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Workplace spirituality and nurses' well-being: integrative review (2015-2025)

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ABSTRACT

Occupational well-being and workforce sustainability in post-pandemic healthcare systems are at risk due to increasing emotional, ethical, and workload-related stressors that nurses encounter. Workplace spirituality has also been suggested as a protective factor, but empirical research remains fragmented and insufficiently synthesized. This integrative review aimed to synthesize the recent evidence on the role of workplace spirituality in the occupational well-being of nurses. A systematic search of Scopus, MEDLINE, and Cochrane databases identified English-language quantitative studies published between 2015 and 2025. Nineteen studies met the inclusion criteria and were synthesized using Whittemore and Knafl integrative review framework, with reporting relying on PRISMA 2020. There were five themes that included i) spirituality and burnout reduction, ii) organizational commitment and retention, iii) work engagement and job satisfaction, iv) spiritual congruence and interpersonal care, and v) spiritual leadership and well-being. Most findings demonstrated moderate-to-strong associations between workplace spirituality and decreased burnout, increased engagement, and greater organizational commitment. Nevertheless, these advantages were conditional and mitigated in the conditions of overwork, insufficiency of staffing, moral tension, and insufficient organizational support. This review offers a quantitative integrative synthesis of the first nursing-specific evidence to be published after the pandemic and shows that workplace spirituality serves as a complementary resource, rather than a standalone, to occupational well-being. The findings highlight important implications of nursing policy regarding introducing spirituality-based leadership development, ethical governance, and workforce support as part of the broader structural reforms.

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1. INTRODUCTION

Workplace Spirituality has become an increasingly important concern in healthcare organizations worldwide due to the variety of issues associated with medical facilities and healthcare organizations worldwide, such as burnout among nurses, emotional exhaustion, shortage in staff, low retention rates, and similar issues. Nurses continually practice in challenging clinical conditions, which put them in a position where they are required to make moral choices, handle very ill patients, and undertake much emotional labor. These aspects may harm their psychological well-being and reduce their job interest in the distant future.

Workplace spirituality is the meaning, the purpose, the connection, and the compassion that individuals form within the workplace. Such spiritual experiences assist nurses in overcoming stress and continue offering caring services that safeguard them against psychological disorders [1], [2]. Spirituality is a personal conviction that extends to relationships and organizations and influences the sense of belonging, job satisfaction, and holistic care delivery by nurses [3]. According to recent quantitative research, spirituality in the workplace is related with reduced burnout among nurses. Emotional exhaustion, depersonalization, and absence of personal accomplishment have been high globally and have been exacerbated in the COVID-19 pandemic. This demonstrates the significance of searching effective protective factors [4]–[6]. It has been found that nurses who work in spiritually fulfilling settings have a lower risk of burnout and their emotional state is improved [1], [7]. Similarly, workplace spirituality is gaining increased significance in enhancing job satisfaction and commitment to the organization, as well as patient-centered care [2], [8]. Research studies conducted on spiritual leadership and value congruence demonstrate that spiritual leadership and value congruence have an influence on job satisfaction, turnover intention, and subjective well-being. It implies that spiritually oriented leadership practices allow the alignment of the values of nurses to the mission of the organization [9]–[11].

Despite these improvements, there are certain issues with the existing body of evidence. To begin with, there exist considerable variations in how workplace spirituality measurement instruments conceptualize the notion, their psychometric performance, and their applicability to various cultures. This complicates the possibility to compare studies [2], [12]. Second, other interventional studies, such as mindfulness program, reflective practice, and spiritual leadership training, have demonstrated potential positive results in reducing burnout and improving retention [13]–[15]. The impact of the COVID-19 pandemic on the psychological well-being of nurses has been studied in prior systematic reviews; however, the studies have serious flaws in their methodology. As an example, the global synthesis by [16] reporting increased rates of depression, anxiety, stress, post-traumatic stress disorder, and insomnia explicitly stated that the mental health of the nurses was not evaluated pre-pandemic, thus, preventing the quantification of the incremental psychological burden of the pandemic. In turn, these methodological limitations did not allow the previous reviews to conclude on how the psychological state of nurses changed after the pandemic ended, or how long-term workplace determinants such as spirituality, leadership, and value congruence determine recovery and resilience in subsequent years.

The international studies by [17] conducted on workplace spirituality were widely inclusive of various types of occupations, which did not include nursing. The literature reviewed earlier limited past reviews of nursing research to 2018 and did not incorporate the latest quantitative data [18]. Such reviews failed to consider outcomes of the psychological consequences of the pandemic and examined how effective spiritual leadership was in improving the well-being of nurses in modern healthcare. Earlier analyses missed the year 2025 and could not provide a systematic analysis of the determinants of occupational well-being based on spirituality after the epidemic. There are several new contributions in this integrative review. In this analysis, it summarizes quantitative information (2015-2025) in particular with reference to registered nurses, which has not been done in previous studies. This is the first study that contains post-pandemic findings about the psychological well-being of nurses, emphasizing the significance of spirituality in the post-COVID-19 recuperation, and no such integrative review study has been done before. Unlike other descriptive studies, it critically assesses the process of spiritual leadership, value congruence in the workplace, and organizational culture, and offers insights on the effects of workplace spirituality on burnout, satisfaction, resilience, motivation, and retention. The analysis provides a modern synthesis applying the Whittemore and Knafl framework in compliance with the PRISMA 2020 principles, which makes it a unique contribution of nursing in the post-pandemic setting.

2. METHOD

Explaining the research chronologically, including the research design, research procedures (in the form of this integrative review), employed the methodological framework introduced by [19], thus, having a systematic and rigorous methodology of synthesizing quantitative evidence. The review was conducted in five suggested steps, such as problem identification, a literature search, data evaluation, data analysis, and presentation of findings. To foster transparency, the review protocol was registered in prospect in PROSPERO (CRD420251044276), and the reporting was done according to the PRISMA 2020 guidelines [20].

2.1. Search strategy

The search included a literature review of Scopus, MEDLINE (PubMed), and Cochrane Library between 10 and 20 January 2025. These databases were chosen to ensure that a large amount of empirical research in nursing, psychosocial, and healthcare management was covered. The Boolean operators were used to retrieve studies relating to the subject of spirituality in workplaces and spiritual leadership, spiritual climate, burnout, job satisfaction, organizational commitment, and occupational well-being. Each database search strings are given in their entire form in Appendix. There were 536 records searched in the first search,

and these included 388 records in Scopus, 137 records in MEDLINE, and 11 records in Cochrane. Automated filters removed 185 articles that were not within the publication window (2015-2025), and 21 further records were filtered out because of journal tier (Q1-Q4) after 91 duplicate entries had been eliminated. As a result, there were 237 records that could be screened on titles and abstracts. The search was limited to peer-reviewed articles in the English language, to guarantee the consistency of the terms used, the quantitative measures of the articles were comparable, and a rigorous methodological appraisal was possible. Although the English language is the leading language in the big scientific databases, this limitation can have the effect of locking out culturally competent studies published in non-English environments, which leads to a possible language bias; this is an area in which the limitations are taken into consideration.

2.2. Inclusion and exclusion criteria

The studies had to qualify based on the following criteria: employed a quantitative design of study (cross-sectional, correlational, cohort, quasi-experimental, or interventional), registered nurses, who are involved in clinical or hospital settings, workplace spirituality, or other related constructs, (e.g., spiritual leadership, spiritual well-being, workplace congruence), reports having at least one occupational well-being outcome, including burnout, job satisfaction, organizational commitment, emotional resilience, intrinsic motivation, or retention, obtained during the year 2015 to 2025 in peer-reviewed journals. The exclusion criteria were the use of qualitative methodology in the study; mixed-methods studies without the quantitative data that could be separated; populations not restricted to the nurses; conceptual or theory articles; conference abstracts; and studies on spirituality as a form of religious practice. To maintain conceptual and methodological consistency across the quantitative outcome measures, qualitative studies were dropped. As much as qualitative research would provide good contextual coverage, its combination would impair the comparability needed in this review, which is well considered to be.

2.3. Screening and quality appraisal

A total of 237 titles and abstracts were screened by two independent reviewers (JDM and FR) who removed 151 articles that were not eligible to enter the inclusion criteria. Among 86 articles that were selected to be reviewed in their full-text, 53 articles were received. The 34 articles were filtered out following the screening process based on: irrelevant results (n = 9), non-quantitative design (n = 11), non-nurse population (n = 6), and non-English language (n = 8). Nineteen articles qualified to make the final synthesis. Screening of titles/abstracts (Cohens kappa = 0.83) and relying on full text screening (k = 0.77) had high inter-rater reliability. The discrepancies would be resolved through consensus, and in cases where a third reviewer was consulted. Quality appraisal was based on Critical Appraisal Skills Programme (CASP) checklist to quantitative research, which comprised objective clarity, approach appropriateness, sample appropriateness, measurement validity, and analysis rigor. The cut-off point was five out of ten, which is in accordance with the integrative review standards of methodological rigour [21]. Articles with a score less than five were excluded because of methodology errors. Figure 1 (see Appendix) demonstrates the selection workflow and shows PRISMA 2020 flow diagram.

2.4. Data extraction and analysis

An organized data extraction table was designed to include the study features such as the authors, year, country, study design, sample size, spirituality at work element, occupational well-being outcomes, key findings, and CASP appraisal. The data were described and coded, and the constant comparison method identified in Whittemore and Knafl analyzed the data. Patterns, convergences, and divergences were found and repeatedly narrowed down into greater order thematic categories. This method provided the overall synthesis of multi-dimensional correlations between workplace spirituality and occupational well-being of nurses.

3. RESULTS AND DISCUSSION

Scopus: 388, MEDLINE: 137, and Cochrane: 11 yielded 536 records. After deleting 91 duplicates and filtering 185 entries by publication year (2015-2025) and 21 by journal tier, 237 articles remained. 151 were excluded for not meeting inclusion standards. 53 full-text articles were available from 86 recognized articles. 19 papers were selected after removing 34 papers due to irrelevant findings: 9, non-quantitative design: 11, non-nurse samples: 6, and non-English language: 8. The research included 120 to 1,250 nurses from Asian, Middle Eastern, European, and African settings in cross-sectional (n = 15), correlational (n = 2), and quasi-experimental (n = 2) methods. Meaning, purpose, connection, spiritual leadership, and value alignment were assessed via workplace spirituality tools. Burnout, job satisfaction, emotional resilience, organizational commitment, intrinsic motivation, and the desire to leave were occupational well-being outcomes. Table 1 lists study characteristics. The studies revealed five themes.

3.1. Theme 1: Spirituality and burnout reduction

The synthesis studies all found that workplace spirituality negatively correlates with burnout, and the most significant correlations were found with emotional exhaustion and depersonalization. In most of the studies, it was found that constructs like meaning, purpose, and connectedness in the workplace have moderate to strong negative relationships (approximately $r = 0.30$ to 0.55), which proves that these aspects are important psychological resources used by nurses [16], [21]–[23]. Such associations were observed in various cultural conditions and remained in post-pandemic conditions, which testifies to the applicability of spirituality in the environment, which still puts significant emotional pressure [1], [5], [24] At the same time, it was established that such structural job demands as high workload, inadequate staffing, and stressors related to ethics have a significant connection with emotional exhaustion and burnout among nurses [25], [26]. COVID-19 added to these stressors, which led to the increased moral anguish and psychological burden [27]–[29]. In this context, spirituality in the workplace is postulated to enable the emotional control process and enhance resilience toward work pressure [1], [30].

This observation relates to the Job Demands-Resources (JD-R) paradigm, which suggests that intrinsic resources (meaning, social connectivity) can counteract the negative effects of high job demands on burnout [31]. They are also consistent with the hypothesis of Conservation of Resources (COR) that focuses on the protective property of meaningful and relationship resources to avoid emotional exhaustion and resilience to resource loss at a certain time [32]. The empirical evidence supports the idea that spirituality improves the coping level and mental strength of nurses [33].

However, the connection between spirituality and burnout is incongruent between studies. In a cross-sectional study on 118 Turkish nurses, it was observed that workplace spirituality and elements of burnout have weak positive correlations, especially depersonalization ($r = 0.226$, $p = 0.014$) [34]. The authors explained this trend by the high workload related to the provision of spiritual care in the environment where there is a lack of organizational support and a shortage of personnel. In this case, the practices that are connected with spirituality were viewed as another burden of work and not the means of protection. This observation highlights the contextual sensitivity of workplace spirituality, which implies that its impacts require organizational capability, ethical climate, and culture that enable employees to express their emotions and spirituality.

3.2. Theme 2: Organizational commitment and retention

Spirituality at the workplace has always shown positive relationships with organizational commitment and lower turnover intention, and the effect sizes have been reported to range between about $r = 0.32$ and 0.60 [29], [35]–[37]. In collectivist cultural settings, such relations were especially strong, and such factors as shared meaning, relationship harmony, and common values play the key role of antecedents of professional identity and loyalty [10], [38]. Recent research studies have reaffirmed the role played by value congruence at the workplace, also known as person-organization fit, as a predictor of retention outcomes. An increased level of alignment between personal values of nurses and organizational culture was associated with higher emotional resilience, higher job satisfaction, and reduced intention to leave [39]–[41]. In addition, value congruence strengthened emotional stability and organizational commitment throughout the crisis, even during the COVID-19 pandemic [9], [29]. However, the size of these impacts was different in the regions. In the European and other individualistic contexts, the studies have found smaller associations, indicating that organizational commitment in these locations might be better regulated by structural employment parameters, including workload, autonomy, and payment, than by spiritual significance itself [42], [43]. These results mean that spirituality at the workplace plays a role in retention among specific cultural and organizational contexts, but not as a universal factor.

3.3. Theme 3: Work engagement and job satisfaction

There were also consistent positive relationships between higher levels of workplace spirituality and job satisfaction and work engagement, reported to be around $r = 0.35$ to 0.58 [1], [44]. Those nurses who felt that they engaged in meaningful and value-consistent work experienced a higher level of enthusiasm, stronger professional identity, and increased intrinsic motivation [3], [42]. Though the concept of spirituality in the workplace has often been discussed in parallel with other psychological resources, a number of studies have also emphasized the role of spirituality in availing existential meaning and a sense of calling, especially in the emotionally-demanding care setting [45]–[47]. Only when the structural stressors, including chronic understaffing, work overload, or ethical conflict, had been statistically controlled, the direct effect of spirituality on job satisfaction was significantly reduced [26], [48]. The trend is consistent with JD-R theory, which argues that job resources cannot always be used to offset extreme job demands [31].

3.4. Theme 4: Spiritual congruence and interpersonal care

This synthesis also found that alignment between the spiritual principles and the organisational moral climate in nurses increased emotional strength, empathy, and the quality of interpersonal services. This relationship was especially pronounced in the context of the Middle East and Southeast Asia, where the collective meaning and the harmony in relationships are inherent to the culture [30], [49]. The presence of value congruence enhanced the ability of nurses to maintain compassionate care in the face of high emotional response [25], [39].

In line with both JD-R and COR views, spiritual congruence acted as a renewable source that facilitated the regulation of emotions and how they coped with pressure [32]. Cultural norms based on ethical obligation, relational interconnectedness, and shared moral values determined the observed benefits and accentuated the significance of the contextual interpretation.

3.5. Theme 5: The effect of spiritual leadership on well-being

Spiritual leadership became a strong indicator of the psychological health and commitment of nurses, as well as their resilience in various studies [10], [38], [50]. Vision, purpose, compassion, and altruistic leaders created a favorable work environment that contributed to the rise of intrinsic motivation and emotional safety among nurses [51]. The importance of spiritual and transformational leadership that facilitates the establishment of psychological safety was emphasized in recent research as well, allowing nurses to voice their concerns and engage in a decision-making process without the threat of persecution [52], [53]. These leadership behaviors were related to less burnout and less turnover intention [37], [54], [55]. No differences were found between the regions, and the mediation effects were stronger in Asian and Middle Eastern conditions than in European ones due to the cultural diversity in leadership expectations and spiritual manifestation [42], [43].

All in all, workplace spirituality acts as a multidimensional psychological, emotional, and relational resource to help nurses in occupational well-being in a variety of healthcare settings. Stronger emotional endurance, reduced burnout, increased work engagement, and increased organizational loyalty were always linked to meaning, purpose, connectedness, and value congruence [16], [22], [56]–[58]. These trends can be well explained by the JD-R framework and COR theory that in combination, explain that intrinsic and relational resources cushion job demands and do not lead to resource depletion [31], [32]. Meanwhile, it is shown that workplace spirituality does not replace but interacts with structural conditions, including workload, staffing adequacy, and ethical support, which are important determinants of negative outcomes when they are not properly managed [25], [26], [59]. The sustained nature of the impact of moral distress on the well-being of nurses is also noted in post-pandemic studies as evidence that, although spirituality provides useful coping strategies, support at the institutional level is imperative to achieve long-term recovery and the remaining facility process [29], [60], [61].

There is also the emerging evidence of the effectiveness of spirituality-based interventions, including mindfulness, compassion-focused programs, and reflective practice, in improving self-awareness, emotional regulation, and resilience in nurses [62]–[64]. Further enhancement and cross-cultural validation of workplace measures of spirituality is thus required to provide conceptual clarity and the accuracy of measurement in diverse nursing populations [30], [48]. A combination of these results underlines the significance of a blend of spirituality in the workplace with structural changes, enabling leadership, and culturally aware practices to enhance sustainable nurse health and desirable healthcare conditions.

There are various limitations that apply to the current review, which should be taken into consideration when interpreting its findings. To start with, the synthesis was limited to quantitative studies, which limited the knowledge of the subjective experiences and meanings of spirituality, which is a field better represented by qualitative methods. Although this method contributed to the comparability of results and effect sizes, there is a possibility that it limited contextual richness. Second, most of the included studies used cross-sectional designs and self-reported measures, restricting the possibilities of causal inference and creating the risk of recall and social desirability bias. To explain the temporal relationships and intervention effects, longitudinal and experimental designs are required. Third, the conceptualization and measurement of workplace spirituality, spiritual leadership, and related constructs were heterogeneous, which probably led to variations in the results and hampered the direct comparison across the research despite quality appraisal. Fourth, only English-language publications that were included in major databases were reviewed, which may have omitted culturally based evidence of non-English situations, and language bias or publication bias was introduced. Lastly, despite the inclusion of post-pandemic research, there was no uniform pre-pandemic baseline information, preventing the longitudinal recovery patterns in the psychological well-being of nurses. Nevertheless, the review presents a theory-informed and rigorous synthesis of current evidence and lays a strong basis for future longitudinal interventions and tastefully adaptive studies of workplace spirituality in nursing.

Table 1. Overview characteristic of included studies

No	Author	Country	Design	Participants	Spirituality elements	Occupational well-being outcomes	Key findings	CASP appraisal
1	[22]	South Korea	Cross-sectional	140 nurses	Spiritual well-being	Burnout	Higher spiritual well-being associated with lower burnout	9/10 (very good)
2	[46]	Taiwan	Cross-sectional	280 nurses	Spiritual climate	Burnout, Turnover intention	Positive spiritual climate reduces turnover and burnout	9/10 (very good)
3	[19]	China	Descriptive	460 nurses	Spirituality	Burnout	Workplace spirituality reduces emotional exhaustion	8.5/10 (very good)
4	[41]	China	Cross-sectional	212 nurses	Spiritual leadership	Burnout	Leadership spirituality improves resilience and reduces burnout	9/10 (very good)
5	[65]	Iran	Cross-sectional	211 nurses	Spiritual health	Burnout	Spiritual health is inversely related to burnout	9/10 (very good)
6	[24]	South Korea	Cross-sectional	312 nurses	Spiritual support	Organizational commitment	Spiritual support improves organizational commitment	9/10 (very good)
7	[29]	China	Descriptive	215 nurses	Leisure, Emotional control, Workplace spirituality	Commitment	Spiritual activities increase commitment and retention	8/10 (good)
8	[35]	Iran	Cross-sectional	318 nurses	Spiritual work values	Organizational alignment	Spiritual values enhance employee engagement	8.5/10 (very good)
9	[38]	Indonesia	Correlational	300 nurses	Spiritual care	Organizational commitment	Positive relationship between spiritual care and commitment	9/10 (very good)
10	[64]	Taiwan	Cross-sectional	190 nurses	Mindfulness spirituality	Job satisfaction	Mindfulness increases job satisfaction	8.5/10 (very good)
11	[1]	South Korea	Cross-sectional	220 nurses	Spiritual support	Burnout, Compassion fatigue	Reduces burnout and compassion fatigue	9/10 (very good)
12	[59]	South Korea	Descriptive	180 nurses	Spiritual beliefs	Work engagement	Aligns spirituality with patient care	8.5/10 (very good)
13	[56]	Turkey	Cross-sectional	250 nurses	Spiritual well-being	Compassion fatigue	Inverse relation with compassion fatigue	8.5/10 (very good)
14	[47]	Nigeria	Cross-sectional	205 nurses	Spiritual climate	Resilience	Spiritual context increases emotional resilience	8.5/10 (very good)
15	[22]	Indonesia	Cross-sectional	198 nurses	Spiritual coping	Burnout	Promotes adaptability under stress	8.5/10 (very good)
16	[57]	Brazil	Cross-sectional	176 nurses	Supervisor integrity	Burnout	Spirituality mediates integrity–burnout link	8.5/10 (very good)
17	[58]	Iran	Descriptive	241 nurses	Spiritual engagement	Burnout	High engagement associated with low burnout	8.5/10 (very good)
18	[9]	Nigeria	Cross-sectional	400 nurses	Spiritual leadership	Compassion fatigue, Turnover	Leadership moderates stress–fatigue link	9/10 (very good)
19	[37]	South Korea	Correlational	260 nurses	Spiritual safety	Turnover intention	Spiritual resources buffer client violence	9/10 (very good)

4. CONCLUSION

Provide a statement of what is expected, as stated in the Introduction section. The integrative review synthesized contemporary quantitative evidence (2015-2025) demonstrating that workplace spirituality can meaningfully support the occupational well-being of nurses, but the impact of the practice on the issue is contingent on the context. Within the healthcare setting, workplace spirituality encompassing meaning, purpose, connectedness, value congruence, and spiritual leadership has always been linked to lower burnout, increased job satisfaction, engagement, stronger organizational commitment, and reduced turnover intention. Importantly, the findings indicate that spirituality at the workplace is not a universal and independent solution. The protective measures are contingent upon the organization's stipulations on the work, including manageable workloads, enough staffing, ethical motivation, and culturally sensitive leadership. In resource-constrained circumstances, spirituality-related practices can reduce their buffering qualities or create new working requirements. The trends are consistent with job-stress and resource-based theories, underscoring that psychological and relational resources are effective only when the structural stressors remain within sustainable limits. This review uniquely clarifies the conditional mechanism through which workplace spirituality interacts with structural job demands in the post-pandemic healthcare system, which explains the connections between spirituality, leadership, organizational culture, and job demands. By clarifying these, the review advances current understanding of spirituality as a complementary rather than a standalone resource in nursing practice. The findings highlight that healthcare organizations should integrate workplace spirituality with broader structural reform, ethical climates, and leadership development initiatives, rather than implementing it in isolation. When embedded within supportive systems, workplace spirituality constitutes a valuable component of holistic strategies to promote nurse well-being, retention, and workforce sustainability in the post-COVID-19 era.

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C : **C**onceptualization
M : **M**ethodology
So : **So**ftware
Va : **Va**lidation
Fo : **Fo**rmal analysis
I : **I**nvestigation
R : **R**esources
D : **D**ata Curation
O : Writing - **O**riginal Draft
E : Writing - Review & **E**diting
Vi : **Vi**sualization
Su : **Su**pervision
P : **P**roject administration
Fu : **Fu**nding acquisition

CONFLICT OF INTEREST STATEMENT

Authors state no conflict of interest.

DATA AVAILABILITY

All data analyzed in this study are included in this published article and its references.

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APPENDIX

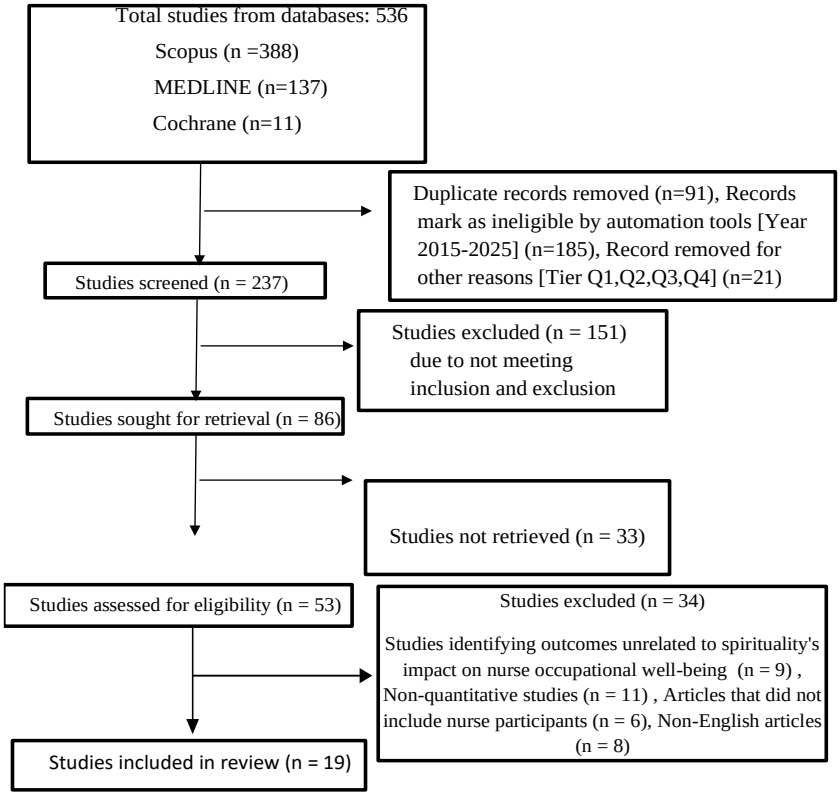

Figure 1. PRISMA flow diagram

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