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The mediating role of thriving: Mindfulness and contextual performance among Turkish nurses

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Abstract

Aims: To examine the role of thriving in the relationship between mindfulness and contextual performance.

Background: Thriving has been known as one of the most important components in the professional development of nurses. Previous studies have also shown that mindfulness and contextual performance have an effective role in workplace. Yet, we still know relatively little about the underlying mechanisms that explain the relationship among mindfulness, thriving and contextual performance in a nursing context.

Methods: Data were collected from nurses from various hospitals in Turkey ($N = 398$). We used the structural equation model to test the mediation model.

Results: Empirical results indicate that thriving mediates the link between employee mindfulness and contextual performance.

Conclusions: This study contributes to the existing literature on thriving by explaining the mediating mechanisms through which mindfulness affects contextual performance and provides implications for practitioners by showing that employees with higher levels of mindfulness engage in more extra-role behaviours when their thriving is high.

Implications for Nursing Management: Managers should pay attention to finding ways to improve mindfulness and thriving in organisations in order to increase nurses' contextual performance.

KEYWORDS

contextual performance, learning, mindfulness, nurses, thriving, vitality

1 | INTRODUCTION

Today, the rapid progress of technological advancements and globalization necessitates continuous development in professions. Continuing professional development (CPD) is a key component of success in nursing (Pool, Poell, Berings, & Ten Cate, 2015; Price & Reichert, 2017). Nurses have to keep up with the rapid

advances in technology and knowledge to provide better patient care and to enhance their quality of work (Bindon, 2017; Kutzin & Janicke, 2015; Pool et al., 2015). CPD also provides nurses with job satisfaction and helps them cope with stress (Coventry, Maslin-Prothero, & Smith, 2015; Hariyati & Safril, 2018). In parallel to this, CPD assures of personal growth. Moreover, nurses have to be vital to complete their required tasks successfully and impeccably. Therefore, vitality and learning, which are the subdimensions of thriving, have a crucial role in the nursing profession (Mortier, Vlerick, & Clays, 2016).

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Thriving has been utilized in mental health and economics since the beginning of the 21st century and defined as a psychological state in which one can experience both learning and vitality simultaneously (e.g., Spreitzer, Sutcliffe, Dutton, Sonenshein, & Grant, 2005; Walumbwa, Muchiri, Misati, Wu, & Meiliani, 2018; Wiese, Tay, Su, & Diener, 2018). Vitality refers to one's having the energy to conduct a certain action (Kleine, Rudolph, & Zacher, 2019). Learning refers to gaining the knowledge and skills to do something in a confident way (Spreitzer et al., 2005). Both these dimensions pertain to the affective and cognitive psychological aspects of personal growth (Porath, Spreitzer, Gibson, & Garnett, 2012) and reinforce each other (Ren, Yunlu, Shaffer, & Fodchuk, 2015). Furthermore, thriving has also been widely conceptualized in the socially embedded model, as shown in Figure 1 (Spreitzer et al., 2005).

According to the socially embedded model (Spreitzer et al., 2005), thriving is a situation that results from the interactions between individual and organisational antecedents and individual outcomes. Individual antecedents include task focus, exploration, and heedful relating. These characteristics may help individuals flourish themselves both personally and relationally (Bundick, Yeager, King, & Damon, 2010; Diener et al., 2010; Ryff & Singer, 2008). In particular, thriving is seen more when heedful relating is high. This is presumably because individuals observe, understand and evaluate the systems via heedful relating and adapt their behaviours based on the goals of the system. Since nurses are in contact with many people such as patients, doctors and other health care personnel. So, they have deep personal and interpersonal understanding and sensitivity to provide effective care (Arnold & Boggs, 2019). Thus, nurses pay attention to the present experience, become aware of what they do at that moment, regulate their feelings and thoughts, and adapt their behaviour according to the necessities of the system such as patients' need and emergency situations (Kupperschmidt, Kientz, Ward, & Reinholz, 2010). In such a context, thriving might be understood in terms of its relationship with mindfulness. To explore this relationship, we conceptualized mindfulness as one of the individual antecedents of thriving.

Mindfulness is generally defined as a psychological state of being through which one is attentive and non-judgementally aware of the present moment (Kabat-Zinn, 2015; Malinowski & Lim, 2015; Slutsky, Rahl, Lindsay, & Creswell, 2017) and accepts the inner subjective mental experience such as feelings, thoughts, sensations, perceptions, hopes, dreams, beliefs and attitudes (Mesmer-Magnus, Manapragada, Viswesvaran, & Allen, 2017). Individuals autonomously adapt their own behaviours according to their chosen interests and values that stimulate mindful experiences (Brown & Ryan, 2003). Previous studies have shown that mindful adaptation provides individuals with vitality and energy (e.g., Allen & Kiburz, 2012; Baer & Lykins, 2011). By experiencing what is happening in the present moment, without judgements and expectations, an individual learns how to become open and engaged (Siegel, 2007). Furthermore, heedful interactions help individuals make sense of what they do in a social context, thus leading them to engage in all-volunteer activities more frequently (Spreitzer et al., 2005). Past

studies have indicated that as a part of their jobs nurses do more volunteer activities than other professionals do, as a part of their job (Bakker, Demerouti, & Euwema, 2005; Kidder, 2002). As such, mindfulness and thriving might be considered in terms of contextual performance. We therefore conceptualized contextual performance as one of the organisational outcomes of thriving. Contextual performance refers to the organisational, social and psychological activities that support an environment that goes beyond the technical structure of an organisation (Goodman & Svyntax, 1999; Malik, 2018). Contextual performance is explained in terms of the socially embedded model and social exchange theory (Gouldner, 1960).

These studies highlight the links and pre-assumed theoretical connections among mindfulness, thriving and contextual performance; however, our study aims to explain mindfulness in terms of how it relates to thriving as a potential factor for predicting contextual performance in a nursing context. We contribute to the literature and practice in three ways. First, we extend the existing literature on the notions of mindfulness, thriving and contextual performance by testing a proposed mediating model. This helps us better understand how mindfulness affects nurses' contextual performance. Second, our research highlights the importance of mindfulness and thriving for nursing practitioners and will provide empirical data about these variables. Hence, it may make contribution to develop a new perspective for supporting personal and professional development of nurses. Third, although mindfulness has been studied mostly in clinical settings, studies that investigate its possible implications in the workplace are relatively limited. We, however, examine nurses who work in different public and private hospitals, which may provide fresh insights into the relevant literature.

2 | THEORY AND HYPOTHESIS SETTINGS

Thriving has an adaptive function that provides a person with guidance and adaptation to changes in a working context to promote their development (Spreitzer & Hwang, 2019; Spreitzer et al., 2005). Thriving is explained by a variety of theories such as the self-determination theory (Deci, Olafsen, & Ryan, 2017) and the socially embedded model (Spreitzer et al., 2005). The common feature of these theories is that they acknowledge the personal and relational growth (Benson & Scales, 2009; Bundick et al., 2010; Diener et al., 2010; Ryff & Singer, 2008).

Nurses navigate and adapt their own internal sources and behaviours autonomously according to their basic psychological needs and contextual features to grow both personally and relationally (Ryan & Deci, 2017). Nurses thus become aware of both themselves and the embedded contextual features and follow their own development either positively or negatively (Deci et al., 2017; Spreitzer et al., 2005; Wallace, Butts, Johnson, Stevens, & Smith, 2016). In line with this, thriving can also be related to mindfulness, because such mindful experience of nurses regulates their behaviours autonomously based on their chosen interest and values in the present moment (Brown, Creswell, & Ryan, 2015; Glomb, Duffy, Bono, &

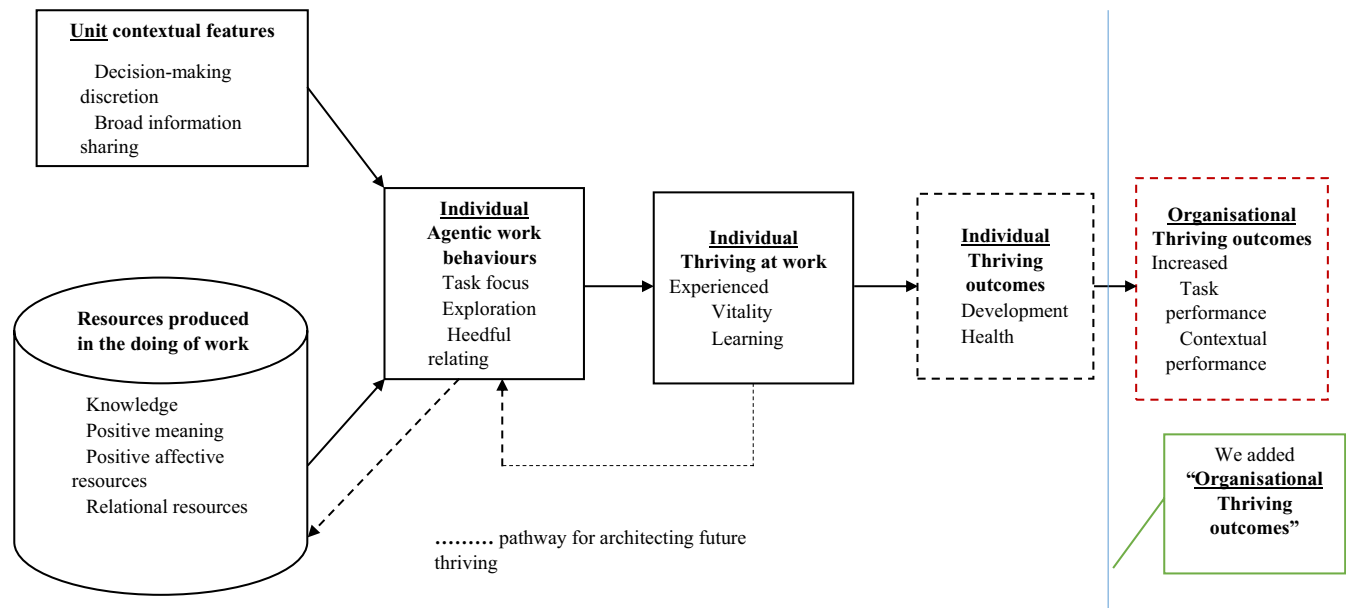


FIGURE 1 The extended social embeddedness of thriving at work Spreitzer et al., 2005 [Colour figure can be viewed at wileyonlinelibrary.com]

Yang, 2011). By experiencing what is happening now, without any judgements or expectations and acceptance to present moment experiences, nurses create space between emotions and associated reactions (Shapiro, Carlson, Astin, & Freeman, 2006), which enhance their mind into clarity and vividness (Brown et al., 2015). These clarity and vividness may promote nurses to be vital (Allen & Kiburz, 2012; Baer & Lykins, 2011; Brown et al., 2015). In addition, mindfulness help nurses learn being open to and engaged with others at work (Siegel, 2007). Being open to and engaged with mindful awareness may increase nurses' likelihood of learning some strategies and utilizing them to patient care (Spreitzer, Porath, & Gibson, 2012; Spreitzer et al., 2005). Furthermore, as human beings nurses have a chance to realize their full potentials during their learning process (Spreitzer et al., 2012, 2005). Learning encompasses 'aha' experience (Shen, Yuan, Liu, & Luo, 2016). Such 'aha' experience is also experiential learning (Yeganeh & Kolb, 2009). To experience all these processes, one needs to be aware of what to do. In particular, nurses should pay attention to the present experience, become aware of what they do, regulate their feelings and thoughts, and adapt their behaviour according to the working context to provide effective care (Kupperschmidt et al., 2010). Thus, our first hypothesis is as follows:

Hypothesis 1 *There is a relationship between mindfulness and thriving.*

Contextual performance regarding non-benefits activities in the organisation may relate to thriving. When nurses thrive, they are prepared emotionally and cognitively and interact with others (Kolb, 2014). In helping interactions, people are also more cognitively and emotionally prepared. Therefore, people learn more by engaging in non-benefits activities (Bierhoff, 2002; Penner, Dovidio, Piliavin, & Schroeder, 2005; Wilson, 2000). Furthermore, nurses need

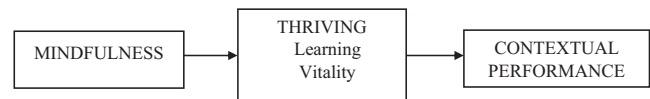


FIGURE 2 Research's model

physiological and psychological energy (Blanco-Donoso, Garrosa, Moreno-Jiménez, Almeida, & Villela-Bueno, 2017; Zito, Cortese, & Colombo, 2016). Vitality promotes nurses to demonstrate social support, non-benefits activities and helping behaviours (Akin, Akin, & Uğur, 2016; Allen & Kiburz, 2012). So, our second hypothesis is as follows:

Hypothesis 2 *There is a relationship between thriving and contextual performance.*

Mindfulness may lead nurses to develop a sense of thriving in their lives and allow them to show better contextual performance. In our study, mindfulness is one of the individual antecedents of thriving and contextual performance is an outcome of thriving in the nursing context. In line with this, our study adds new dimensions to Spreitzer et al. (2005) thriving model (see Figure 1). That is, thriving promotes both individual outcomes (e.g., development and health) and organisational outcomes (e.g., contextual performance).

We show research's model in Figure 2. Given that the research on these relationships is still limited, we developed the following exploratory hypothesis to shed further light into the relationship between mindfulness and contextual performance in a nursing context.

Hypothesis 3 *Thriving mediates the relationship between mindfulness and contextual performance.*

3 | METHODS

3.1 | Sample and procedure

The sample included nurses working in a public and a private hospital in Turkey. We selected a public and a private hospital due to controlling hospital type. Non-random sampling method was used. The questionnaires were distributed and collected by the authors after getting approval of ethical committee and authorizations from both hospitals. A brief information about the questionnaires was given to the participants in face-to-face interviews and ensured confidentiality of responses. Data collection process took place from March and August in 2018. We calculated sample size by using N:q rule developed by Jackson (2003). Kline (2011) reported that N:q rule is appropriate for maximum-likelihood method, which is often used in the structural equation model (SEM). According to this rule, ideal sample size-to-parameter ratio (N:q) would be 20 and less ideal would be 10 (Kline, 2011). In our study, the number of parameters (q) was 32 (mindfulness has 15 items, thriving has 10 items, and altruism has 7 items). So, ideal sample size of this study would be $32 \times 20 = 640$ and less ideal would be $32 \times 10 = 320$. We distributed 700 questionnaires and collected 421 of them. The response rate was 60%. After eliminating incomplete questionnaires, we used 398 questionnaires for our final analysis. Based on the Jackson's N:q rule (2003), our sample size is ideal.

The final sample of our study consisted of 398 nurses. The sample included 281 (70.6%) female and 117 (29.4%) male nurses between the ages of 18 and 60 ($M = 29.43$ years, $SD = 8.82$). These nurses have been working in their current jobs for an average of 4.45 years ($SD = 5.05$). The majority worked in the public hospital ($n = 247$; 62.1%), while others worked in the private hospital ($n = 151$, 37.9%). Ten per cent of nurses held a managerial or supervisory position, while majority of nurses (90%) did not hold a managerial position. Then, thirty-two per cent of nurses worked only during daily working hours, 68.3% worked at night and day shifts, and 81% worked overtime on weekends.

3.2 | Measures

3.2.1 | Mindfulness

We used the Mindful Attention Awareness Scale (MAAS) to measure employees' level of mindfulness. This unidimensional scale, developed by Brown and Ryan (2003), originally consisted of 15 questions (e.g., '*I find it difficult to stay focused on what's happening in the present*'). Respondents replied to each question using a 6-point Likert scale from 1 (almost always) to 6 (almost never). High scores reflected better degrees of mindfulness. The scale was reported to have a high reliability; the Cronbach's alpha coefficient for the scale was .82 for student sample, and .87 for general adult sample (Brown & Ryan, 2003, p. 827). This scale was adopted into Turkish

by Özyeşil, Arslan, Kesici, and Deniz (2011). They reported that the scale's reliability on the Cronbach's alpha coefficient was .80.

3.2.2 | Thriving

In order to measure the thriving, we used the scale developed by Porath et al. (2012), which was adopted into Turkish by Koçak (2016). We asked participants to rate their answers by choosing 6 (almost always) to 1 (almost never). The thriving scale has two subdimensions, namely vitality and learning, and each subdimension has four statements. '*I feel alive and vital*' is one of the sample items for vitality, and '*I find myself learning often*' is one of the sample items for learning. Porath et al. (2012) reported that the scale's overall internal consistency was 0.92 for young adult samples, and 0.88 for young professional samples. Koçak (2016) also reported that the scale exhibited a high composite of reliability and validity.

3.2.3 | Contextual performance

We used only the altruism subscale from the scale developed by Goodman and Svyantek (1999), adopted into Turkish by Şahin (2016). The altruism subscale consists of 7 items. Some of the sample statements on the scale include the following: '*Helps others with their work load increases (assists others until they get over the hurdles)*' and '*Takes initiative to orient employees to the department even though not part of his/her job description*'. The Cronbach's alpha coefficient was .86 according to Goodman and Svyantek's (1999) study, and .79 (employee self-ratings) and .92 (supervisor ratings) in Şahin's (2016) study. We used a 6-point Likert type scale in which low scores indicated low performance levels, while high scores indicated high performance levels.

3.2.4 | Control variables

We controlled for age (measured in years), gender (1 = female, 0 = male), managerial position (1 = managerial position, 0 = non-managerial position) and hospital types (1 = public hospital, 0 = private hospital). In the literature, these variables have been shown to be significantly related to thriving or contextual performance (Cullen, Gerbasi, & Chrobot-Mason, 2018; Frazier & Tupper, 2018; Jaiswal & Dhar, 2017).

3.3 | Analysis

We used SPSS 23 and AMOS 23 in the analysis of our data. The AMOS (Analysis of Moment Structures) is a structural equation model (SEM) program (Arbuckle, 1997). SEM is a preferable data analysis strategy for mediation models involving latent constructs (Baron & Kenny, 1986). We followed Preacher and Hayes' (2008:889) approach to test

the mediation model and used 5,000 sample sizes recommended by Preacher and Hayes (2008:889) in the bootstrap method. We used Goodness-of-Fit Index (GFI), Root Mean Square Error of Approximation (RMSEA) and Root Mean Square Residual (RMR) as absolute fit indices, and a Comparative Fit Index (CFI), Normed Fit Index (NFI) and Tucker-Lewis Index (TLI) as incremental fit indices to represent model fit (Kline, 2011). Values for RMSEA and RMR were below 0.08, and other indices above 0.90 were considered to indicate a good fit (Kline, 2011).

4 | RESULTS

In order to validate the measures further, we first ran preliminary CFAs to test the factor structure of mindfulness, thriving (learning and vitality) and contextual performance. First, the second-order CFA was performed for thriving. Thriving with two dimensions, namely learning and vitality, had a good fit with the data ($\chi^2/df = 3.62$, GFI = 0.96, RMR = 0.05, RMSEA = 0.081, NFI = 0.97; TLI = 0.97, CFI = 0.98). Then, the latent variables (mindfulness, learning, vitality and contextual performance) were examined in a pooled first-order CFA. However, in the first-order CFA, some fit indices did not satisfy the criteria for the four-factor model. Therefore, we examined the lower factor loadings and the modification indices for potential cross-loadings. It is recommended that items with loadings below 0.40 should not be considered for analysis (Hair, Hult, Ringle, & Sarstedt, 2016). Therefore, we excluded eight items from mindfulness and two items from contextual performance due to lower factor loadings. Subsequently, results indicated that the four-factor measurement model (mindfulness, learning, vitality and contextual performance) had a good fit with the data ($\chi^2/df = 1.86$, GFI = 0.93, RMR = 0.076, RMSEA = 0.05, NFI = 0.94; TLI = 0.96, CFI = 0.97). All factor loadings were significant ($p < .01$). According to Hair, Anderson, Tatham, and Black (1998), these results can prove convergent validity by indicating a significant relationship between indicators and constructs.

We then conducted CFAs to examine the potential impact of common method variance and whether the dimensions of this study were distinct constructs. We compared separate measurement models with the measures, and results are shown in Table 1. As shown in Table 1, we first compared the hypothesized a four-factor model (M4) with a three-factor alternative model (M3). Following, we compared the hypothesized three-factor model with a two-factor alternative model (M2). Finally, we compared the hypothesized three-factor model with a one-factor alternative model (M1), in which the items of all variables loaded on a single factor. The hypothesized four-factor model (M4) fit was significantly better than the alternative models. These results provided support for the four-factor measurement model of mindfulness, learning, vitality and contextual performance as distinct constructs in the present study (see Table 2). We also examined discriminant validity among the constructs by average variance extracted (AVE). In Fornell and Larcker's (1981) criterion, if AVE square root for each construct is greater than the values of its

bivariate correlations, discriminant validity is supported. In our study, this value is greater than each construct's bivariate correlations with other constructs and shows that discriminant validity is established for this research construct.

In Table 2, we present the means, standard deviations, Cronbach's alpha reliability coefficients, composite reliability (CR) and bivariate correlations among the study variables. Cronbach's alpha and CR values above .70 indicate internal consistency reliability of a construct (Hair et al., 2016). As shown in Table 2, Cronbach's alpha and CR values are satisfactory in our study. All the variables are correlated with each other significantly. We thus conclude that our Hypothesis 1 and 2 are supported.

We also tested the mediating role of thriving in the relationship between mindfulness and contextual performance after controlling for age, gender, managerial position and hospital type. Fit indices indicated that the model showed a good fit with data ($\chi^2/df = 2.171$, $p = .0001$, GFI = 0.90, RMR = .238, RMSEA = .054, NFI = .90; TLI = .94, CFI = .95). Table 3 presents the parameter estimates, their 95% confidence intervals (CIs) and p values for the direct and indirect effects proposed in Hypothesis 3. As shown in Table 3, we found a significant direct effect of mindfulness on thriving ($\beta = .17$, $p < .01$), in addition to the significant direct effect of thriving on contextual performance ($\beta = .51$, $p < .01$). Moreover, we found the expected significant indirect effect of mindfulness on contextual performance via thriving (0.085, 95% CI = [0.023–0.169]), supporting Hypothesis 3.

5 | DISCUSSION

In this study, we investigated the indirect effect of mindfulness on contextual performance via thriving. Our results show that mindfulness is positively related to thriving and contextual performance. Furthermore, mindfulness is indirectly related to contextual performance via thriving.

Based on these results, our study has contributed to the literature on mindfulness, thriving and contextual performance at work. Other studies have also attempted to explain the relationship between mindfulness and task performance (e.g., Dane, 2011; Jamieson & Tuckey, 2017). These studies provide supportive evidence for the positive relationship between mindfulness and job performance (Atkins, Hassed, & Fogliati, 2015; Dane & Brummel, 2013; Good et al., 2016; Jamieson & Tuckey, 2017; Shonin, Van Gordon, Dunn, Singh, & Griffiths, 2014). There are also some studies indicating that mindfulness and organizational citizenship behavior (OCB) are correlated (Reb, Narayan, & Ho, 2015). However, there has yet been limited evidence about how mindfulness relates to contextual performance. In our study, thriving was found to be an important mediator variable between mindfulness and contextual performance within a nursing sample. In doing so, our study contributes to the literature in several ways.

First, we drew on the socially embedded model to explain the relationship between mindfulness and thriving (Benson & Scales,

TABLE 1 Fit indices of alternative factor model and measure model comparison ($N = 398$)

Model	χ^2	df	RMSEA	GFI	TLI	RMR	Comparison	$\Delta\chi^2$	Δdf
M1: single-factor model	2,750	169	0.196	0.501	0.422	0.227	—	—	—
M2: two-factor model	1,964	168	0.164	0.566	0.595	0.208	M1-M2	768**	1
M3: three-factor model	1,198	166	0.125	0.708	0.765	0.134	M2-M3	766**	2
M4: four-factor model	303	163	0.047	0.929	0.967	0.076	M3-M4	895**	3

Note: M1: single-factor model (the items of all variables loaded on a single factor).

M2: two-factor model (the items of learning, vitality and mindfulness loaded on a factor and contextual performance loaded another factor).

M3: three-factor model (the items of learning and vitality loaded on a factor, mindfulness loaded another second factor and contextual performance loaded another third factor).

M4: four-factor model (as four distinct factors, for which we loaded each item onto its respective higher order factor).

** $p < .01$; χ^2 , chi-square; df, degree of freedom.

TABLE 2 Means, standard deviations, and correlations between study variables ($N = 398$)

Variables	M	SD	1	2	3	4	5	6	7
1. Age	29.43	8.74							
2. Gender	0.71	.46	-.14**						
3. Managerial position	0.11	.31	.27**	.02					
4. Hospital type	0.62	.49	.22**	-.15**	.08				
5. Mindfulness	4.92	.80	-.05	.05	-.03	-.24**	($\alpha = .82$; CR = .83)		
6. Thriving	4.13	.98	-.08	-.06	.03	-.14**	.19**	($\alpha = .92$; CR = .93)	
7. Contextual performance	4.74	1.00	-.03	.01	.14**	-.17**	.18**	.50**	($\alpha = .89$; CR = .89)

Note: Coefficients alphas and composite reliabilities (CR) are along the diagonal in the parenthesis.

Abbreviations: M, mean, SD, standard deviation., CR, composite reliability.

* $p < .05$,

** $p < .01$.

2009; Bundick et al., 2010; Diener et al., 2010; Ryff & Singer, 2008). Thriving is seen more when heedful relating is high. This is presumably because individuals observe, understand and evaluate the systems via heedful relating and adapt their behaviours based on the goals of the system. To provide effective care, nurses must have a deep personal and interpersonal understanding and sensitivity (Arnold & Boggs, 2019). Thus, nurses pay attention to the present experience, become aware of what they do at that moment, regulate their feelings and thoughts, and adapt their behaviour according to necessities of the system such as patients' need, emergency situations (Kupperschmidt et al., 2010). In the present study, mindfulness was found as one of the individual antecedents of thriving that provides supportive evidence to this theory. To conclude, mindful nurses who give attention to the present moment non-judgementally and accept whatever is taking place at this moment have reported higher level of thriving. Our study also provides empirical evidence to the socially embedded model (Spreitzer et al., 2005). Porath et al. (2012) and Frazier and Tupper (2018) have reported a positive relationship between thriving and job performance. In consistent with

these studies, our study provides positive results about thriving and contextual performance.

Second, we added new concepts to the socially embedded model (Spreitzer et al., 2005). According to the model, thriving is a situation that results from the interactions between individual and organisational antecedents and individual outcomes. After we explored that mindfulness is indirectly related to contextual performance via thriving, we conceptualized mindfulness as an individual antecedent, thriving as an individual outcome and contextual performance as an organisational outcome. There is no statement in the model about organisational outcomes that we added by the result of the study. According to the socially embedded model, individuals autonomously adapt their own behaviours according to their interests and values that stimulate mindful experiences (Spreitzer & Porath, 2014). Also, mindful nurses can maintain their relationships at work in line with a sense of reciprocity (Gouldner, 1960), as they are aware of others in the workplace (co-workers, customers, etc.) and what is going on at immediate environment. Consequently, mindful nurses may go beyond egoistic concerns and be volunteer to do things that are not

TABLE 3 Results of mediation analysis predicting contextual performance from mindfulness via thriving

	Standardized	Unstandardized	Unstandardized		Standardized 95% CI		
	β	β	SE	<i>p</i>	Lower	Upper	<i>p</i>
Controls (direct effects)							
Thriving							
Age	-.16	-.02	.006	<.01	-.27	-.04	<.05
Gender	-.09	-.17	.11	>.05	-.19	.02	>.05
Managerial position	.09	.25	.16	>.05	.01	.18	>.05
Hospital type	-.14	-.26	.10	<.05	-.24	-.04	<.05
Contextual performance							
Age	.02	.002	.005	>.05	-.05	.11	>.05
Gender	.03	.06	.09	>.05	-.05	.11	>.05
Managerial position	.11	.31	.13	<.05	.02	.19	<.05
Hospital type	-.09	-.16	.08	<.05	-.16	-.01	<.06
Direct effects							
Mindfulness → thriving	.17	.27	.10	<.01	.05	.29	<.05
Thriving → contextual performance	.51	.51	.08	<.05	.39	.62	<.01
Mindfulness → contextual performance	.10	.17	.08	<.05	.01	.20	>.05
Indirect effects							
Mindfulness → thriving → contextual performance	.09	.14	.07		.02	.17	<.05

Abbreviations: β , beta; SE, standard error; *p*, significance; CI, confidence interval.

officially necessary, but also important for the organisation such as helping others, taking initiatives to the development of working process and so forth.

The results of our study show that mindful nurses can better thrive in their work and engage in more extra-role behaviours (e.g., contextual performance). As mindfulness can be a determinant of contextual performance in organisations, it can also be categorized as a determinant of interpersonal cooperation. This is in line with the Affective Events Theory (Weiss & Cropanzano, 1996), which posits that people like positive people rather than negative ones, and those who are positive are more likely to be offered social support and to be evaluated positively by other employees, thereby encouraging positive people to work better collectively. There are also a number of conditional factors that affect individuals' desire to help others. First, employees who feel vitality and a sense of energy are likely to be encouraged in this sense. Second, learning, as boosted in tandem with the subdimension of thriving, provides employees with the necessary knowledge to guide their colleagues. Mindful adaptation provides individuals with vitality and energy (Allen & Kiburz, 2012; Baer & Lykins, 2011), which lead them to engage in all-volunteer activities more frequently (Spreitzer et al., 2005). Our study thus contributes to the literature by explaining the underlying mechanisms of the relationship between mindfulness and contextual performance, which is a key component of organisations' effectiveness.

6 | IMPLICATIONS

This present study has several important practical and theoretical implications. First, we found that mindfulness plays a key role in thriving and contextual performance. This result provides new evidence to the limited knowledge that managers should pay attention to find ways to improve mindfulness and thriving in organisations to increase their nurses' contextual performance. Based on these results, one might conclude that managers and organisations would benefit from mindfulness-based training programmes to increase nurses' contextual performance. Finally, we added organisational outcomes (contextual performance) in socially embedded model of thriving that may show not only individual development but also organisational development more precisely.

7 | LIMITATIONS AND FUTURE RESEARCH

Our study has some limitations. First, it is known that there are many different variables that may affect our model. However, it is not possible to include all variables into a model. Second, we acknowledge that collecting the data for dependent and independent variables from the same source (only from the individual) may reveal a common method variance error (e.g., Antonakis, Bendahan, Jacquart, & Lalive, 2010; Podsakoff, MacKenzie, Lee, & Podsakoff,

2003). While we collected data from one source and at one point of time, we tested the distinctiveness of all measures in the study to reduce negative effect of common method variance error. In addition, we cannot claim a precise causality from the results due to the nature of cross-sectional design. Therefore, we suggest that future research should conduct longitudinal design to prove the causality. Third, our dependent variable, contextual performance, was rated by employees. We recommend future research to collect data about contextual performance by using various sources (e.g., supervisor, co-worker, organisational records). Last, although mindfulness is mostly studied in clinical setting, future research should shed further light into mindfulness by investigating its possible implications in the workplace.

ETHICAL APPROVAL

Ethical approval for this study was obtained to Ethical Committee of Istanbul Medeniyet University and Istanbul Medipol University. Authorizations were obtained to Istanbul Health Directorate to collect data at hospitals (no specific numbers).

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