

Review Article

Workplace Spirituality in Nursing: A Systematic Review

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ABSTRACT

Background/Purpose: Although we understand that the nurse's workplace is a source of intense pressure, the relationship of nurses' spirituality to other relevant workplace variables is not well understood. The purpose of this review was to synthesize the recent evidence on work performance and workplace spirituality in nurses.

Methods: A comprehensive literature search of the electronic bibliographic databases CEPS, Medline/PubMed, Embase, Cochrane Library, and Google Scholar was performed using key words and the subject headings "spirituality", "workplace spirituality", "work environment", and "nurse", according to PRISMA guidelines. This yielded seven studies, with a total of 1,855 participants for review.

Results: Seven quantitative studies were included. The findings suggested that nurses' workplace spirituality was strongly related to work performance and psychological variables, such as turnover intention, withdrawal behavior, emotional exhaustion, organizational citizenship behavior, helping/alsan behavior, occupational ethics, job satisfaction, and job stress. A strategy based on enhancing well-being, positive mood, and organizational commitment can enhance positive behaviors in nurses.

Conclusion: This review showed that workplace spirituality can enhance nurses' positive behaviors in an organization, which has a profound impact on quality of performance. Further research should focus on the external factors associated with spirituality as well as examine the long-term impact of spirituality through a longitudinal study. Understanding the impact of workplace spirituality on nurses' physical and psychological status and professional performance can increase awareness of the importance of workplace spirituality. Designing a spiritual intervention based on nurses' needs as a means to promote good quality of work is key to retaining nurses.

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Received 14 January 2020
 Accepted 11 May 2020

Keywords

Spiritual, nursing, workplace
 spirituality.

1. INTRODUCTION

In the environment of hospitals, nurses not only deliver professional care to patients and their family but also deal with their own emotions related to patient care. Thus, they need not only skilled nursing knowledge, build also a sense of spirituality to meet the variety of care needs., including their own. The individual feelings and workplace atmosphere of nurses is related to their job performance in the stressful hospital environment.

Workplace spirituality started to receive attention in the 1990s. The concept of workplace spirituality is difficult to contextualize and frame, and many scholars have tried to define workplace spirituality through a variety of dimensions. Ashmos and Duchon define workplace spirituality as the cognition of the inner life that employees nourish through meaningful work,¹ Management scholars defined it as the reflection of employees' positive work attitude, which allows individual to grow with an organization and is developed based on employees' values as related to the organization, internalizing of work experience, and identifying oneself as a part of an organization.² Kolodinsky et al. define workplace spirituality as a connection among an individual's spiritual perspective, values, and work environment.³ Individuals' spiritual perspective and values not only influence their work performance and interactions with others, but also are an application of the individuals' spirituality.

Milliman et al. (2003) views workplace spirituality as representing the interaction of individuals and organizations.⁴ There are three components of 'workplace spirituality: "meaning in 'work," "sense of community," and "alignment with organizational value." Research has shown that workplace spirituality positively influences employees' organizational citizen behavior (OCB) and Ihsan behavior. OCB means that employees show the inner and external behaviors that have a positive impact on organizational outcomes under workplace specifications.⁵ Ihsan behavior is a manifestation of one's spirituality, in one which presents his or her best behavior and effectiveness in the workplace.⁶ Further, employees' values and behaviors affect workplace spirituality, which can improve the individual, mental and psychological well-being as well as work performance.⁷ Research has shown that, in the workplace, spirituality has multiple dimensions including connection, compassion, mindfulness, meaningful work and transcendence⁸ These dimensions are connected to each other and are associated with psychological status and work performance. Therefore, when we focus on workplace spirituality, the results can be seen in measurable outcomes, determined through a quantitative methodology that includes an assessment of job satisfaction and positive and negative behaviors.

Nurses are the medical staff who are contacted most frequently during an illness by patients and family. Research finds that workplace spirituality has a positive influence on nurses' self-efficacy, and patient-safety management activities and reduces chronic fatigue^{9,10} Workplace spirituality in medical institutions can provide a way for nurses to find meaning in work, to have a comfortable work environment, and to encourage patients' spirituality¹¹ Recently, there are has been a growing interest in workplace spirituality issues, but most of the research has centered on the fields of business and management. There is, however, research that explores the effect of workplace spirituality in nurses or other medical professionals. Therefore, the aim of this systematic review is to synthesize recent literature on spiritual issues in nursing and to provide evidence-based recommendations to improve nursing management and quality of care.

2. METHODS

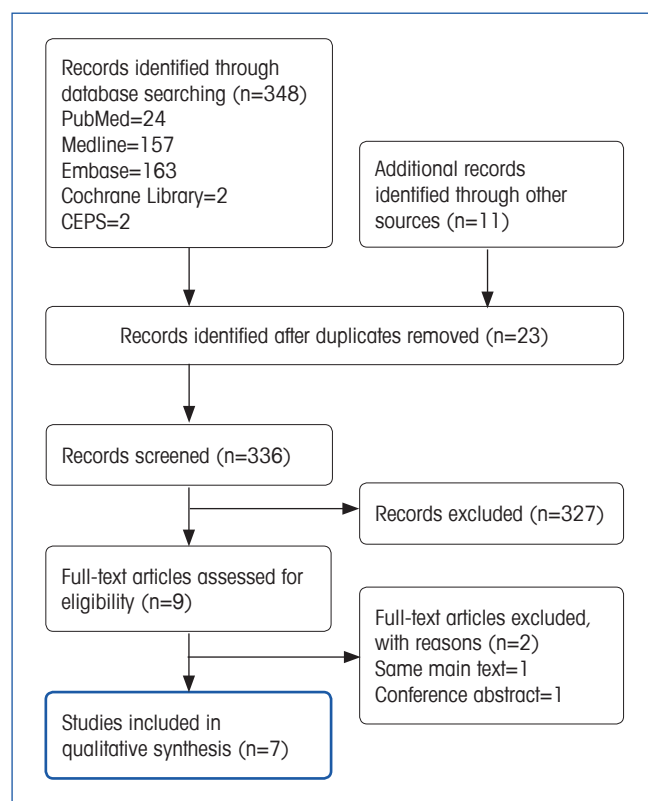
The review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Electronic bibliographic databases, such as CEPS, Medline/PubMed, Embase, Cochrane library, and Google Scholar, were searched to identify studies. The search in each database was conducted on September 30, 2018. Boolean operators ("or" and "and") and keywords ("spirituality" or "spiritual") and ("workplace spirituality" or "workplace" or "environment") and ("nurses") were used as search terms. The title and abstract were examined, with no published-year restriction, and the full text was obtained if there was ambiguity regarding eligibility when the language was English or Mandarin.

2.1. Data Sources and Searches

The inclusion criteria were (1) the sample included nurses who worked in a public or private hospital and (2) the research measured clear outcomes that concern the effect of workplace spirituality. The exclusion criterion was that the document should not be a qualitative study, conference abstract, discussion, or expert opinion, as they are outside the scope of this review. This search strategy retrieved 359 publications. After removal of 23 duplicates and 327 articles that were irrelevant to the subject, nine studies remained and were screened under full text for eligibility, with a total of two studies that were excluded (one duplicate and one introduction). And a total of 7 seven were studies included in the systematic review. The PRISMA study flow chart as is presented in Figure 1.

2.2. Data Extraction and Quality Assessment

The methodological quality of the studies was

Figure 1. Literature flow chart of articles in the systematic review.

assessed independently by the four authors. First, one author was detail of detailed each study, which was extracted onto a template. Next, two independent reviewers screened the title and abstract. Finally, all of the potential articles were assessed through the full text, as per the inclusion criteria, by two reviewers. If there was any disagreement about article selection, quality, and bias, and, thus, inclusion, were resolved through discussion. Methodological quality was evaluated using the PRISMA statement.¹² The Joanna Briggs Institute criteria were used to evaluate the level of evidence for the included studies.¹³

3. RESULTS

A total of seven cross-sectional, observational studies were included in this systematic review, two in Chinese and five in English. The distribution of study locations and publication dates were as follows: one in Iran in 2012,¹⁴ two in Taiwan in 2014,^{15,16} one in Indonesia in 2016,⁶ one in Pakistan in 2017,¹⁷ one in Iran in 2018,¹⁸ and one in Malaysia in 2018.¹⁹ In all studies, the subjects were nurses in public and private hospitals. The studies were based on an overall total of 1,855 subjects; the maximum sample size for a single study was 318,¹⁶ and the minimum was 65.6 Six studies reported subjects' gender (male N=185; female N=1,465), and one did not.¹⁷ The majority of subjects were under 40 years old, and, in three studies, the majority had graduated from college.^{14,15,16} Five studies indicated that the majority of their sample had less than 10 years of work

experience; the remaining two studies did not include this information.^{16,17} Only one study reported inclusion and exclusion criteria (at least two years of work experience and no psychological illness).¹⁸

All seven studies were cross-sectional, single-group studies with no blinding, and the level of evidence was IVb. All of the samples were from hospitals. Three studies were in a single-center setting setting;^{6,15,16} the remaining four were recruited from four to six hospitals, and, of these, one study used stratified sampling.¹⁹ There were no adverse events documented in any of the seven studies (Table 1).

3.1. Research Instruments and Reliability/Validity Analysis

Five of the seven studies reported Cronbach's alpha values for the questionnaires they used, and, in all cases, these were above the minimum of .70,²⁰ indicating good reliability. It was difficult to assess the validity of four studies, because they did not include construct, convergent, or content validity. Two studies did not include the reliability and validity of the instruments used.^{6,17} Four studies included the reliability and validity of the research. Three studies provided neither the method used nor the reliability and validity.^{15,16,18} The reliability and validity of seven studies are reported in Table 2.

Nurse workplace spirituality involved several variables: Four studies explored the relationship between nurses' workplace spirituality and OCB, turnover intention, withdrawal behavior, emotional exhaustion, helping behavior, job stress, and occupational ethics. Organizational commitment, well-being, positive mood, and job enthusiasm were assessed as potential mediators of relationships between workplace spirituality and the outcome variables.^{14,15,16,18} Three studies explored the impact of workplace spirituality on job satisfaction, Ihsan behavior,^{6,17} and OCB.¹⁹ In this review, the dependent variable is workplace spirituality, whereas OCB, turnover intention, withdrawal behavior, emotional exhaustion, helping behavior, job stress, and occupational ethics are treated as independent variables, and organizational commitment, well-being, positive mood, and job enthusiasm, as potential mediators.

3.2. Impacts of Workplace Spirituality for Nurses

The impacts of nurse workplace spirituality include organizational citizenship behavior, turnover intention, withdrawal behavior, emotional exhaustion, helping /Ihsan behavior, job satisfaction, job stress, and occupational ethics, as discussed below.

3.3. Organizational Citizenship Behavior

Two studies discussed concerned the relationship

Table 1. Characteristics of workplace spirituality studies.

Author/ Location/Year	Study Design (Level of Evidence)	Aim	Target Population	Mediator	Participants (F/M)	Main Findings
Kazempour and Mohd Amin Iran 2012	Cross-section (IVb)	To investigate the relationship among WS dimensions, OCB, and AOC as well as to further explore the mediation effect of AOC.	4 public and general hospitals in Southeast Iran	AOC	305 (34/271)	WS has positive influence on OCB and AOC. AOC has a positive correlation with OCB. OCB was positively affected by WS subdimensions of meaningful work and alignment with organizational values. AOC partially mediated the relationship between WS and OCB.
Liu et al. Taiwan 2014	Cross-section (IVb)	To explore the relationship among WS, well-being, turnover intention, and withdrawal behavior as well as to test the mediation effect of well-being.	1 public hospital in mid-Taiwan	Well-being	318 (6/312)	WS was positively correlated with well-being and negatively correlated with turnover tension and withdrawal behavior. Well-being has a negative influence on turnover and withdrawal. Turnover intention has a positive impact on withdrawal behavior. Well-being fully mediated the relationship between WS and turnover intensive, which also fully mediated the relationship between WS and withdrawal behavior.
Lin et al. Taiwan 2014	Cross-section (IVb)	To explore the relationship among WS, emotional exhaustion, helping behavior, and positive mood as well as to test the mediation effect of positive mood.	1 public hospital in mid-Taiwan	Positive mood	306 (7/299)	WS was positively correlated with helping behavior and positive mood and negatively correlated with emotional exhaustion. Emotional exhaustion was a negative influence on positive mood and helping behavior. Positive mood had a significant positive relationship with helping behavior. Positive mood fully mediated the relationship between WS and emotional exhaustion and decreased emotional exhaustion level of nurses, which, in turn, fully mediated the relationship between WS and helping behavior and increased the behavior of helping others.
Sani et al. Indonesia 2016	Cross-section (IVb)	To investigate the effect of WS, job satisfaction, and Ihsan behavior.	1 hospital in Malang	-	65 (39/26)	WS was significantly correlated with job satisfaction. Job satisfaction and Ihsan behavior had a significant relationship.
Mumtaz Pakistan 2017	Cross-section (IVb)	To understand the relationship between WS and job satisfaction.	6 public and private hospitals in Pakistan	-	205 (NA)	WS had no significant relationship with age and work experience. WS and job satisfaction had the strongest significant correlation. Alignment among the individual, organizational values, sense of contribution to community, and opportunities for inner life subdimensions of WS had the strongest relationship with job satisfaction. WS subdimension of a team's sense of bonding, congruence between values, and sense of pressure also predicted job satisfaction.
Norouzi et al. Iran 2018	Cross-section (IVb)	To explore the relationship among WS, job stress, occupational ethics, and job enthusiasm as well as to test the mediation effect of job enthusiasm.	6 private hospitals in Iran	Job enthusiasm	180 (84/96)	Females' average score was higher than males' for WS, occupational stress, and occupational ethics, but the occupational enthusiasm mean score for females was lower than that of males. WS, job stress, job enthusiasm, and occupational ethics had a high correlation. WS, job stress, and job enthusiasm were significant predictors of occupational ethics. WS, job stress, and job enthusiasm had a direct effect on occupational ethics. WS and job stress had an indirect effect on occupational ethics through job enthusiasm.
Yusof et al. Malaysia 2018	Cross-section (IVb)	To understand the relationship between WS and OCB.	4 public hospitals in Malaysia	-	476 (15/461)	Total WS and two subdimensions (meaningful work and sense of community) were significant positively related to OCB.

WS, workplace spirituality; OCB, organizational citizenship behavior; AOC, affective organizational commitment.

Table 2. Reliability and validity analysis of workplace spirituality studies.

Author/Year	Measurement Outcome/Dimensions	Reliability and Validity
Kazempour et al. 2012	WS was measured from 3 dimensions (meaningful work, sense of community, alignment with organization values) OCB was measured from 5 dimensions (altruism, conscientiousness, courtesy, sportsmanship, civic virtue) AOC was measured from a subdimension of the AOC	Reliability: Cronbach's alpha coefficient Overall WS: 0.95 Meaningful work: 0.81 Sense of community: 0.90 Alignment with organization values: 0.93 OCB: 0.79 AOC: 0.72 Validity: NA
Liu et al. 2014	WS was measured by the meaning and purpose dimensions of the work questionnaire 3 dimensions (inner life, meaningful work, community) Well-being was measured by SWLS Turnover intention Withdrawal behavior	Reliability: Cronbach's alpha coefficient WS: 0.75; SWLS: 0.91 Turnover intention: 0.70 Withdrawal behavior: 0.92 Validity: CFA/AVE WS: >0.30/0.63; SWLS: >0.30/0.72 Turnover intention: >0.30/0.69 Withdrawal behavior: >0.30/0.61
Lin et al. 2014	WS was measured by the meaning and purpose dimensions of the work questionnaire 3 dimensions (inner life, meaningful work, community) Positive mood was measured by the PAS Emotional exhaustion Helping behavior	Reliability: Cronbach's alpha coefficient WS: 0.73; PAS: 0.82 Emotional exhaustion: 0.79 Helping behavior: 0.89 Validity: CFA/AVE WS: 0.62-0.89/0.60; PAS: 0.69-0.83/0.68 Emotional exhaustion: 0.68-0.82/0.59 Helping behavior: 0.79-0.85/0.71
Sani et al. 2016	WS was measured from 3 dimensions (inner life, meaningful work, community). Job satisfaction Ihsan behavior	Reliability: NA Validity: - Goodness of fit for inner structural model: - R^2 : 0.404-0.577
Mumtaz 2017	WS was measured from 5 dimensions (team's sense of bonding, congruence between values, contribution to community, sense of pleasure at work, opportunities) Job satisfaction	Reliability: Cronbach's alpha coefficient Overall WS: NA Team's sense of bonding: 0.746 Congruence between values: 0.783 Contribution to community: 0.689 Sense of pleasure at work: NA Opportunities for inner life: 0.69 Job satisfaction: 0.904 Validity: NA
Norouzi et al. 2018	WS was measured from 3 components (meaningful work, sense of community, organizational values alignment) Job stress was measured using the NSS, for which there were 7 dimensions (patient suffering and death, involvement with physicians, lack of readiness, lack of support, involvement with other nurses, pressure, uncertainty about treatment) Occupational ethics was measured from 4 perspectives (attachment and interest in work, perseverance and seriousness in work, healthy and human relationships at work, collective spirit and participation in the work) Job enthusiasm was measured from 3 dimensions (enthusiasm, endowment for work, attraction in work)	NA
Yusof et al. 2018	WS was measured from 3 components (meaningful, sense of community, organizational values alignment) OCB was measured from 5 dimensions (altruism, courtesy, civic virtue, conscientiousness, sportsmanship)	Reliability: Cronbach's alpha 0.75-0.90 Composite reliability 0.81-0.91 Validity: Factor loading WS: 0.62-0.81; OCB: 0.71-0.94

WS, workplace spirituality; OCB, organizational citizenship behavior; AOC, affective organizational commitment; SWLS, Satisfaction With Life Scale; NSS, Nursing Stress Scale; PAS: Positive Affect Scale; CFA, confirmatory factor analysis; AVE, average variance extracted; NA, not applicable.

between nurses' workplace spirituality and OCB.^{14,19} Kazemipour and Mohd Amin reported that workplace spirituality and its two dimensions, meaningful work and alignment with organizational values, were positively correlated with nurses' OCB.¹⁴ OCB was positively related to emotional organizational commitment. Meaningful work and sense of community predicted OCB. Kazemipour and Mohd Amin also reported that affective organizational commitment mediated workplace spirituality by enhancing nurses' OCB.

Yusof et al. found that nurses' OCB was positively related to workplace spirituality and to two dimensions of workplace spirituality, meaningful work and sense of community. Altruism, a dimension of OCB, was positively related to meaningful work and alignment with organizational values, a dimension of workplace spirituality. In addition, courtesy was positively related to meaningful work and organizational values, but negatively related to sense of community. Civic virtue was positively related to meaningful work only but was not significantly related to other dimensions of workplace spirituality. Conscientiousness was positively related to sense of community but negatively correlated with alignment with organizational values. Finally, sportsmanship was negatively related to alignment with organizational values. These results indicate that workplace spirituality is closely related to nurses' OCB and that the different dimensions of workplace spirituality are differently related to OCB.

3.4. Turnover and Withdrawal Behavior

One study concerned the issue of turnover intention and withdrawal behavior and found that workplace spirituality was negatively related to turnover intention and withdrawal behavior, but positively related to well-being.¹⁶ This study also found that the relationships among turnover intention, withdrawal behavior, and workplace spirituality were fully mediated by well-being. The negative outcomes, turnover intention and withdrawal behavior, were negatively related to workplace spirituality because well-being enhanced workplace spirituality.

3.5. Emotional Exhaustion, Helping/Ihsan Behavior

Lin et al. studied the relationships among emotional exhaustion, helping behavior, and workplace spirituality,¹⁵ and Sani et al. explored the association between nurses' Ihsan behavior and workplace spirituality.⁶ Lin et al. showed that workplace spirituality and positive mood were negatively related to emotional exhaustion, which indicated that positive mood and emotional exhaustion had negative interference.¹⁵ In addition, the relationship between emotional exhaustion and workplace spirituality was mediated by positive mood; in other words,

workplace spirituality directly reduced emotional exhaustion and enhanced positive mood, thus reducing the effect of negative emotions. Lin et al. also found that workplace spirituality was positively related to nurses' helping behavior, which was mediated by positive mood.¹⁵ Sani et al., however, found no correlation between workplace spirituality and helping/Ihsan behavior.⁶

3.6. Job Satisfaction

Two studies investigated the relationship between job satisfaction and workplace spirituality.^{6,17} The studies found that nurses' job satisfaction was positively related to workplace spirituality and to sense of pressure at work, alignment between individual and organizational values, sense of contribution to community, and opportunities for inner life. Mumtaz used linear regression to show that workplace spirituality accounted for 67.5% of variance in job satisfaction and that job satisfaction was predicted by several dimensions of workplace spirituality: sense of bonding, congruence between individual and organizational values, and sense of pressure at work.¹⁷

3.7. Job Stress and Occupational Ethics

Norouzi et al. analyzed workplace spirituality as a dependent variable, with job stress and occupational ethics as independent variables and job enthusiasm as a potential mediator.¹⁸ They found that, together, workplace spirituality, job stress, and job enthusiasm, predicted 47.6% of variance in occupational ethics. In addition, increasing occupational ethics in nurses was affected by workplace spirituality, job stress, and job enthusiasm directly or as mediated by job enthusiasm.

4. DISCUSSION

This review has shown that nurses' workplace spirituality is strongly related to performance variables, such as turnover intention, withdrawal behavior, emotional exhaustion, OCB, helping behavior, occupational ethics, job satisfaction, and job stress. These findings provide an opportunity for medical institutions to enhance nurses' well-being, positive mood, and organizational commitment to improve their overall performance and reduce negative behavior.

Fisher and Brumley and Koren et al. showed that nurses' age, work unit, and work experience were positively related to the workplace atmosphere, quality of care, and individual well-being and, thus, could influence practice leadership, autonomy, and healthcare relationships.^{21,22} A cross-sectional study of 242 employees of medical and educational institutions found that gender was associated with workplace spirituality; females scored higher in spirituality in educational institutions,

whereas professional male care providers, such as psychologists, pharmacists, physicians, nurse, and administrators, scored higher on spirituality in medical facilities.²³ The findings conflict with those of Mumtaz, who found that workplace spirituality is not related to age, work experience, or work atmosphere.¹⁷ One possible reason for the discrepancy is the difference in outcome variables. The samples included nurses, and Fisher and Koren et al.'s studies focused on individual performance, whereas Mumtaz's study explored the overall work performance of nurses.^{17,21,22} Further, the different occupational categories may have resulted in significant differences between the findings of the studies.

Enhancing workplace spirituality not only brings about joy, satisfaction, fulfillment, stability, and trust for employees, but also helps to develop individuals' value of life and work through meeting workplace ethics requirements and to develop stable interpersonal interactions through establishing or transforming the organizational culture.²⁴ In this way, workplace spirituality takes into consideration the uniqueness of a workplace's culture and individuals' spirituality, which are closely connected and affected by each other.

Nazir and Malik found that individual spirituality was highly positively associated with workplace spirituality, job status, organizational commitment, job satisfaction, and organizational self-esteem.²⁵ Altaf et al. and Van der Walt and De Klerk reported that job satisfaction was positively correlated with workplace spirituality, whereas job satisfaction was negatively associated with workload.^{24,26} The nurses interviewed by Van der Walt and De Klerk, however, were unsatisfied with their current work status and performance and believed that a spiritual atmosphere and spiritual values in the workplace would not improve their job satisfaction.²³

The studies of Nazir and Malik, Altaf et al., and Van der Walt and De Klerk comprised 200 physicians, 76 company employees, and two groups of medical professionals and school members, respectively, and obtained results that were similar to ours with different occupational settings.^{23,24,26} This indicates that workplace spirituality is closely associated with individual attitude and work performance, and that this relationship is not affected by occupational categories. The workplace is the site of interactions between individuals, between individuals and organizations, and among individuals, organizations, and institutions. An improvement in workplace spirituality could have internalized effects, on the personal beliefs of employees, or externalized effects, on the performance of employees. The manager of a medical institution could use workplace spirituality interventions to enhance

employees' work performance or OCB to increase the quality of the service they provide and to increase the stability of personnel.

A systematic review by Pirkola et al. used qualitative content analysis to explore the workplace spirituality of medical staff. The study revealed three themes of workplace spirituality: organizational outcomes, employee well-being, and nursing management.²⁷ Organizational outcomes and employee well-being represent the workplace spirituality of a group or organization and the individual. Nursing management, as well, is affected by organizational outcomes and employee well-being. Pirkola et al.'s (2016) model of workplace spirituality was similar to those of Kolodinsky et al. and Milliman et al.,^{3,4,27} which merged individual- and organization-level components into an overall concept of workplace spirituality. The results of those two studies were similar to ours. In addition, Heaton et al.²⁸ concluded that the spiritual meaning of the workplace by the individual contains three dimensions: satisfaction from the individual, from the individual to others, and from individual to workplace. The quality of service is influenced by the three dimensions.²⁹

The generalizability of Pirkola et al.'s (2016) model, however, needs to be verified, as the samples that they recruited contained a variety of occupations, including nurses, physicians, functional therapists, physiotherapists, and administrative staff, and used a study design that was different from that of other studies of spirituality in individuals and organizations.²⁷ In Pirkola et al.'s review, a nurse who worked in a hospital was the only inclusion criteria. We found that workplace spirituality not only related to work performance, which is consistent with Pirkola et al.'s findings on organizational efficiency, organizational commitment, psychological well-being, and job satisfaction, but also related to psychological status, work performance, and quality of care.²⁷

There were some limitations of this review. First, there was no relevant information on the relationship between workplace spirituality and work performance due to the cross-sectional study design and VIb level of evidence. Second, the socioeconomic factors and culture of the five countries strongly influenced workplace spirituality. Therefore, our conclusions might not be generalizable to other settings outside of these five countries.

5. CONCLUSION

The work environment of nurses is different from that of other employees, and the physical, psychological, and spiritual state of nurses influence the quality of care they provide, particularly when they are coping with a heavy workload and multiple pressures. Nurses are the main providers of personal care to patients

and comprise the largest group of employees in medical institutions. Medical organizations should establish a culture that values and enhances workplace spirituality and provides spiritual education activities to help nurses to reduce psychological burden, improve work performance, and deliver stable and high-quality care.

CONFLICTS OF INTEREST

The authors declare no potential conflicts of interest with respect to the review, authorship, and/or publication of this article.

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