Effect of Workplace Resilience Training Program on Job Involvement and Organizational Pride among Staff Nurses

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Abstract

Background: Recently, the nurses' positive perception of the nursing profession, job involvement and professional pride, playing a crucial role. Supporting the nurses' competences, continuous development and arranging personal training that encompassed through their workplace resilience shall contribute to increase the nurses' organizational pride and job involvement. **Aim of the study:** The study aimed at assessing the effect of workplace resilience training program on job involvement and organizational pride among staff nurses. **Research design:** A pretest-posttest one group quasi-experimental design was used in this study. **Setting:** The study was carried out at critical care units in Ain Shams University Hospital, which are connected to Ain Shams University Hospitals Cairo, Egypt. **Subjects:** This study consisted of all available staff nurses (n=98) who are working at the pre-mentioned setting. **Tools of data collection:** There were four tools namely, Resilience knowledge Questionnaire, Nurses Resilience Scale, Job Involvement Scale and Organizational Pride Scale. **Results:** Displayed that, more than one third (36%) of the studied staff nurses had satisfactory knowledge of workplace resilience at the pre-training program phase, then increased to 68% in the post-training program phase and became to 77% at follow-up. Also, one fifth (20%) of the studied staff nurses had high total workplace resilience level at the pre-training program, this improved to (80.4%) at post-training program phase, and became (80%) at follow-up phase. While more than half (51%) of the studied staff nurses had high job involvement level at the pre-training program, this improve to (73%) at post-training program phase, and became (76%) at follow-up phase. Additionally, there was improvement of all dimensions of organizational pride throughout training program phases. The post and follow-up phases demonstrated statistically significant improvement in total organizational pride among the studied staff nurses with medians ranging from (2.00 to 3.00). **Conclusion:** Workplace resilience training program had affected staff nurses' Job involvement and organizational pride, in which there was a highly statistically significant weak positive correlation between workplace resilience and organizational pride among the studied staff nurses. While, there was no statistically significant correlation between their knowledge score, job involvement and workplace resilience scores among the studied staff nurses. **Recommendations:** Establish a positive organizational climate, create resilient coping strategies, positive support systems and active coping skills among staff nurses through their workplace. Also, facsimile the study on a larger probability sample is highly suggested to bridge the small size of the samples and to generalize the results to include more organizations to produce different statistics.

Keywords: Job Involvement, Organizational Pride and Workplace Resilience.

Introduction

Nowadays, Nurses struggle with speedy ever changing, a lot of obstacles and situations which make them stressed at their hospitals. These obstacles can impact on their health, make them emotionally exhausted and eventually may lead to bad consequences for both nurses and organization. Effective organizations seeking to establish positive outcomes and productive workplace settings that require reinforcing resilience. Resilience is a crucial capacity in maintaining the achievement and health well-being of staff **(Heritage et al., 2019 and Ibrahim & Hussein, 2024).**

Resilience is deemed a significant broker of heath care provider well-being studies focusing on dealing with job constraints, gash,

and ethical whiplash. Also, it refers to the capacity that tackle and adjust to veritable or conceived obstacles **(Muir et al., 2022).** Workplace resilience is described as a convoluted process, by which nurses can harmonize with workplace ethical or psychological issues and offer safety patient care when it is found and steady **(Randall et al.2023).**

Nurses who have resilience skills are more inclined to persist in their profession and deliver exemplary as well as secure care to their patients, may help to relieve workplace challenges facing nursing **(Bhatti et al., 2020).** Resilience interventions for nurses enable them to afford high workplace stressors and pressure, which eventually may limit their intention to burnout and leave. During outbreak time, hospitals strive to preserve their nursing staff, a supportive factor was resilience because it also had a positive, direct impact on job involvement (**Yu & Lee, 2018 and Andersen et al., 2021**).

Involvement at Job is regarded as kind of job commitment that is supplementary closely related to intrinsic need satisfaction instead of extrinsic ones. A person who has a psychological bond/identification with their work is referring to job Involvement, it depends on meet and fulfill individual's eminent needs and expectations **(Meintjes& Hofmeyr,2018; Nylén-Eriksen et al., 2020).** Also, Job involvement means how much workers value and care about their work. An employee is more probable to shareholding and involved at the job when they are extremely invested in it**(Hngoi et al., 2023).**

Job involvement of the nurse is crucial for both the nurse's health and welfare and the delivery of effective care. Also, it is critical in solving, assure that and enhance required performance done as planned. A nurse who feels that they are directly highly involved in their jobs does not seem to be affected by problems of insufficient wage, bad communication with patients, pressure from the manager, inefficiency, and low performance **(Peiffer et al., 2020).**

In other words, nurses are a critical asset of organizational success, they are embracing the organization's objectives, respecting the service offered, and reinforcing nurse roles to maintain business in existing conditions. This can make them more committed, motivated, and satisfied with their work, achieve better patient outcomes, as engaged nurses are more likely to go above and beyond in their duties. Employees who have intense job involvement take pride in and are passionately invested in the type of work they do **(Decuypere & Schaufeli, 2019 ; Filip et al., 2022).**

Nursing pride has a crucial role in maintaining quality development of care, is the forthcoming requirement for nurses' career identity because help them identify and diminish hurdles for voicing and upgrade their information /knowledge base and forcefulness point **(Vikström & Johansson, 2019).** Organizational pride is considered the driving force that gains attraction from both professional and administrative researchers to achieve favorable behaviors at work. Additionally, it is the major reason for achieving success in the organization, and competitive advantage. Pride is positively associated with individual morale arises from the feeling of delight, pleasure or satisfaction in employee's capability (**Özbezek et al., 2023**). It eventually makes the person feel more devoted and more gratified at his job (**Nadatien et al., 2020**).

Organizational pride involved two main dimensions or types: emotional pride and attitudinal pride. "Emotional pride" refers to some kind of severe crossing and a temporary feeling of pride raised elicited by a specific accomplishment or situation. While "attitudinal organizational pride" is defined as a perpetual feeling of pride and is derived from sense happiness at being belonging to, and have conformity with their workplace **(Harrison et al., 2020).** In other words, attitudinal pride conforms to overall favorable behavior to the institution. Both types/dimensions of pride can exist together in an individual, opposed just one of them can arise. Finally, when only type of them seen the other one of pride disappear, however can view both together **(Çelebi, 2020).**

Significance of the Study

Nurses' workload demands on health care setting, and stressful situations that they face during their work require the clinician well-being resources. Resilience is an important factor to achieve clinician well-being. Resilience in nursing, considered as a fundamental behavior quality helps them to cope with job stress and to prevent burnout overwhelmed. Education and training assist in enhancing resilience **(Herrero et al., 2019).**

Additionally**,** nowadays organization functions face threats and challenges, necessity their workforce to be resilient in their work and have feeling of organizational pride also they should be involved with their jobs to be able to deal with changes, elevated workload demands for nurses and adversity. Precisely, job involvement is stronger when jobs involve autonomy, interdependence with others' work, feedback, complexity, social support, usage of a variety of talents tasks that that affect others life, and the possibility to complete their work with with satisfactory results **(Daiane Borges Machado et al., 2020).**

Job involvement considered critical issue because when one feels sense of dedication and pride to their job, they start to gain self-accomplishment from completing tasks with their work **(Bhasin, 2023). Strongly proud** employees in their workplace are very satisfied with their job, because they have sense of significance and mission in their job that is achieved by organizational pride **(Pikl, 2023).** During clinical training in the hospital, the researchers observed that some staff nurses tend to experience obstacles in adjustment to exercise their work this may be returned to lack of their clinical knowledge and self-confidence. Beside they dealing with over challenging , stressful and complex health care workplace as a result of heavy workload, decreased number of staff, and the lack of sufficient support, and there is ineffective communication between staff which lead to grave implication that had negative effect on their patient care provided, it has a great impact on organizational efficiency as low performance of staff, low productivity, decrease morale of the staff, increase turnover among staff nurses.

Additionally, there is some specific information about job involvement and organizational pride; however, we are aware that there are few studies about job involvement and organizational pride in terms of health staff. Since this impact varies for specific elements from institution to institution, the emergence of information on how employees are directly included in their business should contribute to increase of staff performance**.** Therefore, this study will be applied to assess the effect of workplace resilience training program on job involvement and organizational pride among staff nurses.

Aim of the study

The study aimed at assessing the effect of workplace resilience training program on job Involvement and organizational pride among staff nurses.

Research hypothesis

Workplace resilience training program would affect staff nurses' Job involvement and organizational pride.

Subjects and Methods

Technical Design

Research design, setting, subjects and data collection tool were included.

The research design

Design of the study, a pretest-posttest one group quasi-experimental design was adopted.

Setting

The critical care units of Ain Shams University Hospital, which are associated to Ain Shams University, Cairo, Egypt, where the study was conceded. The intensive care units included collections of intense care, intensive care (C), coronary care, blood disease, catheterization, and pandemics. It can accommodate 618 beds in total.

Subjects

The study's subjects of the included all staff nurses who worked at aforementioned setting, total number 98 staff nurses who were selected by using the convenience sample technique.

Data collection tools

Four instruments, the Resilience Knowledge Questionnaire, Nurses Resilience Scale, Job Involvement Scale, and Organizational Pride Scale, were applied to gather data for this research.

First tool: Resilience Knowledge Questionnaire.

It is divided into two sections, which are as follows: It poised of two parts as next:

Part I. This section focused on information regarding the personal characteristics of staff nurses, which included: age, sex, nursing qualification, marital status, years of experience, work setting, and attending a resilience training program.

Part II: This section aimed to assess staff nurses' resilience knowledge. The researchers developed it based on related literature **(Yıldız, & Bedük, 2023 and Nordahl et al., 2019)**. It included 41 Multiple-Choice Questions (MCQs) covering eight dimensions: Workplace resilience concept domain (2 MCQs), Self-awareness concept domain (3 MCQs), Time management concept domain (9 MCQs), Strategies of time management domain (7 MCQs), Communication domain (2 MCQs), Conflict management domain (6 MCQs), Stress management domain (5 MCQs), and Problem-solving domain (7 MCQs).

Scoring system:

The knowledge question was scored from the staff nurses in the study; a "1" was awarded for a correct response and a "0" for an incorrect one. The aggregate of the answers to 41 questions was used to determine the overall knowledge score, which must not exceed 41. This total was transformed into a knowledge score as a percentage. According to Yıldız, E., & Bedük (2023), Total knowledge of staff nurses was deemed satisfactory if their percent score of 60% or greater and unsatisfactory if it was less than 60%.

Second tool: Nurses Resilience Scale.

This scale focused to judge staff nurses' resilience levels. The developers of it were Park and Park (2016). The scale classified into four dimensions included 19 items which categorized as following : philosophical pattern (6), relational pattern (4) situational pattern (3) and dispositional pattern (6).

Scoring system:

A five point Likert scale used to measure the staff nurses' responses, and the range was always =5, usually = 4, sometimes =3, rarely =2, and never =1. Each dimension's results were then totaled and transformed into percentage scores. According to Park et al. (2019), total score of staff nurses if less than 50% was deemed low level, a moderate level if their score fell between 50 and 75%, and a high level if their score exceeded 75%.

Third tool: Job Involvement Scale.

This scale was directed to measure staff nurses' level of job involvement .It was adopted from Fathy (2022). and classified into four domains which included 30 items as "Work as central life interest" (7 items), "Active participation in the job" (11 items), "Performance" compatible with self-concept (7 items), and Performance as a central to self-esteem (5 items).

Scoring system:

Five point Likert scale, with 1 denoting absolutely, 2 rarely, 3 sometimes, 4 often, and 5 always, was used to score the responses of the study's subjects. The total score for this section was computed by addition together all of the scores and dividing the total by the number of elements. A percentage score was created from these scores. If the percentage was less than 60%, the participants were deemed lowly engaged; if the percentage was between 60% and 75%, they were deemed moderately engaged; and if the percentage was greater than 75%, they were deemed highly engaged **(Fathy ,2022).**

Fourth tool: Organizational Pride Scale.

Staff nurses' perceptions of organizational pride were assessed using this scale. It was

created by Gouthier and Rhein (2011), and the researchers made some adaptations to it. The seven items were split into two categories: the Emotional Pride Scale (four items) and the Attitude Pride Scale (three items).

Scoring system:

The study's participants were requested to put their responses on a 5-point Likert scale. Each response was assigned a score between 1 and 5, with "strongly disagree" and "strongly agree" being the possible responses. For each section of the scale the scores of the item were summed and the total score was divided by the number of items resulting in a mean score for each part. Organizational pride was taken into consideration when the mean score was high after the scores were calculated, added up, and turned into a percentage score (Gouthier & Rhein, 2011).

Data collection procedures

Ethical consideration:

Ain Shams University's Faculty of Nursing Committee granted research approval prior to commencing the study, in order to formally authorize its execution. The study participants were also contacted by the researchers to get their written agreement to participate in the study and to explain its goal and expected outcomes. They were informed that the information obtained would be kept anonymous and confidential, and would be handled solely for scientific study, with the option to resign from the study at any time. Additionally, the researchers used bracketing and intuitive strategies to remove bias. Ethics, values, culture, beliefs, and respect for participants' rights and ethical criteria for research were valued throughout the study's execution phases.

Operational Design

This included study's preparatory phase, pilot study and fieldwork. This lasted from April to October of 2024, a period of seven months.

Preparatory phase

Phase of preparation executed to prepare the study's tools, the researchers used textbooks, scientific articles, periodicals, journals, and the internet to review previous, current, and recent national and international allied literature and theoretical knowledge of several features relating to the themes of the study. They also translated the data into Arabic to ensure its accuracy and tested it for content validity, dependability, and reliability. This phase took around three months from April to July 2024.

Tools Validity and reliability

Researchers from the Nursing Administration and Mental Nursing Departments at Ain Shams University and Helwan University's Faculty of Nursing validated the tool's face and content. After evaluating the tools' clarity, comprehensiveness, relevance, simplicity, and accuracy, the valid form was formulated, translated into Arabic, and then retranslated to ensure it still made sense. Finally, it was altered to the final version. The tools are valid from the start of April 2024 to the end of the month.

The Cronbach's Alpha coefficient test was employed to evaluate the tools' internal consistency and homogeneity orderly to decide their reliability. Internal consistency Cronbach's Alpha coefficients for the Resilience Knowledge Questionnaire, Nurses Resilience Scale, Job Involvement Scale, and Organizational Pride Scale were 0.85, 0.89, 0.9, and 0.86, respectively. Lastly, the instruments employed in this investigation had high measurement power, valid, reliable, and dependable.

Pilot study

Ten staff nurses that roughly 10% of the overall study sample, shared in the pilot study. It aimed to examine validity of the item sequence, the study tools' application and practicability, the clarity of the statement's language, the study's viability, and the total time required to fulfill study tool's formulas. Based on the findings, slight adjustments were made to the statements' paraphrase, and consequently this was involved in final sample

size. The pilot study was granted out through **May, 2024.**

Fieldwork

The following five stages were used to carry out the study:

Following the hospital manager's formal approval of the study, the researchers created the questionnaire forms and distributed them to the nursing staff. They assisted the head nurses of the different departments that were part of the study in clarifying purpose, nature, and implications of the research as well as procedures for completing questionnaires to the nursing staff in their departments. For two months, from the start of June near to the finale of July 2024, data was gathered 3 days/week. The average number of responses received daily from the nursing staff ranged from three to four.

Phase I. (Preliminary):

Researchers met with the hospital's nursing director to decide on the best time to gather data after obtaining the necessary regulatory approvals to carry out the research. Systematically to obtain written agreement to participate in the study, the researchers visited with each staff nurse to explain its nature and goal. They then provided the data gathering instruments and filling instructions. Throughout the form-filling practice, the researchers were available to answer any questions. The completed forms were returned to the researchers for verification. The gathered information was regarded as a pre-test or starting point.

Phase II. (Program Planning):

In this phase, the training program's material was created by reviewing the existing and previous literature, consulting textbooks, journal scientific articles, and online resources, in addition to the pretest assessment results. To encounter the requirements of the applicants and achieve the objectives and topics of the training program, various teaching techniques were used. Its objective was to deliver them as greatly experience as they could. After consulting of the nursing director and getting the approval of the study's applicants, an appropriate place and period were fixed for the sessions. The schedule for the training program was created appropriately. Theoretical and practical components of job involvement, organizational pride, and resilience skills in the workplace were discussed for nurses.

Phase III. (Program Implementation):

Staff nurses were given the training course in small groups. Six sessions of the program were conducted, each lasting three hours, for a total of eighteen hours. For two weeks, the sessions were held three days a week. Two theoretical hours and one practical hour made up each of the six sessions. The researchers gave a brief introduction of the training program, containing its purpose and methods, at the introductory of the first session. At the beginning of every session, staff nurses were engaged to generate their thoughts on the one before. Mini-lectures, small-group discussions, and hands-on activities involving role-playing and demonstration-re-demonstration were among the instructional strategies employed during the program's implementation. Educational materials such as flipcharts, whiteboards, posters, and data shows. The participants were given handouts that the researchers had prepared.

Phase IV. (Post Program Evaluation):

Just after the implementation of the program, a post-test is used to assess how the staff nurses' resilience skills training program has affected their organizational pride and job involvement. The same data collection tools used for the pre-test were applied here.

Phase V (follow-up):

Through October 2024, a follow-up test was administered three months following the post-test evaluation utilizing the same data gathering instruments.

Administrative design

Design for administration Official letters were given by the Ain Shams University-Faculty of nursing to obtain authorization from the nursing director and hospital administration to conduct the study in the chosen locations. They were informed of the study's goals and

methods in order to gain their cooperation and agreement. The Scientific Research Ethical Committee of Ain Shams University's Faculty of Nursing granted formal approval.

Statistical design

Following collection of data, the Statistical Package for the Social Sciences (SPSS, version 26) was applied to compute, arrange, tabulate, and statistically analyze the data. Medians, Mean, and Standard Deviation (Mean ±SD) for quantitative (continuous) variables were used as measures of central tendency and dispersion, respectively, while descriptive statistics tests such as frequency and percentages were executed for qualitative (categorical) variables as (demographic characteristics). The Chi-Square test was focused to compare quantitative data and assess the closest connection between quantitative variables, while Spearman's rank correlation coefficient test (r) analysis was conducted to investigate the nature of the relationship between the research variables.

The tools' internal consistency reliability is evaluated using the Cronbach's Alpha coefficient test. For every test, a two-tailed p-value of less than 0.05 was considered statistically significant, and a p-value of less than 0.01 was deemed highly statistically significant. P-value > 0.05 was held as non-significant. Furthermore, it offered a methodical computation for determining and forecasting future events.

Results:

In accordance with the study's objectives, the results were tallied, displayed in figures, graphs, and tables, and examined using the proper statistical tests of data description.according to the aim of the study, as the following:

Table 1. Shows that frequency distribution of personal characteristics among the studied staff nurses. As indicated in the table, about slightly less than half (46.9%) their age ranged between 30≥40 years old, about two thirds of them (60.2%) were female, more than one third (37.7%) of them had Technical Health Institute nursing qualification, less than two thirds (62.2%) of them were unmarried and

slightly more than three quarters (75.5%) had experience years between 5≥10. In addition, more than one third (41.8%) of them were working at ICU, one quarter (25.5%) were working at Blood disease Unit and about one fifth (19.3%) were working at CCU. While only 20.4% of them attending training program about resilience. Meanwhile, more than three quarters (79.6%) of them not attending training program about resilience.

Table 2. Illustrates that there was highly statistically significant improvement in the studied staff nurses' knowledge regarding all workplace Resilience items in the post-training program phase p<0.01. In addition, there was highly statistically significant improvement in the studied staff nurses' knowledge regarding all workplace Resilience items in the follow-up phase p<0.01 as compared to the pre-training program phase.

As figure 1. Displays, more than one third (36%) of the studied staff nurses had satisfactory knowledge of workplace Resilience at the pre-training program phase. This increased to 68% in the post-training program phase and became 77% at follow-up.

As figure 2. Reveals, more than one third (36.5% & 33%) of the studied staff nurses had a high workplace Resilience level at the pre-training program related to relational and philosophical patterns respectively. So more than three quarters (78% & 77%) of the studied staff nurses had a high workplace Resilience level at the post-training program phase related to dispositional and situational patterns respectively. As noticed that (85.5%) of the studied staff nurses had a high workplace Resilience level related to relational patterns at follow-up phase.

As figure 2. Indicates, less than one quarter (20%)of the staff nurses had high total workplace resilience level at the pre-training program, this improve to 80.4% at post-training program phase and 80% at follow-up phase.

Table 3. Mirrors that compares in the studied staff nurses' job involvement dimensions throughout training program phases. As noticed that majority of them (89.5%) at follow-up phase had high level

related to Performance as a central to self-esteem dimension. It shows no statistically significant differences among them throughout training program phases.

As figure 4. Describes that more than half (51%) of the studied staff nurses had high job involvement level at the pre-training program, this improves to 73% at post-training program phase and 76% at follow-up phase.

Table 4. Plays that compares the organizational pride among the studied staff nurses throughout training program phases. It shows improvement of all dimensions of organizational pride throughout training

program phases. The post and follow-up phases demonstrated statistically significant improvement in total organizational pride among the studied staff nurses with medians ranging from (2.00 to 3.00).

Table 5. Explains that there was a highly statistically significant weak positive correlation between workplace resilience and Organizational Pride of studied staff nurses (r=0.184). While, there was no statistically significant correlation between their knowledge score, job involvement and workplace Resilience scores among the studied staff nurses.

Table (1). Frequency and percentage of the personal characteristics of the studied staff nurses (n=98)

Characteristics	No.	Percent
Age:		
(less than 30 years)	9	9.1
(from 30 to 40 years)	64	46.9
(more than 40 years)	25	26
	Mean ± SD	**27.45±6.93**
Sex:		
Male	39	39.8
Female	59	60.2
Nursing qualification:		
Diploma	36	36.7
Technical Health Institute	37	37.7
Bachelor	25	25.6
Marital status:		
Married	37	37.8
Unmarried	61	62.2
Years of Experience years:		
(less than 5 years)	10	10.2
(from 5 to 10 years)	74	75.5
(more than 10 years)	4	14
	Mean ± SD	**6.38 ±3.61**
Work setting:		
Blood disease unit	25	25.5
ICU	41	41.8
CCU	19	19.3
Catheterization unit	13	13.4
Attending training program about resilience:		
Yes	20	20.4
No	78	79.6

Table (2). Knowledge of workplace Resilience among the studied staff nurses throughout training program phases (n=98)

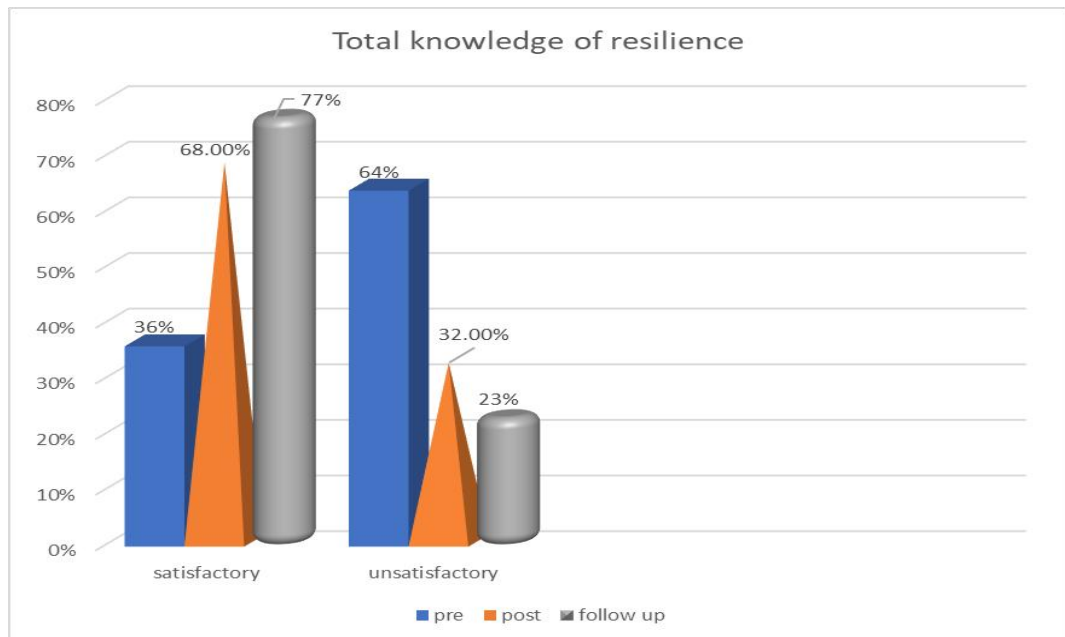| Workplace Resilience knowledge items	Phases						x^2 (p-value) Pre-post	x^2 (p-value) Pre-follow-up
	Pre		Post		Follow-up			
	No	%	No	%	No	%		
Workplace Resilience concept domain:								
Satisfactory	37	41.3	66	67.4	79	80.4	6.83	15.82
Unsatisfactory	61	58.7	32	32.6	19	19.6	(0.004**)	(0.001**)
Self-awareness concept domain:								
Satisfactory	55	56.5	83	84.8	85	87	13.66	32.35
Unsatisfactory	43	43.5	15	15.3	13	13	(0.001**)	(0.001**)
Time management concept domain:								
Satisfactory	12	13	5	87	78	80	7.42	13.78
Unsatisfactory	85	87	13	13	20	20	(0.006**)	(0.001**)
Strategies of time management domain:								
Satisfactory	55	56.5	91	93	85	87	15.67	24.35
Unsatisfactory	43	43.5	7	7	13	13	(0.001**)	(0.001**)
Communication domain:								
Satisfactory	25	26	87	89	76	78	16.39	51.30
Unsatisfactory	73	74	11	11	22	22	(0.001**)	(0.001**)
Conflict management domain:								
Satisfactory	41	42	89	91	91	93	2.15	39.91
Unsatisfactory	57	58	9	9	7	7	(0.001**)	(0.001**)
Stress management domain:								
Satisfactory	26	27	79	81	81	83	3.17	38.71
Unsatisfactory	72	73	19	19	17	17	(0.001**)	(0.001**)
Problem solving domain:								
Satisfactory	30	31	82	84	84	86	617	51.85
Unsatisfactory	68	69	16	16	14	14	(0.001**)	(0.001**)

(**) highly statistically significant p<0.01

Figure (1). Total Knowledge of workplace Resilience among the studied staff nurses throughout training program phases (n=98)
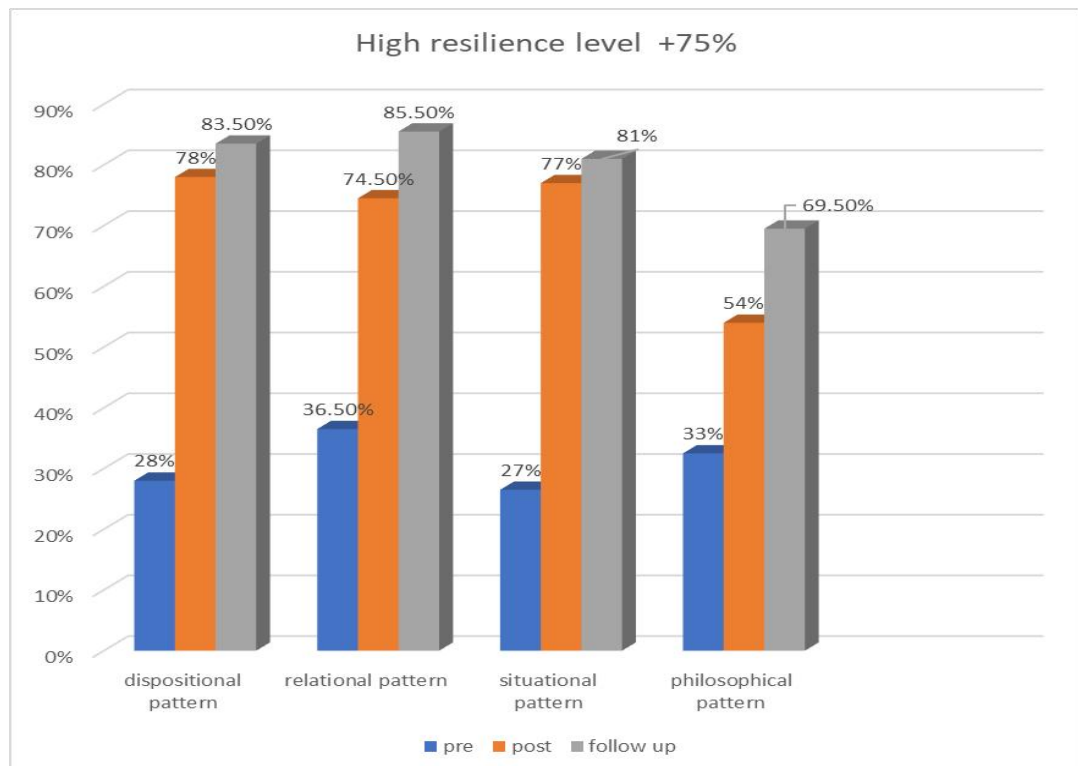

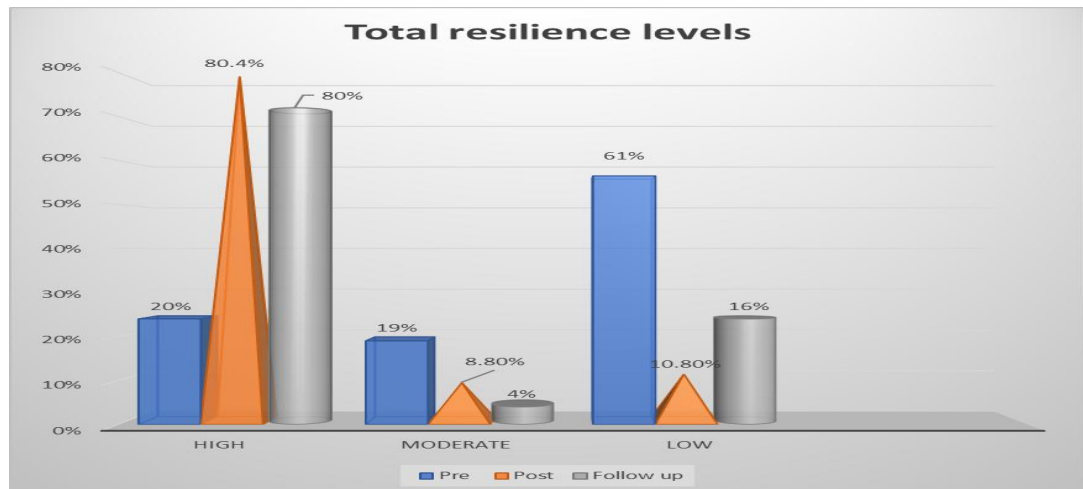**Figure (2).** High workplace Resilience level among the studied staff nurses throughout training program phases (n=98)

Figure (3). Total workplace Resilience levels among the studied staff nurses throughout training program phases (n=98)

Table (3). Job involvement high levels among the studied staff Nurses throughout training program phases (n=98)

| Job involvement items | High level +75% | | | | | | x^2 (p-value) Pre-post | x^2 (p-value) Pre-follow-up |
| | Pre | | Post | | Follow-up | | | |
	No	%	No	%	No	%		
Work as a central life interest	27	28	73	73.5	70	72	21.60 (<0.44)	20.99 (<0.54)
Active participation in the job	55	56.5	79	81	75	75.5	23.03 (<0.63)	15.74 (<0.43)
Performance compatible with self-concept	65	65.5	65	66.5	66	67	29.32 (<0.54)	26.28 (<0.22)
Performance as a central to self-esteem	52	52.5	71	72.5	88	89.5	16.82 (<0.43)	20.99 (<0.54)

(*) statistically significant p<0.05
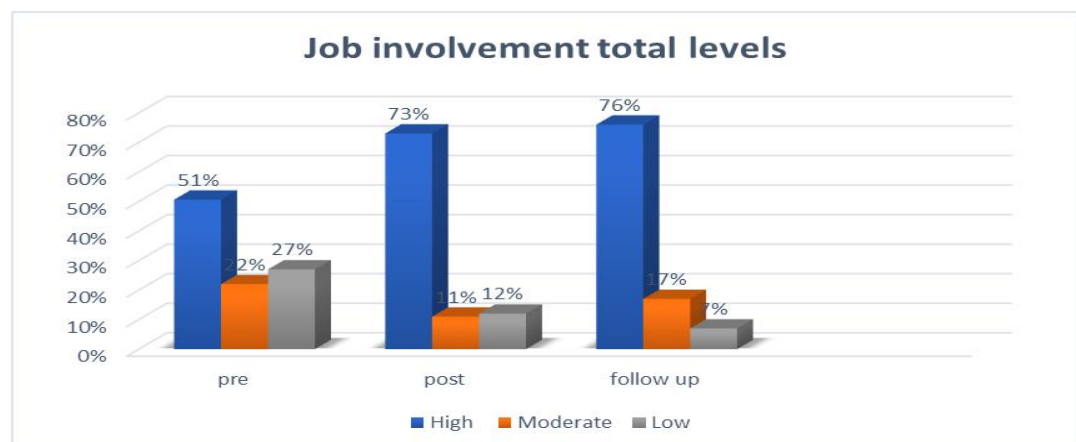
Figure (4). Job involvement total levels among the studied staff nurses throughout training program phases (n=98)

Table (4). Organizational pride among the studied staff nurses throughout training program phases (n=98)

Organizational pride dimensions	Phases (scores: max=55)						Kruskal Wallis test	P-value
	Pre		Post		Follow-up			
	Mean ± SD	Median	Mean ± SD	Median	Mean ± SD	Median		
Emotional pride	11.80±0.42	1.50	34.90±0.48	3.00	41.90±0.48	3.00	22.55	0.44
Attitudinal pride	12.20±0.47	2.00	31.00±0.00	2.00	43.00±0.00	3.00	25.87	0.74
Total	12. 0±0.77	2.00	33.00±0.67	3.00	42.00±0.67	3.00	20.12	0.001**

(**) Highly statistically significant p<0.01

Table (5). Correlation matrix of knowledge, workplace Resilience, Job Involvement and Organizational Pride scores among the studied staff nurses

Scores		Spearman's rank correlation coefficient		
		Knowledge	Job Involvement	Organizational Pride
workplace Resilience	R	0.007	-0.173	0.184**

(**) Highly statistically significant p<0.01

Discussion:

Developing personal resilience has been found to be essential for managing work-related stress and adversity, keeping job satisfaction, practicing self-care, and boosting organizational pride in response to the growing demands placed on nurses working in overburdened and under-resourced healthcare systems. Nursing is crucial to community health and creates the cornerstone of the healthcare system. **(Bekmaz et al., 2020).** In the rigorous field of nursing, resilience and stress management are essential. Many nurses, nevertheless, are not adequately trained in these areas. Resilience have been shown to be the most significant positive element affecting nurses' organizational pride in their specialty and commitment to their jobs. Therefore, fostering resilience in nurses enables them to cope with the demanding environment of their workplaces and to use and implement productive adaptive skills in handling difficulties and stress at work **(Alanazi et al., 2025).**

Therefore, the aim of this study was to assess the effects of a workplace resilience training program on staff nurses' pride in their organization and level of job involvement. According to the research hypothesis that "The place of work resilience training program would impact staff nurses' job engagement and organization pride" and achieving the study's objectives, the following explanation of the research findings was mad.

The current study has been discussed in the following series: A correlation matrix of the staff nurses' knowledge, workplace resilience, and job involvement appears in Part 6; Part 1 consists of personal information about the staff nurses under study; Part 2 carries their overall knowledge of workplace resilience throughout the training program phases; Part 3 includes their overall levels of workplace resilience throughout the training program phases; Part 4 contains their overall levels of job involvement throughout the training program phases; Part 5 includes their organizational pride throughout the training program phases.

Part 1: Personal details on the staff nurses who are being studied. demonstrates how the personal characteristics of the staff nurses in the study are arranged in terms of frequency. Less than two-thirds of them were women, and over one-third held a nursing degree from the Technical Health Institute. were unmarried, slightly less than half were in the thirty to forty age range, and slightly more than three quarters had five to 10 years of experience.

Furthermore, a quarter of them worked in the blood disease unit, more than a third in the intensive care unit, and around one-fifth in the critical care bed. And only a little over 25% of them participate in part in training linked to resilience. But more than 75% of them were not taking part in resilience training.

The researcher believes that overworking, high demands at work, personal ambition, and external stressors that might cause fatigue and sleep deprivation may cause it difficult for individuals to sustain a proactive attitude that can enhance their resilience and overall well-being.

Part 2: The staff nurses' overall knowledge of workplace resilience throughout all stages of the training program; According to the study's results, nurses' knowledge of every workplace resilience item increased in a highly statistically significant manner followed the training.

A very statistically significant correlation exists between nursing interns' resilience and their job engagement, per the study "Effect of Resilience Training Program for Nurse Interns on their work engagement" by **El Sayed et al. (2023).** This result aligns with that research. In addition, there were also significant differences in the study group's resilience among nurse interns at three program evaluation stages, just after the phase, and at follow-up, suggesting a noteworthy increase in their knowledge. The results of the current study show that more than 25% of nurses had enough information on workplace resilience during the pre-training program phase. This grew to nearly two quarters during the post-training program phase and remained to rise during the time following the program.

According to **Bakr et al. (2023),** the results were in line with a study that looked at "The Effect of Resilience Training Program on Perceived Stress among Acute Care Nurses." Based on the study, staff nurses' knowledge about workplace resilience differed greatly between the pre- and follow-up stages of the training, with the latter demonstrating an exceptionally high level of understanding. The high level of resilience following the program, according to the researcher, can be related to nurses' developing comprehension of resilience, which guides their nursing practice and utilizes clinical knowledge with technical and communication skills shown in interactions with patients, loved ones, and colleagues.

Section 3: A comprehensive assessment of the staff nurses' workplace resilience at different phases of the training program; In the pre-training program, more than one-third of the study's staff nurses displayed a high degree of workplace resilience associated with philosophical and relational patterns, respectively. During the post-training program phase, more than 75% of the study's staff nurses showed high levels of work resilience in relation to situational and dispositional patterns, respectively.

These findings agree with the research carried out by **El Sayed and others in 2023**, which was titled "Effect of Resilience Training Program for Nurse Interns on their Work Engagement." The study discovered that the study group's resilience levels at the assessment phase (pre-test) and right after the phase, when resilience increased differed in highly statistically significant ways. In contrast to the current study's findings that the staff nurses under investigation had a high level of workplace resilience related to relational patterns at the follow-up phase, the same study noticed that the study group's resilience levels slightly decreased during the follow-up phase after three months of the program.

According to the researcher, because some of the staff nurses were enrolled in training programs related to workplace resilience and because their managers provided resources like paid time off and resilience-building seminars that promote workplace resilience and protect nurses' mental health, the current study found that over one-third of the staff nurses had high levels of workplace resilience prior to training. To build resilience in oneself, employees should be humble and try new things.According to the study results, less than 25% of the staff nurses had a high degree of workplace resilience prior to the training program, and for the most part, this strengthened during the post-training program and follow-up phases. This outcome was in

line with research by **Alreshidi et al. (2024),** which showed a noteworthy rise in resilience scores, suggesting that the training successfully improved nurses' ability to manage difficulties while sustaining psychological stability.

This is in line with earlier studies that highlight how resilience training programs enhance overall mental health, job engagement, and adaptive coping strategies—all of which increase employees' sense of pride in their organizations **(Cohen et al., 2023).** A recent study by **Mealer et al. (2021)** that analysed intensive care nurses utilizing a mindfulness-based cognitive therapy intervention revealed no statistically significant difference in resilience between the treatment and control groups, which was in contrast to this conclusion.

Section 4: The general level of job involvement among the staff nurses in the study at different training program phases; Based on the current study on staff nurses' job involvement, there were not any statistically significant variations in their performance levels across training program phases, and the majority of them had high performance levels, which are an important indicator of self-esteem.

Resilient nurses are less likely to leave their jobs because they can manage stress better by adjusting to changes and challenges at work, which improves their performance and self-esteem, according to the same line (Cooper et al., 2021).

Furthermore, the results of the study by **Aguilar et al. (2023)** showed a good correlation between nurses' resilience and self-efficacy as well as a substantial positive direct effect of resilience on nurses' self-efficacy. This discovery is important because nurses need resilience to cope with stressful conditions and avoid mental and emotional tiredness, lack of motivation, and intention to quit. Additionally, it makes nurses feel proud of their organization and more involved in their work. It is crucial to comprehend resilience and offer support in order to create programs that help nurses become and stay resilient.

According to researchers, it is essential that nurses have access to a variety of programs that support and reinforce self-efficacy as a work resource in order to improve their mental health and well-being, which affects their resilience and self-efficacy for fostering a positive work environment, retaining nursing professionals, and boosting nurses' feelings and commitment with their organizations. This is because nurses with high levels of self-efficacy are able to manage their workplace, deal with challenges, and bring in more assistance when necessary. Vigor, dedication, and absorption—all markers of enhanced work engagement—increase with increasing effort, motivation, and perseverance at work.

Differences among participants in terms of their general characteristics showed that nurses' intention to leave their current institution was higher when they did not want to work there and after 12 to 18 months of employment, which is contrary to the findings of the previous study by **Yu & Lee (2018),** which highlighted that job involvement is a motivating factor and, as such, is a strong predictor of nurses' intention to leave their current institution and pursue a career change during their first year of practice.

Pevious studies have shown that nurses' tiredness and intention to quite increased during their second year of work and when they were not working for the hospital of their choice. In order to assist newly graduated nurses, feel a sense of loyalty to the hospital where they work, it is especially important to help them prevent burnout a year after they begin working, even though it is crucial to help them adjust to their jobs in the early stages of their careers.

Section 5: The study's staff nurses' organizational pride at different training program levels; The findings of the current study indicated that during the training program, the staff nurses under investigation made progress in all areas of organizational pride.

Cao & Chen (2019) found that resilience was the strongest positive significant contributor to work engagement, which improves nurses' pride in their profession. They

also found that resilient nurses, who have positive adaptation under adversity, stressors, and trauma, are typically deeply engrossed in their work and have a low tendency to leave their employment. These findings are consistent with their study, which examined the reciprocal relationships between social support, empathy, resilience, and work engagement among haemodialysis nurses.

The researcher claims that lectures, group discussions, and Q&A sessions are utilized to communicate the program's content. While lectures provide the theoretical foundations and practical applications, group discussions allow the sharing of experiences and cooperative problem-solving. These sessions increased their pride and retention by strengthening their resilience along with improving their perception of their business by addressing personal issues and providing assistance in clarifying topics. These workshops are simple to integrate into both personal and professional lives and provide continuous resilience support.

Davey et al. (2020) emphasized the significance of realizing that resilience is contextual and complex, influenced by both environmental and personal factors, in contrast to the results of previous studies. In addition to addressing individual coping strategies, effective resilience training must address organizational and structural elements that lead to stress and burnout. For instance, although our training focused on individual strategies, other measures—such as improving workplace support systems, reducing administrative burdens, and increasing staffing ratios—are crucial for long-term success because they increase organizational pride and employee engagement.

Finally Part 6: Correlation matrix of the staff nurses' knowledge, job involvement, workplace resilience, and organizational pride ratings; The current study found a weak but statistically significant positive correlation between workplace resilience and organizational pride among staff nurses (r=0.184). Nevertheless, no statistically significant correlation was found between the staff nurses' workplace resilience assessments job involvement, and knowledge score.

According to **Badran &Mohamed (2024),** employees who are proud of their organization are more willing to support and collaborate with one another, which improves everyone's job satisfaction. Organizational pride also helps employees feel that their work has significance and purpose. When workers embrace the organization's vision and values, they are more motivated to perform their jobs as best they can. They are more likely to exhibit work resilience as a result, which improves job satisfaction.

This may be due to the fact that job satisfaction and organizational pride have a significant impact on nurses' professional development at work. Nurses are more likely to be active in their work, have greater job satisfaction, and be more robust and adaptable to stress at work when they are proud of what they do.

These findings go counter to a study by **Wut et al. (2022)** that found organizational resilience had significant direct effects on work engagement but psychological resilience had no effect at all. Both organizational and psychological resilience were associated with worker resilience and perceived well-being. Perceived well-being and employee resilience are linked with work engagement. Employee resilience and perceived well-being were found to function as mediators. Complex mediation models were discovered.

The researchers found that a key element of workplace resources that positively affect nurses' psychological health and work engagement is self-efficacy. Additionally, these resources promote nurses' job engagement and workplace resilience, which in turn improves nurses' work engagement and can benefit their mental health and well-being at work. Additionally, promoting positive adaptation at work is essential for improving people's mental health, which in turn enhances nurses' professional well-being and mental health while also increasing their sense of job satisfaction

Conclusion:

Workplace resilience training program was affected staff nurses' Job involvement and

organizational pride, in which there was a highly statistically significant weak positive correlation between workplace resilience and organizational pride of the studied staff nurses. While, there was no statistically significant correlation between their knowledge score, job involvement and workplace resilience scores.

Recommendations:

Based on the foregoing findings of the present study, the following suggestions were recommended as the following:

At the level of Hospital administration:

- Establish a positive organizational climate, to increase work-life balance, develop social relations, get peer support, develop professional pride and sense of belonging, that achieve life satisfaction, and managing job-related stress for staff nurses.

- Create resilient coping strategies, positive support systems, and develop of active coping skills among staff nurses through their workplace.

- Increase job participation, feeling the sense of dedication and pride to their job, to gain self-accomplishment from completing tasks with their work.

- Conduct a regular meeting among the managers and staff nurses to communicate about problems facing them and how to solve it.

- Use the organizational pride to be a strategy to identify the needs of current and future staff, and to build an image as an organization of choice for work, to increase job involvement of staff nurses with the organization and its workplace.

- Create a safe and ethical environment through encouraging staff to express their feelings and suggestion about work issues fairly.

- Provide fair distribution of bonuses, incentives and apply a fair reward system for appreciating positive behaviors of staff nurses.

- Apply proper coping mechanisms by healthcare providers to overcome stressors,

that leading to growth and ability to thrive from the experience or resiliency.

- Provide spiritual and trustful work climate for creating emotional relationship with staff nurses.

- Create a healthy and friendly work environment by the nurse managers for staff nurses.

- Conduct social support programs for staff nurses that associated with higher well-being outcomes.

At the level of Further Research Directions:

- Replicate this study in other private organizational workplace and compare the results.

- Facsimile the study on a larger probability sample is highly suggested to bridge the small size of the samples and to generalize the results to include more organizations to produce different statistics.

- Implement a training program regarding resilience associated for staff nurses that has its impact on improving job satisfaction, organizational commitment.

- Develop the undergraduate nursing curriculum as well as continuing professional development in terms of resilience and job involvement.

Ethical Responsibilities of Authors

The authors of this article confirm that their work complies with the principles of research and publication ethics.

Practical Implications

The study has great practical significance, it will help nursing managers understand how to use workplace resilience to achieve staff nurses' job involvement and organizational pride. Additionally, in-depth framework this paper upgrades the prior understanding of workplace resilience, job involvement and organizational pride to sustain the competition using a strong and recent roadmap to support the organizational performance indicators. The study found that job involvement and

organizational pride can be improved with the application of workplace resilience can help improve the organizational performance and to build the organizational image and achieve excellence. This study's conclusion can be utilized as a reference for future research and requires immediate examination to meet the degree of using workplace resilience, job involvement and organizational pride in the health care sector. To create resilient coping strategies, positive support systems, and develop of active coping skills among staff nurses through their workplace.

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Authors' contribution

All authors contributed to the article and approved the submitted version. From the ideation, conceptualization systematic analysis, review, collection of articles, visualization, and formatting of the articles. To be contributed to the literature review, tabular result analysis, proofreading, logical flow, visualization enhancement, writing original draft, writing review, editing and final formatting.

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Informed consent was obtained from all subjects involved in the study.

Conflicts of Interest

The authors declare no conflict of interest.

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