two of the questionnaire was a research instrument that consists of seven standardized questionnaires. The scales were as follows:

- 1) Workplace Spirituality Scale (WPSS)
- 2) Psychological Capital Questionnaire (PCQ)
- 3) The survey of Perceived Organizational Support (SPOS)
- 4) Career Satisfaction Scale (CSS)
- 5) Work Life Balance Scale (WLBS)
- 6) Work Engagement Scale (WES)
- 7) Happiness at Work Scale (HAWS)

Part one was demographic information of the participants. The multiple-choice items were used to obtain personal information of the participants on the following aspects: gender, age, marital status, number of children, education level, monthly income, number of years of employment, and religious beliefs.

Part two consists of the seven standardized questionnaires as follows:

1) Workplace Spirituality Scale (WPSS)

The Workplace Spirituality Scale by Petchsawang and Duchon (2009) was employed in this study to measure workplace spirituality. This scale was developed in Asian context and consists of 22 items. The items were measured on a 5-point Likert scale ranging from 1 – “strongly disagree” to 5 – “strongly agree”.

This scale included 4 dimensions: compassion, mindfulness, meaning, and transcendence. Compassion consists of 4 items which were represented in item number 1-4. Mindfulness consists of 6 items which were represented in item number 5-10. Meaningful work consists of 7 items which were represented in item number 11-17. Transcendence consists of 5 items which were represented in item number 18-22. The sample items were as follows: “I can easily put myself in other people’s shoes.”; “I aware of my coworkers’ needs.”; “I rush through work activities without being really attentive to them.”; I experience joy in my work.”; “My spirit is energized by my work.”; “The work I do is connected to what I think is important in life.”

This instrument was designed in Thai version. The test in Thailand showed correlations between each item and its underlying dimension ranged from .34 to .81 and the r-square from .12 to .71. Therefore, it could prove evidence of adequate convergent validity and Cronbach’s alpha for this instrument is .85 (Petchawang & Duchon, 2009).

In 2016, the English version of this instrument was employed by Shrestha (2016) to evaluate the generalizability, dimensionality, and convergent and discriminant validity of this scale in Nepal, another Eastern context which had a strong tradition of Hindu culture. This study found the Cronbach's alpha of this scale was .89. In the present study, the English version was used as the other instruments used to data collection were also in English.

2) Psychological Capital Questionnaire (PCQ)

This study employed a 24-item Psychological Capital Questionnaire (Luthans et al., 2007) to measure psychological capital. This instrument uses a 6-point Likert-type scale from 1= strongly disagree to 6 = strongly agree. The respondents was asked to describe their perception of themselves at the present time. The questionnaire includes 4 dimensions: hope, resilience, efficacy, and optimism. Each dimension includes 6 items to measure the four constructs of this questionnaire. The sample items are as follows: "I feel confident helping to set targets/goals in my work area."; "At the present time, I am energetically pursuing my work goals."; "I can be "on my own," so to speak, at work if I have to."

The foundation and pool of items for developing the Psychological Capital questionnaire (PCQ) were derived from four selected measures. The research group followed two primary criteria in constructing the PCQ. Firstly, it was proposed that each of the four constructs would carry equal importance, resulting in the selection of the six best items from each measure. Secondly, the chosen items needed to possess

face and content validity, being representative of the state-like nature and relevance to the workplace, or adaptable through wording changes to maintain relevance.

Consensus was reached among the group on the final set of 24 items, which were then presented using a 6-point Likert-type scale (ranging from 1 = strongly disagree to 6 = strongly agree). To capture a state-like perspective, the PCQ prompts respondents to describe how they perceive themselves at the present moment.

Based on Cronbach alpha coefficients that being acceptable should be $\alpha \geq 0.70$ (Nunnally & Bernstein, 1994), all constructs in this instrument were reported to have the reliability of more than 0.70. The Cronbach alphas for the four samples show a good internal consistency of this scale (Luthans, Avolio, Avey, & Norman, 2007): hope (.72, .75, .80, .76); resilience (.71, .71, .66, .72); self-efficacy (.75, .84, .85, .75), optimism (.74, .69, .76, .79) and the overall Psychological Capital (.88, .89, .89, .89). The reliabilities of this scale were reported by the studies are 0.95 (Youssef & Luthans, 2007), and 0.93 (Avey et al., 2010).

3) The Survey of Perceived Organizational Support (SPOS)

The Survey of Perceived Organizational Support (Eisenberger et al., 1997) was employed in this study to measure perceived organizational support. This scale was one dimension and consists of 8 items. A 7-point Likert-type response format (strongly disagree to strongly agree) was utilized to describe the perception of respondents. Two items of this scale were reversed scoring. The instrument has also exhibited sound convergent validity, showing significant correlations with related

constructs such as job satisfaction, organizational commitment, and employee engagement. The sample items were as follows: “My organization really cares about my well-being.”; “My organization cares about my opinions.”; “Help is available from my organization when I have a problem.” The Cronbach’s alpha of this scale is .90.

4) Career Satisfaction Scale (CSS)

The Career Satisfaction Scale (CSS) of Greenhaus et al. (1990) was employed in this study to measure the career satisfaction of registered nurses. This scale was one dimension and consists of 5 items. In terms of validity, this scale has demonstrated good reliability and validity across multiple studies. Its construct validity has been supported through factor analysis, indicating that the items in the scale effectively measure the intended dimensions of career satisfaction. The instrument has also exhibited convergent validity, showing significant correlations with related constructs such as job satisfaction, organizational commitment, and overall life satisfaction. Career satisfaction has shown positive correlations with factors such as job position in general management, salary level, number of promotions received, perceptions of upward mobility, organizational sponsorship, acceptance, job discretion, supervisory support, career strategies, perceived congruence between personal values and organizational values, presence of an internal labor market, and job performance. Conversely, it has shown negative correlations with reaching a career plateau (Aryee et al., 1994; Greenhaus et al., 1990; Seibert et al., 1999). The

items were measured on a 5-point Likert scale ranging from 5= strongly disagree, 4= disagree to some extent, 3= uncertain, 2= agree to some extent, 1= strongly agree.

The sample items were as following: “I am satisfied with the success I have achieved in my career.”; “I am satisfied with the progress I have made toward meeting my goals for advancement.” The Cronbach’s alpha of this scale is 0.88.

5) Work-Life Balance Scale (WLBS)

This study employed the Work-Life Balance Scale of Hayman (2005) which was adapted from the original version of Fisher-McAuley et al. (2003). This scale consisted of 15 items and three dimensions: work interference with personal life (7 items), personal life interference with work (4 items), and work/personal life enhancement (4 items). The items were measured on a 5-point Likert scale ranging from 1=strongly disagree to 5=strongly agree. The sample items were as follows: “I put personal life on hold for work”. “My personal life drains me of energy for work.”; “My personal life gives me energy for my job.”

The measurement model was utilized to assess convergent, discriminant, and nomological validity, whereas the structural model was employed to evaluate criterion validity of the scale (Agha et al., 2017). The items from work interference with personal life and personal life interference with work were reversed coded. The reliability coefficient of this scale is 0.83.

6) Work Engagement Scale (WES)

This study employed the Work Engagement Scale of Schaufeli et al. (2006). This scale consists of 9 items. This short questionnaire was developed from the 17-item questionnaire of Schaufeli, Salanova, et al. (2002)

Psychometric analyses were conducted to assess the validity of the work engagement scale, including factorial validity, inter-correlations among latent variables, and internal consistency. The results of these analyses indicated favorable psychometric properties (Schaufeli et al., 2002a, 2002b; Schaufeli, Taris & Van Rhenen, 2003)

The items reflected the three dimensions of engagement: Vigor (VI, 3 items), Dedication (DE, 3 items), and Absorption (AB, 3 items). All items are measured on a 7-point Likert scale ranging from 0 = never, 1= Almost Never, 2= Rarely, 3= Sometimes, 4= Often, 5 = Very Often, 7 = Always. The sample items were as follows: “At my job, I feel strong and vigorous.”; “I am enthusiastic about my job.”; “I am proud of the work that I do.”; “I get carried away when I am working.” All constructs in this instrument were reported to have a reliability of more than 0.70. The Cronbach alphas of the three subscales show a good internal consistency of this scale: Vigor 0.72, Dedication 0.84, and Absorption 0.77. A reliability coefficient of this scale is 0.90 (Schaufeli & Bakker, 2004).

7) Happiness at Work Scale (HAWS)

The Happiness at Work Scale of Salas-Vallina and Alegre (2018) was employed in this study to measure happiness at work of registered nurses. This scale

consists of 9 items. This short measurement was developed from the 31-item questionnaire in previous research by Salas-Vallina et al., (2017a). The items reflected the three dimensions of engagement, job satisfaction, and affective organizational commitment. Each dimension included 3 items.

Validity ensures that a scale accurately measures the intended concept. To ensure validity, this scale underwent assessments for content, convergent, and discriminant validity. Content validity was established by referencing previously validated scales (Schaufeli et al., 2002; Vigoda and Cohen, 2002; Hartman and Bambacas, 2000). Convergent validity was evaluated by examining the scale's correlation with other measures assessing the same concept. This was done using the BBNFI indicator and factor loadings determined through confirmatory factor analysis. The BBNFI index exceeded 0.90 (Ahire et al., 1996), factor loadings were above 0.4 (Hair et al., 2014), and t-values were higher than 1.96 (Anderson and Gerbing, 1982).

Discriminant validity ensures that the dimensions constituting the construct are distinct from one another (Gatignon et al., 2002). Discriminant validity for this scale was examined using pairwise confirmatory factor analysis, comparing models with constrained correlations of 1. The results indicated better model fit for all construct pairs with non-equal correlations, confirming their distinctiveness despite potential significant correlations (Bagozzi et al., 1991). Furthermore, all correlation coefficients were both significant and below 0.9 (Del Barrio and Luque, 2000), further supporting discriminant validity.

The α coefficients of this scale were 0.91 (engagement), 0.84 (job satisfaction), and 0.92 (Affective organizational commitment). The items of engagement dimension were measured on a 6-point Likert scale ranging from 1 = never to 6 = always. The items of job satisfaction and affective organizational commitment were measured on a 5-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. The sample items were as follows: I am enthusiastic about my job.; How satisfied are you with the nature of the work you perform?; I feel emotionally attached to this organization (Salas-Vallina, A and Alegre, J, 2018).

Data Collection Procedure

The steps of data collection in this current research were as follows:

1. When the proposal of the researcher received approval from the committee.

The researcher brought the request letter from the Dean of the Graduate School of Human Sciences (Assumption University of Thailand) to obtain permission from the administrators of the selected private hospital. In addition, the University's ethical approval (IRB) was received from the Institute for Research and Academic Service (IRAS) before the data collection.

2. The researcher prepared the original versions of questionnaire for a pilot study. The questionnaire had been written in plain English and at a level that registered nurses could understand. The 30 registered nurses from the private hospital in Bangkok were invited to be participants in a pilot study. They were invited to be part of testing the questionnaire and to report any errors in the

instrument. After checking and confirming that the instrument was without errors and comprehension problems, the researcher continued to employ the instrument in the actual study.

3. The questionnaire was handed out to the participants. They were assured that their responses would be treated with utmost confidentiality. They were informed that their information would be used solely for academic purposes and that they had the right to withdraw from the study without facing any consequences. Participation in this study was entirely voluntary, and no incentives were offered to encourage participation.

4. After the data collection was completed, the researcher inspected each completed questionnaire and selected only valid questionnaires to be in the process of statistical analysis.

Data Analysis

All data in this study was analyzed using the IBM SPSS Statistics for Windows, Version 25 and the IBM SPSS Amos (Analysis of Moment Structure), Version 21 software programs.

The statistical analyses were employed in this research are as follows:

Study 1

Reliability analysis: Reliability analysis was conducted to evaluate the internal consistency of the items of the various questionnaires.

Study 2

This study aimed to evaluate the direct and indirect effects of workplace spirituality, psychological capital and perceived organizational support toward happiness at work mediated by work engagement, work-life balance and career satisfaction. In order to fulfill these objectives, three models (direct model, indirect model and full path model) were developed in order to determine the efficacy in explaining the effects of workplace spirituality, psychological capital and perceived organizational support toward happiness at work. Multi-model path analysis via structural equation modeling (SEM) was employed to test the goodness of fit of these posited nested path models. The technique allowed for a direct comparison of the models' goodness-of-fit indices to inspect which model provided the best explanation of the hypothesized direct and indirect effects related to the models' exogenous, mediator and criterion variables.

Study 3

Study 3 assessed the hypothesized model according to the participants' age and job experience. This study investigated the presence of any difference in age and job experience with regard to registered nurses' happiness at work. This was done to determine whether the participants' age and job experience introduce significant effects on the happiness of work of registered nurses. Study 3 employed multi-group path analyses via SEM.

CHAPTER 4

RESULTS

Overview of the Chapter

The main purpose of the current study was to investigate the impact of workplace spirituality, psychological capital, and perceived organizational support on happiness at work among Thai registered nurses in Bangkok, Thailand, being mediated by work engagement, work-life balance, and career satisfaction. This study consisted of three studies that each part of the study interrelated with all the others.

Study 1 evaluated the psychometric properties of the assessment tools for use with registered nurses in Bangkok. This study consisted of the demographic information of the participants, the pre-testing of the questionnaire, the missing data analysis, and the reliability analysis using the Cronbach's Alpha value.

The results of Study 1 are presented in sections as follows:

Part1: Preliminary analysis,

the items in the questionnaire,

missing data analysis,

demographic information of participants, and

Part2: Reliability analysis (separately for the seven scales used)

Study 2 was the test of the causal relationship models (direct, indirect, and full path models). Prior to that, confirmatory factor analysis (CFA), item parcels, and the result of the test of construct validity were carried out.

The results of Study 2 are presented in sections as follows:

Demographic information of Participants

Normality of the Data

Part1: Confirmatory Factor Analysis

Part2: Construct validity (convergent and discriminant validity), and

Part3: The Hypothesis Testing for Study II

Study 3 aimed at achieving specific objectives. The purpose of study 3 is to investigate the moderating effect of the participants' age and job experience on the structural relations between the predictors, mediators, and the outcome variable-happiness at work.

The results of Study 3 are presented in sections as follows:

Demographic information of Participants

Measurement model for multi-group SEM

Part1: Multi-group path analysis based on age

Part2: Multi-group path analysis based on job experience

Study 1

Part 1: Preliminary Analysis

Prior to conducting this research, the researcher had done a preliminary test for the questionnaire in order to see the errors, readability, and ability to understand the meaning of the sentences. Therefore, the questionnaire was administered to 30 nurses to test their readability and understandability of the items in the questionnaire before the test of reliability and its use in the present study. Results were considered satisfactory and so Study 1 could be conducted.

The Items in the Questionnaire

The questionnaire for the current study has 92 items from different valid and reliable scales. They were the Workplace Spirituality Scale (Petchsawang and Duchon, 2009); the Psychological Capital Questionnaire (Luthans et al., 2007); the Survey of Perceived Organizational Support (Eisenberger et al., 1997); the Career Satisfaction Scale (Greenhaus et al., 1990); the Work-Life Balance Scale (Hayman, 2005); the Work Engagement Scale (Schaufeli et al., 2006) and the Happiness at Work Scale (Salas-Vallina and Alegre, 2018)

Missing Data Analysis

Once the study data were entered into SPSS, a commonly used statistical program, a frequency analysis was carried out to assess the percentage of missing data for the 92 items derived from various scales, including the Workplace Spirituality Scale (WPSS; 22 items), Psychological Capital Questionnaire (PCQ; 24 items), Survey of Perceived Organizational Support (SPOS; 8 items), Career

Satisfaction Scale (CSS; 5 items), Work-Life Balance Scale (WLBS; 15 items), Work Engagement Scale (WES; 9 items), and Happiness at Work Scale (HAWS; 9 items).

Missing data can occur when participants refuse to answer certain questionnaire items or when they experience fatigue or boredom. Addressing missing data is crucial as it can pose challenges during data analysis. However, as suggested by Tabachnick and Fidell (2001), when dealing with large data sets like the one in this study, the impact of missing data is less significant if only a small percentage, typically 5% or less, is missing. Nevertheless, for smaller or moderately-sized data sets, a high number of missing data points can present a substantial concern.

To assess the percentage of missing data in the current questionnaire, Missing Values Analysis was performed. The results revealed that none of the questionnaire items had missing values in the dataset, which consisted of 640 participants.

Demographic Information of Participants

This study involved a sample of 640 nurses employed in private hospitals located in Bangkok. The qualifications of the participants are as follows: The youngest participant was 22 years old, while the oldest was 62 years old. The average age of the participants was 33.82 years. The majority of the participants were female (n=615, 96.1%). In terms of religion, the participants identified as follows: Buddhism (n=545, 85.2%), Christianity (n=76, 11.9%), Islam (n=16, 2.5%), and non-religious (n=3, 0.5%). Regarding educational attainment, the participants held the following degrees: bachelor's degree (n=591, 92.3%), master's degree (n=45, 7%), and doctoral degree (n=4, 0.6%). The largest group of participants had job experience as registered

nurses for 1-10 years (n=410, 64.06%). The remaining participants had job experience ranging from 11-20 years (n=112, 17.50%), 21-30 years (n=86, 13.44%), and 31-40 years (n=32, 5%).

Table 1 Demographic Information of Participants

		Total sample		Study 1		Study 2 & 3	
		640	100%	240	100%	400	100%
Gender	Male	25	3.9	3	1.2	22	5.5
	Female	615	96.1	237	98.8	378	94.5
Age	22-30	323	50.5	128	53.3	195	48.8
	31-40	166	25.9	41	17.1	125	31.2
	41-50	82	12.8	40	16.7	42	10.5
	51-62	69	10.8	31	12.9	38	9.5
Religion	Buddhism	545	85.15	198	82.50	348	87
	Christianity	76	11.88	34	14.17	41	10.3
	Islam	16	2.50	7	2.92	9	2.2
	No religion	3	0.47	1	.41	2	0.5
Job Experience	1-10	410	64.06	153	63.75	257	64.25
	11-20	112	17.50	34	14.17	78	19.50
	21-30	86	13.44	35	14.58	51	12.75
	31-40	32	5.00	18	7.50	14	3.50
Marital Status	Single	396	61.85	154	64.17	242	60.5
	Married	217	33.90	76	31.67	141	35.25
	Divorced	24	3.75	8	3.33	16	4.00
	Separated	3	0.50	2	.83	1	0.25

Living Status	Alone	188	29.37	55	22.92	133	33.25
	With partner	125	19.53	46	19.16	79	19.75
	With family	224	35.00	85	35.42	139	34.75
	With friends	103	16.10	54	22.50	49	12.25
Educational level	Bachelor	591	92.34	213	88.75	378	94.50
	Master	45	7.03	24	10.00	21	5.25
	Doctoral	4	0.63	3	1.25	1	.25
Nursing Department	IPD	408	63.75	162	67.50	247	61.75
	OPD	232	36.25	78	32.50	153	38.25

Part 2: Reliability analysis

In order to investigate the internal invariance of the seven questionnaires, the items representing these questionnaires were analyzed. Two criteria were used to eliminate items from these factors. First, an item was eliminated if the inclusion of that item resulted in a substantial lowering of Cronbach's alpha (Walsh & Betz, 1985). If the alpha is 0.70 or greater, this indicates that all items are reliable, and the test as a whole is internally consistent (Ho, 2014). Secondly, an item is considered to have an acceptable level of internal consistency if its corrected item-total correlation (I-T correlation) was equal or greater than 0.33 (Hair, Anderson, Tatham, & Black, 1997).

The following tables (Table 2-8) present the items for the Workplace Spirituality Scale (WPSS), the Psychological Capital Questionnaire (PCQ), the Survey of Perceived Organizational Support (SPOS), the Career Satisfaction Scale (CSS), the Work-Life Balance Scale (WLBS), the Work Engagement Scale (WES),

and the Happiness at Work Scale (HAWS) together with their I-T correlation and Cronbach's alphas.

1. The Workplace Spirituality (WPS)

The Workplace Spirituality Scale with 22 items has 4 dimensions (compassion, mindfulness, meaning, and transcendence). The Corrected Items-Total Correlation result under all dimensions showed that some items (item 5, 7, 10, and 21) had low corrected item-total correlations and were marked for deletion (see Table 2). After deleting some items, the Cronbach's alphas for this scale and I-T correlations were in the range of acceptable measure according to Braeken and van Assen (2017). The Cronbach's alpha was at 0.91. and I-T correlations were in the range of 0.47 – 0.71. Therefore, all the items were deemed acceptable.

Table 2 The Workplace Spirituality Scale Item-Total Statistics

Statements	Corrected Item-Total Correlation	
1. I can easily put myself in other people's shoes.	.45	.88
2. I am aware of and sympathize with co-workers.	.47	.87
3. I try to help my coworkers relieve their suffering.	.53	.87
4. I aware of my coworkers' needs	.51	.87
5. It seems I am working automatically without much awareness of what I'm doing.*	.32	.88
6. I find myself working without paying attention. *	.35	.88

7. At work, I break or spill things because of carelessness, not paying attention, or thinking of something else. *	.25	.88
8. I rush through work activities without being really attentive to them.*	.43	.88
9. I go to the places on “automatic pilot” and then wonder why I went there.*	.39	.88
10. I go to the places on “automatic pilot” and then wonder why I went there. *	.29	.88
11. I experience joy in my work.	.58	.87
12. I look forward to coming to work most days	.46	.88
13. I believe others experience joy as a result of my work.	.58	.87
14. My spirit is energized by my work.	.64	.87
15. I see a connection between my work and the larger social good of my community.	.49	.87
16. I understand what gives my work personal meaning.	.64	.87
17. The work I do is connected to what I think is important in life.	.60	.87
18. At times, I experience an energy or vitality at work that is difficult to describe.	.48	.87
19. I experience moments at work where everything is blissful.	.54	.87
20. At times, I experience happiness at work.	.62	.87
21. I have moments at work in which I have no sense of time or space.	.27	.88

22. At moments, I experience complete joy and ecstasy at work.	.61	.87
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Cronbach's Alpha = .88, and .91 (after deleting)

* Reverse scored item

2. The Psychological Capital (PsyCap)

The Psychological Capital Questionnaire with 24 items has 4 dimensions: hope, resilience, efficacy, and optimism. The Corrected Items-Total Correlation result under all dimensions showed that some items (item 13, 16, 23, and 24) had low corrected item -total correlations and were marked for deletion (see Table 3). After deleting some items, the Cronbach's alphas for this scale and I-T correlations were in the range of acceptable measure according to Braeken and van Assen (2017). The Cronbach's alpha was at .93. and I-T correlations were in the range of 0.42 – 0.76. Therefore, all the items were deemed acceptable.

Table 3 Psychological Capital Questionnaire (PCQ) Item-Total Statistics

Statements	Corrected Item-Total Correlation	
1. I feel confident analyzing a long-term problem to find a solution.	.64	.89
2. I feel confident representing my work area in meetings with management.	.62	.89

3. I feel confident contributing to discussions about the hospital strategy.	.56	.89
4. I feel confident helping to set targets/goals in my work area.	.66	.89
5. I feel confident contacting people outside the hospital (e.g. Suppliers, patients) to discuss problems.	.62	.89
6. I feel confident presenting information to a group of colleagues.	.75	.89
7. If I should find myself in a jam at work, I think of many ways to get out of it.	.53	.89
8. At the present time, I am energetically pursuing my work goals.	.72	.89
9. There are lots of ways around any problem.	.64	.89
10. Right now I see myself as being pretty successful at work.	.56	.89
11. I can think of many ways to reach my current work goals.	.71	.89
12. At this time, I am meeting the work goals that I have set for myself.	.64	.89
13. When I have a setback at work, I have trouble recovering from it, moving on.	.19	.91
14. I usually manage difficulties one way or another at work.	.52	.89
15. I can be “on my own,” so to speak, at work if I have to.	.45	.89
16. I usually take stressful things at work in stride.	.06	.91
17. I can get through difficult times at work because I've experienced difficulty before.	.61	.89
18. I feel I can handle many things at a time at this job.	.76	.89

19. When things are uncertain for me at work, I usually expect the best.	.56	.89
20. If something can go wrong for me work-wise, it will.	.41	.89
21. I always look on the bright side of things regarding my job.	.68	.89
22. I'm optimistic about what will happen to me in the future as it pertains to work.	.65	.89
23. In this job, things never work out the way I want them to.	.08	.91
24. I approach this job as if “every cloud has a silver lining.	.27	.90

Cronbach's Alpha = .90, and .93 (after deleting)

3. The Perceived Organizational Support (POS)

The Survey of Perceived Organizational Support with 8 items has one dimension. The Corrected Items-Total Correlation result under all dimensions showed that item 7 had low corrected item-total correlations and was marked for deletion (see Table 4). After deleting item, the Cronbach's alphas for this scale and I-T correlations were in the range of acceptable measure according to Braeken and van Assen (2017). The Cronbach's alpha was at 0.91. and I-T correlations were in the range of 0.49 – 0.83. Therefore, all the items were deemed acceptable.

Table 4

The Survey of Perceived Organizational Support (SPOS) Item-Total Statistics

Statements	Corrected Item-Total Correlation	
1. My organization cares about my opinions.	.74	.85
2. My organization really cares about my well-being.	.78	.85
3. My organization strongly considers my goals and values.	.77	.85
4. Help is available from my organization when I have a problem.	.81	.84
5. My organization would forgive an honest mistake on my part.	.69	.86
6. If given the opportunity, my organization would take advantage of me.*	.48	.88
7. My organization shows very little concern for me.*	.20	.91
8. My organization is willing to help me when I need a special favor.	.70	.86

Cronbach's Alpha = .88, and .91 (after deleting)

* Reverse scored item

4. The Career Satisfaction (CS)

The Career Satisfaction Scale with 5 items has one dimension. The Corrected Items-Total Correlation result under were in the range of acceptable measure

according to Braeken and van Assen (2017). Therefore, all the items were deemed acceptable.

Statements	Item-Total Statistics	
	Corrected Item-Total Correlation	
1. I am satisfied with the success I have achieved in my career.	.70	.87
2. I am satisfied with the progress I have made toward meeting my overall career goals.	.77	.87
3. I am satisfied with the progress I have made toward meeting my goals for income.	.68	.89
4. I am satisfied with the progress I have made toward meeting my goals for advancement.	.83	.86
5. I am satisfied with the progress I have made toward meeting my goals for development of new skills.	.78	.87

Cronbach's Alpha = .90

5. The Work-Life Balance (WLB)

The Work-Life Scale with 15 items has three dimensions. The Corrected Items-Total Correlation result under all dimensions showed that some items (item 7, 12, 13, 14, and 15) had low corrected item-total correlations and were marked for deletion (see Table 6). After deleting some items, the Cronbach's alphas for this

scale and I-T correlations were in the range of acceptable measure according to Braeken and van Assen (2017). The Cronbach's alpha was at .87. and I-T correlations were in the range of 0.48 – 0.69. Therefore, all the items were deemed acceptable.

Table 6 Work-Life Balance Scale Item-Total Statistics

Statements	Corrected Item-Total Correlation	
1. My personal life suffers because of work.*	.69	.81
2. My job makes personal life difficult. *	.71	.81
3. I neglect personal needs because of work.*	.66	.82
4. I put personal life on hold for work.*	.49	.83
5. I miss personal activities because of work.*	.65	.82
6. I struggle to juggle work and non-work.*	.53	.83
7. I am happy with the amount of time for non-work activities.*	.29	.82
8. My personal life drains me of energy for work.*	.70	.81
9. I am too tired to be effective at work.*	.44	.83
10. My work suffers because of my personal life.*	.44	.83
11. I find it hard to work because of personal matters.*	.43	.83
12. My personal life gives me energy for my job.	.09	.83
13. My job gives me energy to pursue my personal activities.	.19	.83
14. I have a better mood at work because of my personal life.	.06	.83

15. I have a better mood because of my job.	.28	.83
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Cronbach's Alpha = .81, and .87 (after deleting)

* Reverse scored item

6. The Work Engagement (WE)

The Work Engagement Scale with 9 items has three dimensions. The Corrected Items-Total Correlation result under were in the range of acceptable measure according to Braeken and van Assen (2017). Therefore, all the items were deemed acceptable.

Table 7 The Work Engagement Scale Item-Total Statistics

Statements	Corrected Item-Total Correlation
1. At my work, I feel bursting with energy.	.73 .88
2. At my job, I feel strong and vigorous.	.72 .88
3. When I get up in the morning, I feel like going to work.	.69 .89
4. I am enthusiastic about my job.	.73 .88
5. My job inspires me.	.78 .88
6. I am proud of the work that I do.	.68 .89
7. I feel happy when I am working intensely.	.77 .88
8. I am immersed in my work.	.52 .90

9. I get carried away when I am working.	.42	.91
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Cronbach's Alpha = .90

7. The Happiness at Work (HAW)

The Happiness at Work Scale with 9 items has three dimensions. The Corrected Items-Total Correlation result under all dimensions showed that item 3 had low corrected item-total correlations and was marked for deletion (see Table 8). After deleting item, the Cronbach's alphas for this scale and I-T correlations were in the range of acceptable measure according to Braeken and van Assen (2017). The Cronbach's alpha was at .90. and I-T correlations were in the range of 0.61 – 0.81. Therefore, all the items were deemed acceptable.

Table 8 The Happiness at work Scale Item-Total Statistics

Statements	Corrected Item-Total Correlation	
1. At my job, I feel strong and vigorous.	.62	.87
2. I am enthusiastic about my job.	.66	.87
3. I get carried away when I am working.	.27	.90
4. How satisfied are you with the nature of the work you perform?	.64	.87
5. How satisfied are you with the pay you receive for your job?	.61	.87
6. How satisfied are you with the opportunities which	.70	.87

exist in this organization for advancement [promotion]?

7. I would be very happy to spend the rest of my career with this organization.	.80	.86
8. I feel emotionally attached to this organization.	.67	.87
9. I feel a strong sense of belonging to my organization.	.79	.86

Cronbach's Alpha = .89, and .90 (after deleting)

Study 2

The purpose of study 2 was to investigate the direct and indirect effects of Workplace spirituality, Psychological capital and Perceived organizational support toward Happiness at work with the indirect effects mediated by Work engagement, Work-life balance, and Career satisfaction. In Study II, the Confirmatory Factor Analysis (CFA) and result of the test of construct validity of the different models (1 – 3) were discussed.

Demographic information of Participants

The samples in this stage of the study were 400 participants. The participants in this study were male: $n = 22$, 5.5%, and female: $n = 378$, 94.5%. Their ages ranged 22 years to 62 years, with a mean age of 33.63 years. Their job experience ranged 1 year to 40 years, with a mean job experience of 10.32 years. Their educational level was Bachelor degree: $n = 378$, 94.5%, Master degree: $n = 21$, 5.3%, and Doctoral

degree: $n = 1$, 0.2%. The participants worked in IPD ($n = 247$, 61.8%) and OPD ($n = 153$, 38.2%).

Normality of the Data

Normality is the underlying assumption of many statistical analyses. The normality means the data must be normally distributed or nearly normally distributed. Using statistics to test the normality of data is a good testing method for a research. The skewness and kurtosis values provide a basic diagnostic test for normality (HO, 2014). As a general principle, the skewness and kurtosis value must not exceed ± 1.96 for the normality at the .05 alpha level. From Table 9, the skewness values of observed variables were presented between -.744 to .239, and the kurtosis values were -.280 to 1.210. The results indicated that the criteria for normality at the 0.05 alpha level were met by this measure.

Table 9 Normality of the Data

Variables	skewness	kurtosis
WPS	-.511	.711
PCS	-.339	.901
POS	-.116	.013
CS	-.744	.894
WLB	-.077	-.280
WE	-.216	1.210

WPS=Workplace Spirituality; PCS=Psychological Capital; POS=Perceiving organizational support; CS=Career Satisfaction; WLB=Work life balance; WE=Work engagement; HAW=Happiness at work.

Part 1: Confirmatory Factor Analysis

In the current study, confirmatory factor analysis (CFA) was conducted to evaluate the adequacy of the factor structure of the Workplace Spirituality Scale, the Psychological Capital Questionnaire, the Survey of Perceived Organizational Support, the Career Satisfaction Scale, the Work-Life Balance Scale, the Work Engagement Scale, and the Happiness at Work Scale. CFA, or Confirmatory Factor Analysis, allows researchers to propose a pre-defined model and assess its fit to the observed data.

Item Parcels

The procedure of parceling items has certain psychometric benefits. It lessens random error and improves scale communality, which produces a different ratio for each confirmation. The combined scores tend to better approximate the distribution of the object construct (normalize the distribution) than single items, which is the psychometric benefit of item parceling. Because the collected components rely on distinct aspects of the construct of interest, grouping them into parcels may likely distinguish people at somewhat different levels as a result of that construct. The third

one increases the given model's efficacy to define the latent concepts to varying degrees 99 based on the way parcels are generated.

Although it is possible to have a fortuitous set of just a few items that capture the construct of interest, the likelihood of success would be higher when a large number of items are assembled (Matsunaga, 2008). While it might be claimed that employing more indicators for each latent construct will better describe the latent construct than having fewer indicators, in reality using too many indicators makes it challenging, if not impossible, to fit a model to the relevant data (Bentler, 1980).

Based on the Hair et al.'s (1998) suggestion that there is the preferred minimum number of indicators to represent a construct, it was decided to limit the number of indicators to three to five for each of the model's latent construct. This was achieved by using item parcels to represent the original number of items for each latent construct.

As previously stated, item parceling has been done based on the output of Cronbach's Alpha. The parceling of items was performed to improve the model's fit to the data. For example, on the basis of a reliability analysis of the 8 items representing the Survey of Perceived Organizational Support, the items were divided into three parcels, and the items in each parcel were then summed to form three measured variables to operationalize the latent construct.

Following the procedure described by Russell et al. (1998), the development of the item parcels (factorial Algorithm) involves the following steps:

1. Rank-order items on the basis of their corrected item-total (I-T) correlation coefficients.

2. Items were assigned to parcels in a way that equated the average I-T coefficient of each parcel of items with the factor.

3. End up with parcels for the dimension.

Specifically, items ranked 1, 2, 4 were assigned to parcel 1; items ranked 5, and 8 were assigned to parcel 2; and items ranked 3, 6, and 7 were assigned to parcel 3. This procedure ensured that the resulting item parcels reflected the underlying latent factor of to an equal degree.

Figure 4 presents the 7-factor measurement model representing the latent constructs of the Workplace Spirituality Scale by 4 parcels, the Psychological Capital Questionnaire by 4 parcels, the Survey of Perceived Organizational Support by 3 parcels, the Career Satisfaction Scale by 2 parcels, the Work-Life Balance Scale by 3 parcels, the Work Engagement Scale by 3 parcels, and the Happiness at Work Scale by 3 parcels. For this model, all factor loading were freed, indicators were allowed to correlate with only one factor, and the seven factors were allowed to correlate (equivalent to oblique rotation).

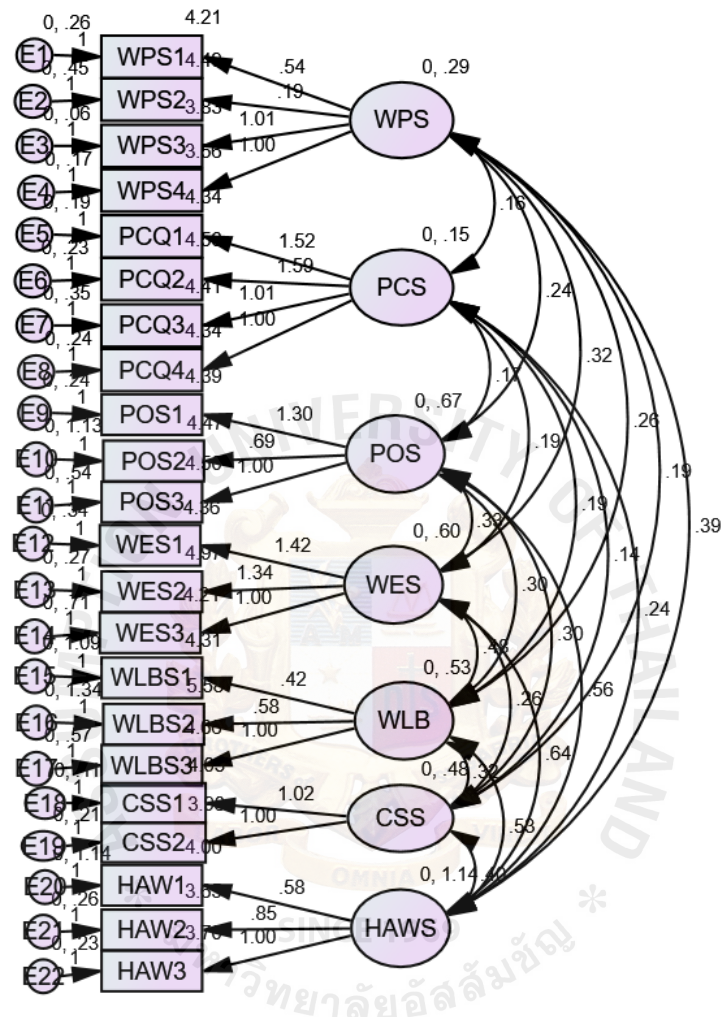


Figure 4. Pooled CFA, 7-factor measurement model (with item parcels) representing the latent constructs of the Workplace Spirituality Scale, the Psychological Capital Questionnaire, the Survey of Perceived Organizational Support, the Career Satisfaction Scale, the Work-Life Balance Scale, the Work Engagement Scale, and the Happiness at Work Scale.

Test of construct validity (CFA)

The motivation of this phase of the study was to evaluate the 'fit' of the seven-factor measurement model (with item parcels) representing the latent constructs of the Workplace Spirituality Scale, the Psychological Capital Questionnaire, the Survey of Perceived Organizational Support, the Career Satisfaction Scale, the Work-Life Balance Scale, the Work Engagement Scale, and the Happiness at Work Scale (Figure 4).

The χ^2 goodness-of-fit test (via structural equation modeling) was employed to test the null hypothesis that the sample covariance matrix for the model was obtained from a population that has the proposed model structure. Table 10 presents the goodness-of-fit indices for this model.

Table 10

χ^2 goodness-of-fit value, normed fit index (NFI), incremental fit index (IFI), Tucker-Lewis index (TLI), comparative fit index (CFI), and root mean square error of approximation (RMSEA)

Models	χ^2 (N=400)	P	NFI	CFI	IFI	TLI	RMSEA
7-factors model	545.912	.000	.897	.916	.917	.897	.069
Null model	4496.141	.000	.000	.000	.000	.000	.215

The chi-square goodness-of-fit value for the 7-factor model is statistically significant, χ^2 (df =188) = 545.912, $p < .001$, suggesting that the co-variance matrix

for this posited model does not fit the sample co-variance matrix well. However, the incremental fit indices (Normed Fit Index - NFI, Incremental Fit Index - IFI, Tucker-Lewis Index - TLI, Comparative Fit Index -CFI) are all above 0.90 or close to .90. These fit indices indicate that the factor model provided a good fit relative to its null or independence model and support the hypothesized structure of the posited 7-factor model. The RMSEA value of 0.069 is within the range suggested by Browne and Cudeck (1993) and indicates that the model acceptable fits the population covariance matrix.

While the aforementioned fit indices can be used to evaluate the adequacy of fit in CFA, it must be noted that this is only one aspect of model evaluation. As pointed out by Marsh, Hau, & Wen (2004), the model evaluation should be based on a subjective combination of substantive or theoretical issues, inspection of parameter estimates, goodness-of-fit, and interpretability. Table 11 presents the standardized regression weights, explained variances (Squared Multiple Correlations), and residuals (1- explained variances) for the 7-factor model.

Table 11. Standardized regression weights, explained variances, and residual variances for the seven latent constructs indicator variables

Parameter	Standardized Regression Weights	P	Explained Variances	Residual Variances
Workplace Spirituality				
WPS4 <--- WP	.795	.000	.633	.367
WPS3 <--- WP	.911	.000	.830	.170
WPS2 <--- WP	.152	.004	.023	.977
WPS1 <--- WP	.498	.000	.248	.752
Psychological Capital				
PCQ4 <--- PC	.617	.000	.381	.619
PCQ3 <--- PC	.551	.000	.304	.696
PCQ2 <--- PC	.791	.000	.625	.375
PCQ1 <--- PC	.803	.000	.645	.355
Work Engagement *				
WES3 <--- WE	.677	.000	.459	.541
WES2 <--- WE	.893	.000	.798	.202
WES1 <--- WE	.882	.000	.778	.222
Work-Life Balance				
WLBS3 <--- WLB	.694	.000	.481	.519
WLBS2 <--- WLB	.344	.000	.118	.882
WLBS1 <--- WLB	.280	.000	.078	.922

Perceived Organizational Support						
POS3	<---	PO	.744	.000	.554	.446
POS2	<---	PO	.469	.000	.220	.780
POS1	<---	PO	.909	.000	.827	.173
Career Satisfaction						
CSS2	<---	CS	.832	.000	.692	.308
CSS1	<---	CS	.903	.000	.816	.184
Happiness at Work						
HAW3	<---	HA	.912	.000	.832	.168
HAW2	<---	HA	.871	.000	.759	.241
HAW1	<---	HA	.503	.000	.253	.747

The standardized regression coefficients (factor loadings) for the measurement indicators are all positive and significant by the critical ratio test ($p < .001$, $p < .01$). Standardized loadings ranged from 0.152 – 0.912 where these values indicated that the indicator variables hypothesized to represent their respective latent constructs in a reliable manner. The percentage of residual (unexplained) variances for all indicator variable ranges represent their respective latent constructs in a reliable from 16.8% (i.e. 83.2% of the variance explained- HAW3) to 97.7% (i.e. 2.3% of the variance explained – WPS2). Two of the item parcels show relatively low factor loading (WPS2 and WLBS1). The factor loadings of the item parcels depend on specific sample characteristics and the combinations of items in the item parcel. Considering

the theoretical importance, these factors were retained and examined for further construct validity as follow.

Part 2: Construct Validity (convergent and discriminant validity)

An essential idea in psychological research is construct validity. This serves as an index for a variable that cannot be observed directly (Western & Rosenthal, 2003). It describes how well a measure evaluates the construct it is intended to evaluate (Nunnally, 1978).

There are two subtypes of construct validity, namely convergent validity and discriminant validity. Convergent validity and discriminant validity can be determined by the correlation coefficient to estimate the degree to which any two measures are related to low, the convergent correlations should always be higher than the discriminant ones.

The Composite Reliability (CR) and Average Variance Extracted (AVE) value was used to identify the convergent validity. The average variance extracted (AVE) is computed in order to test that the variance captured by constructs is larger than the variance due to error (Fornell & Larcker, 1981). The average variance extracted is recommended to exceed 0.50 as the acceptable level.

The discriminant validity was also investigated using the correlation among latent factors. It is assumed that the average variance extracted estimates should be greater than the largest squared correlation to estimate among all correlations for that construct.

As shown in Table 9, the AVE values were greater than 0.5, and the CR values were greater than 0.6. Work-life balance had a value that was slightly below the critical value of 0.6. However, considering this was not a very low value (.584) and the overall result of the CR values, it was considered adequate. The correlation coefficient between factors ranged from 0.323 to 0.716 and none of them had a value higher than 0.85. These results suggested that all variables had satisfactory convergent and discriminant validity.

Table 12 Correlation Matrix and measures of Validity for all latent variables in the proposed model.

	Measures of Validity		Correlation Matrix					
	CR	AVE	WPS	PsyCap	POS	CS	WLB	WE
WPS	.719	.644						
PsyCap	.816	1.107	.571					
POS	.906	2.439	.369	.464				
CS	.925	2.542	.432	.427	.440			
WLB	.584	.599	.384	.323	.294	.379		
WE	.828	1.140	.606	.523	.412	.409	.358	
HAW	.747	.738	.511	.461	.455	.464	.391	.716

CR=Composite Reliability; AVE=Average Variance Extracted; WPS=Workplace Spirituality; PsyCap=Psychological Capital; POS=Perceiving organizational support; CS=Career Satisfaction; WLB=Work life balance; WE=Work engagement; HAW=Happiness at work.

Part 3: The Hypothesis Testing for Study II

Hypothesis 1

H1: workplace spirituality, psychological capital and perceived organizational support have a positive direct effect on happiness at work such that (1) The higher the registered nurses' perceived positive workplace spirituality, psychological capital, and perceived organizational support will be their reported levels of happiness at work; and (2) the lower their level of workplace spirituality, psychological capital, and perceived organizational support, the lower will be reported levels of their happiness at work

The investigation of the direct effect of workplace spirituality, psychological capital and perceived organizational support on happiness at work presented the significant path coefficients for the direct model in Figure 5.

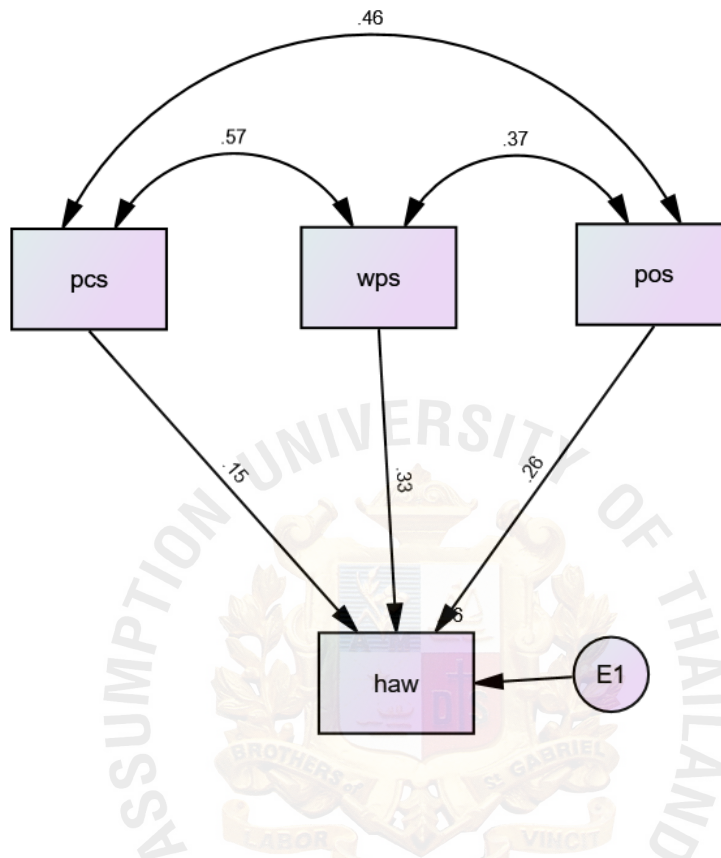


Figure 5. The Direct Model: Psychological Capital (PCS), Workplace Spirituality (WPS), Perceived Organizational Support (POS), and Happiness at work (HAW).

The hypothesized direct model posited a direct relationship between workplace spirituality, psychological capital, perceived organizational support, and happiness at work. The analysis of fit indices revealed that this model exhibited a perfect fit based on the available dataset. The χ^2 goodness-of-fit value was found to be .00, with 0 degrees of freedom and a p-value of less than .001. This property is referred to as a "just-identified model," where both known and unknown information are equally balanced (Hoyle, 2012). Additionally, the values of RMR, GFI, and NFI

were all 1.0. Therefore, due to the nature of just identification, hypothesis 1 was neither retained nor rejected.

However, the standardized coefficients (Beta) for the three variables were as follows: Psychological Capital to Happiness at work (0.15), Workplace spirituality to Happiness at work (0.33), and Perceived organizational support to Happiness at work (0.26). These coefficients were all positive, and the p-values were significant at 0.001 and 0.01 level (WPS and POS = 0.000, PCS = 0.003).

Table 13 The Direct Model fit statistics

Models	χ^2 (df)	P	NFI	IFI	CFI	GFI	RMSEA	RMR
Direct model	0.00 (0)	0.00	1.00	1.00	1.00	1.00	0.43	0.00

H2: Workplace spirituality, psychological capital, and perceived organizational support have an indirect effect on happiness at work by mediating of work engagement, work-life balance and career satisfaction such that (1) the higher the registered nurses' perceived positive workplace spirituality, psychological capital, and perceived organizational support, the higher will be their reported level of work engagement, work-life balance and career satisfaction, subsequently resulting in their higher reported levels of happiness at work; and (2) the lower their level of workplace spirituality, psychological capital, and perceived organizational support, the higher will be their reported levels of work engagement, work-life

balance and career satisfaction, subsequently resulting in their lower reported happiness at work.

The investigation of the indirect effect of workplace spirituality, psychological capital, and perceived organizational support on happiness at work by mediating of work engagement, work-life balance and career satisfaction presented in figure 6.

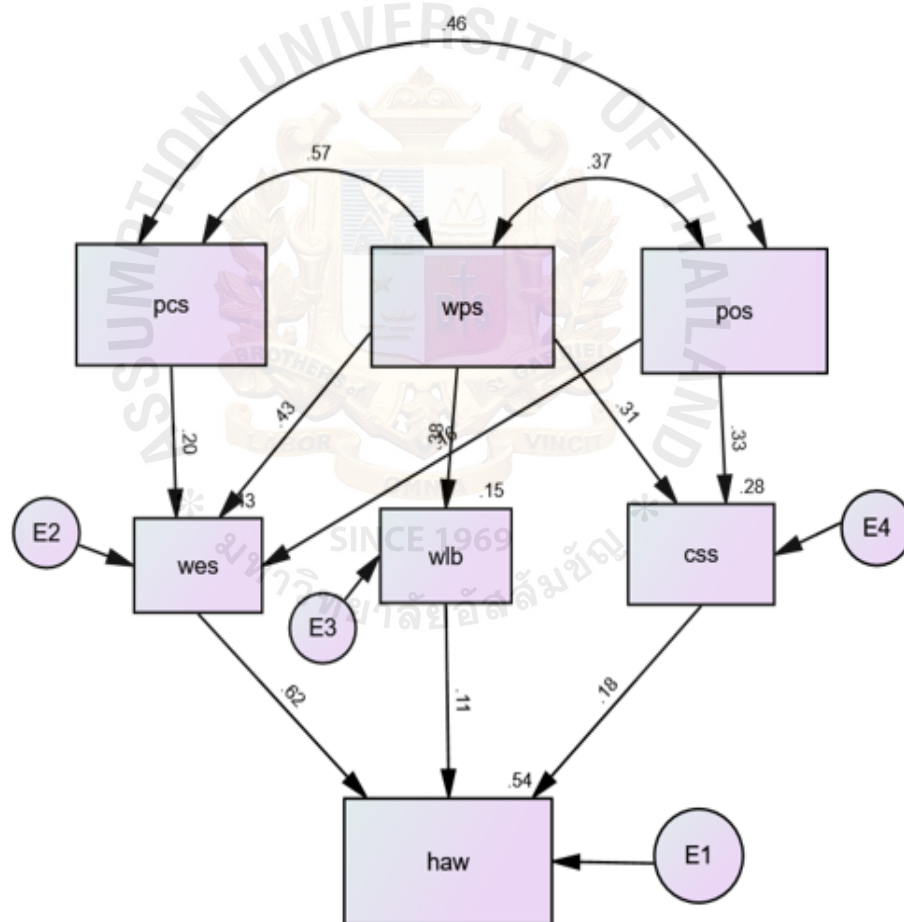


Figure 6. The Indirect Model: Psychological Capital (pcs), Workplace Spirituality (wps), Perceived Organizational Support (pos), Work Engagement (we), Work-Life Balance (wlb), Career Satisfaction (css) and Happiness at work (haw).

The investigation results found that there are Chi-square value = 61.83, $df = 9$, $p < .001$, and Relative Chi-square value (χ^2/df) = 6.87. Relative Chi-square value (χ^2/df) is a measure of the fit per degree of freedom. It is calculated by dividing the chi-square value by the degrees of freedom. A lower relative chi-square value indicates a better fit. The result suggested that the model is adequately accounting for the observed data. The value of GFI, NFI, and IFI are above .90. and the value of RMR is .05. The RMSEA value is 0.12, which is high and not within the acceptable range. This may be due to the small degrees of freedom and in such cases, checking alternative models with additional paths are recommended by Kenny et al. (2015). This has been performed in the following sections. The higher the registered nurses' perceived positive workplace spirituality, psychological capital, and perceived organizational support, the higher will be their reported level of work engagement, work-life balance and career satisfaction, subsequently resulting in their higher reported levels of happiness at work; and the lower their level of workplace spirituality, psychological capital, and perceived organizational support, the higher will be their reported levels of work engagement, work-life. Table 14 presented the goodness-of-fit indices for the indirect model.

Table 14 Indirect Model fit statistics

Model	χ^2 (df)	P	NFI	IFI	CFI	GFI	RMSEA	RMR
Indirect model	61.83 (9)	.000	0.94	0.95	0.95	0.96	0.12	0.05

The relationships between psychological capital and work engagement, workplace spirituality and work engagement, perceived organizational support and work engagement, workplace spirituality and career satisfaction, perceived organizational support and career satisfaction, workplace spirituality and work-life balance, work engagement and happiness at work, and career satisfaction and happiness at work have been found to be statistically significant at a level of 0.001. Furthermore, the relationship between work-life balance and happiness at work is statistically significant at a level of 0.01.

H3: Workplace spirituality, psychological capital, and perceived organizational support have both direct and indirect effects on happiness at work by mediating the effect of work engagement, work-life balance and career satisfaction in the structural path model.

The investigation of direct and indirect of Workplace spirituality, psychological capital, and perceived organizational support on happiness at work by mediating the effect of work engagement, work-life balance and career satisfaction in the structural path model presented in Figure 7.

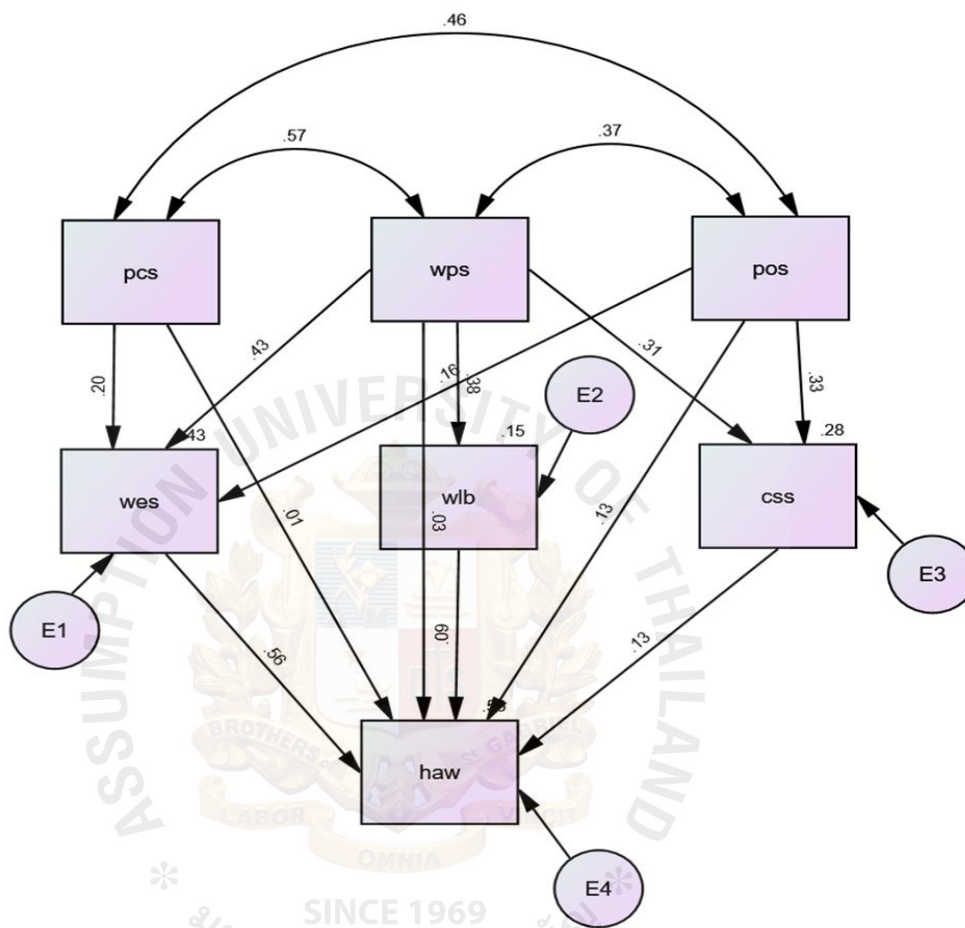


Figure 7. The Full Path Model with significant coefficients.

Table 15 Full Path Model fit statistics

Model	χ^2 (df)	P	NFI	IFI	CFI	GFI	RMSEA	RMR
Full path model	49.54 (6)	.000	0.95	0.96	0.96	0.97	0.14	0.05

Table 15 presents the fit statistics for the full path model. The investigation results indicate that the model did not fit the population covariance matrix well, as evidenced by the chi-square value of 49.54 with 6 degrees of freedom (df), yielding a significant p-value of less than 0.001. Additionally, the root mean square error of approximation (RMSEA) is 0.14, which is above the recommended threshold for a good fit.

However, it is worth noting that the incremental fit indices, namely the normed fit index (NFI), incremental fit index (IFI), comparative fit index (CFI), and goodness of fit index (GFI), all have values above 0.90. These results suggest a better model fit and provide support for the hypothesized structure of the full path model. Based on these findings, hypothesis 3 can be accepted, indicating that the results align with the expected relationships outlined in the posited full path model.

However, upon examining the modification indices (M.I.), it became apparent that the model's fit could be significantly improved. The M.I. values indicated potential areas for enhancement. For instance, the perceived organizational support to work-life balance relationship had a value of 10.854, with a Par Change of 0.149. Similarly, the relationship between work-life balance and career satisfaction had a value of 14.815, with a Par Change of 0.153. These results suggested that including these paths could substantially enhance the model's fit.

It is important to note that a causal link from career satisfaction to work-life balance was proposed by the modification indices, even though it lacked theoretical support. Consequently, this pathway was not considered in the final model.

The literature review provided evidence supporting the relationships between perceived organizational support and work-life balance (Fitria & Linda, 2019; Gayathri & Sajeethkumar, 2019; Yahya et al., 2017), as well as between work-life balance and career satisfaction (Islam, 2014; Barnett & Bradley, 2007). Consequently, incorporating these relationships into the structural equation model (SEM) was expected to enhance the model fit.

Figure 8 illustrates the model fit of the Seven-Factor Measurement Model, while Table 16 presents a comparison between the hypothesized model and the modified model, showcasing the improvements achieved through the adjustments made.



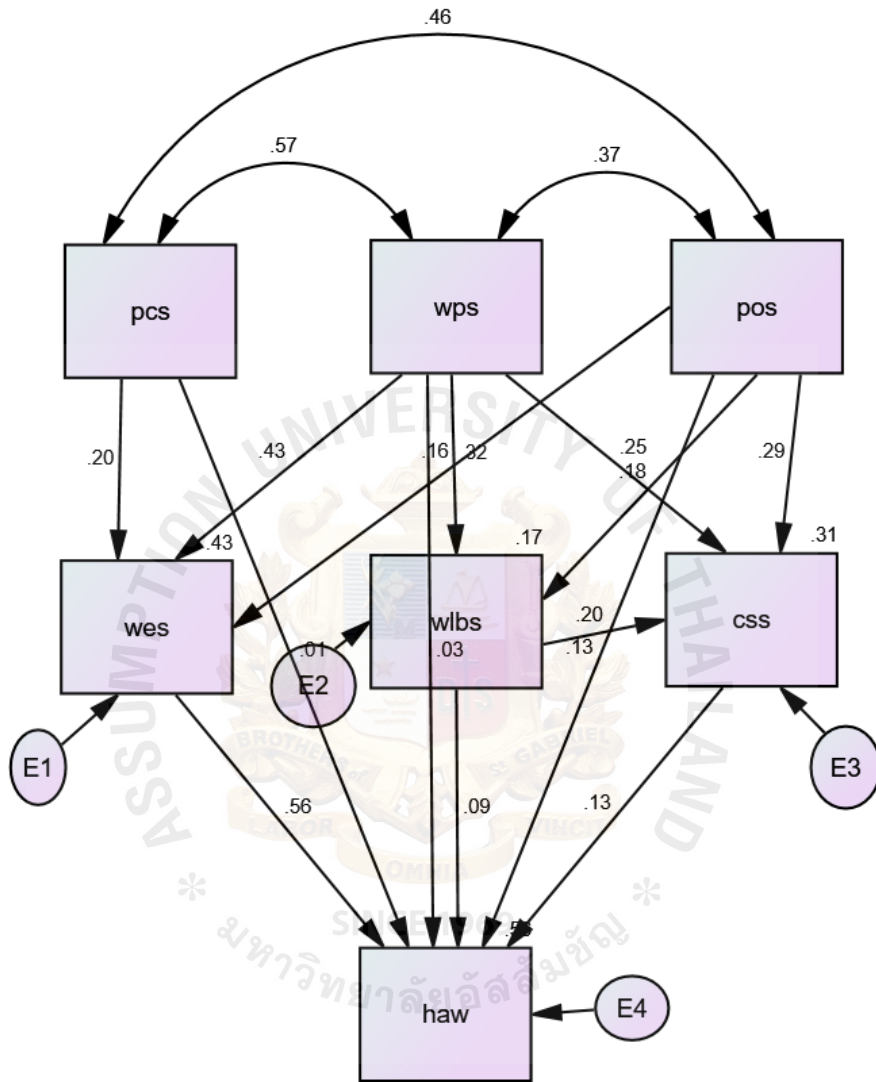


Figure 8. Full Path Modified Model

Table 16 Modified Full Path Model fit statistics

Model	χ^2 (df)	P	NFI	IFI	CFI	GFI	RMSEA	RMR
Full path model	49.54 (6)	.000	0.95	0.96	0.96	0.97	0.14	0.05
Modified model	18.42 (4)	.001	0.98	0.99	0.99	0.99	0.09	0.02

The fit indices, as shown in the table 16, indicated that the modified model provided better fitting than the full path model. The modified model increased p-value, and the incremental fit indices (NFI, IFI, CFI and GFI). Furthermore, it could reduce RMR value to be in the range of best fit (value <.05) and RMSEA value to be in the range of moderate fit (.05-.10) that suggested by Diamantopoulos & Sigauw (2000). More importantly, the modified model is better than the full path model considering the RMSEA value.

The relationships between psychological capital and work engagement, workplace spirituality and work engagement, perceived organizational support and work engagement, workplace spirituality and career satisfaction, perceived organizational support and career satisfaction, workplace spirituality and work-life balance, work engagement and happiness at work, and career satisfaction and happiness at work have been found to be statistically significant at a level of 0.001. The relationship between work-life balance and happiness at work is statistically significant at a level of 0.05. The relationship between career satisfaction and happiness at work is statistically significant at a level of .01. However, the

relationships between psychological capital and happiness at work, as well as workplace spirituality and happiness at work, are not statistically significant.

Table 17 presents the goodness-of-fit indices for these three models, direct model – indirect model – full path model (modified model), as well as their comparison fit indices.

Table 17 Model Comparisons

Model	χ^2 (df)	P	NFI	IFI	CFI	GFI	RMSEA	RMR	AIC
Model 1	0.00	.000	1.00	1.00	1.00	1.00	0.43	0.00	20.00
Direct model	(0)								
Model 2	61.83	.000	0.94	0.95	0.95	0.96	.14	0.05	99.83
Indirect model	(9)								
Model 3	18.42	.001	0.98	0.99	0.99	0.99	0.09	0.02	66.42
Full model	(4)								
Model 1 VS.	61.83	.000							
Model 2	(9)								
Model 1 VS.	18.42	.001							
Model 3	(4)								
Model 2 VS.	43.41	.001							
Model 3	(5)								

Considering the fact that model 1 is a just identified model, further comparisons are avoided with this model. Model 3 fitted the data better than model 2. Although the Chi-square goodness-of-fit values for model 2 and 3 are significant (p

<.001). The incremental fit indices (NFI, IFI, CFI, and GFI) are all above 0.90. AIC values for the full path model is 66.42 and the indirect model is 99.83. The model with lowest AIC value is the full path model, which is an indication of a better fitting model (Ho, 2014).

Study 3

The findings of Study 2 indicated that model 2 and 3 effectively captured the patterns observed in the data set. The full path model fit the better than indirect model. However, it remains unknown how the pattern of structural relationships hypothesized for these two models may vary as a function of the age and job experience of participants. Study 3 was designed and conducted to answer this question.

Demographic information of Participants

The entire sample of 400 participants (male: $n=22$, 5.5%; female: $n=378$, 94.5%) participated in this stage of the study. All of them are registered nurses who work in private hospitals in Bangkok. Their ages ranged from 22 years to 62 years (22-30 years, $n= 195$, 48.8%, 31-62 years, $n = 205$, 51.2%) with a mean age of 33.63 years. Their work experience ranged from 1 year to 40 years (1-10 years, $n = 257$, $n = 64.25$, 11-40 years, $n = 143$, 35.75%) with a mean job experience of 10.32 years.

H4: The hypothesized direct and indirect effects of positive and negative workplace spirituality, psychological capital, and perceived organizational support on happiness at work will vary as a function of the participants' age.

Multi-group path analysis was conducted to investigate whether or not the pattern of structural relationships represented in the path presented in the in the path presented in the direct model and full path model. However, the direct model is a just identification model that cannot identify the differences in the path mode. For this reason, the investigation was done in the full path model only.

Measurement model for multi-group SEM

The measurement model (CFA) for the multi-group SEM was examined individually for nurses who are 22-30 years old and over the age of 30. Therefore, the model's factor structure for both age groups was tested through CFA before moving on to investigate age differences in the full path model. Then set up an invariant model (in which the 22-30 age group and over 30 age group are hypothesized to share the same regression weights) and a variant model (in which the 22-30 age group and over 30 age group are hypothesized to have different regression weights) that can be directly compared as to their model fit (Ho, 2014).

Table 18 Model comparison (Variant VS. Invariant model)

Model	χ^2 (df)	P	NFI	IFI	CFI	TLI	RMSEA
Variant Model	67.39 (22)	.000	0.94	0.96	0.93	0.92	0.07
Invariant model	75.33 (28)	.000	0.93	0.95	0.94	0.93	0.06
Variant VS. Invariant model	7.94 (6)	.000					

Table 18 presents the chi-square goodness-of-fit statistics; baseline comparisons fit indices, and model comparison statistics for the variant and invariant measurement models. The chi-square values for both models are statistically significant, the baseline comparison fit indices NFI, IFI, TLI, and CFI for both models are above 0.90 (range: 0.92 – 0.96). These values indicate the improvement in fit of both models relative to the null model. The RMSEA values of .06 and .07 are for the invariant and variant measurement models, respectively. These values suggest that the fit of these two models are not in the range of best fit (it is in the suggested ranges; .05 to .08). However, both models have similar scores and the values of the baseline comparison fit indices showed the good fit of these models.

Based on multi-group comparisons statistics, it can be seen that the chi-square difference value for the two models is 7.94 (χ^2 , 75.33 – χ^2 , 67.39), with df = 6 (df,28 – df,22). the value, 0.00 is significant ($p < .001$).

Table 19 presents the standardized regression weights, explained variances, and residuals for both ages, respectively.

Table 19. Standardized regression weights, explained variances, and residual variances of invariant model for both 22-30 age group and over 30 age group.

Parameter	Standardized Regression Weights		Explained Variances		Residual Variances	
	≤ 30	> 30	≤ 30	> 30	≤ 30	> 30
Workplace Spirituality						
WPS1 <--- WPS	.418***	.580***	.175	.336	.825	.664
WPS2 <--- WPS	.060	.214**	.004	.046	.996	.954
WPS3 <--- WPS	.948***	.876***	.899	.768	.101	.232
WPS4 <--- WPS	.755***	.824***	.570	.679	.430	.321
Psychological Capital						
PCQ1 <--- PC	.769***	.827***	.591	.684	.409	.316
PCQ2 <--- PC	.905***	.688***	.818	.474	.182	.526
PCQ3 <--- PC	.487***	.650***	.238	.423	.762	.577
PCQ4 <--- PC	.638***	.592***	.407	.350	.593	.650
Work Engagement						
WES1 <--- WE	.887***	.852***	.787	.727	.213	.273
WES2 <--- WE	.887***	.898***	.787	.806	.273	.194
WES3 <--- WE	.634***	.732***	.402	.536	.598	.464
Work-Life Balance						
WLBS1 <--- WLB	.281***	.257***	.079	.066	.921	.934

WLBS2 <---	WLB	.522***	.190*	.272	.036	.728	.964
WLBS3 <---	WLB	.755***	.636***	.570	.405	.430	.595
Perceived Organizational Support							
POS1 <---	POS	.905***	.882***	.819	.778	.181	.222
POS2 <---	POS	.357***	.726***	.127	.527	.873	.473
POS3 <---	POS	.715***	.820***	.512	.673	.488	.327
Career Satisfaction							
CSS1 <---	CS	.894***	.439***	.798	.193	.202	.807
CSS2 <---	CS	.858***	.421***	.735	.177	.265	.735
Happiness at Work							
HAW1 <---	HAW	.363***	.776***	.132	.603	.868	.397
HAW2 <---	HAW	.878***	.824***	.772	.679	.228	.321
HAW3 <---	HAW	.927***	.927***	.859	.859	.141	.141

*** significant at .001, ** significant at .01, * significant at .05 level.

Abbreviations: WLB = Work life balance, WPS = Workplace spirituality,
 POS = Perceived organizational support, WES = Work engagement,
 PCS = Psychological capital, CSS = Career satisfaction,
 HAW = Happiness at work.

Both 22-30 age group and over 30 age group standardized regression weights were significant. The standardized regression weights for 22-30 age respondents varied from 0.281 to 0.927, while those for over 30 subjects ranged from 0.190 to 0.927. These results showed that the measurement factors are significantly

represented by the corresponding unobserved constructs for both groups. For the 22-30 age group, the percentage of variance explained ranged from 0.4% (WPS2) to 89.9% (WPS3); for the over 30 age group, the percentage of variance explained ranged from 3.6% (WLB2) to 85.9% (HAW3). The residual (unexplained) variances are also ranged from 10.1 % to 99.6% for the 22-30 age group and from 14.1% to 96.4% for the over 30 age group.

After conducting CFA, multi-group analysis was employed to apply the model simultaneously to the samples in this study. The question was whether the patterns of structural relationships hypothesized in the full path model followed the same pattern for the participants of the 22-30 age group and the over 30 age group.

Part1: Multi-group path analysis based on age

Multi-group path analysis was conducted to investigate whether or not the pattern of structural relationships represented in the full path model vary as a function of age. The following sequences of hypotheses were developed for analyzing group differences (22-30 age group and over 30 age group) in this model.

Table 20. Full path model analysis based on age - fit indices

Model	χ^2 (df)	P	NFI	IFI	CFI	TLI	RMSEA	AIC
(1) Variant Model	67.38 (22)	.00	0.94	0.94	0.96	0.92	0.07	135.39
(2) Invariant Model	83.75 (32)	.00	0.93	0.93	0.95	0.93	0.06	131.75

.000*

(1) VS. (2)

Table 20 presented the Chi-square goodness-of-fit statistics, baseline comparisons fit indices, and model comparison statistics for both measurement models. The chi-square values for both models were statistically significant (p -value $\geq .05$). The chi-square/df ratio for the variant group was 3.06, while for the invariant group, it was 2.62. This suggested that the invariant group model provided a better fit compared to the variant group model.

The baseline comparison fit indices, including NFI, IFI, CFI, and TLI, are all above 0.9 for both models. These values indicated that both models exhibited the best fit relative to the null model. Additionally, the RMSEA values for the variant group (0.07) and the invariant group (0.06) fell within the fit range suggested by Browne and Cudeck (1993), confirming that the fit of both models is adequate.

The chi-square difference value for model 1 and model 2, as shown in Table 20, is 16.37 (χ^2 , 83.75 - χ^2 , 67.38). The associated p -value is highly significant at 0.000 ($p < .001$). Furthermore, the AIC value for the invariant model (131.75) is smaller than that for the variant model (135.39). These findings indicate that the

invariant model is both more parsimonious and a better fit than the variant model.

This means as a path model, these structural relations do not vary as a function of the groups based on the participants' age (22-30 age group and over 30 age group).

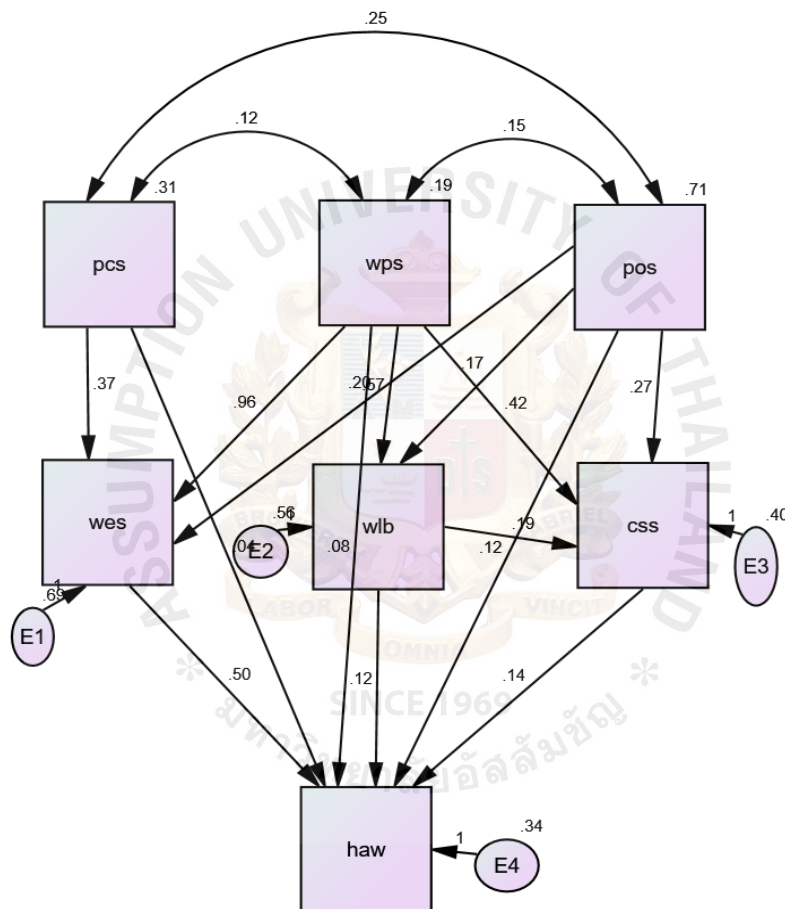


Figure 9. Significant path coefficient for the view of the 22-30 age group together with full path model

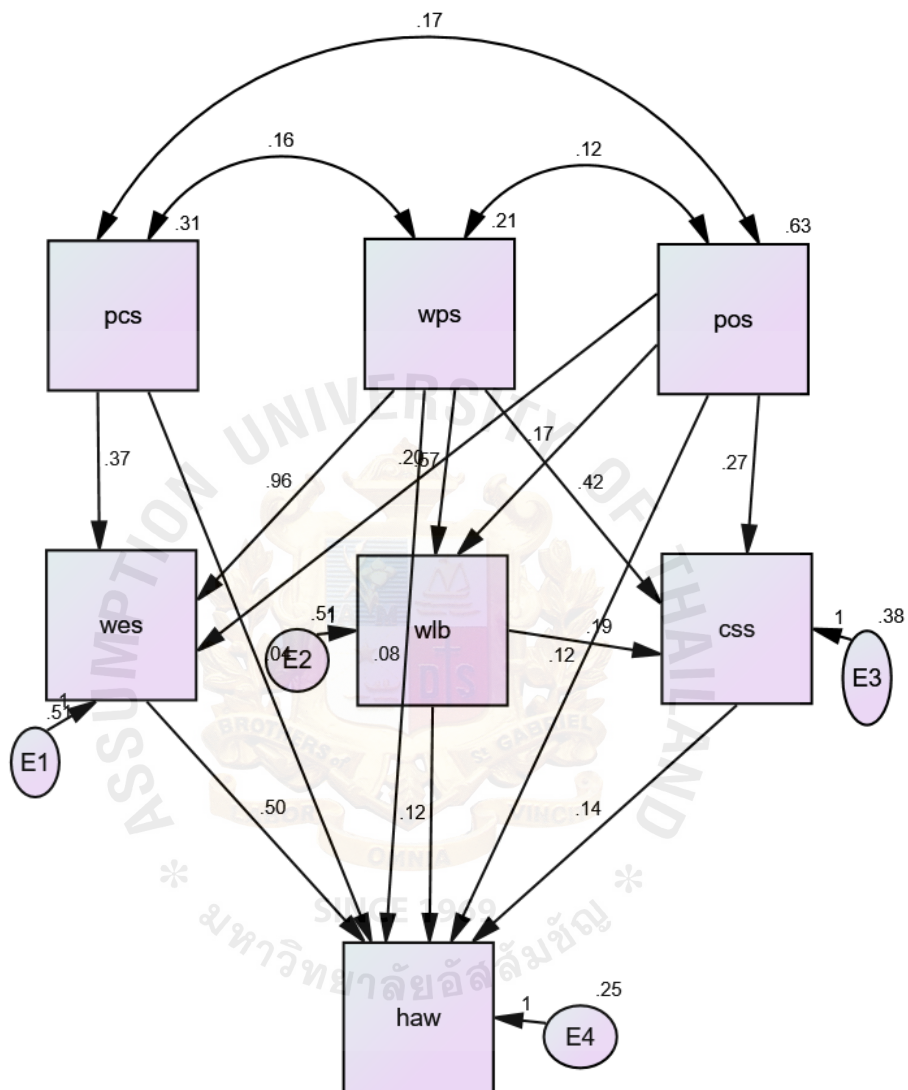


Figure 10. Significant path coefficient for the view of the over 30 age group together with full path model.

Table 21. The comparison of standardized regression weight for both age groups

Factor	Age 22-30 yrs.	Age over 30 yrs.	Significant difference between the paths in two groups
WLB <--- WPS	.281***	.350 ***	NS
WLB <--- POS	.201**	.153*	NS
WES <--- PCS	.204**	.200**	NS
CSS <--- WLB	.216***	.175**	*
WES <--- WPS	.399***	.453***	NS
WES <--- POS	.160*	.163**	NS
CSS <--- POS	.347***	.228***	NS
CSS <--- WPS	.215***	.287***	NS
HAW <--- WES	.434***	.715***	NS
HAW <--- WLB	.165***	.072	*
HAW <--- CSS	.191***	.051	*
HAW <--- PCS	-.115*	.107*	NS
HAW <--- WPS	.037	.017	NS
HAW <--- POS	.320***	-.011	***

*** significant at .001, ** significant at .01, * significant at .05 level.

NS = not significant.

Abbreviations: WLB = Work life balance, WPS = Workplace spirituality,
 POS = Perceived organizational support, WES = Work engagement,
 PCS = Psychological capital, CSS = Career satisfaction,
 HAW = Happiness at work.

Figures 9 and 10, as well as Table 21, present noteworthy findings regarding the significance of certain paths within both the 22-30 age group and the over 30 age group. Specifically, the following relationships were found to be statistically significant at a 0.001 level in both groups: Workplace spirituality to Work-life

balance, Workplace spirituality to Career satisfaction, Workplace spirituality to Work engagement, Perceived organizational support to Career satisfaction, and Work engagement to Happiness at work. However, it is worth noting that no correlation was found between workplace spirituality and happiness at work in either group.

Another interesting observation pertains to the structural paths from Work-life balance to career satisfaction. A significant relationship was identified between work-life balance and career satisfaction at the 0.001 level in the 22-30 age group and at the 0.01 level in the over 30 age group. Furthermore, there is a significant difference between the paths observed in these two groups at the 0.05 level. In the 22-30 age group, the path coefficient is significantly stronger than that of the over 30 age group.

Furthermore, an intriguing observation was made regarding the paths from perceived organizational support to happiness at work and from career satisfaction to happiness at work. It was found that these paths demonstrated statistical significance exclusively within the 22-30 age group, while failing to achieve significance within the over 30 age group. Additionally, there exists a significant difference at the 0.05 level for the path from career satisfaction to happiness at work and at the 0.001 level for the path from perceived organizational support to happiness at work between these two groups.

In conclusion, the invariant model demonstrated a superior fit over the variant model though there are three paths that are significantly different across the groups. Consequently, Hypothesis 4, which posited that the anticipated direct and indirect effects of positive and negative workplace spirituality, psychological capital, and

perceived organizational support on happiness at work would differ based on participants' age, was rejected.

Part2: Multi-group path analysis based on Job experience

H5: *The hypothesized direct and indirect effects of positive and negative workplace spirituality, psychological capital, and perceived organizational support on happiness at work will vary as a function of the participants' job experience.*

To test H5, another multi-group path analysis was conducted to investigate whether or not the pattern of structural relationships represented in the path presented in the in the path presented in the direct model and full path model. However, the direct model is a just identification model that cannot identify the differences in the path mode. For this reason, the investigation was done in the full path model only. Therefore, the following sequences of hypotheses were developed for analyzing group differences in this model by following the same dynamics for the two groups of 1-10 job experience group and over 10 job experience group.

Table 22. Full path model analysis based on job experience - fit indices

Model	χ^2 (df)	P	NFI	IFI	CFI	TLI	RMSEA	AIC
(1) Variant	46.56 (21)	.001	0.95	0.97	0.98	0.95	0.05	116.56
(2) Invariant Model	79.93 (32)	.000	0.93	0.96	0.96	0.94	0.06	127.93

7								
(1) VS. (2)	33.37 (9)	.000*						

Table 22 presented the Chi-square goodness-of-fit statistics; baseline comparisons fit indices and model comparison statistics for both measurement models (variant and invariant model). The chi-square values for both models were statistically significant (p -value $<.01$) but the chi-square values of model (1) is less than model (2). It meant that the model (1) was better fit than model (2). The baseline comparison fit indices NFI, IFI, CFI, and TLI for both models were above 0.9. These values indicated the best fit of both models relative to the null model. The RMSEA value of model (1) was 0.05 which was in the range of fit range suggested by Browne and Cudeck (1993) and indicates that the model fits the population covariance matrix well. The AIC value for the variant model (116.56) is smaller than that for the invariant model (127.93), indicating that the variant model is both more parsimonious and better fitting than the invariant model.

The chi-square difference value which was presented in Table 22 for the model 1 and model 2 is 33.37 (χ^2 , 9.93 - χ^2 , 46.56). The p -value was significant at 0.001. This means that the variant model was different significantly in their goodness-of-fit.

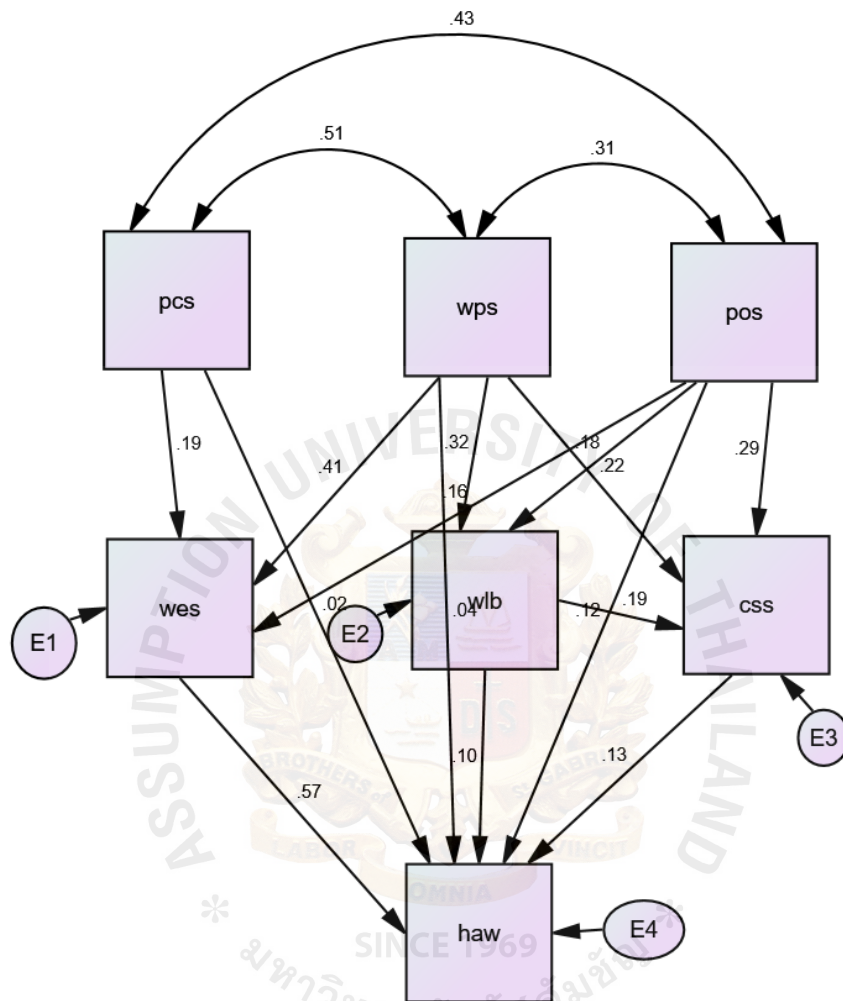


Figure 11. Significant path coefficient for the view of the 1-10 job experience group together with full path model.

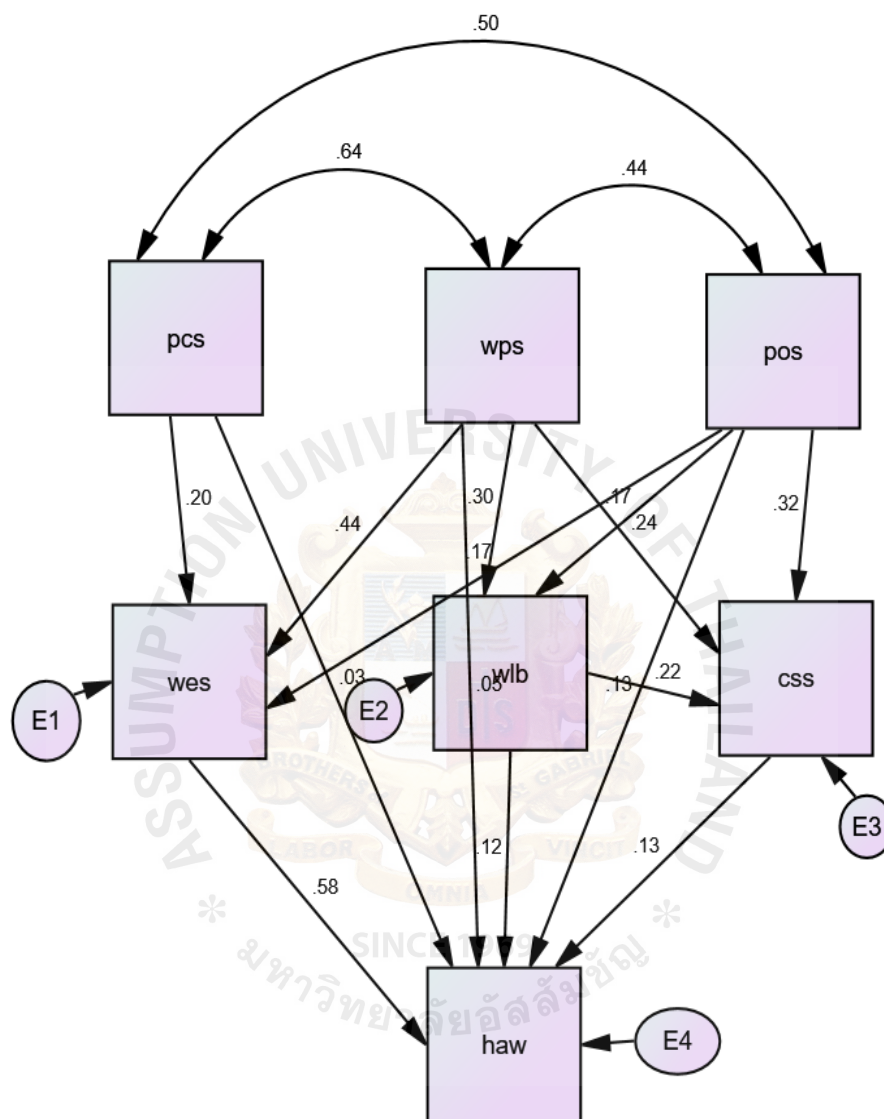


Figure 12. Significant path coefficient for the view of the over 10 job experience group together with full path model.

Table 23. The comparison of standardized regression weight for both job experience groups

Factor	Job exp. 1-10 yrs.	Job exp. over 10 yrs.	Significant Difference in the path between groups
WLB <--- WPS	.304***	.348***	NS
WLB <--- POS	.206***	.114	NS
WES <--- PCS	.174**	.235**	NS
CSS <--- WLB	.191***	.231**	NS
WES <--- WPS	.434***	.394***	NS
WES <--- POS	.160**	.175**	NS
CSS <--- POS	.256***	.399***	NS
CSS <--- WPS	.308***	.078	*
HAW <--- WES	.552***	.611***	NS
HAW <--- WLB	.137**	.074	NS
HAW <--- CSS	.127**	.129*	NS
HAW <--- PCS	-.051	.113	*
HAW <--- WPS	.045	.042	NS
HAW <--- POS	.172***	.056	NS

*** significant at .001, ** significant at .01, * significant at .05 level.

NS = not significant.

Abbreviations: WLB = Work life balance, WPS = Workplace spirituality, POS = Perceived organizational support, WES = Work engagement, PCS = Psychological capital, CSS = Career satisfaction, HAW = Happiness at work.

Figures 11 and 12, along with Table 23, demonstrate notable findings regarding the significance of certain pathways within two distinct groups: participants

with 1-10 years of job experience and those with over 10 years of job experience. The results indicate that several relationships reached a significant level of $p < 0.001$. Specifically, the paths from Workplace Spirituality to Work-Life Balance and Work Engagement, as well as from Perceived Organizational Support to Career Satisfaction, and from Work Engagement to Happiness at Work, were statistically significant within both groups.

However, it is important to note that there was no statistically significant relationship found between Workplace Spirituality and Happiness at Work, as well as between Psychological Capital and Happiness at Work, within both groups.

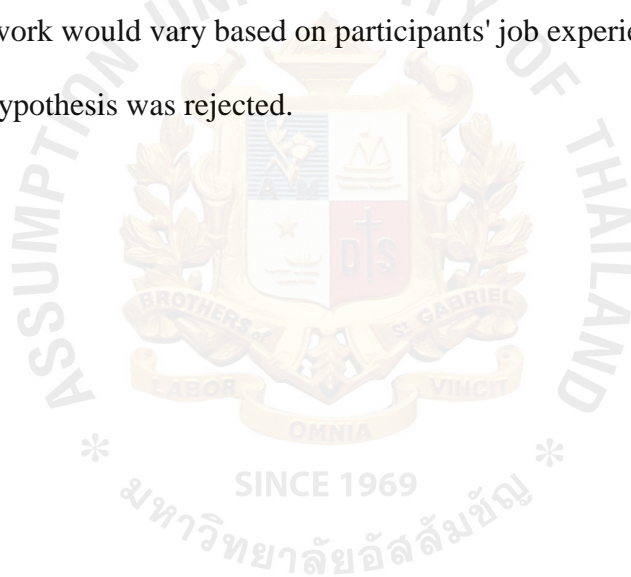
In the group consisting of participants with 1-10 years of job experience, a significant relationship was observed among the variables, with the exception of the relationship between psychological capital and happiness at work, as well as the relationship between workplace spirituality and happiness at work.

The results revealed that there was no statistically significant relationship between the four variables which are psychological capital, workplace spirituality, perceived organizational support, work-life balance, and happiness at work in the over 10 years of job experience. In addition, there is no significant difference in the path between groups by the critical ratio test except the path of psychological capital and happiness at work, and workplace spirituality and career satisfaction at 0.05 level.

Another interesting finding is that in both age groups and job experience groups, psychological capital showed a greater relationship with happiness at work when it was mediated by work engagement; for instance, the standardized regression

weight value of psychological capital to job satisfaction was 0.11, and psychological capital to work engagement to job satisfaction was 0.61 in the over 10 job experience group.

In conclusion, the findings from this section revealed that the variant model exhibited a better fit compared to the invariant model. As a result, Hypothesis 5, which proposed that the anticipated direct and indirect effects of positive and negative workplace spirituality, psychological capital, and perceived organizational support on happiness at work would vary based on participants' job experience, was accepted, and the null hypothesis was rejected.



Chapter 5

Discussion

In order to bridge the research gap, the current study served the following objective: 1. To investigate the psychometric properties of the assessment tools employed in this study using registered nurses from the private hospitals in Bangkok as samples;

2. To investigate the direct effects of workplace spirituality, psychological capital and perceived organizational support on happiness at work of registered nurses who work in a private hospital in Bangkok;

3. To investigate the indirect effects of workplace spirituality, psychological capital and perceived organizational support on happiness at work of registered nurses who work in the private hospital in Bangkok as mediated by work engagement, work-life balance and career satisfaction;

4. To investigate whether the structure of the paths (direct and/or indirect) between workplace spirituality, psychological capital, perceived organizational support, happiness at work, work engagement, work-life balance and career satisfaction vary as a function of the nurses' age and job experience.

This chapter contains the following sections: (1) summary and discussion of findings; (2) limitations of the study; (3) implications of the findings; (4) avenues for future research; and (5) conclusions.

Summary and discussion of findings

Study 1

The primary goal of Study 1 was to investigate the psychometric properties of the Workplace Spirituality Scale (Petchsawang and Duchon, 2009), the Psychological Capital Questionnaire (Luthans et al., 2007), The Survey of Perceived Organizational Support (Eisenberger et al., 1997), The Career Satisfaction Scale (Greenhaus et al., 1990), the Work-Life Balance Scale (Hayman, 2005), and The Happiness at Work Scale (Salas-Vallina & Alegre, 2018) among registered nurses from private hospitals in Bangkok.

The questionnaire utilized in this study was an English version the same as the original instruments. Prior to conducting the reliability test and using the questionnaire in the current study, a small sample of nurses was given the questionnaire to assess its readability and comprehensibility. The findings indicated that the questionnaire was suitable for implementation with the study population of registered nurses.

To summarize, the Workplace Spirituality Scale consisted of four dimensions and twenty-two items. This scale demonstrated satisfactory internal consistency reliability, with an Alpha coefficient of .88. Specifically, the internal consistencies for the subscales of workplace spirituality were as follows: Compassion (.86), Mindfulness (.87), Meaningful work (.85), and Transcendence (.78). The Psychological Capital Questionnaire, encompassing subscales of hope, resilience,

efficacy, and optimism, exhibited internal consistencies of .86, .83, .71, and .70, respectively, while the overall scale demonstrated a Cronbach's alpha of .90.

The work-life balance scale demonstrated satisfactory internal consistency for its subscales, with work interference with personal life (.88), personal life interference with work (.89), and work/personal life enhancement (.72). The overall scale exhibited a Cronbach's alpha of .81. Additionally, the work engagement scale displayed internal consistencies of .86, .87, and .72 for its subscales of vigor, dedication, and absorption, respectively, with a Cronbach's alpha of .90 for the scale as a whole.

Regarding the happiness at work scale, the internal consistencies for its subscales of engagement, job satisfaction, and affective organizational commitment were .70, .75, and .90, respectively. The scale demonstrated an overall Cronbach's alpha of .89.

Lastly, the perceived organizational support survey exhibited an internal consistency of .85, and the Career Satisfaction Scale displayed a high internal consistency with a Cronbach's alpha of .90. Therefore, all the instruments demonstrated strong levels of internal consistency, indicating that the items within each instrument were reliable, and the tests as a whole were internally consistent.

The findings of the study revealed that all the scales employed in the current investigation exhibited commendable internal consistency. These Cronbach's alpha

values and measures of internal consistency align well with previous research conducted in the field.

In a previous study by Petchsawang and Duchon (2009), the Workplace Spirituality Scale was initially developed within an Asian context. The scale underwent design and testing in Thailand, revealing correlations between individual items and their respective dimensions ranging from 0.34 to 0.81. Additionally, the *r*-squared values ranged from 0.12 to 0.71, providing sufficient evidence of convergent validity. Each dimension demonstrated satisfactory reliability, and the overall scale exhibited a Cronbach's alpha coefficient of 0.85 (Petchsawang & Duchon, 2009).

Furthermore, an English version of the scale was employed to assess the generalizability, dimensionality, and validity of the Workplace Spirituality Scale within the Nepali context. The study conducted by Shrestha (2016) found that the scale could be applied to organizations in Asia cultural context in Nepal and exhibited a reliability coefficient of 0.89.

The study of Youssef & Luthans (2007) found that the Psychological Capital Questionnaire has a reliability of 0.95 and Cronbach alpha coefficients of all four constructs greater than 0.70. The other studies found the reliabilities of the instrument and the subscales of this instrument similar to this study (Luthans et al., 2007; Avey et al., 2010).

The Survey of Perceived Organizational Support of Eisenberger et al. (1997) which consists of 8 items has the overall reliability coefficient (Cronbach's alpha) at

0.93, with item-total correlations ranging from 0.70-0.84. (Eisenberger et al., 1997; Yahya et al., 2017).

The study of Hayman (2005) to evaluate a 15-item scale for assessing the construct of work-life balance found that the reliability values for the three factors included 0.69, 0.85 and 0.93 for each factor, and the Cronbach alpha value for the instrument was 0.83.

The Career Satisfaction Scale (CSS) by Greenhaus, Parasuraman, and Wormley (1990) which was used in the current study was considered the best measurement available in the literature (Judge et al., 1995). It was the instrument in many studies, more than 240 studies, since 1995. The Cronbach's alpha of this scale is 0.88.

The study of Schaufeli & Bakker (2004) found that all constructs in the Work Engagement Scale have a reliability of more than 0.70. The Cronbach alphas of the three subscales show a good internal consistency of this scale: Vigor 0.72, Dedication 0.84, and Absorption 0.77. A reliability coefficient of this scale is 0.90.

The study of Salas-Vallina and Alegre (2018) found that the Happiness at Work Scale has a good internal consistency: Engagement 0.91, Job satisfaction 0.84 and Affective organizational commitment 0.92. A reliability coefficient of this scale is 0.89.

So, the findings of Study 1 confirmed that the scales have sound psychometric properties, as well as fulfilling the objective of Study 1.

Study 2

The purpose of Study 2 was to examine the direct effect of workplace spirituality, psychological capital, and perceived organizational support on happiness at work and the indirect effects of these factors as mediated by work engagement, work-life balance and career satisfaction.

Study 2 aimed to address a notable gap in the existing literature by investigating the impact of certain factors. Specifically, this study sought to examine the relationship between these factors within a sample of registered nurses employed in private hospitals located in Bangkok.

The data analysis carried out in Study 2 aimed to fulfill the study's objectives and revealed noteworthy findings. It was found that workplace spirituality, psychological capital, and perceived organizational support exert both direct and indirect effects on happiness at work. These effects were mediated by variables such as work engagement, work-life balance, and career satisfaction.

In Study 2, three models, direct model, indirect model and full path model, were designed, examined, and compared as to their efficacy in demonstrating the influence of the exogenous variable of workplace spirituality, psychological capital, and perceived organizational support on the criterion variable of happiness at work,

via the cited mediating variables (work engagement, work-life balance and career satisfaction). The evaluation and comparison of the ‘fit’ of these three models were conducted systematically.

After employing a number of statistical techniques, it became clear that the full model was more accurate and parsimonious than the indirect mediation models. The results of Study 2 are explained in more detail in the next section in terms of the three models.

Direct path model

The hypothesized model 1 (direct model), posited that the 3 variables (workplace spirituality, psychological capital, and perceived organizational support) have a direct effect on the happiness at work of registered nurses. The results of this analysis must be interpreted with caution since it was a just identified model. However, considering the path coefficients, the results support the effect of the three independent variables on happiness at work.

The above finding is consistent with past studies. Workplace spirituality is the first variable that has a significant role in the structural path model used in this study. Over the past ten years, there has been a lot of discussion about the value of spirituality at work. Many experts believe that spirituality provides a helpful framework within which people can achieve a sense of excellence by relying on their own expertise in work processes, connecting with others, and connecting with an anthropocentric force (Prashanthi & Reddy, 2020). Workplace spirituality could

help persons to find their meaning and purpose in work, as well as connection and camaraderie with coworkers (Ashmos and Duchon, 2000; Kinjerski and Skrypnek, 2004; Pawar, 2016).

Psychological capital is an important variable in understanding happiness at work (Bandura, 1977; Luthans & Avolio, 2009). This variable, known as PsyCap, encompasses several components that contribute positively to happiness at work (Kahn, 1992; Luthans & Avolio, 2009; Malik, 2013). These components include self-efficacy, optimism, hope, and resilience.

Self-efficacy refers to an individual's belief in their ability to successfully accomplish tasks and goals at work. When employees have a strong sense of self-efficacy, they are more likely to feel competent and capable, leading to increased happiness in their work environment.

Optimism relates to a positive outlook and expectation for positive outcomes. Optimistic individuals tend to view challenges as opportunities for growth rather than as obstacles, fostering happiness in their work.

Hope is characterized by a sense of agency and the belief that one can create pathways to achieve desired goals. When employees possess hope, they are more motivated and engaged in their work, which enhances their overall happiness.

Resilience refers to the ability to bounce back from setbacks and persevere in the face of adversity. Resilient individuals are better equipped to handle workplace challenges and maintain a positive mindset, contributing to their happiness at work.

Taken together, these components of Psychological Capital play a crucial role in explaining happiness at work. By fostering self-efficacy, optimism, hope, and resilience among employees, organizations can create a positive work environment that promotes happiness, engagement, and overall well-being.

The last independent variable in the direct model is Perceived organizational support. The previous study found that Perceived organizational support is a variable significantly and positively predicted Happiness at work (Hempfling, 2015; Küçük, 2021, Novliadi & Anggraini, 2020). These findings align with previous studies in the literature, indicating a clear connection between these variables and happiness in the workplace.

Perceived organizational support refers to employees' subjective perception of the extent to which their organization values their contributions, cares about their well-being, and supports their professional growth. When employees perceive high levels of support from their organization, it positively influences their overall happiness at work.

The previous study provided empirical evidence supporting the notion that employees who feel supported by their organization are more likely to experience higher levels of happiness in their work (Hempfling, 2015). This support can

manifest in various ways, such as recognition of achievements, providing resources and opportunities for development, promoting work-life balance, and fostering a positive and inclusive work culture that employees who feel supported by their organization are more likely to experience higher levels of happiness in their work.

The consistency between the findings of this study and previous literature underscores the significance of Perceived organizational support as a key factor contributing to happiness at work. Organizations that prioritize and actively cultivate a supportive environment are likely to enhance employee well-being and job satisfaction, ultimately leading to higher levels of happiness among their workforce.

The impact of psychological capital, perceived organization support and workplace spirituality on happiness at work

Taken together the current study's findings support hypothesis 1 (H1), which states that workplace spirituality, psychological capital and perceived organizational support have a positive direct effect on happiness at work.

The study found that workplace spirituality was the most impact to happiness at work in this model. The nurses have a workplace recognition that meaningful work nourishes their inner life in the context of community, provides a sense of the meaning of work (Karakas, 2010), and improve a level of commitment (Mohamed et al., 2004).

Workplace spirituality refers to the recognition and integration of spiritual values, beliefs, and practices in the workplace. It goes beyond religious beliefs and encompasses a broader sense of purpose, meaning, and connection at work. Therefore, nurses who perceive their work as meaningful are more likely to experience a sense of purpose and fulfillment. Meaningful work involves understanding the significance and impact of one's job in the larger context, such as improving patients' lives and contributing to the well-being of the community.

Moreover, when nurses feel that their inner life, including their personal values, beliefs, and spiritual well-being, is nurtured and supported in the workplace, it positively affects their overall happiness. This suggests that an environment that allows nurses to express their spirituality and personal beliefs contributes to their well-being.

When a nurse has the perception of organizational support will bring a feeling of ownership, work engagement, the tendency to best performance and happiness in their work (Eisenberger et al., 1986; Özdemir, 2022). Moreover, psychological capital could help nurses to makes an effort for the job, regulates herself/ himself reaction to various situations, and has a more positive attitude that is a cause of happiness

Indirect path model

The hypothesis in this stage was Workplace spirituality, psychological capital, and perceived organizational support have an indirect effect on happiness at work by mediating of work engagement, work-life balance and career satisfaction.

The results of the data analysis provided significant evidence supporting the positive relationship between these variables and happiness at work. It was found that higher levels of perceived positive workplace spirituality, psychological capital, and perceived organizational support among registered nurses were associated with higher levels of work engagement, work-life balance, and career satisfaction. Consequently, these factors contributed to higher reported levels of happiness at work.

These findings are consistent with past studies which reported that work engagement has a direct impact on the happiness of employees (García-Sierra et al., 2016; Joo, & Lee, 2017). Compared to nonengaged workers, engaged workers have less stress from work and depression ((Schaufeli & Bakker, 2004). Additionally, this variable can improve work satisfaction, job performance, and the quality of care provided by nurses (Garca-Sierra et al., 2016), while lowering turnover intentions (Salanova et al., 2011).

Moreover, Previous studies found that those who have high levels of work-life balance tend to have greater performance and productivity (Aryee et al., 2005) but less risk of stress and burnout (Kalliath & Brough, 2008).

Full path model

It was hypothesized (H3) that Workplace spirituality, Psychological capital, and Perceived organizational support have both direct and indirect effects on happiness at work as mediated by the effect of work engagement, work-life balance, and career satisfaction in the structural path model.

The results of data analysis supported the hypothesized structure of the posited full path model. Therefore, hypothesis 3 was accepted. However, after verifying the relationship between Perceived Organizational Support and Work-Life Balance, as well as the relationship between Work-Life Balance and Career Satisfaction, it was found that the modified model showed a better model. This finding was consistent with previous studies.

Spirituality has been defined by Ashmos and Duchon (2000) as understanding and recognizing that employees have an inner life that makes widespread and successful work and reared by the manner in which this happens in the context of society. Workplace spirituality that promotes happiness can help people learn how to be happy, and work that is done flawlessly will also improve an organization's effectiveness (Dhamija, 2021). In addition, spirituality can improve a never give up attitude for employees, especially a group of nurses who work in difficult circumstances (Lazar, 2010, Laschinger, 2012). In Thai society, spirituality has long been an inherent part of the culture and daily living (Gray, 2010, Winzer & Gray, 2018). A past study revealed that religious and spiritual practices were significantly

associated with happiness. Participants in this research who never or rarely engaged in Buddhist practices reported lower levels of happiness (Winzer et al., 2018).

Moreover, the current study found workplace spirituality had a direct effect on work-life balance, work engagement, career satisfaction, and happiness at work that was consistent with past studies (Baskar & Indradevi, 2020; Cavanagh, 1999; Dubey et al., 2020; Robbin & Judge, 2017; Saks, 2011).

In this structural path model, workplace spirituality has an important role in having a direct and indirect effect on happiness at work, as mentioned above. Perceived organizational support is another variable that plays an important role in increasing or decreasing the happiness of nurses at work as a direct or indirect factor.

From the current research, perceived organizational support had a significant positive effect ($p < .001$) on work-life balance, career satisfaction, and work engagement. Happiness at work was affected significantly at 0.01 as well.

This finding was consistent with previous studies that found a positive role of perceived organizational support in reducing emotional exhaustion of employees and providing guidance for autonomy (Chen & Eyoun, 2021), increasing the work-life balance (Gayathri & Sajeethkumar, 2019), career satisfaction (Irwin et al. 2005) and work engagement (Saks, 2006).

Psychological Capital is an individual's psychological condition to develop in a positive direction (Luthans et al., 2007). Previous studies found an association

between psychological capital and happiness at work (Avey et al., 2010; Malik, 2013; Kawalya et al., 2019; Basinska & Rozkwitalska, 2020), and work engagement (John, 2021; Karatepe & Avci, 2017). Prior research has indicated that all four aspects of psychological capital are positively correlated with work happiness. Additionally, it has been suggested that establishing a connection between engagement and rewards could further enhance the relationship between work happiness and performance (Kawalya et al., 2019).

Study 3

Study 3 was designed to assess the patterns of structural relationships, the hypothesized direct and indirect effects of positive and negative workplace spirituality, psychological capital, and perceived organizational support on happiness at work will vary as a function of the participants' age and job experience.

H4: The hypothesized direct and indirect effects of positive and negative workplace spirituality, psychological capital, and perceived organizational support on happiness at work will vary as a function of the participants' age.

The results showed the better fit of both models. The overall results suggested that there were few differences between the 22-30 age group and over 30 age group. The study found that workplace spirituality was not the effect significantly to happiness at work in both groups.

Regression weights associated with the paths showed greater regression weights in the 22-30 age group. The paths of Workplace spirituality to Work-life

balance, Workplace spirituality to Career satisfaction, Workplace spirituality to Work engagement, perceived organizational support to Career satisfaction and Work engagement to Happiness at work were statistically significant at 0.001 in both groups.

The finding revealed that workplace spirituality and perceived organizational support could enhance registered nurses' career satisfaction, work-life balance, work engagement, and happiness at work. This finding was consistent with previous studies (Barnett & Bradley, 2007; Baskar & Indradevi, 2020; Dubey et al., 2020; Fitria, & Linda, 2019).

One interesting issue is that the paths of work-life balance to career satisfaction, perceived organizational support to happiness at work, and career satisfaction to happiness at work were significant (.001*) in the 22–30 age group but not in the over-30 age group. The path of work-life balance to happiness at work in the 22-30 age group was significant at 0.05 but not in the over 30 age group also.

This finding revealed that younger nurses have positive perceptions of their careers. They can better adjust themselves to the context of their work than the over 30 group. A majority of this group is single which may be a cause of having a good work-life balance and career satisfaction. This finding, however, differs from those of the other investigations. On the other hand, older age was found to be a predictor of a greater degree of happiness among hospital nurses in past studies (Ahn & Kwon, 2020; Khosrojerdi et al., 2018; Khawyangyun, 2000), and this was particularly so

when married as compared with single (Gurdogan, & Uslusoy, 2019; Yahya, & Ghazi, 2019; Ahn & Kwon, 2020).

H5: The hypothesized direct and indirect effects of positive and negative workplace spirituality, psychological capital, and perceived organizational support on happiness at work will vary as a function of the participants' job experience.

The results of the investigation revealed the difference of the two model. The value of the Chi-square goodness-of-fit statistics, baseline comparisons fit indices and model comparison indicated that the variant model was better fit than invariant model significantly. Therefore, H5 was accepted.

The results of the study found that there are some of the paths both in 1-10 job experience and over 10 job experience group were significant as follows: Workplace spirituality to Work-life balance, Workplace spirituality to Work engagement, Perceived organizational support to Career satisfaction and Work engagement to Happiness at work. All of these relationships were statistically significant at 0.001 in both groups.

Based on findings, workplace spirituality and perceived organizational support are the factors that impact work-life balance, work engagement and career satisfaction in both age groups and job experience groups.

However, despite having an effect on other variables, there was no association between workplace spirituality and happiness at work for both of the job experience groups. This result may demonstrate how spirituality is not a priority in nurses' daily

lives. Workplace spirituality had an impact on work-life balance and engagement, even if it had no direct effect on happiness at work.

The previous studies, which are consistent with the current study, found that nurses who have the shortest job experience will be significantly happier than those with longer job experience (Kabir et al., 2016; Spevan et al., 2020). The current study found that work engagement, work-life balance, career satisfaction, and perceived organizational support were the key factors behind nurses' perceptions of happiness at work in the group of workers with 1 to 10 years of experience. Whereas, career satisfaction and work engagement are the key factors of nurses with over 10 job experience group.

Summary of findings

The data analysis results revealed that happiness at work was significantly influenced by the three independent variables both directly and indirectly, with the mediating factors being work engagement, work-life balance, and career satisfaction. The study found that the pattern of structural relationships did not vary as a function of the participants' age. Whereas a function of the participants' job experience varied as a function of the participants.

Limitations of the Study

The current study has a number of limitations. Therefore, it is important to approach the study's findings and conclusions with caution.

- This study's target population was limited to registered nurses in private hospitals in Bangkok. This limitation should be taken into account when evaluating the results since different subgroups of the general population could show considerable variations.
- Questionnaires were all self-report types. Thus, even though the participants were reminded about the anonymity and confidentiality, they may still have provided socially acceptable responses.
- The number of questionnaire items exceeded 90. It took time to complete the questionnaires. Therefore, the participants may have been uncomfortable sharing such personal information truthfully.
- The current study has a descriptive and correlational design. Therefore, since the resulting path coefficients are essentially correlation coefficients, no firm inferences can be made regarding the causality between the exogenous, mediator, and criterion variables. To establish causality, additional research designs, such as experimental or longitudinal studies, would be necessary.
- Additionally, the path models tested for goodness of fit was performed with observed variables after checking the fit of the measurement model. Structural model analysis based on latent variables might have produced results that account for measurement errors in a more efficient way.

Implications of the Findings

Base on the findings from the present study, the most important implication provides recommendations for nurses, HR practitioners, and counseling psychologists. These implications are as follows:

- For nurses: According to the findings that were discussed, psychological capital, which combines four positive psychological hope, efficacy, resilience, and optimism (called 'HERO'), and workplace spirituality, can help a nurse have happiness in their workplace. Enhancing the characteristics of psychological health and practicing spirituality could be a good choice to increase their happiness at work. While work-life balance, work engagement, and career satisfaction are the factors that could enhance nurses' happiness as mediators,
- For HR practitioners: Creating a positive work environment within a hospital is crucial for enhancing happiness at work among nurses. HR practitioners should recognize the importance of fostering positive relationships between nurses and the organization, as well as facilitating a healthy work-life balance. To effectively increase nurses' happiness at work, hospitals should prioritize promoting spirituality and organizational support, alongside other factors such as work engagement and work-life balance.

- For counseling psychologists: Counseling psychologists can offer individual counseling sessions to nurses who require assistance, as well as provide group counseling or training sessions aimed at fostering increased happiness in their lives. Moreover, the factors identified in the structural path model, such as job experience, can serve as a valuable framework for counseling psychologists in promoting factors that enhance workplace happiness among nurses. By utilizing these strategies, counseling psychologists can effectively contribute to the well-being and overall happiness of nurses in the workplace.

Suggestions for Future Research

This research suggested that future studies should be conducted using a wider, more representative sample from a variety of provinces in Thailand to determine if the concepts can be generalized to general Thai private hospitals.

Future research should examine the aspects that contribute to nurses' happiness at work in order to improve it, particularly the interaction between a few demographic traits of nurses.

Better statistical analysis like latent variable-based SEM may be applied in future research for testing the goodness of fit of the models. Similarly, exploratory factor analyses may be conducted to examine the factor structure of the constructs studied.

In the future, more studies should be conducted to develop a training program to enhance nurses' happiness in public and private hospitals. This would lead to better functioning of the health care system, and thus to the creation of a better future for the entire society and health care.

Conclusion

This study investigated the relationship between workplace spirituality, psychological capital, perceived organizational support, and happiness at work as well as the factors that might mediate this relationship (work engagement, work-life balance, and career satisfaction) among registered nurses in Bangkok, Thailand.

This study is known as the first step in applying all six variables and exploring the effects of these variables on registered nurses' happiness at work. The findings supported the reliability of all the original scales employed in the study. The findings also showed the effects of six variables on the happiness at work of nurses and some age and job experience differences.

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APPENDIX A

Informed Consent Form and Questionnaire

Dear Participant,

My name is Pirapat Thawinratna, a Ph.D CP student of Assumption University, Thailand. I am conducting a study on “happiness at work” in partial fulfilment of the course requirements for my degree. This study proposal has been approved by the Graduate School of Human Sciences, Assumption University.

In this connection, I would like to invite you to participate in a research study by filling a questionnaire. The following information is provided to help you make an informed decision whether or not to participate. It is important that you read and understand the following statements prior to participation.

Title of the study: THE IMPACT OF WORKPLACE SPIRITUALITY, PSYCHOLOGICAL CAPITAL, AND PERCEIVED ORGANIZATIONAL SUPPORT ON HAPPINESS AT WORK: MEDIATED BY WORK ENGAGEMENT, WORK-LIFE BALANCE, AND CAREER SATISFACTION, AMONG NURSES IN BANGKOK.

Purpose of the Study: This study aims to examine the factors that affect happiness at work among nurses in Bangkok.

Procedures to be followed: This is a survey research and a questionnaire need to be filled in.

Discomforts and Risks: There are no risks in participating in this research beyond those experienced in everyday life.

Benefits: This study will help improve the understanding of the happiness at work of nurses. This will help devise an intervention strategy to enhance the happiness at work of nurses.

Duration/Time: About 20 minutes to fill up the questionnaires. Altogether it may take about 30 minutes.

Statement of Confidentiality: Your participation in this research is confidential. In the event of a publication or presentation resulting from the research, no personally identifiable information will be shared.

Right to Ask Questions: You can ask questions to clarify the details of this survey. Please contact the researcher (contact details are given below), if you have any questions related to the administration of the questionnaire.

Voluntary Participation: Your decision to take part in this study is voluntary. You can withdraw your consent to participate at any point of time during the data collection. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

By signing this consent form you agree that you understand the nature of the research, mode of data collection and the handling of data collected from you. You also agree that you are willing to participate in this research study.

Sign Date:

Name:

Contact details of the researcher: Pirapat (email: pirth2013@gmail.com)

Contact detail of the advisor: Dr.: Santhosh Mohanan (email: smohanan@au.edu)

Thank you for your participation.

SURVEY QUESTIONNAIRE

Please answer all the questions as honestly as you can. There are no right or wrong answers. Thank you for your participation.

Part 1: Personal Information

1. Age years
2. Gender Male Female Others (Specify)
3. Religion Buddhism Christianity Islam
 Others (Specify)
4. How many years have you been a working as a registered nurse?years.
5. Marital status Single Married Divorced Separated
6. Living status Alone With partner With family With friends
 Others (specify)
7. Educational level

Bachelor Degree Master Degree Doctoral Degree

8. Status of hospital Private Government

Others (specify)

9. Type of hospital Primary care Secondary care Tertiary care

Others..... (specify)

10. Nursing Department: IPD OPD

Part 2: Questionnaire, Workplace Spirituality

Directions: Please read the statements carefully and decide how much each of the statement represents you. There is no right or wrong response. Please circle the appropriate number in the box for your answers.

	Statements	1	2	3	4	5
1	I can easily put myself in other people's shoes.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
2	I am aware of and sympathize with co-workers.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
3	I try to help my coworkers relieve their suffering.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
4	I aware of my coworkers' needs.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
5	It seems I am working automatically without much awareness of what I'm doing.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
6	I find myself working without	strongly disagree	disagree	agree &	agree	strongly

	paying attention.	disagree		disagree equally		agree
7	At work, I break or spill things because of carelessness, not paying attention, or thinking of something else.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
8	I rush through work activities without being really attentive to them.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
9	I go to the places on “automatic pilot” and then wonder why I went there.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
10	I do jobs or tasks automatically, without being aware of what I’m doing.*	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
11	I experience joy in my work.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
12	I look forward to coming to work most days.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
13	I believe others experience joy as a result of my work.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
14	My spirit is energized by my work.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
15	I see a connection between my work and the larger social good of my community.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
16	I understand what gives my work personal meaning.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
17	The work I do is connected to what I think is important in life.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
18	At times, I experience an energy or vitality at work that	strongly disagree	disagree	agree & disagree	agree	strongly agree

	is difficult to describe.			equally		
19	I experience moments at work where everything is blissful.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
20	At times, I experience happiness at work.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
21	I have moments at work in which I have no sense of time or space.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree
22	At moments, I experience complete joy and ecstasy at work.	strongly disagree	disagree	agree & disagree equally	agree	strongly agree

Part 3 Psychological Capital

Directions: Please read the statements carefully and decide how much each of the statement represents you. There is no right or wrong response. Please circle the appropriate number in the box for your answers.

	Statements	1	2	3	4	5	6
1	I feel confident analyzing a long-term problem to find a solution.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
2	I feel confident representing my work area in meetings with management.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
3	I feel confident contributing to discussions about the hospital strategy.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
4	I feel confident helping to set targets/goals in my work area.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree

5	I feel confident contacting people outside the hospital (e.g. Suppliers, patients) to discuss problems.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
6	I feel confident presenting information to a group of colleagues.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
7	If I should find myself in a jam at work, I think of many ways to get out of it.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
8	At the present time, I am energetically pursuing my work goals.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
9	There are lots of ways around any problem.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
10	Right now, I see myself as being pretty successful at work.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
11	I can think of many ways to reach my current work goals.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
12	At this time, I am meeting the work goals that I have set for myself.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
13	When I have a setback at work, I have trouble recovering from it, moving on.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
14	I usually manage difficulties one way or another at work.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
15	I can be "on my own," so to speak, at work if I have to.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
16	I usually take stressful things at work in stride.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
17	I can get through difficult	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree

	times at work because I've experienced difficulty before.	disagree		disagree	agree		agree
18	I feel I can handle many things at a time at this job.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
19	When things are uncertain for me at work, I usually expect the best.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
20	If something can go wrong for me work-wise, it will.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
21	I always look on the bright side of things regarding my job.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
22	I'm optimistic about what will happen to me in the future as it pertains to work.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
23	In this job, things never work out the way I want them to.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
24	I approach this job as if "every cloud has a silver lining.	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree

Part 4 Perceived Organizational Support

Directions: Please read the statements carefully and decide how much each of the statement represents you. There is no right or wrong response. Please circle the appropriate number in the box for your answers.

	Statements	1	2	3	4	5	6	7
1	My organization strongly	strongly disagree	disagree	somewhat disagree	not sure	somewhat agree	agree	strongly agree

	considers my goals and values.							
2	My organization really cares about my well-being.	strongly disagree	disagree	somewhat disagree	not sure	somewhat agree	agree	strongly agree
3	My organization shows very little concern for me.	strongly disagree	disagree	somewhat disagree	not sure	somewhat agree	agree	strongly agree
4	My organization would forgive an honest mistake on my part.	strongly disagree	disagree	somewhat disagree	not sure	somewhat agree	agree	strongly agree
5	My organization cares about my opinions.	strongly disagree	disagree	somewhat disagree	not sure	somewhat agree	agree	strongly agree
6	If given the opportunity,	strongly disagree	disagree	somewhat disagree	not sure	somewhat agree	agree	strongly agree

	my organization would take advantage of me.							
7	If given the opportunity, my organization would take advantage of me.	strongly disagree	disagree	somewhat disagree	not sure	somewhat agree	agree	strongly agree
8	My organization is willing to help me when I need a special favor.	strongly disagree	disagree	somewhat disagree	not sure	somewhat agree	agree	strongly agree

Part 5 Career Satisfaction

Directions: Please read the statements carefully and decide how much each of the statement represents you. There is no right or wrong response. Please circle the appropriate number in the box for your answers.

	Statements	1	2	3	4	5
1	I am satisfied with the success I have achieved in my career.	strongly agree	agree	uncertain	disagree	strongly disagree
2	I am satisfied with the progress I	strongly	agree	uncertain	disagree	strongly

	have made toward meeting my overall career goals.	agree				disagree
3	I am satisfied with the progress I have made toward meeting my goals for income.	strongly agree	agree	uncertain	disagree	strongly disagree
4	I am satisfied with the progress I have made toward meeting my goals for advancement.	strongly agree	agree	uncertain	disagree	strongly disagree
5	I am satisfied with the progress I have made toward meeting my goals for development of new skills.	strongly agree	agree	uncertain	disagree	strongly disagree

Part 6 Work-Life Balance

Please read the statements carefully and decide how much each of the statement represents you. There is no right or wrong response. Please circle the appropriate number in the box for your answers.

	Statements	1	2	3	4	5	6	7
1	My personal life suffers because of work.	never	almost never	rarely	sometimes	often	very often	always
2	My job makes personal life difficult.	never	almost never	rarely	sometimes	often	very often	always
3	I neglect personal needs because of work.	never	almost never	rarely	sometimes	often	very often	always

4	I put personal life on hold for work.	never	almost never	rarely	sometimes	often	very often	always
5	I miss personal activities because of work.	never	almost never	rarely	sometimes	often	very often	always
6	I struggle to juggle work and non-work.	never	almost never	rarely	sometimes	often	very often	always
7	I am happy with the amount of time for non-work activities.	never	almost never	rarely	sometimes	often	very often	always
8	My personal life drains me of energy for work.	never	almost never	rarely	sometimes	often	very often	always
9	I am too tired to be effective at work.	never	almost never	rarely	sometimes	often	very often	always
10	My work suffers because of my personal life.	never	almost never	rarely	sometimes	often	very often	always
11	I find it hard to work because of personal matters.	never	almost never	rarely	sometimes	often	very often	always
12	My personal life gives me energy for my job.	never	almost never	rarely	sometimes	often	very often	always
13	My job gives me energy to pursue	never	almost never	rarely	sometimes	often	very often	always

	my personal activities.							
14	I have a better mood at work because of my personal life.	never	almost never	rarely	sometimes	often	very often	always
15	I have a better mood because of my job.	never	almost never	rarely	sometimes	often	very often	always

* Reverse scored item

Part 7 Work Engagement

Directions: Please read the statements carefully and decide how much each of the statement represents you. There is no right or wrong response. Please circle the appropriate number in the box for your answers.

	Statements	1	2	3	4	5	6	7
1	At my work, I feel bursting with energy.	never	almost never	rarely	sometimes	often	very often	always
2	At my job, I feel strong and vigorous.	never	almost never	rarely	sometimes	often	very often	always
3	When I get up in the morning, I feel like going to work.	never	almost never	rarely	sometimes	often	very often	always
4	I am enthusiastic about my job.	never	almost never	rarely	sometimes	often	very often	always
5	My job inspires me.	never	almost never	rarely	sometimes	often	very often	always

			never				often	
6	I am proud of the work that I do.	never	almost never	rarely	sometimes	often	very often	always
7	I feel happy when I am working intensely.	never	almost never	rarely	sometimes	often	very often	always
8	I am immersed in my work.	never	almost never	rarely	sometimes	often	very often	always
9	I get carried away when I am working.	never	almost never	rarely	sometimes	often	very often	always

Part 8 Happiness at Work

Directions: Please read the statements carefully and decide how much each of the statement represents you. There is no right or wrong response. Please circle the appropriate number in the box for your answers.

	Statements	1	2	3	4	5	6
1	At my job, I feel strong and vigorous.	never	almost never	rarely	often	very often	always
2	I am enthusiastic about my job.	never	almost never	rarely	often	very often	always
3	I get carried away when I am working.	never	almost never	rarely	often	very often	always
4	How satisfied are you with the nature of the work you perform?	never	almost never	rarely	often	very often	always

5	How satisfied are you with the pay you receive for your job?	never	almost never	rarely	often	very often	always
6	How satisfied are you with the opportunities which exist in this organization for advancement [promotion]?	never	almost never	rarely	often	very often	always
7	I would be very happy to spend the rest of my career with this organization.	never	almost never	rarely	often	very often	always
8	I feel emotionally attached to this organization.	never	almost never	rarely	often	very often	always
9	I feel a strong sense of belonging to my organization.	never	almost never	rarely	often	very often	always

APPENDIX B

Request Letter for Data Collection for Research



มหาวิทยาลัยอัสสัมชัญ
ASSUMPTION UNIVERSITY

ที่ ศศ. 001/2566

วันที่ 28 กุมภาพันธ์ 2566

เรื่อง ขอความร่วมมือในการเก็บข้อมูล

เรียน ผู้อำนวยการ โรงพยาบาล

ด้วย นายพีรพัฒน์ ฉวิลรัตน์ นักศึกษาปริญญาเอก สาขาวิชา จิตวิทยาการปรึกษา อยู่ในระหว่างการดำเนินงานวิจัยวิทยานิพนธ์ เรื่อง **THE IMPACT OF WORKPLACE SPIRITUALITY, PSYCHOLOGICAL CAPITAL, AND PERCEIVED ORGANIZATIONAL SUPPORT ON HAPPINESS AT WORK: MEDIATED BY WORK ENGAGEMENT, WORK-LIFE BALANCE, AND CAREER SATISFACTION, AMONG NURSES IN BANGKOK**

มีความประสงค์จะขอเก็บข้อมูลด้วยแบบสอบถาม กับกลุ่มพยาบาลในโรงพยาบาลของท่าน

จึงเรียนมาเพื่อขอความอนุเคราะห์จากท่าน โปรดอนุญาตให้นักศึกษาได้ทำการเก็บข้อมูล สำหรับงานวิจัยดังกล่าว เพื่อประโยชน์ทางวิชาการต่อไปจะเป็นพระคุณยิ่ง

ขอแสดงความนับถือ

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APPENDIX C

Modified full path model output

Number of observed variables: 7

Number of unobserved variables: 4

Number of exogenous variables: 7

Number of endogenous variables: 4

Assessment of normality (Group number 1)

Variable	min	max	skew	c.r.	kurtosis	c.r.
wps	2.143	5.000	-.509	-4.154	.687	2.804
spos	2.000	6.750	-.115	-.943	-.002	-.008
pcs	2.167	6.083	-.338	-2.757	.875	3.573
wlbs	2.400	6.733	-.076	-.624	-.292	-1.192
css	1.000	5.000	-.741	-6.054	.868	3.542
wes	1.000	7.000	-.215	-1.758	.101	.411
haw	1.111	8.444	.238	1.944	1.180	4.817
Multivariate					21.824	19.442

Number of distinct sample moments: 28

Number of distinct parameters to be estimated: 24

Degrees of freedom (28 - 24): 4

	Estimate	S.E.	C.R.	P	Label
wlbs <--- spos	.173	.048	3.602	***	par_12
wlbs <--- wps	.564	.087	6.508	***	par_17
wes <--- pcs	.379	.091	4.178	***	par_1
css <--- spos	.267	.042	6.389	***	par_2
wes <--- wps	.992	.107	9.294	***	par_8
css <--- wps	.414	.078	5.300	***	par_9
css <--- wlbs	.186	.043	4.334	***	par_11
wes <--- spos	.203	.055	3.704	***	par_13
haw <--- wes	.498	.039	12.690	***	par_3
haw <--- wlbs	.106	.043	2.457	.014	par_4
haw <--- css	.161	.049	3.257	.001	par_5
haw <--- spos	.145	.046	3.150	.002	par_6

	Estimate	S.E.	C.R.	P	Label
haw <--- pcs	.015	.073	.210	.834	par_7
haw <--- wps	.069	.097	.706	.480	par_10

	Estimate
wlbs <--- spos	.176
wlbs <--- wps	.319
wes <--- pcs	.203
css <--- spos	.290
wes <--- wps	.431
css <--- wps	.249
css <--- wlbs	.198
wes <--- spos	.159
haw <--- wes	.559
haw <--- wlbs	.092
haw <--- css	.130
haw <--- spos	.128
haw <--- pcs	.009
haw <--- wps	.034

	Estimate	S.E.	C.R.	P	Label
pcs <--> wps	.145	.015	9.905	***	par_14
spos <--> wps	.137	.020	6.913	***	par_15
pcs <--> spos	.212	.025	8.400	***	par_16

	Estimate
pcs <--> wps	.571
spos <--> wps	.369
pcs <--> spos	.464

	Estimate	S.E.	C.R.	P	Label
pcs	.313	.022	14.124	***	par_18
spos	.671	.048	14.124	***	par_19
wps	.206	.015	14.124	***	par_20
E2	.533	.038	14.124	***	par_21
E1	.617	.044	14.124	***	par_22
E3	.391	.028	14.124	***	par_23
E4	.379	.027	14.124	***	par_24

	Estimate
wlbs	.174
css	.311
wes	.433
haw	.561

	wps	spos	pcs	wlbs	css	wes	haw
wps	.000						
spos	.000	.000					
pcs	.000	.000	.000				
wlbs	.000	.000	.027	.000			
css	.000	.000	.041	.000	.000		
wes	.000	.000	.000	.078	.067	.000	
haw	.000	.000	.009	.039	.034	.019	.019

	wps	spos	pcs	wlbs	css	wes	haw
wps	.000						
spos	.000	.000					
pcs	.000	.000	.000				
wlbs	.000	.000	1.143	.000			
css	.000	.000	1.860	.000	.000		
wes	.000	.000	.000	1.787	1.622	.000	
haw	.000	.000	.332	.989	.896	.320	.315

	wps	spos	pcs	wlbs	css	wes
wlbs	.564	.173	.000	.000	.000	.000
css	.518	.299	.000	.186	.000	.000
wes	.992	.203	.379	.000	.000	.000
haw	.705	.313	.204	.136	.161	.498

	wps	spos	pcs	wlbs	css	wes
wlbs	.319	.176	.000	.000	.000	.000
css	.312	.325	.000	.198	.000	.000
wes	.431	.159	.203	.000	.000	.000
haw	.345	.276	.123	.118	.130	.559

	wps	spos	pcs	wlbs	css	wes
wlbs	.564	.173	.000	.000	.000	.000

	wps	spos	pcs	wlbs	css	wes
css	.414	.267	.000	.186	.000	.000
wes	.992	.203	.379	.000	.000	.000
haw	.069	.145	.015	.106	.161	.498

	wps	spos	pcs	wlbs	css	wes
wlbs	.319	.176	.000	.000	.000	.000
css	.249	.290	.000	.198	.000	.000
wes	.431	.159	.203	.000	.000	.000
haw	.034	.128	.009	.092	.130	.559

	wps	spos	pcs	wlbs	css	wes
wlbs	.000	.000	.000	.000	.000	.000
css	.105	.032	.000	.000	.000	.000
wes	.000	.000	.000	.000	.000	.000
haw	.637	.167	.189	.030	.000	.000
	wps	spos	pcs	wlbs	css	wes
wlbs	.000	.000	.000	.000	.000	.000
css	.063	.035	.000	.000	.000	.000
wes	.000	.000	.000	.000	.000	.000
haw	.311	.148	.114	.026	.000	.000

	M.I.	Par Change
E3 <--> pcs	7.188	.036
E1 <--> E2	5.531	.068

	M.I.	Par Change

	M.I.	Par Change
css <--- pcs	4.312	.116
wes <--- wlbs	4.568	.105

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	24	18.422	4	.001	4.606
Saturated model	28	.000	0		

Model	NPAR	CMIN	DF	P	CMIN/DF
Independence model	7	1068.860	21	.000	50.898

Model	RMR	GFI	AGFI	PGFI
Default model	.024	.987	.911	.141
Saturated model	.000	1.000		
Independence model	.250	.444	.258	.333

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.983	.910	.986	.928	.986
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

Model	PRATIO	PNFI	PCFI
Default model	.190	.187	.188
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

Model	NCP	LO 90	HI 90
Default model	14.422	4.656	31.702
Saturated model	.000	.000	.000
Independence model	1047.860	944.493	1158.616

Model	FMIN	F0	LO 90	HI 90
Default model	.046	.036	.012	.079
Saturated model	.000	.000	.000	.000

Model	FMIN	F0	LO 90	HI 90
Independence model	2.679	2.626	2.367	2.904

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.095	.054	.141	.037
Independence model	.354	.336	.372	.000

Model	AIC	BCC	BIC	CAIC
Default model	66.422	67.404	162.217	186.217
Saturated model	56.000	57.146	167.761	195.761
Independence model	1082.860	1083.147	1110.801	1117.801

Model	ECVI	LO 90	HI 90	MECVI
Default model	.166	.142	.210	.169
Saturated model	.140	.140	.140	.143
Independence model	2.714	2.455	2.992	2.715

