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WORKPLACE SPIRITUALITY AND TURNOVER INTENTION AMONG HEALTHCARE PROFESSIONALS

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Abstract: One of the biggest problems existing in the healthcare sector is the lack of medical professionals, who are the foundation of the healthcare system. The significant turnover rate of the healthcare professionals has dangerous effects. Therefore, the goal of this study was to fill a gap in the literature and determine how various aspects of workplace spirituality relate to the intention of healthcare professionals working in private hospitals in Ernakulam district of Kerala State, to leave their positions. In this cross-sectional quantitative study, information from 160 healthcare professionals was gathered by convenience sampling. A questionnaire was created using two scales, workplace spirituality and turnover intention, to gather the data. Cronbach's alpha was used to analyze the internal reliability of the items and linear regression was used to analyze the data. Out of four dimensions of workplace spirituality, compassion and values alignment were discovered to have a substantial impact on intended turnover. It is essential for the hospital sector to improve workplace spirituality by focusing on its two aspects, compassion and alignment of organizational principles with personal values of healthcare professionals, in order to lower the turnover rate.

Keywords: Workplace Spirituality, Turnover Rate, Compassion, Values Alignment

1. INTRODUCTION

Organizations are currently having a hard time surviving [1]. Organizations must therefore learn how to be helpful if they want to stay competitive [2]. Employees are crucial for organizations in achieving this goal [3]. Similar to this, healthcare professionals are the system's skeleton; without them, healthcare-related tasks are impossible to do [4]. Although having enough healthcare professionals is crucial, the biggest issue in this industry is keeping them in the organization [5]. The WHO estimates that there will be a shortage of 12.9 million healthcare professionals by 2035 [6]. Turnover is a major factor in the shortages and unequal distribution of health personnel [5]. Turnover is defined as the act of a person leaving an organization after entering its boundaries [7]; however, tracking the behavior of actual turnover is challenging because it might be challenging to track down a former employee [8]. Given that turnover intention data is much easier to track and access [10], and that literature shows that turnover intention and turnover behavior are positively associated. [9], it can be used as a substituting factor in the study and literature of turnover itself. The employee's intention to leave their current employer can be used to predict this [11, 12].

Turnover is caused by a number of variables, and it typically both freely chosen and not [13, 14]. Many people have attempted to research the factors that influence turnover intentions. According to research, supervisor misconduct may lead to plans for turnover [15]. Others, however, suggested that these factors—including job dissatisfaction [16], the nature of the work [17], the workplace environment [18], supervision [19], a lack of autonomy [20], peer relationships [21], compensation [22], organizational commitment [23], and other demographics of the health care workers [24]—were to blame for health workers leaving their organization. The lack of health professionals in the healthcare system has a detrimental impact on many levels as a result. Organizations also pay a price for losing their knowledgeable and experienced staff, thus it doesn't just harm the employees [25]. The reputation and goodwill of the company may also suffer from a higher personnel turnover rate. Because of this, organizations are more motivated to keep their skilled human resources by

enhancing employee engagement. Because contented employees are more dedicated to the company [26], it makes sense that they would be.

The managers may also be able to reduce their intentions to resign by adopting appropriate leadership traits [27]. The importance of spirituality in the fight to reduce the intentions to switch jobs, however, cannot be understated. One distinctive aspect of organizational values and a crucial component of organizational culture is spirituality in the workplace [28]. A culture of spiritual association between employees and the organization, as well as a sense of completion, are two things that organizations with a spiritual philosophy are interested in creating for their staff in order to motivate them. For the majority of scholars, workplace spirituality is a topic of great interest since it has a significant impact on both the personal and societal health of employees [29]. On the other hand, there is a connection between turnover intention, commitment, contentment, and performance

Meaningful (purposeful) work, spiritual inclination/orientation, compassion, and value alignment are the four facets of workplace spirituality. [31]. "Working towards a greater goal is a common definition of meaningful work [32]. If the workers are engaged in and find purpose in their work, they begin to love it. Because they feel more motivated, engaged, and satisfied, and this positivity leads to a long-term successful relationship between the employees and their organizations. Spiritual orientation is defined as the spiritual insight a person has while at work. It may also be referred to as the level of meaning that employees derive from their work [32]. An emotional connection between coworkers that inspires them to help others is known as compassion. [33] Alignment of values is the relationship between an individual's own beliefs and the values of their place of employment. [34]. In other words, it is the psychological connection between employees and their place of employment.

There is evidence in the literature that a person can benefit from spirituality by increasing "joy, peace, tranquilly, job satisfaction, and commitment" [28]. Expanded creativity, honesty, and relying on the security of employment are other aspects of spirituality that are linked [35]. Even though there aren't many studies that show a connection between workplace spirituality and employee turnover intentions [36, 37], there is a clear research gap in the literature, and there aren't many studies that look at how different workplace spirituality dimensions relate to healthcare professional's turnover intentions. The goal of the research was to investigate the association between several aspects of workplace spirituality and the aspirations of healthcare professionals working in private hospitals to leave their positions.

2. STATEMENT OF THE PROBLEM

In the healthcare sector, the high staff turnover rate, particularly for nurse positions, is as high as 13%-37% compared to prior global trends (Roche et. al., 2015). The ongoing concern about a scarcity of healthcare workers in Kerala's healthcare system has had a significant influence on employee productivity. During the COVID-19 pandemic in 2020, the situation gets worse. A high rate of employee turnover in private healthcare has been documented, and this has increased costs for the business in terms of short-term financial losses and subpar service. Kerala hospitals are "understaffed, congested, and underfunded" following the COVID-19 outbreak in 2020 (Khairie, 2019). Kerala lacks nurses, with a ratio of one nurse to 300 patients, compared to the ideal number suggested by the World Health Organization of one nurse to 200 patients (Athira, 2019). Job happiness and employee recognition are stronger predictors of employees' retention in private hospital. During an outbreak, healthcare workers are put under pressure, have to work under tight deadlines, typically work with limited supplies, and take on inherent dangers. (Muhammed Riyaz H, and Dr. Nisha Ashokan, 2023). In this context, in order to address the problem of high staff turnover rate in the health care sector, a study analyzing the relationship between workplace spirituality and turnover intention is necessary.

2. OBJECTIVES OF THE STUDY

- To study the relationship between workplace spirituality and turnover intention
- To provide suggestions to reduce turnover of healthcare professionals by using the findings of the study

4. THEORETICAL AND CONCEPTUAL FRAMEWORK

This study is based on two theories. One is the social exchange hypothesis, and the other is the perceived organizational support theory. Employees develop a generalized idea of how much their employer regards their efforts, contributions, and concern for their well-being, according to the first theory [38]. Organizational support has a big direct impact on how engaged employees are with their companies. Employees will remain loyal to their employer over time and contribute to the success of the company if there is a culture that values its employees as assets [39]. According to the social exchange theory, people or employees of an organization determine the value of a relationship by deducting its potential costs from the benefits it offers. While working in any workplace, spiritual connection is viewed as a cost in terms of time and missed opportunities. The goal of the current study was to encourage HR managers in hospitals to give various supportive initiatives and serious consideration in order to increase employee commitment and decrease turnover intentions.

5. HYPOTHESES

Following hypothesis are formulated for the study:

1. There is a significant association between meaningful work and healthcare professional's turnover intention
2. There is a significant association between the spiritual orientation and healthcare professional's turnover intention
3. There is a significant association between compassion and healthcare professional's turnover intention
4. There is a significant association between alignment of personal and organizational values and healthcare professional's turnover intention

6. RESEARCH METHODOLOGY

6.1 Population of the study

Healthcare professionals working in hospitals of Ernakulum District of Kerala State constitute the population of the study

6.2 Sample

Data were collected using the convenience sampling method. All of the participants were healthcare professionals who were employed by hospitals in the private sector. They were both males and females in their 20s to 45s with at least one year of prior work experience in a hospital setting.

6.3 Data Collection Procedure

Healthcare professionals working in ten private healthcare institutions were given a total of 200 questionnaires, but only 160 returned them with their responses for this study, and the data from these responses was used for additional statistical analysis.

6.4 Instruments for Data Collection

All the variables utilized in this study were subjected to a standardized questionnaire. In all, 23 questions were asked. Twenty questions were modified from the workplace spirituality scale in order to assess all four workplace spirituality dimensions [31]. Three questions from the Michigan organizational evaluation questionnaire were used to gauge turnover intentions [37].

6.5 Statistical Techniques

The statistical analysis tool of SPSS 23 was used to do the data analysis. Cronbach's alpha was used to determine the validity of the data after collection. To examine the effect of independent variables (aspects of workplace spirituality) on the dependent variable turnover intention, linear regression was utilized. The following regression model was created to examine how workplace spirituality impacts turnover intentions:

$$TI = \alpha + \beta_1 MFW + \beta_2 CN + \beta_3 SON + \beta_4 (APOVS) + \epsilon$$

7. RESULTS

The Cronbach alpha test was conducted to examine the internal consistency of the data and the association between distinct variables. As seen in Table I, the values of all of the variables' cronbach coefficients are higher than 0.7, indicating the validity of the study's data. Below is a list of the variables' Cronbach's alpha values:

Table I		
Name of Variable	Items used	Cronbach's alpha
Meaningful work	08	0.911
Spiritual Orientation	11	0.842
Compassion	04	0.869
Alignment of personal and organizational values	05	0.810
Turnover intention	03	0.768

The relevance of the independent variable in relation to the turnover intention is shown in Table II.

Table II				
Independent Variables	Beta (β)	t-value	p-value	VIF
(Constant)	0.089	75.499	0.000	
Spiritual Orientation	0.105	-1.212	0.227	75.591
Compassion	0.103	-10.436	0.000	111.842
Meaningful Work	0.055	0.550	0.585	33.396
Alignment of values	0.007	-1.982	0.042	1.009
Adjusted $R^2 = 0.985$ F-Statistics = 3477.533 Sig = 0.00 Standard Error 6.660				

(Source: Primary Data)

*Dependent Variable: Turnover Intention $TI = \alpha + \beta_1 MFW + \beta_2 CN + \beta_3 SON + \beta_4 (APOV) + \varepsilon$ $TI = 0.089 + 0.055MW + 0.103C + 0.105SO + 0.007APOV + 6.660$

8. INTERPRETATIONS

According to the regression summary table, the adjusted R^2 is 0.985. Therefore, it can be interpreted that independent variables—meaningful work, spirituality, compassion, and alignment of individual and organizational values—strongly influence turnover intention. The F Value in the ANOVA test was used to determine if the model used for this study is a good match or not. The table's F statistics for the ANOVA test are 3477.533 and higher than 4, indicating that the right model was chosen for this investigation. Additionally, the likelihood of a connection between meaningful work and the intention to leave is higher than 0.05 (0.585). Moreover, there is a higher than 0.05 (0.227) probability of relationship between spiritual orientation and turnover intention. It demonstrates that the intention to leave one's job is not significantly influenced by either meaningful work or spiritual orientation.

9. DISCUSSION

Data analysis reveals that values congruence and compassion are more important than the other two components, which are meaningful work and spiritual orientation. The current study's findings are consistent with earlier studies showing that meaningful work significantly affects turnover intention. [41], but they are in conflict with earlier studies showing that compassion and alignment of personal values with organizational values have a significant relationship with turnover intention. The majority of healthcare professionals go abroad, particularly in developing nations, problems including poor structure, a lack of professional growth opportunities, a lack of a culture of interdisciplinary research, a lack of funding, a demanding work environment, and increased workloads all play a role. It is difficult to locate an adequate number of qualified health personnel in a nation with few resources [44]. After considering the discussion above, it can be concluded that the health industry should put its attention on fostering compassion and value alignment by offering suitable opportunities for both personal and professional growth. Due to the fact that these two factors are closely tied to healthcare professional's intentions to leave the field. A connection between the employee and their organization is created when organizational values align with the employee's own values and they are caring about their work. They eventually start to feel motivated enough by their profession and those

around them. They develop greater enthusiasm for their work and improve their capacity to balance work and life. By fostering a strong link between the employee and the company, this equilibrium naturally lowers the likelihood of turnover.

10. CONCLUSION

The goal of this study was to address a gap in the literature regarding workplace spirituality and employee turnover among health professionals. Employee turnover rate is a major concern for all organizations worldwide [46]. Similar findings to those of other research were found in the current investigation, but there were also some unexpected results about the association between various workplace spirituality aspects and intention to leave. In this situation, human resources professionals working in healthcare institutions must comprehend that by ignoring and undervaluing spirituality at work, the health sector is losing its most significant asset. When it comes to spirituality at work, managers should take note if they want to keep the backbone of the healthcare sector. This will help to ensure that staff members feel energized by their jobs and the environment in which they work. Employee connotation with their organizations will be improved as a result, and this will also help to lessen the likelihood that they will leave their jobs.

REFERENCES

1. Khan, M. M. S. et al (2019). Why firms fail to sustain? Evidence from Dow Jones Index. *South Asian Journal of Management Sciences*. 13(1), 116-136.
2. Ghayas, et al. (2019). "Learning Organizational Practices and Job Satisfaction: A Case of Information Technology Sector of Karachi. *International Journal of Experiential Learning & Case Studies*.; 4(2), 269-277.
3. Ghayas, et al. (2015). Job satisfaction, service quality and the customer satisfaction in the IT sector of Karachi. *International E-Journal of Advances in Social Sciences*.; 1(3), 443-451.
4. Initiative J. L. (2004). *Human Resources for Health: Overcoming the Crisis*. Global Equity Initiative.
5. Yumkella F. (2006). *Retention of Health Care Workers in Low-Resource Settings: Challenges and Responses*. Intra Health International;.
6. Truth A. (2013). U. No Health without a Workforce. World Health Organisation (WHO); .
7. Price, J.L. (2001). "Reflections on the determinants of voluntary turnover", *International Journal of Manpower*.; Vol. 22 No. 7, pp. 600-624. <https://doi.org/10.1108/EUM0000000006233>
8. Linda K. et al. (2002). Faculty Members' Morale and Their Intention to Leave, *The Journal of Higher Education*.; 73:4, 518-542, DOI: 10.1080/00221546.2002.11777162
9. Bluedorn, A. C. (1982). A Unified Model of Turnover from Organizations. *Human Relations*.; 35, 135-153. <http://dx.doi.org/10.1177/001872678203500204>
10. Fang, Y. (2001). Turnover propensity and its causes among Singapore nurses: An empirical study. *The International Journal of Human Resource Management*; 12(5), 859-871. <https://doi.org/10.1080/09585190110047875>
11. Bothma C. F., Roodt G. (2013). The validation of the turnover intention scale. *SA Journal of Human Resource Management*.; 11(1):1-12.
12. Kivimäki M., Vanhala A., Pentti J., et al. (2007). Team climate, intention to leave and turnover among hospital employees: prospective cohort study. *BMC Health Services Research*.; 7(1):p. 170.
13. Price J. L., Mueller C. W. (1981). A causal model for turnover for nurses. *Academy of Management Journal (AMJ)*; 24(3):543-565.
14. Im U. L. Literature Review on Turnover-To Better Understand the Situation in Macau. 2011.
15. Ghayas, M. M., & Jabeen, R. (2020). Abusive Supervision: Dimensions & Scale. *New Horizons*.; 14 (1), 107-130
16. El-Jardali F et al. (2013). A national study on nurses' retention in healthcare facilities in underserved areas in Lebanon. *Human Resources for Health*.; 11(1):p. 49.
17. Ahmad T., Riaz A. (2011). Factors affecting turn-over intentions of doctors in public sector medical colleges and hospitals. *Interdisciplinary Journal of Research in Business*.; 1(10):57-66. [Google Scholar]
18. Yaya Bocoum F et al. (2014). Which incentive package will retain regionalized health personnel in Burkina Faso: A discrete choice experiment. *Human Resources for Health*; 12 (1, article no. S7) doi: 10.1186/1478-4491-12-S1-S7.
19. Masum A. K. M. et al. (2016). Job satisfaction and intention to quit: an empirical analysis of nurses in Turkey. *PeerJ*. ; 4, article e1896
20. Galletta M. et al. (2011). Intrinsic motivation, job autonomy and turnover intention in the Italian healthcare: the mediating role of affective commitment. *Journal of Management Research*.; 3(2, article 1)

21. Asegid A. et al. (2014). Factors influencing job satisfaction and anticipated turnover among nurses in Sidama zone public health facilities, South Ethiopia. *Nursing Research and Practice.*; 2014:26. doi: 10.1155/2014/909768.909768
22. Gautam A., et al. (2016). Factors affecting voluntary staff turnover: a case study of springs parklands hospital, South Africa. *European Scientific Journal.*; 12(10)
23. Omar K. et al. (2012) Organizational commitment and intention to leave among nurses in Malaysian public hospitals. *International Journal of Business and Social Science.* ;3(16)
24. Abera E., et al. (2014).M. Turnover intention and associated factors among health professionals in university of gondar referral hospital, Northwest Ethiopia. *International Journal of Economics and Management Sciences.* ; 3(4):1–11.
25. Ferede A et al.(2018).Magnitude of Turnover Intention and Associated Factors among Health Professionals Working in Public Health Institutions of North Shoa Zone, Amhara Region, Ethiopia. *Biomed Res Int.* ; 2018:3165379.
26. Ghayas, M. M. (2015) Impact of Job Satisfaction on Organizational Commitment in the Pharmaceutical Industry of Karachi. *NUML International Journal of Business & Management.*; 10(1), 63-73.
27. Prakasch, J. N., & Ghayas, M. M. (2019) Impact of Servant Leadership on Turnover Intentions in Banking Sector of Karachi. *RADS Journal of Business Management.*; 1(1), 22-30.
28. Giacalone, R.A., Jurkiewicz, C.L. (2003) Right from Wrong: The Influence of Spirituality on Perceptions of Unethical Business Activities. *Journal of Business Ethics.*; 46, 85–97.
29. Sheep, M.L (2006). Nurturing the Whole Person: The Ethics of Workplace Spirituality in a Society of Organizations. *J Bus Ethics.*; 66, 357–375.
30. Fry, L., & Nisiewicz, M. (2013) Maximizing the triple bottom line through spiritual leadership. Stanford: Stanford University Press.
31. Pradhan, R.K et al. (2017). “Development and validation of workplace spirituality scale: an Indian perspective”, *Business: Theory and Practice.*; Vol. 18 No. 1, pp. 43- 53.
32. Kinjierski, V. M. et al (2004) Defining spirit at work: finding common ground, *Journal of Organizational Change Management*; 17(1): 26–42.
33. Krishnan, V. R. (2007). Effect of transformational leadership and leader's power on follower's dutyorientation and spirituality, *Great Lakes Herald.*; 1(2): 48–70.
34. Mitroff, I. I.; et al (2009). A spiritual audit of corporate America, a hard look at spirituality, religion, and values. San Francisco: Jossey-Bass.
35. Goodarzi, T. et al (2013). The Relationship between Spirituality and Job Satisfaction. *IOSR Journal of Business and Management.* 2013; 12 (5) : 108-116.
36. Soder, Paula F. (2016). "Workplace spirituality and employee work intentions: examining the relationship and the mediating role of ethical leadership." .*Electronic Theses and Dissertations.* Paper 2569.
37. Cummann, C., et al (1979). The Michigan organizational assessment questionnaire. Unpublished Manuscript, University of Michigan, Ann Arbor, Michigan.
38. Eisenberger, R.(1986). Perceived organizational support. *Journal of Applied Psychology.* 71(3), 500– 507.
39. Colakoglu et al (2010). The Effects of Perceived Organisational Support on Employees' Affective Outcomes: Evidence from the Hotel Industry . *Tourism & Hospitality Management.* 2010; Vol. 16, No. 2, pp. 125-150.
40. Zaidi, H., Ghayas, (2019). K. Impact of Work Place Spirituality on Job Satisfaction. *RADS Journal of Business Management*; 1(1), 49-57.
41. Ashmos, D. P., et al. (2000). Spirituality at work: A conceptualization and measure. *Journal of Management Inquiry*; 9 (2) : 134-44.
42. Shakir S (2007). Job satisfaction among doctors working at teaching hospital of Bahawalpur, Pakistan. *J Ayub Med Coll* ; 19: 42-5.
43. Afzal S et al (2012). Migration of health workers: a challenge for health care system. *J Coll Physicians Surg Pak*; 22: 586-7.
44. Hussain S et al (2018). Type of Treatment Supporters in Successful Completion of Tuberculosis Treatment: A Retrospective Cohort Study in Pakistan. *Open Infect Dis J*; 10:37- 42.
45. Hussain S et al (2016). A Randomized Controlled Intervention Trial: Effect of Counselling on Treatment Adherence and SelfEsteem of Women Patients Receiving Tuberculosis Treatment. *Open Medicine Journal* ; 3:27-33.
46. Ghayas, M. M., & Siddiqui, S. J. (2012). Impact of job satisfaction on turnover intentions in the pharmaceutical industry of Karachi. *South Asian Journal of Management Sciences.* 2012; 6(2), 42- 49.

