

WORKPLACE SPIRITUALITY AND WORKPLACE HAPPINESS: MEDIATING ROLE OF ORGANIZATIONAL CITIZENSHIP BEHAVIOR IN HEALTHCARE SECTOR

Rupinder Kaur*, Vandana Madaan, Sultan Singh

MM Institute of Management, Maharishi Markandeshwar (Deemed to be University), Mullana - Ambala, Haryana, India

*Correspondence: rupinderghotra96@gmail.com

ABSTRACT

BACKGROUND

Medical professionals are working in challenging working conditions in health care sector, especially in post-covid era, which impact their happiness at workplace. Therefore, to encourage them to perform their tasks more effectively in such challenging conditions, spirituality at workplace is required.

OBJECTIVE

The present research attempts to examine the relation between spirituality at workplace, organizational citizenship behavior (OCB) as well as workplace happiness in the healthcare sector of Haryana (India), with OCB as a mediator between spirituality and happiness at workplace.

METHODS

To achieve the objectives of the study, this study utilized a causal research design. Data were collected using a structured questionnaire and analyzed using smart PLS.

RESULTS

The study confirms that a significant association is found between spirituality and OCB, and spirituality and happiness at workplace, while OCB is also associated significantly with workplace happiness. Further, OCB is also mediating the relation between spirituality and happiness at workplace.

CONCLUSION

The study indicates a significant relation between spirituality at workplace, OCB as well as workplace happiness, and also offer valuable insights about the significance of applying spiritual values at work to enhance happiness amongst healthcare professionals, i.e., doctors and nurses. Hence, the administrators should create a congenial environment to support spirituality at workplace, and strengthen healthcare personnel's OCB, which eventually lead to workplace happiness.

KEYWORDS

healthcare, happiness at workplace, workplace spirituality, organizational citizenship behavior

INTRODUCTION

Happiness has been regarded as an important aspect of individual's lives, and plays a substantial role in building a resilient workforce [1]. In contemporary organizations, employees are viewed as valuable capital, and improving their capabilities has become crucial. Consequently, many organizations have begun investing in appointing chief happiness officers to improve the morale of the workers and monitor their happiness level at workplace [2]. The happiness of healthcare workers has become a global concern amid rising mental health challenges, burnout, high level of distress, as well as suicidal ideation [3]. Healthcare professionals form the core of any health system. They are consistently encouraged to stay neutral when offering medical assistance, but their satisfaction and happiness are often overlooked [4]. Maintaining their mental balance is crucial for their productivity at work as well as well-being in personal life. Work stress arises when healthcare professionals face realities that conflict with their professional expectations [5]. Only a small proportion of employees report truly thriving at work, while a majority are struggling or suffering in terms of their overall well-being [6]. The report from World Economic Forum (2021) reveals that 43% of the workers in over 100 countries face work related stress daily, an increase from 38% in 2019 [7]. A survey by WHO on World Mental Health Day in 2021 showed that over half (55%) of employed professionals in India are experiencing stress at workplace, as access to well-being measures becomes more challenging to them [8]. Further, WHO projects a deficit of 11 million health workers by 2030, highlights the increasing pressure on healthcare systems and underscores the critical importance of maintaining workplace happiness. The existing studies on mental health often emphasize weaknesses as well as pathologies instead of focusing on positive elements such as happiness, particularly in low as well as middle-income nation [9]. Happy workers are more likely to provide OCB to their colleagues [10].

Nowadays, staff are expected to be more dedicated, productive, and efficient, and also to care for their well-being [11]. Many employees remain spiritually detached from their roles despite being physically present at work. Hence, to evaluate organizational success as well as performance, a new perspective has been proposed, namely workplace spirituality. When workers see meaning in their job, experience sense of community, as well as practice human values, then they are more inclined to experience greater happiness, perform exceptionally, as well as achieve higher satisfaction at work [12]. When people are happy from the inside, they will think more innovatively, care for others, grow with others and have a team spirit. In the light of post-Covid-19 shift, workplaces are increasingly integrating spirituality into work to improve worker's health, motivation, as well as performance [13]. In Indian healthcare sector, workplace happiness has emerged as a serious concern. India has a complex as well as multi-tiered healthcare system comprising public and private providers delivering services at primary, secondary, and tertiary levels. The Indian healthcare system has witnessed significant expansion in recent decades; however, it continues to face persistent challenges such as inadequate healthcare workforce, uneven distribution of medical infrastructure, and increasing demand for healthcare services [14]. These challenges are particularly evident in multispecialty hospitals that manage large number of patients as well as specialized treatment [15, 16, 17]. These systemic limitations have placed considerable pressure on healthcare institutions and professionals, particularly those working in multispecialty hospitals. Consequently, healthcare workers experience heavy workloads, time pressure, emotional exhaustion, as well as limited organizational support, which adversely affect their workplace well-being and happiness [8, 18].

The healthcare system in Haryana has expanded through the development of healthcare facilities to meet the growing healthcare needs of its population [19]. Despite this expansion, the state continues to face challenges related to workforce shortages, high patient inflow, overburdened hospitals, inadequate mental health as well as psychosocial support for healthcare employees [20]. Multispecialty hospitals in Haryana are characterized by complex clinical demands and intensive work environments, where increasing care requirements and performance pressures further intensify occupational stress among healthcare professionals [21, 22]. Despite these contextual challenges, limited empirical research has examined the constructs like workplace spirituality, OCB, and workplace happiness in multispecialty hospitals of Haryana, thereby provided a clear research gap that the present study seeks to address.

REVIEW OF LITERATURE

Workplace spirituality has attracted significant interest over the past few years as organizations seek to address the changing demands of the workforce [23]. Mental health of healthcare employees is influenced by various factors like pandemics [24], economic instability and financial hardships [25]. Various studies highlighted the increased level of stress, emotional fatigue, and burnout among the health professionals [26, 27]. In the Indian healthcare sector, the burden on healthcare workers has increased substantially due to rising patient loads, resource limitations, and shortage of workforce. The persistent challenges such as emotional exhaustion, workplace stress, and lack of organizational support have been highlighted among Indian health professionals [8, 18]. Rapid urbanization, increased demand for healthcare services, inadequate mental health support, and staffing constraints have created additional pressures for healthcare workers in Haryana. Despite the expansion of health facilities, issues such as overburdened hospitals and limited psychosocial support continue to affect employees' well-being [20]. However, stress and dissatisfaction, are unique not only in India, but also in the western countries, where work-related stress, depression, emotional fatigue, burnout as well as anxiety remain significant challenges in health professionals [28, 29]. But nowadays the employees are looking for a work atmosphere that promotes personal development, social connections and sense of purpose, in addition to financial rewards [30].

In the light of these shifting requirements, organizations are embracing new management practices to foster a more productive as well as positive workplace. They are progressively adopting spirituality to enhance the employee's performance with a growing body of research showing its potential positive consequences [31]. Healthcare employees, who not only treat their patients, but also engage with them on a profound level, identifying meaning in reducing suffering as well as enhancing wellbeing. This represents the true impact of spirituality at workplace in practice.

Spirituality at workplace refers to the acknowledgment that the staff possesses an internal life that is cultivated and supplemented by the purposeful work carried out in a community [32]. It empowers workforce with internal strength, communication abilities as well as intrinsic motivation required for managing the challenges of healthcare. Spirituality at work serves as a valuable tool for enhancing employees' well-being by cultivating a sense of connection as well as purpose [33], improving patient care, fostering innovation as well as engagement by cultivating an environment that supports spiritual beliefs [34]. Although spirituality at workplace involves several dimensions, but three of them are: meaningful work, sense of community, as well as alignment with organization values [35]. Meaningful work is considered as the essence of spirituality at workplace, which lies in experiencing a thoughtful sense of commitment in one's tasks. Sense of community reflects the belief that spiritually inclined individuals are deeply connected with others as well as with community. Lastly, the alignment with organization values is the perceived congruence amid the individual values as well as the mission and values of the workplace.

Spirituality emerges when workers experience a sense of bond, closeness as well as mutual attraction with both their peers as well as firm as a whole [36]. However, it is extremely challenging to establish an environment that allows workers to prosper beyond their designated roles. However, several management setups focus on organizational citizen behavior for this purpose.

ORGANIZATIONAL CITIZENSHIP BEHAVIOR (OCB)

“Organizational citizenship behavior refers to the actions that contribute to continuance and facilitation of the social as well as psychological environment, which, in turn, directly impacts task performance [37]. Individuals in organizations at times display behavior that extends beyond their assigned duties, which is referred to as OCB. It is a multifaceted concept, made up of five key constructs: altruism (being helpful), courtesy (being courteous and polite), conscientiousness (attention to detail to prevent error), sportsmanship (accept changes and perform without any complaints) and civic virtue (demonstrate interest and involvement). OCB remains a big challenge for organizations but serves as a powerful tool to boost workers' morale, enhance happiness, as the workers, who are happy, are more likely to help other people, demonstrate empathy as well as respect and engage in OCB [10].

WORKPLACE HAPPINESS (WH)

Happiness at workplace reflects the degree to which individuals feel positive as well as satisfaction at work. Employee happiness at workplace is a crucial factor in driving motivation and improving employee retention within any organization [38]. The concept of work happiness is broadly defined by three components: work engagement, job satisfaction, as well as affective organization commitment [39]. Firstly, work engagement indicates various factors that encourage the workers to actively contribute to their workplace. Whereas job satisfaction indicates a positive emotional response arising from the employees' assessment of job characteristics as well as experience. Lastly, affective commitment inclined to workers' emotional bond towards their workplace.

Despite extensive research on workplace spirituality, organizational citizenship behavior, and workplace happiness in various contexts, no prior study has specifically examined these constructs within multispecialty hospitals in Haryana, India. Furthermore, limited research has investigated the mediating role of OCB in the relationship between workplace spirituality and workplace happiness in this specific setting. This gap underscores the need for an empirical study to explore these relationships in multispecialty hospitals of Haryana, thereby contributing to the understanding and application of workplace spirituality in improving employee well-being.

WORKPLACE SPIRITUALITY AND OCB

Spirituality, which emphasizes meaning, purpose, community, as well as aligning with personal values at work, can motivate the employees to go beyond their formal responsibilities. Moreover, supportive workplace fosters discretionary behavior that benefits colleagues and the organization [40]. Employees, who perceive wisdom of belonging as well as meaning at job, tend to help others, display courtesy, and contribute beyond their roles [12].

OCB AND WORKPLACE HAPPINESS

Happy employees are more inclined to be helpful, empathetic, and respectful, making them more likely to exhibit organization citizenship behavior [10]. Employees who practice OCB, are also more tolerant of workplace difficulties, more flexible in solving problems, and more willing to help their organization adapt and thrive. It also enhances the worker's sense of purpose as well as well-being, contributing to greater workplace happiness [39].

WORKPLACE SPIRITUALITY AND HAPPINESS AT WORKPLACE

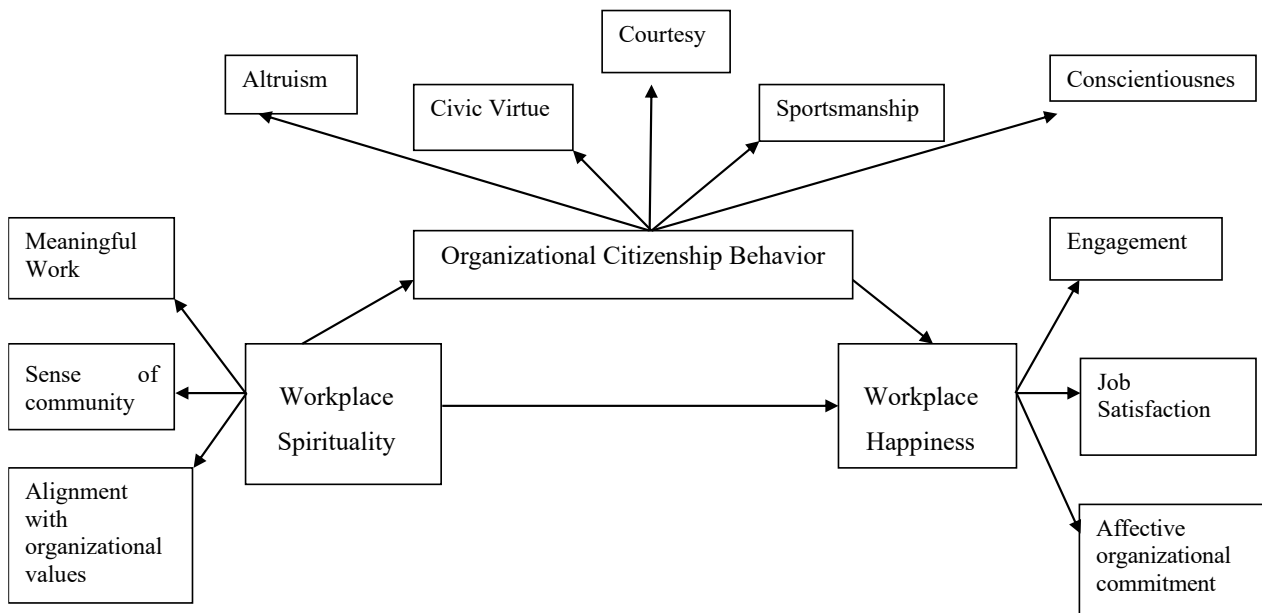
Spirituality at workplace is really contributing to happiness by fostering meaningful work, nurturing positive relations, as well as a sense of commitment [41]. Happiness at work, often considered synonymous with subjective well-being, involves positive experiences such as enthusiasm, energy, as well as a sense of purpose [39]. A spiritual work environment enhances positive emotions and resilience, supporting workplace happiness and organizational performance.

WORKPLACE SPIRITUALITY, OCB AND WORKPLACE HAPPINESS

A significant association between spirituality at workplace as well as OCB is identified [42] and also emphasizing the role of spirituality in encouraging the workers to go beyond their job roles. Such experiences at work often contribute to a deeper sense of happiness, which in turn strengthens discretionary behavior [10]. Cultivating spirituality and happiness at workplace enhances affectivity within the organization by fostering patience, tolerance, and serenity during challenging times. Therefore, integrating workplace spirituality with positive emotions and discretionary behavior is expected to create a virtuous cycle of happiness as well as performance.

CONCEPTUAL MODEL

Based on the literature, the researcher proposes the following model to be tested empirically, involving three key constructs, *i.e.*, workplace spirituality (WS), organizational citizenship behavior (OCB), and workplace happiness (WH), with organizational citizenship behavior as a mediator between workplace spirituality and workplace happiness among the healthcare professionals.



METHODOLOGY

RESEARCH OBJECTIVES:

1. To assess the relation between spirituality, OCB, and happiness at workplace.
2. To examine whether OCB is mediating the relation between spirituality and happiness at workplace.

RESEARCH HYPOTHESES:

- H1: Spirituality at workplace is significantly associated with OCB.
 H2: OCB is significantly associated with happiness at workplace.
 H3: Spirituality at workplace has significant association with workplace happiness.
 H4: OCB is mediating the relation between spirituality and happiness at workplace.

RESEARCH DESIGN AND SAMPLE

A causal research design is employed in this study to test how workplace spirituality influences workplace happiness through the mediating role of OCB. The study focuses on healthcare professionals *i.e.*, doctors, nurses working in the selected multi-specialty hospitals in the state of Haryana (India). Using G*Power software, a required minimum sample size of 68 was calculated; however, researcher collected 258 usable responses, which exceeded the minimum required threshold [43]. Multi-stage sampling technique was employed for selecting the sample. First, a list of hospitals in Haryana was prepared. Next, multi-specialty hospitals of Haryana were classified based on divisions and districts. Six districts, namely Panchkula, Faridabad, Gurugram, Hisar, Rohtak, and Panipat, with the highest number of multi-specialty hospitals, were selected. These districts collectively had 44 multi-specialty hospitals, including Panchkula (7), Gurugram (9), Faridabad (8), Hisar (8), Rohtak (6), and Panipat (6). Primary data were collected with the help of a structured questionnaire through offline mode using snowball sampling.

ETHICAL CONSIDERATIONS

Ethical Clearance was obtained from MM Institute of Management, Maharishi Markandeshwar deemed to be University (Ref. No: 2026/139). The study was conducted in accordance with standard ethical guidelines. Participation was voluntary, and informed consent was obtained from all participants. Anonymity and Confidentiality of all responses were strictly maintained.

MEASUREMENTS

A Likert-scale (5-point) was employed; where meaningful work as well as sense of community contains 7 items each, alignment with organisation value contains 8 items. To measure the work spirituality, scales developed by Ashmos et al., (2000) as well as Milliman et al., (2003) were adapted. Organizational Citizenship Behavior involves 19 items scale developed by Smith et al., (1983) as well as Podsakoff et al., (1990). Happiness at Work Scale was used from the study of Salas-Vallina and Alegre, (2020) that include three aspects, i.e., job satisfaction, job engagement as well as affective organizational commitment (each contains 03 items).

DATA ANALYSIS

To analyze the data, the researcher adopted PLS method, a variant of SEM. Sample profile shows that employees aged up to 35 years are 95.7%, 66.7% are graduates, 51.6% are males, 77.5% are single, 96.1% have experience below 10 years, and 69.4% are doctors (Table 1).

TABLE I: DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Demographic variables	Categories	Frequency	Percentage
Age (years)	Upto35	247	95.7
	Above35	11	4.3
Highest Qualification	Graduation	172	66.7
	Post Graduation	86	33.3
Gender	Male	133	51.6
	Female	125	48.4
Marital Status	Unmarried	200	77.5
	Married	58	22.5
Experience (Years)	0-10 years	248	96.1
	Above10	10	3.9
Designation	Doctor	179	69.4
	Nurse	79	30.6
Total		258	100.0

Source: Authors' Calculations

MEASUREMENT MODEL EVALUATION

The results indicate that factor loadings of all the variables surpass the standard threshold value of 0.7 [47], except one construct, i.e., SC1 (0.669) and that too was also retained because the Average Variance Extracted(AVE) value of that construct is surpassing the standard limit, which validates the model (Table 2). Further, the values of Average Variance Extracted (AVE) of the dimensions also exceed 0.5, providing further evidence of their validity. Values of Cronbach alpha as well as composite reliability, which evaluate the internal consistency of variables, surpass the required limit of 0.7, thus affirming their reliability [48].

TABLE 2-RESULTS OF MEASUREMENT MODEL

Construct		Items Code	Factor Loadings	Cronbach's alpha	rhoA	CR	AVE
Workplace Spirituality	Meaningful Work	MW1	0.807	0.886	0.892	0.912	0.597
		MW2	0.763				
		MW3	0.862				
		MW4	0.707				
		MW5	0.806				
		MW6	0.737				

		MW7	0.713				
	Sense of Community	SC1	0.669	0.881	0.886	0.908	0.586
		SC2	0.773				
		SC3	0.795				
		SC4	0.815				
		SC5	0.708				
		SC6	0.785				
		SC7	0.804				
	Alignment with organizational values	AV1	0.865	0.944	0.945	0.954	0.721
		AV2	0.885				
		AV3	0.778				
		AV4	0.880				
		AV5	0.856				
		AV6	0.868				
		AV7	0.840				
		AV8	0.816				
OCB	Altruism	ALT1	0.799	0.841	0.845	0.894	0.679
		ALT2	0.890				
		ALT3	0.838				
		ALT4	0.764				
	Courtesy	COUR1	0.813	0.811	0.814	0.877	0.641
		COUR2	0.872				
		COUR3	0.780				
		COUR4	0.730				
	Civic Virtue	CIV1	0.745	0.818	0.821	0.880	0.648
		CIV2	0.862				
		CIV3	0.808				
		CIV4	0.800				
	Sportsmanship	SPORT1	0.804	0.810	0.816	0.875	0.637
		SPORT2	0.839				
		SPORT3	0.751				
		SPORT4	0.794				
	Conscientiousness	CONS1	0.807	0.753	0.761	0.859	0.670
		CONS2	0.871				
		CONS3	0.775				
Workplace Happiness	Engagement	ENG1	0.820	0.709	0.720	0.835	0.628
		ENG2	0.769				
		ENG3	0.787				
	Job Satisfaction	JS1	0.746	0.740	0.749	0.853	0.660
		JS2	0.814				
		JS3	0.872				
	Affective organizational	AOC1	0.892	0.905	0.905	0.941	0.841

	commitment						
		AOC2	0.928				
		AOC3	0.930				

Source: Authors' Calculations

The Heterotrait- Monotrait Ratio (HTMT) is used for evaluating the validity as well as multicollinearity of the variables. The value of HTMT should not be above 0.9; else there will be lack of discriminant validity [49]. Table 3 indicates that the ratios of all the variables are well below the threshold limit and is affirming the good discriminant validity.

TABLE 3: DISCRIMINANT VALIDITY

	ALT	AOC	AV	CIV	CONS	COUR	ENG	JS	MW	SC
AOC	0.333									
AV	0.318	0.687								
CIV	0.612	0.650	0.595							
CONS	0.597	0.270	0.354	0.666						
COUR	0.799	0.253	0.403	0.596	0.590					
ENG	0.136	0.194	0.090	0.212	0.100	0.161				
JS	0.365	0.864	0.716	0.663	0.313	0.428	0.190			
MW	0.471	0.406	0.802	0.449	0.358	0.515	0.089	0.531		
SC	0.422	0.450	0.820	0.473	0.336	0.460	0.102	0.693	0.867	
SPORT	0.241	0.352	0.216	0.455	0.303	0.205	0.135	0.301	0.110	0.150

Source: Authors' Calculations

STRUCTURAL MODEL EVALUATION

The researcher determined the value of r-square [48], which indicates the proportion of variance in the dependent variable explained by the independent variable. A higher score reflects greater predictive accuracy, and vice-versa. Table 4 exhibits that R² value of OCB is 0.253, which means 25.3% variance in OCB is explained by WS. R-squared scores of 0.75, 0.50, 0.25 explain strong, moderate, and weak predictive accuracy, respectively, thus it indicates a weak effect of WS on OCB. This R² is consistent with behavioural and healthcare research where multiple unobserved factors influence employee behavior [48]. In the same way, R² of WH (0.422) explained 42.2% variance, indicating that 42.2% of the variance in WH is explained by WS and OCB, which also reflects a moderate explanatory power.

TABLE 4: COEFFICIENT OF DETERMINATION

Construct(s)	R ²	ADJR
OCB	0.253	0.250
WH	0.422	0.417

Source: Authors' Calculations

TESTS OF DIRECT AND INDIRECT EFFECT (HYPOTHESES TESTING)

To assess the relations, the formulated hypotheses were tested (Table 5). There is a significant relation between workplace spirituality as well as OCB, hence the first hypothesis (H₁) is supported ($p = 0.000$). Further, OCB is significantly related with workplace happiness, hence the second hypothesis (H₂) is supported ($p = 0.003$). Likewise, spirituality is significantly related to happiness at workplace, hence the third hypothesis (H₃) is also supported ($p = 0.000$). Further, to test the mediating effect, the researcher used the 10,000-bootstrap method. The specific indirect effect is found significant as t-value (2.975) is greater than 1.96 and $p =$ value (0.003) is less than 0.05. Hence, the fourth hypothesis (H₄), i.e., OCB is mediating the relation between spirituality and happiness at workplace, is also supported.

TABLE 5: ACCEPTANCE/REJECTION OF HYPOTHESES

Relationship effect	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	t-statistics (O/STDEV)	P values	Accept/Reject
WS->OCB	0.503	0.504	0.074	6.797	0.000	Accepted
OCB->WH	0.250	0.252	0.085	2.945	0.003	Accepted
WS->WH	0.487	0.494	0.074	6.618	0.000	Accepted
WS->OCB->WH	0.126	0.125	0.042	3.013	0.003	Accepted

Source: Authors' Calculations

DISCUSSION

The research indicates a positive relation between spirituality and happiness at workplace. Greater level of happiness is found in hospitals in which spirituality is rehearsed at high level. These correspond with the previous study which shows a significant relation between them [41]. This reveals that if health professionals see meaning in their work, experience a great sense of community, as well as align with workplace values, then they are more inclined to experience happiness at workplace. The finding also shows a significant relation between work spirituality and OCB and is supported by previous study [50]. A significant relationship of OCB with workplace happiness is also revealed, aligning with previous research showing happy employees are more likely to show OCB [10]. Thus, spirituality at workplace is acknowledged as a key factor in increasing the employees' happiness. Further, OCB also mediates the relation between spirituality as well as happiness at workplace. The research also highlights the relevance of workplace spirituality in health sector as well as indicates that spirituality at workplace not only enhances the happiness but also helps in maintaining the organizational citizenship behavior by fostering a supporting environment that promotes personal well-being as well as job satisfaction.

IMPLICATIONS OF THE STUDY

The outcomes hold real-world relevance for hospital administration, as it contributes to efficiency of healthcare professionals. Workplace spirituality is believed to influence the staff performance and care delivered to both patients as well as to their relatives positively by connecting with the hearts of healthcare workers. Recognizing and promoting this at work will significantly help healthcare professionals by fostering a productive, pleasant as well as supportive environment. Integrating spirituality into personal as well as professional development methods can strengthen the performance of healthcare professionals. Interventions like meetings as well as workshops can be carried out to promote stronger connection between the health managers and health staff, enabling the latter to contribute insights into enhancing meaningful work and awareness of community, in alignment with hospital values from their own perspectives.

In the face of a constantly changing environment and increasing external pressures, addressing areas like spiritual competence and workplace happiness can serve as a valuable buffer, helping employees and the organization to meet future challenges more effectively. Amid the ongoing paradigm shift in the 21st century, organizations are continually exploring and testing new strategies to support workers in balancing work as well as family responsibilities. These efforts include the introduction of flexible work arrangements. Allowing flexible job hours as well as encouraging frequent intervals of rest also supports workers in maintaining a balanced work-life. The health managers can cultivate a positive work atmosphere and guide workers to promote effective work-life management. The organization can introduce well-being programs; include incentives, promote teamwork to enhance the employees' performance. Reinforcing spirituality at work further contributes to employee well being, which can be achieved through initiatives such as offering prayer in the morning or yoga classes, creating multi-spiritual prayer areas, introducing workplace chaplain, launching spiritual wellness programs, etc. for the employees [51, 52].

CONCLUSION AND RECOMMENDATIONS

Spirituality not only contributes to enhance happiness at workplace but also helps in maintaining the OCB by fostering a supportive environment that promotes personal well-being as well as job satisfaction. Hospital managers should take into consideration the impact of workplace spirituality in enhancing OCB, as well as work happiness, and improving the service quality in health care system. This could offer a better understanding of how healthcare professionals perceive their duties, strength of collegial relationships in the hospital, and the extent to which health staff are aligned with the healthcare values. By accomplishing this, health managers can better assess workplace happiness and the degree of healthcare professionals' OCB. This insight could enable earlier interventions, either by meetings or with the help of workshops, or other actions to mitigate the rising resignation rates. Workplace spirituality could also serve as a solution to rising turnover rate, thereby making it essential for ensuring the quality of patient care. Health administrators need to prioritize creating an environment that supports work spirituality and strengthen health care personnels' OCB, which eventually leads to happiness at workplace.

LIMITATIONS AND FUTURE DIRECTIONS

The present research creates the avenues for future researchers. Firstly, it focuses mainly on health sector, which limits the applicability of its results to other domains. Secondly, researchers in future could investigate the effect of other moderating variables on the relation between spirituality as well as happiness at workplace, such as physical environment, structural and situational dimensions, organizational culture, leadership style, and job characteristics, *etc.* Thirdly, this study is confined to doctors and nurses of healthcare sector of Haryana only. Future studies could broaden its scope by involving nurses and doctors across different regions with larger and more diverse samples to analyze whether demographics (such as age, gender, or experience) moderate these relationships to offer a more comprehensive understanding.

References

1. See KF, Yen SH. Does happiness matter to health system efficiency? A performance analysis. *Health Economics Review*. 2018 Dec 21; 8(1):33. doi: <https://doi.org/10.1186/s13561-018-0214-6>
2. Alzain H, AlGhazal R, Abu Qurain A, Karkadan M. Fostering and sustaining employees' happiness in the oil, gas, and energy industry: The role of organizational chief happiness officer in implementing happiness initiatives and programs. In *International Petroleum Technology Conference 2023* Feb 28 (p. D012S004R002). IPTC. doi:<https://doi.org/10.2523/IPTC-22718-MS>
3. Dyrbye LN, Shanafelt TD, Sinsky CA, Cipriano PF, Bhatt J, Ommaya A, West CP, Meyers D. Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. *NAM Perspectives*. 2017 Jul 5.
4. Cai Z, Tian Y, Wang Z. Career adaptability and proactive work behaviour: A relational model. *Journal of Occupational and Organizational Psychology*. 2023 Mar; 96(1):182-202.
5. Lambert VA, Lambert CE. Literature review of role stress/strain on nurses: an international perspective. *Nursing & health sciences*. 2001 Sep; 3(3):161-72.
6. Gallup. *State of the Global Workplace: 2024 Report*. Washington (DC): Gallup; 2024.
7. Armstrong M. *Global Workplace*. World Economic Forum; 2021.
8. World Health Organization. *World Mental Health Day survey*. India Today; 2021.
9. Kola L, Kohrt BA, Hanlon C, Naslund JA, Sikander S, Balaji M, Benjet C, Cheung EY, Eaton J, Gonsalves P, Hailemariam M. COVID-19 mental health impact and responses in low-income and middle-income countries: Reimagining global mental health. *The Lancet Psychiatry*. 2021 Jun 1; 8(6):535-50.
10. Goel P, Singh A. The role of organizational learning capabilities in mediating the impact of workplace happiness on organizational citizenship behavior. *Development and Learning in Organizations: An International Journal*. 2024 Nov 19.
11. Chang R. The impact of employees' health and well-being on job performance. *Journal of Education, Humanities and Social Sciences*. 2024 Apr; 29(1):372-8.

12. Toshniwal A, Narendran R. Mediating effect of workplace happiness between workplace spirituality and work performance: A conceptual framework. *IOSR Journal of Business and Management*. 2021; 23(1):43-6.
13. Salem NH, Ishaq MI, Yaqoob S, Raza A, Zia H. Employee engagement, innovative work behaviour, and employee wellbeing: Do workplace spirituality and individual spirituality matter?. *Business Ethics, the Environment & Responsibility*. 2023 Apr; 32(2):657-69.
14. Kasthuri A. Challenges to healthcare in India-The five A's. *Indian Journal of Community Medicine*. 2018 Jul 1;43(3):141-3.
15. Menon GR, Yadav J, Aggarwal S, Singh R, Kaur S, Chakma T, Periyasamy M, Venkateswaran C, Singh PK, Balachandar R, Kulkarni R. Psychological distress and burnout among healthcare worker during COVID-19 pandemic in India—A cross-sectional study. *PLoS One*. 2022 Mar 10; 17(3):e0264956.
16. Sanil M, Machado G, Nayak VR. Burnout in health care providers working in the intensive care units of a tertiary care hospital, South India—a questionnaire-based survey. *Canadian Journal of Respiratory Therapy: CJRT= Revue Canadienne de la Therapie Respiratoire: RCTR*. 2021 Jun 4; 57:68.
17. Grover S, Sahoo S, Bhalla A, Avasthi A. Psychological problems and burnout among medical professionals of a tertiary care hospital of North India: A cross-sectional study. *Indian journal of psychiatry*. 2018 Apr 1; 60(2):175-88.
18. Malik D, Yadav V. Burnout and Coping Styles among Frontline Healthcare Workers: A Cross-Sectional Study. *Research Review International Journal of Multidisciplinary*. 2024 Feb 15; 9(2):270-5.
19. National Health Mission, Health Department Haryana. Achievements [Internet]. Panchkula: National Health Mission, Health Department Haryana; 2023 [cited 2025 Jan 21]. Available from: <https://nhmharyana.gov.in/page?id=214>
20. Central Bureau of Health Intelligence, Ministry of Health & Family Welfare, Government of India. *National Health Profile 2022*. 17th ed.; 2022.
21. Chauhan N, Mohan J, Sehgal M. A Study of Occupational Stress and Its Correlates Among Nurses. *International Journal of Indian Psychology*. 2025 Sep 30; 13(3).
22. Malik P. Occupational Stress and Organizational Climate of Healthcare Workers in Haryana. *International Journal of Education and Management Studies*. 2024 Sep 1; 14(3):282-4.
23. Dubey S, Bedi SS. Workplace spirituality: A systematic review and future research agenda. *Journal of Management, Spirituality & Religion*. 2024 Jan 1; 21(1):83-128.
24. Tekin PŞ. The role of spirituality in the workplace in the post-pandemic. In *Spirituality Management in the Workplace: New Strategies and Approaches 2023* Dec 14 (pp. 285-304). Emerald Publishing Limited. doi: <https://doi.org/10.1108/978-1-83753-450-020231013>.
25. Saxena A, Prasad A. Conceptualisation and validation of multidimensional measure of workplace spirituality. *South Asian Journal of Human Resources Management*. 2022 Jun; 9(1):100-29.
26. De Vries N, Boone A, Godderis L, Bouman J, Szemik S, Matranga D, De Winter P. The race to retain healthcare workers: a systematic review on factors that impact retention of nurses and physicians in hospitals. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2023 Mar; 60:00469580231159318.
27. Mensah A. Job stress and mental well-being among working men and women in Europe: The mediating role of social support. *International Journal of Environmental Research and Public Health*. 2021 Mar 3; 18(5):2494.
28. Dixon-Woods M, Summers C, Morgan M, Patel K. The future of the NHS depends on its workforce. *BMJ*. 2024 Mar 27; 384.
29. Taylor C, Mattick K, Carrieri D, Cox A, Maben J. 'The WOW factors': comparing workforce organization and well-being for doctors, nurses, midwives and paramedics in England. *British medical bulletin*. 2022 Mar; 141(1):60-79.
30. Radu C. Fostering a positive workplace culture: Impacts on performance and agility. In *Human Resource Management-an update 2023* Oct 25. IntechOpen.
31. Bayighomog SW, Arasli H. Reviving employees' essence of hospitality through spiritual wellbeing, spiritual leadership, and emotional intelligence. *Tourism Management*. 2022 Apr 1; 89:104406.
32. Ashmos DP, Duchon D. Spirituality at work: A conceptualization and measure. *Journal of Management Inquiry*. 2000 Jun; 9(2):134-45.
33. Lalani N. Meanings and interpretations of spirituality in nursing and health. *Religions*. 2020 Aug 21; 11(9):428.
34. Saxena A, Prasad A. Exploring the influence of dimensions of workplace spirituality on innovative work behaviour: Role of sense of God. *International Journal of Ethics and Systems*. 2023 Apr 18; 39(2):183-212.

35. Gupta M, Kumar V, Singh M. Creating satisfied employees through workplace spirituality: A study of the private insurance sector in Punjab (India). *Journal of Business Ethics*. 2014 Jun; 122(1):79-88.
36. Sreeja T, Mukherjee U. Workplace spirituality in the tourism and hospitality sector: A systematic literature review. *Management and Labour Studies*. 2025:0258042X241308422.
37. Podsakoff NP, Whiting SW, Podsakoff PM, Blume BD. Individual-and organizational-level consequences of organizational citizenship behaviors: A meta-analysis. *Journal of Applied Psychology*. 2009 Jan; 94(1):122.doi: <https://doi.org/10.1037/a0013079>.
38. Raj KM. Workplace happiness: The key to employees' retention. *The Online Journal of Distance Education and E-learning*. 2023 Apr; 11(2): 2631-8.
39. Salas-Vallina A, Simone C, Fernández-Guerrero R. The human side of leadership: Inspirational leadership effects on follower characteristics and happiness at work (HAW). *Journal of Business Research*. 2020 Feb 1; 107:162-71.doi: <https://doi.org/10.1016/j.jbusres.2018.10.044>
40. Bismala L, Hafsa H, Handayani S, Indari A. Workplace spirituality and organization citizenship behavior (OCB): Employee engagement mediation. *Jurnal Pendidikan Progresif*. 2024 Apr 29;14(1):264-78.
41. Ghayas MM, Hussain S, Khan MU, Hussain Z. Happiness as a mediator in the relationship between workplace spirituality and job satisfaction among nursing staff. *Journal of Social Sciences and Media Studies*. 2023 Dec 31; 7(2):54-61.doi: <https://www.researchgate.net/publication/378962923>
42. Ahmadi S, Nami Y, Barvarz R. The relationship between spirituality in the workplace and organizational citizenship behavior. *Procedia-Social and Behavioral Sciences*. 2014 Feb 21; 114:262-4.
43. Faul F, Erdfelder E, Buchner A, Lang AG. Statistical power analyses using G* Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*. 2009 Nov., 41(4):1149-60.
44. Milliman J, Czaplewski AJ, Ferguson J. Workplace spirituality and employee work attitudes: An exploratory empirical assessment. *Journal of Organizational Change Management*. 2003 Aug 1; 16(4): 426-47.
45. Smith CA, Organ DW, Near JP. Organizational citizenship behavior: Its nature and antecedents. *Journal of Applied Psychology*. 1983 Nov; 68(4):653.
46. Podsakoff PM, MacKenzie SB, Moorman RH, Fetter R. Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *The Leadership Quarterly*. 1990 Jun 1; 1(2):107-42.
47. Sarstedt M, Ringle CM, Hair JF. Partial least squares structural equation modeling. In *handbook of market research* 2021 Dec 3 (pp. 587-632). Cham: Springer International Publishing.
48. Hair JF, Risher JJ, Sarstedt M, Ringle CM. When to use and how to report the results of PLS-SEM. *European Business Review*. 2019 Jan 14; 31(1): 2-4.
49. Gold AH, Malhotra A, Segars AH. Knowledge management: An organizational capabilities perspective. *Journal of Management Information Systems*. 2001 May 31; 18(1):185-214.
50. Rao KN, Marigowda J, Venugopal D. Workplace spirituality and organisational citizenship behaviour: an impact study. *International Journal of Work Organisation and Emotion*. 2024; 15(1):44-60.
51. Krishnakumar S, Neck CP. The "what","why" and "how" of spirituality in the workplace. *Journal of managerial psychology*. 2002 May 1; 17(3):153-64.
52. Mitroff II, Denton EA. A spiritual audit of corporate America: A hard look at spirituality, religion, and values in the workplace. Jossey-Bass; 1999.