EXPLORING THE RELATIONSHIP BETWEEN WORKPLACE SPIRITUALITY AND ORGANIZATIONAL COMMITMENT AMONG HEALTHCARE PROFESSIONALS IN SAUDI ARABIA

Saleh Mohammed Alshammari, Reem Rkad Kalef Alshammari, Mashael Fahad Abu Salem, Maryam Rafa Alrashidi, Housing Department, Eid Mohammad Aljamily, Fahdah Murawwih Oshaywi Aldhafeeri

Abstract

Workplace spirituality has garnered increasing attention in recent years as organizations seek to create more meaningful and fulfilling work environments. This study aims to explore the relationship between workplace spirituality and organizational commitment among healthcare professionals in Saudi Arabia. A cross-sectional survey design was employed, and data were collected from a sample of 350 healthcare professionals working in various settings across the country. The findings revealed a significant positive relationship between workplace spirituality and organizational commitment. Furthermore, the dimensions of workplace spirituality, namely meaningful work, sense of community, and alignment with organizational values, were found to be significant predictors of organizational commitment. The study highlights the importance of fostering workplace spirituality to enhance organizational commitment among healthcare professionals in Saudi Arabia. The implications of these findings for healthcare management and policy are discussed, along with recommendations for future research.

Keywords: workplace spirituality, organizational commitment, healthcare professionals, Saudi Arabia

Introduction

In recent years, there has been a growing interest in the concept of workplace spirituality and its potential impact on various organizational outcomes, such as job satisfaction, employee well-being, and organizational commitment (Petchsawang & McLean, 2017; Rego & Pina e Cunha, 2008). Workplace spirituality refers to the recognition that employees have an inner life that nourishes and is nourished by meaningful work, taking place in the context of a community (Ashmos & Duchon, 2000). It encompasses the notion that work can be a source of personal growth, connection, and contribution to a higher purpose beyond oneself (Giacalone & Jurkiewicz, 2010).

Organizational commitment, on the other hand, is defined as the strength of an individual's identification with and involvement in a particular organization (Mowday et al., 1979). It is characterized by a strong belief in and acceptance of the organization's goals and values, a willingness to exert considerable effort on behalf of the organization, and a desire to maintain membership in the organization (Allen & Meyer, 1990). Organizational commitment has been linked to various positive outcomes, such as increased job performance, reduced turnover intention, and improved patient care quality in healthcare settings (Brunetto et al., 2013; Sharma & Dhar, 2016).

Despite the growing recognition of the importance of workplace spirituality and organizational commitment, there is a paucity of research examining the relationship between these two constructs in the context of healthcare professionals in Saudi Arabia. Healthcare professionals, including nurses, physicians, and allied health professionals, play a critical role in the delivery of quality patient care and the overall functioning of healthcare organizations (Alharbi et al., 2019). Given the challenging nature of their work, which often involves high levels of stress, emotional labor, and exposure to suffering, it is crucial to understand the factors that contribute to their organizational commitment and well-being.

Therefore, this study aims to bridge this gap in the literature by exploring the relationship between workplace spirituality and organizational commitment among healthcare professionals in Saudi Arabia. Specifically, the study seeks to address the following research questions:

1. What is the level of workplace spirituality and organizational commitment among healthcare professionals in Saudi Arabia?
2. Is there a significant relationship between workplace spirituality and organizational commitment among healthcare professionals in Saudi Arabia?
3. Which dimensions of workplace spirituality are significant predictors of organizational commitment among healthcare professionals in Saudi Arabia?

The findings of this study are expected to provide valuable insights for healthcare managers and policymakers in Saudi Arabia to create work environments that foster workplace spirituality and enhance organizational commitment among healthcare professionals. By understanding the role of workplace spirituality in promoting organizational commitment, healthcare organizations can develop targeted interventions and policies to support the well-being and retention of their workforce, ultimately leading to improved patient care quality and organizational performance.

Literature Review

Workplace Spirituality

Workplace spirituality has been defined in various ways in the literature, reflecting the multifaceted nature of the construct. Ashmos and Duchon (2000) conceptualized workplace spirituality as the recognition that employees have an inner life that nourishes and is nourished by meaningful work, taking place in the context of a community. This definition highlights three

key dimensions of workplace spirituality: meaningful work, sense of community, and alignment with organizational values.

Meaningful work refers to the extent to which individuals perceive their work as purposeful, significant, and contributing to a higher cause (Ashmos & Duchon, 2000). It involves a sense of calling or vocational identity, where individuals view their work as an integral part of their life and a means of personal growth and self-expression (Giacalone & Jurkiewicz, 2010). Research has shown that meaningful work is associated with increased job satisfaction, organizational commitment, and work engagement (Geldenhuys et al., 2014; Steger et al., 2012).

Sense of community refers to the experience of a deep connection or relationship with others in the workplace (Ashmos & Duchon, 2000). It involves a feeling of belonging, shared values, and mutual support among coworkers (Milliman et al., 2003). A strong sense of community has been linked to improved communication, collaboration, and teamwork in organizations (Duchon & Plowman, 2005; Rego & Pina e Cunha, 2008).

Alignment with organizational values refers to the congruence between an individual's personal values and the values and mission of the organization (Ashmos & Duchon, 2000). It involves a sense of purpose and meaning derived from contributing to the organization's goals and making a positive impact on society (Milliman et al., 2003). Research has shown that alignment with organizational values is associated with increased organizational commitment, job satisfaction, and organizational citizenship behavior (Kolodinsky et al., 2008; Pawar, 2009).

Several studies have examined the antecedents and consequences of workplace spirituality in various organizational contexts. For example, Petchsawang and McLean (2017) found that workplace spirituality was positively related to job satisfaction and organizational commitment among employees in Thai organizations. Similarly, Rego and Pina e Cunha (2008) reported that workplace spirituality was positively associated with organizational commitment and reduced turnover intention among employees in Portuguese organizations.

In the healthcare context, a few studies have explored the role of workplace spirituality in influencing healthcare professionals' attitudes and behaviors. For instance, Kazemipour et al. (2012) found that workplace spirituality was positively related to organizational citizenship behavior and negatively related to turnover intention among nurses in Iranian hospitals. Similarly, Mazaheri et al. (2016) reported that workplace spirituality was positively associated with job satisfaction and organizational commitment among nurses in Iranian hospitals.

Despite these promising findings, there is a scarcity of research examining the relationship between workplace spirituality and organizational commitment among healthcare professionals in Saudi Arabia. Given the unique cultural and religious context of Saudi Arabia, where Islamic values and principles shape various aspects of social and organizational life (Al-Asfour & Khan, 2014), it is important to investigate the relevance and applicability of workplace spirituality in this setting.

Organizational Commitment

Organizational commitment has been a subject of extensive research in the field of organizational behavior and human resource management. Allen and Meyer (1990) proposed a three-component model of organizational commitment, which has gained widespread acceptance in the literature. The model distinguishes between three forms of commitment: affective, continuance, and normative commitment.

Affective commitment refers to an individual's emotional attachment to, identification with, and involvement in the organization (Allen & Meyer, 1990). It is characterized by a strong desire to remain with the organization and a willingness to exert effort on its behalf. Affective commitment has been linked to various positive outcomes, such as increased job performance, organizational citizenship behavior, and reduced absenteeism and turnover (Meyer et al., 2002).

Continuance commitment refers to an individual's perception of the costs associated with leaving the organization (Allen & Meyer, 1990). It is based on the notion that individuals remain with the organization because they need to do so, given the perceived lack of alternative employment opportunities or the potential loss of investments (e.g., pension, seniority) associated with leaving. Continuance commitment has been linked to reduced job performance and increased absenteeism (Meyer et al., 2002).

Normative commitment refers to an individual's sense of obligation to remain with the organization (Allen & Meyer, 1990). It is based on the internalization of norms and values that emphasize loyalty and commitment to the organization. Individuals with high levels of normative commitment feel that they ought to stay with the organization, regardless of the potential benefits or costs associated with leaving. Normative commitment has been linked to increased job performance and organizational citizenship behavior (Meyer et al., 2002).

Several studies have investigated the antecedents and consequences of organizational commitment in the healthcare context. For example, Brunetto et al. (2013) found that perceived organizational support and supervisor-nurse relationships were significant predictors of affective commitment among nurses in Australian hospitals. Similarly, Sharma and Dhar (2016) reported that transformational leadership and perceived organizational support were positively associated with affective commitment among nurses in Indian hospitals.

In the Saudi Arabian context, a few studies have examined the factors influencing organizational commitment among healthcare professionals. For instance, Alharbi et al. (2019) found that job satisfaction, perceived organizational support, and organizational justice were significant predictors of organizational commitment among nurses in Saudi Arabian hospitals. Similarly, Al-Haroon and Al-Qahtani (2020) reported that transformational leadership and work engagement were positively associated with organizational commitment among healthcare professionals in Saudi Arabian primary healthcare centers.

Despite these studies, there is a lack of research specifically examining the relationship between workplace spirituality and organizational commitment among healthcare professionals in Saudi Arabia. Given the potential role of workplace spirituality in fostering a sense of meaning, purpose, and connection in the workplace, it is important to investigate its impact on organizational commitment in this context.

Methodology

Research Design

This study employed a cross-sectional survey design to explore the relationship between workplace spirituality and organizational commitment among healthcare professionals in Saudi Arabia. A cross-sectional design was chosen as it allows for the collection of data from a large sample at a single point in time, enabling the examination of the relationships between variables of interest (Setia, 2016).

Sample and Sampling Procedure

The target population for this study consisted of healthcare professionals working in various settings (e.g., hospitals, clinics, primary healthcare centers) across Saudi Arabia. A convenience sampling technique was used to recruit participants for the study. Convenience sampling involves selecting participants based on their accessibility and willingness to participate in the study (Etikan et al., 2016). While convenience sampling may limit the generalizability of the findings, it is a commonly used method in organizational research due to its practicality and efficiency (Brewerton & Millward, 2001).

The sample size for this study was determined using G*Power 3.1 software (Faul et al., 2009). Assuming a medium effect size ($f^2 = 0.15$), a power of 0.80, and an alpha level of 0.05, a minimum sample size of 68 participants was required for multiple regression analysis with three predictors (i.e., meaningful work, sense of community, alignment with organizational values). However, to ensure an adequate representation of the target population and to account for potential non-response and incomplete surveys, a larger sample size of 350 participants was targeted.

Data Collection Procedure

Data were collected using an online survey administered through Qualtrics, a web-based survey platform. The survey link was distributed to potential participants via email, social media, and professional networks. The survey included an informed consent form, which provided information about the purpose of the study, the voluntary nature of participation, and the confidentiality of responses. Participants were required to indicate their agreement to participate before proceeding to the survey questions.

Measures

Workplace Spirituality: Workplace spirituality was measured using the Spiritual Climate Scale

developed by Duchon and Plowman (2005). The scale consists of 21 items assessing three dimensions of workplace spirituality: meaningful work (7 items), sense of community (7 items), and alignment with organizational values (7 items). Participants responded to each item on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Sample items include "I experience joy in my work" (meaningful work), "I feel part of a community in my immediate workplace" (sense of community), and "I feel positive about the values of this organization" (alignment with organizational values). The scale has demonstrated good reliability and validity in previous studies (Duchon & Plowman, 2005; Petchsawang & McLean, 2017).

Organizational Commitment: Organizational commitment was measured using the Organizational Commitment Scale developed by Allen and Meyer (1990). The scale consists of 24 items assessing three components of organizational commitment: affective (8 items), continuance (8 items), and normative commitment (8 items). Participants responded to each item on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Sample items include "I would be very happy to spend the rest of my career with this organization" (affective commitment), "Right now, staying with my organization is a matter of necessity as much as desire" (continuance commitment), and "I would feel guilty if I left my organization now" (normative commitment). The scale has demonstrated good reliability and validity in previous studies (Allen & Meyer, 1990; Meyer et al., 2002).

Demographic Variables: Participants were asked to provide information about their age, gender, profession (e.g., nurse, physician, allied health professional), tenure in the organization, and type of healthcare setting (e.g., hospital, clinic, primary healthcare center).

Data Analysis

Data were analyzed using SPSS version 26.0. Descriptive statistics, including means, standard deviations, and frequencies, were computed to summarize the demographic characteristics of the sample and the levels of workplace spirituality and organizational commitment. Pearson's correlation analysis was conducted to examine the bivariate relationships between the variables of interest. Multiple regression analysis was performed to determine the predictive power of the dimensions of workplace spirituality (i.e., meaningful work, sense of community, alignment with organizational values) on organizational commitment, while controlling for relevant demographic variables.

Results

Descriptive Statistics

A total of 350 healthcare professionals participated in the study. The majority of participants were nurses (60%), followed by physicians (25%) and allied health professionals (15%). The sample consisted of 65% females and 35% males, with a mean age of 35.5 years (SD = 8.2). Participants had an average tenure of 7.3 years (SD = 6.1) in their current organization. The distribution of participants across healthcare settings was as follows: hospitals (50%), clinics

(30%), and primary healthcare centers (20%). Table 1 presents the demographic characteristics of the sample.

Table   *1*

Demographic Characteristics of the Sample (N = 350)

Characteristic	n	%
Profession		
Nurse	210	60
Physician	88	25
Allied Health Professional	52	15
Gender		
Female	228	65
Male	122	35
Healthcare Setting		
Hospital	175	50
Clinic	105	30
Primary Healthcare Center	70	20

The mean scores for workplace spirituality and organizational commitment are presented in Table 2. Overall, participants reported moderate levels of workplace spirituality, with meaningful work having the highest mean score (M = 3.85, SD = 0.76), followed by sense of community (M = 3.62, SD = 0.84) and alignment with organizational values (M = 3.45, SD = 0.88). Participants also reported moderate levels of organizational commitment, with affective commitment having the highest mean score (M = 4.92, SD = 1.28), followed by normative commitment (M = 4.35, SD = 1.42) and continuance commitment (M = 4.10, SD = 1.39).

Table   *2*

Descriptive Statistics for Workplace Spirituality and Organizational Commitment (N = 350)

Variable	M	SD
Workplace Spirituality		
Meaningful Work	3.85	0.76
Sense of Community	3.62	0.84
Alignment with Organizational Values	3.45	0.88
Organizational Commitment		
Affective Commitment	4.92	1.28
Continuance Commitment	4.10	1.39
Normative Commitment	4.35	1.42

Correlation Analysis

Pearson's correlation analysis was conducted to examine the bivariate relationships between workplace spirituality and organizational commitment. As shown in Table 3, all three dimensions of workplace spirituality (i.e., meaningful work, sense of community, alignment with organizational values) were positively and significantly correlated with affective commitment ($r = 0.55$, $p < 0.01$; $r = 0.48$, $p < 0.01$; $r = 0.52$, $p < 0.01$, respectively) and normative commitment ($r = 0.42$, $p < 0.01$; $r = 0.39$, $p < 0.01$; $r = 0.45$, $p < 0.01$, respectively). However, only meaningful work and alignment with organizational values were significantly correlated with continuance commitment ($r = 0.22$, $p < 0.01$; $r = 0.18$, $p < 0.01$, respectively).

Table   *3*

Correlations between Workplace Spirituality and Organizational Commitment (N = 350)

Variable	1	2	3	4	5	6
1. Meaningful Work	-					

Variable	1	2	3	4	5	6
2. Sense of Community	0.62**	-				
3. Alignment with Organizational Values	0.58**	0.60**	-			
4. Affective Commitment	0.55**	0.48**	0.52**	-		
5. Continuance Commitment	0.22**	0.12	0.18**	0.35**	-	
6. Normative Commitment	0.42**	0.39**	0.45**	0.62**	0.40**	-

Note. $**p < 0.01$.

Multiple Regression Analysis

Multiple regression analysis was conducted to determine the predictive power of the dimensions of workplace spirituality on organizational commitment, while controlling for relevant demographic variables (i.e., age, gender, profession, tenure, healthcare setting). Three separate regression models were tested, with affective, continuance, and normative commitment as the dependent variables.

For affective commitment, the regression model was significant ($F(8, 341) = 31.56$, $p < 0.001$), explaining 42% of the variance. Meaningful work ($\beta = 0.28$, $p < 0.001$), sense of community ($\beta = 0.17$, $p < 0.01$), and alignment with organizational values ($\beta = 0.24$, $p < 0.001$) were significant predictors of affective commitment, after controlling for demographic variables.

For continuance commitment, the regression model was significant ($F(8, 341) = 4.92$, $p < 0.001$), explaining 9% of the variance. Meaningful work ($\beta = 0.19$, $p < 0.01$) was the only significant predictor of continuance commitment, after controlling for demographic variables.

For normative commitment, the regression model was significant ($F(8, 341) = 20.37$, $p < 0.001$), explaining 31% of the variance. Meaningful work ($\beta = 0.20$, $p < 0.01$), alignment with organizational values ($\beta = 0.27$, $p < 0.001$), and tenure ($\beta = 0.14$, $p < 0.01$) were significant predictors of normative commitment, after controlling for demographic variables.

Discussion

The present study aimed to explore the relationship between workplace spirituality and organizational commitment among healthcare professionals in Saudi Arabia. The findings revealed that workplace spirituality, particularly its dimensions of meaningful work, sense of community, and alignment with organizational values, were positively associated with organizational commitment.

The positive relationship between meaningful work and affective commitment suggests that healthcare professionals who perceive their work as purposeful, significant, and contributing to a higher cause are more likely to develop an emotional attachment to their organization. This finding is consistent with previous research highlighting the importance of meaningful work in fostering positive work attitudes and behaviors (Geldenhuys et al., 2014; Steger et al., 2012). Healthcare organizations in Saudi Arabia should strive to create work environments that enable healthcare professionals to derive meaning and purpose from their work, such as by providing opportunities for personal growth, recognizing their contributions, and communicating the impact of their work on patient care and society.

The positive relationship between sense of community and affective commitment indicates that healthcare professionals who experience a strong sense of connection and belonging with their coworkers are more likely to develop an emotional attachment to their organization. This finding aligns with previous research emphasizing the role of workplace social support and interpersonal relationships in promoting organizational commitment (Brunetto et al., 2013; Rousseau & Aubé, 2010). Healthcare organizations in Saudi Arabia should foster a culture of collaboration, teamwork, and mutual support among healthcare professionals to enhance their sense of community and, consequently, their affective commitment.

The positive relationship between alignment with organizational values and affective commitment suggests that healthcare professionals who perceive a congruence between their personal values and the values and mission of their organization are more likely to develop an emotional attachment to their organization. This finding is consistent with previous research highlighting the importance of value congruence in promoting positive work attitudes and behaviors (Kolodinsky et al., 2008; Pawar, 2009). Healthcare organizations in Saudi Arabia should clearly communicate their values and mission and ensure that they align with the personal values of their healthcare professionals. This can be achieved through effective organizational communication, training and development programs, and by involving healthcare professionals in decision-making processes that shape the organization's values and goals.

The finding that meaningful work was the only significant predictor of continuance commitment suggests that healthcare professionals who perceive their work as meaningful and purposeful are more likely to remain with their organization due to the perceived costs associated with leaving. This finding highlights the potential role of meaningful work in reducing turnover intentions among healthcare professionals in Saudi Arabia. Healthcare organizations should strive to create work environments that provide healthcare professionals with a sense of meaning and purpose to enhance their continuance commitment and retention.

The finding that tenure was a significant predictor of normative commitment suggests that healthcare professionals with longer tenure in their organization are more likely to feel a sense of obligation and loyalty to remain with their organization. This finding aligns with previous research highlighting the role of organizational tenure in shaping normative commitment (Meyer

et al., 2002). Healthcare organizations in Saudi Arabia should recognize the contributions of long-tenured healthcare professionals and provide them with opportunities for career advancement and development to foster their normative commitment.

Limitations and Future Research Directions

The present study has several limitations that should be acknowledged. First, the use of a convenience sampling technique may limit the generalizability of the findings to the broader population of healthcare professionals in Saudi Arabia. Future research should employ more representative sampling techniques to enhance the external validity of the findings.

Second, the cross-sectional design of the study precludes causal inferences about the relationship between workplace spirituality and organizational commitment. Future research should employ longitudinal designs to examine the temporal relationship between these variables and to investigate potential reciprocal effects.

Third, the study relied solely on self-report measures, which may be susceptible to social desirability bias and common method variance. Future research should consider using objective measures of organizational commitment, such as actual turnover data, and collecting data from multiple sources (e.g., supervisors, coworkers) to corroborate self-report measures.

Fourth, the study focused on the direct relationship between workplace spirituality and organizational commitment, without examining potential mediating or moderating variables. Future research should explore the underlying mechanisms through which workplace spirituality influences organizational commitment, such as job satisfaction, work engagement, and perceived organizational support. Additionally, future research should investigate potential boundary conditions of the relationship between workplace spirituality and organizational commitment, such as individual differences (e.g., personality traits, religious beliefs) and contextual factors (e.g., organizational culture, leadership style).

Practical Implications

The findings of this study have several practical implications for healthcare organizations in Saudi Arabia. First, healthcare organizations should strive to create work environments that foster workplace spirituality by providing opportunities for meaningful work, promoting a sense of community among healthcare professionals, and aligning organizational values with personal values. This can be achieved through job design interventions that enhance the significance and impact of work tasks, team-building activities that foster social support and collaboration, and organizational communication strategies that clearly articulate the organization's mission and values.

Second, healthcare organizations should invest in training and development programs that enable healthcare professionals to derive meaning and purpose from their work. This can include workshops on mindfulness, resilience, and self-care, as well as mentoring and coaching

programs that provide healthcare professionals with guidance and support in navigating the challenges of their work.

Third, healthcare organizations should recognize and reward healthcare professionals who demonstrate high levels of organizational commitment, particularly those with long tenure in the organization. This can include performance-based bonuses, promotions, and opportunities for career advancement and development.

Fourth, healthcare organizations should regularly assess the levels of workplace spirituality and organizational commitment among their healthcare professionals and use this data to inform HR policies and practices. This can involve conducting employee engagement surveys, focus groups, and exit interviews to identify areas for improvement and to develop targeted interventions to enhance workplace spirituality and organizational commitment.

Conclusion

In conclusion, the present study contributes to the growing body of research on workplace spirituality and organizational commitment in the healthcare context. The findings highlight the important role of workplace spirituality, particularly its dimensions of meaningful work, sense of community, and alignment with organizational values, in promoting organizational commitment among healthcare professionals in Saudi Arabia. Healthcare organizations should strive to create work environments that foster workplace spirituality to enhance the well-being, retention, and performance of their healthcare workforce. By doing so, healthcare organizations can ultimately improve