

# The effects of spiritual expression at work during the COVID-19 crisis: evidence from a private hospital

Spiritual  
expression at  
work

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Johanna Anzengruber  
*University of Applied Sciences Upper Austria, Campus Linz,  
Linz, Austria*

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## Abstract

**Purpose** – This paper aims to explain the effects of spirituality at work on organizational commitment during the COVID-19 pandemic. In detail, it investigates whether the active part of spirituality at work, called spiritual expression, has a positive influence on organizational commitment in a hierarchically organized private hospital. In addition, it explores whether the sense of belonging at work mediates spiritual expressions and a person's commitment toward the employer during times of severe crisis.

**Design/methodology/approach** – This study tests the hypotheses on a range of health-care personnel, including doctors, nurses, physicians, administrators, managers and cleaning staff. This study draws on quantitative data of more than one third of the employees of that private Austrian hospital ( $n = 96$ ) and on insights from 12 qualitative interviews conducted over a period of four months during spring 2021.

**Findings** – This study finds strong evidence that spiritual expression at work is directly related to belonging and indirectly related to organizational commitment through belonging. This study extracts eight concurrent themes impacting the effectiveness of spirituality at work in the hospital.

**Originality/value** – This study provides insights on how to facilitate spiritual expression at work to increase flexibility and resilience in the health-care sector. All in all, spirituality at work is better understood as a “multi-authored” process, in which all participants, including the patients, co-create its meaning and implications.

**Keywords** Spirituality at work, Belonging, COVID-19, Organizational commitment, Crisis, Hospital management

**Paper type** Research paper

## Introduction

Hospitals all over the world have been under immense pressure because of the COVID-19 pandemic. They largely suffer from a lack of resilience and flexibility as well as ineffective human working conditions (Setola *et al.*, 2022). However, organizations that have embedded aspects of workplace spirituality in their organization are said to outperform others (Milliman *et al.*, 2003). While in the beginning of the 21st century, workplace spirituality, synonymously called spirituality at work, was often confused with religion, we know today that it is independent of religious beliefs (Harrington *et al.*, 2004; More and Todarello, 2013).



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Today, feelings of spirituality at work may arise in situations when employees experience “meaningful work and community at the workplace” (Ashmos and Duchon, 2000, p. 137). Moreover, spirituality at work is a concept that influences organizational decision-making, strategic and human orientation and reduces stress and conflict as well as turnover intentions (Kumar and Kumar, 2014). In addition, it “includes the effort to find greater purpose and meaning in life, establish connections with coworkers and strive for alignment of one’s values with that of the organization” (Milliman *et al.*, 2003, p. 427). According to recent studies, spirituality at work has a positive effect on a variety of personal outcomes, such as job satisfaction (Milliman *et al.*, 2003), lower stress levels (Altaf and Awan, 2011), career satisfaction, job involvement (Milliman *et al.*, 2003), social recognition, social cohesion and self-esteem (Bhaskar and Mishra, 2019; Hitt *et al.*, 1994), as well as participation and inclusiveness (Kolodinsky *et al.*, 2008). On the organizational level, spirituality at work increases productivity (Fry, 2003), reduces turnover (Hong, 2012) and improves the competitiveness of the company (Hitt *et al.*, 1994; Saadatyar *et al.*, 2020).

Although the past two decades have broadened our understanding of the theme of workplace spirituality, we still know little about the active daily integration of spirituality in the immediate workplace (called in the latter: “spiritual expressions”). While spiritual expressions have largely been ignored in public institutions (Farmer *et al.*, 2019), which most hospitals are, private organizations have increasingly started to report that practicing spirituality at work created benefits for the whole organization (Karakas, 2005; Vasconcelos, 2018). Quite often it is used as a countermeasure to the task-oriented care which most hospital and health-care professionals’ practice.

To our knowledge only a small number of studies (Karakas, 2005; Lips-Wiersma and Mills, 2002; Tombaugh *et al.*, 2011) have focused on the spiritual expression of employees to date – none of them unraveling how spiritual expression, belonging and organizational commitment are experienced and interrelated. Having a highly committed workforce can have life-saving effects (Setola *et al.*, 2022) and therefore understanding these links can be crucial in health-care environments. In essence, with this study, we answer recent calls to better understand some of the unconnected themes in the literature linked to spiritual expression and commitment (Vasconcelos, 2018). In detail, we argue that when employees are allowed to actively express their spiritual side at work without having to fear negative reactions from others, they might feel a deeper sense of belonging to the organization. Moreover, when employees feel higher levels of connectedness and belonging, they are more likely to show higher achievement and engage the whole self in the organizational activities. This circumstance could then translate into higher organizational commitment. Overall, this study is not only valuable because it is one of the few focusing on the effects of spiritual expression, but because it demonstrates how spiritual expression can be used during a crisis to uphold employees’ organizational commitment in Europe.

Therefore, we conducted a mixed methods study, including a quantitative survey examining spiritual expressions at a hospital – herein referred to as “PriHos.” Examining data collected from 96 health-care personnel and from 12 qualitative interviews in early 2021, we explored what effects spiritual expressions had during a crisis.

The remainder of the paper is organized as follows. Next, we review the literature in terms of spiritual expression, belonging and organizational commitment in more detail and discuss the key conceptions of this study along with hypotheses development. In the following section, we present the study methodology and introduce the study context, participants and procedures and measures, discuss the sampling, the data collection and the analysis techniques as well as report and discuss the findings – first for Study 1

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(quantitative study) and then for Study 2 (qualitative study). Finally, we summarize the findings and list all implications and research limitations respectively.

### **Spiritual expression at work**

Spiritual expression – the dynamic aspect of spirituality at work – “refers to the impact or influence of personal spirituality on workplace thoughts, behaviors and interactions” (Tombaugh *et al.*, 2011, p. 147). It comes in various forms, for example meditation, yoga, journaling, spiritual retreats, coaching, spiritual organizational programs, talking sessions in meetings, providing time for teams to connect and many more. It also includes using spiritual resources to solve difficulties, going beyond one’s self-interest, acting virtuously or living out one’s deep values. Quite often research on spiritual expression in the work context takes a perspective of a particular role (e.g. nursing) in an organization, with less emphasis on including all kinds of roles and generating a holistic picture. For more detail, see the studies on primary health-care services in Portugal, Finland and among nursing staff in Mashhad city (Albuquerque *et al.*, 2014; Lampinen *et al.*, 2018; Saadatyar *et al.*, 2020).

Drawing upon person–organization fit theory, spiritual expression can be considered as high (Ashforth and Pratt, 2003) when employees’ spiritual values and actions match the spiritual values and practices of the organization. For instance, Lips-Wiersma and Mills’ (2002) study provided evidence in that direction, showing that in spirituality-practicing environments people feel less alienated from work when expressing their spirituality. However, in general, spiritual expression research is inconclusive about the effects spiritual expression at work can have on individual and organizational outcomes (Tombaugh *et al.*, 2011). On the one hand and according to various studies, spiritual expression was found to have a positive influence on job satisfaction and on the agency dimension of hope (Tombaugh *et al.*, 2011). It further increased creativity and intuition, enhanced team and community building (Biberman and Whitty, 1997) and led to a more holistic vision and purpose (Kahnweiler and Otte, 1997). On the other, in non-spirituality-informed organizations, negative consequences may arise when practicing spirituality at the workplace as it fosters a tension between employees’ need to belong and the need to express their individual spirituality (Lips-Wiersma and Mills, 2002). In addition, a positive relationship between spiritual expression and organizational commitment has still not been found (Tombaugh *et al.*, 2011). Thus, in times of a scarce labor market it is important to shift the scientific and practical discussion toward understanding when and how employees show signs of spiritual expressions, what benefits bring to the interaction and relationship between employees and whether spiritual expressions increase organizational commitment – which serves as an indicator for future behavioral intentions and which can be seen as a sign of low turnover intentions.

#### *Relationship between spiritual expression and belonging*

Previous studies (Gao *et al.*, 2022; Jena and Pradhan, 2018) revealed that when employees feel part of a place or group, they are more willing to collaborate and share workloads and responsibilities. Belonging is widely considered “an experience of personal involvement in a system or environment making people feel to be an integral part of that system or environment” (Hagerty *et al.*, 1992, p. 173). To date, belongingness has been researched in various contexts – ranging from communities, families, sexual relationships, to friendships as well as work settings. It can appear in psychological, sociological, physical and spiritual forms (Hagerty *et al.*, 1992).

We draw again upon person–fit theory, which assumes that when employees’ individual characteristics match the features of the organization (Edwards, 2007), the feeling of

belonging to that particular organization is strong. In detail, according to [Lampinen et al. \(2018\)](#), the belongingness to a company seems to be high “when members of the workplace community identify with one another and have feelings, beliefs and expectations that they fit in the organization and have a place there” ([Lampinen et al., 2018](#), p. 469). This includes practices like “creating meanings, participating in common goals, learning through participation, grasping new shapes of identity through relationships with others and changing personal investments, representations and growth” ([Filstad et al., 2019](#), p. 117).

In the health-care sector, belonging has been researched primarily in connection with job satisfaction ([Lim, 2008](#)) and teamwork ([McKenna and Newton, 2008](#)). In addition, a few studies exist focusing on the belonging of frontline and middle health-care managers ([Lampinen et al., 2018](#)). According to [Lampinen et al. \(2018\)](#), the quality and quantity of interactions between staff, the support and organization structure and joined routines and leadership are factors that influence belonging in a positive manner. The opposite seems also to be true in the case of a lack of time and sense of urgency ([Lampinen et al., 2018](#)). A lack of time and sense of urgency are common companions in a pandemic and their potential to decrease a person’s sense of belonging is evident. Hence, during a crisis for organizations it seems very important to increase the quality and quantity of interactions between staff and support to stimulate a sense of belonging and trust. Consistent with these arguments, we suggest that when health-care professionals show and talk about their spiritual expressions at work, they feel a greater sense of belonging to the organization and as a consequence activate more personal resources in stressful situations. Therefore, we hypothesize the following:

*H1. Spiritual expression is positively related to belonging.*

#### *Relationship between belonging and organizational commitment*

Achieving positive outcomes in times of crisis largely depends on the commitment of employees ([Jena and Pradhan, 2018](#)). Organizational commitment indicates whether employees show a high or low emotional attachment to and identification with their involvement in the organization ([Bratton et al., 2007](#)). In detail, it is a psychological state that describes an employee’s relationship with the organization they work for and the willingness to continue this relationship with the organization ([Hackney, 2012](#)).

Drawing upon social exchange theory, which emphasizes that relationships exist because of a cost–benefit analysis and the comparison of alternatives ([Cropanzano and Mitchell, 2005](#)), we argue that employees who have more benefits than costs through relationships in the organization are more likely to feel a part of the organization. Furthermore, we argue that belonging can then cause a desire to stay in a job. In contrast, when people do not experience any belonging or have a poor experience, they may feel that the organization fails to offer a well-suited workplace for them. This may decrease the intention to continue the job and may eventually result in leaving an organization ([Zhou, 2019](#)). Furthermore, a health-care professional who does not experience belonging in the workplace might not share the experience with others or may even make negative comments to others about the organization, which can result in a lower commitment of the person toward the organization. Hence, we argue the following:

*H2. Belonging is positively related to organizational commitment.*

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*Indirect relationship between spiritual expression and organizational commitment through belonging*

Various studies have shown positive effects of spirituality at work on commitment (Saadatyar *et al.*, 2020). For instance, Chelliah *et al.* (2018) found evidence that workplace spirituality is linked to affective, normative and continuance commitment, while Campbell and Hwa (2014) only found positive effects on two forms of commitment – namely affective and normative – while continuance commitment was negatively related to commitment (Campbell and Hwa, 2014; Rego and Pina E Cunha, 2008). In addition, Kazemipour's *et al.*'s (2012) study on nurses found an impact of affective commitment on performance outcomes. Consistent with few prior studies on spirituality and commitment (Chelliah *et al.*, 2018) and based on the person–organization fit theory (Edwards, 2007), which is often used to explain the compatibility between a person's characteristics and organizational features, we suggest that spirituality at work positively affects employees' organizational commitment. When health-care professionals practice spirituality, they feel more immersed and satisfied in an organization that fosters spirituality, which then may facilitate and increase their commitment toward the organization.

To understand in detail how spiritual expression relates to organizational commitment, we further theorize that showing spiritual practices at work serves as a strong force linking spiritual expression with organizational commitment via belonging. While Tombaugh *et al.* (2011) did not find a positive relationship with organizational commitment, our argument can be explained by using recent research results, which showed that belongingness mediates in the relationship between organizational factors and outcomes (Kyei-Poku, 2014). Prior studies, for example, found that belonging in the work context can serve as a mediator in different ways: as mediator between perceived interactional fairness and interpersonal helping (Kyei-Poku, 2014) and between diversity climate and tacit knowledge sharing (Enwereuzor, 2021). Although previous studies, as demonstrated above, have not ignored the mediating effect of belonging in the work context, evidence linking spiritual expression with organizational commitment via belonging has not been researched. We expect that belonging plays a significant role in translating spiritual practices into organizational commitment beliefs:

*H3.* Spiritual expression at work is indirectly related to organizational commitment through belonging.

## Overview of research

To explore spiritual expression at work, we conduct a mixed method design. We used quantitative survey data (Study 1) to analyze the relationship between organizational commitment and spiritual expressions of health-care professionals in an Austrian private hospital. In addition, we conducted 12 interviews (Study 2) to explore more closely the emergence and benefits of spiritual expression during a crisis.

### *Research context*

Our research examines the practices of a range of health-care professionals including doctors, nurses, physicians, administrators, managers and cleaning staff of one private hospital during the second COVID-19 lockdown in Austria in the spring of 2021. The primary objective of our study was to test whether the active practice of spirituality at work mobilized organizational commitment. Our research concentrates on the time period between January and April 2021.

*Participants and procedures*

To collect a rich and informative set of quantitative data on spirituality at work, we used three main data sources. Firstly, we implemented a quantitative survey study in this hospital – while many restrictions were in place in hospitals. The PriHos management supported our research and encouraged all health-care professionals to complete the surveys (Study 1). Within the survey, we used previously validated scales for the constructs from different sources to minimize common-method variance (Reio, 2010). To rule out receiving socially desirable responses, we ensured confidentiality and anonymity in both studies. The interview series (Study 2) was conducted after the quantitative survey as face-to-face interviews were not possible because of the health-care restrictions and lockdown of COVID-19 prior to April 2021. The PriHos management informed all staff about the survey and interviews.

**Study 1**

The survey was conducted in January and February 2021. In total, the survey achieved a response rate of 38%, with 96 collected surveys. The majority of the respondents were administrative (21%) and nursing (20%) staff. 82.7% were female, 11.5% were 29 years old or younger, 18.3% were between 30 and 39 years, 41.3% were between 40 and 49 years old and the remaining respondents (i.e. 21.1%) were 50 years or older.

*Measures*

*Spiritual expression at work.* We measured spiritual expression at work on an eight-item scale from Tombaugh *et al.* (2011), which is the only scale to date focusing on the practices of spirituality at work (Vasconcelos, 2018). Based on our discussion with the management team at PriHos, we did not make any changes to the scale. First, we asked whether employees feel comfortable with expressing their spiritual side at work. The item was “I am comfortable expressing my spiritual side at work.” Another item of the measure was “When making work-related decisions, I am often guided by my spirituality.” Participants rated their agreement with the items on a five-point Likert-type scale (1 = strongly disagree; 5 = strongly agree). We assessed the reliability of the scale using Cronbach’s alpha ( $\alpha = 0.85$ ).

*Workplace belongingness.* To assess whether health-care professionals feel a sense of belonging during the crisis, we included all 12 items from Jena and Pradhan (2018) in our questionnaire. Sample items read “I am able to work in this organization without sacrificing my principles” or “I tend to refer to “we/us” rather than “they/them” when I refer to my organization to outsiders.” Employees rated their agreement with the items also on a five-point Likert-type scale (1 = strongly disagree; 5 = strongly agree). Consistency measures show a satisfying level of internal reliability ( $\alpha = 0.90$ ).

*Organizational commitment.* We were interested in an assessment of the organizational commitment. We measured the perceived organizational commitment with items from Herath and Rao (2009) with three items. The items read: “I am willing to put in a great deal of effort beyond that normally expected to help this organization be successful” and “I really care about the fate of this organization.” Candidates rated their agreement with the items (1 = strongly disagree; 5 = strongly agree;  $\alpha = 0.69$ ).

*Controls.* To control for confounding effects, we included a set of control variables in the regression equation. First, we included age as a covariate in the analyses. Age was measured in six categories to ensure anonymity of the applicants (1 = younger than 20 years old; 2 = 20–29; 3 = 30–39; 4 = 40–49; 5 = 50–59; 6 = 60–69 years old). Second, we controlled for gender (1 = female, 2 = male) (Watson *et al.*, 2018). Third, we controlled for years of



working experience. We relied on five categories to measure experience (1 = 0–9 years; 2 = 10–19 years; 3 = 20–29 years; 4 = 30–39 years; 5 = more than 40 years).

*Results study 1*

Table 1 summarizes the means, standard deviations and correlations of all control and study variables. We relied on the statistical software SPSS 24 to analyze the data using hierarchical ordinary least square regression models.

Table 2 summarizes the results of the regression analyses. We found that the VIFs were less than 1.676. Thus, common method bias does not affect the study’s data. *H1* proposed a positive relationship between spiritual expression and belonging. We first regressed belonging on the controls (age, gender and experience; Model 4) and then added the predictor variable spiritual expression in the second step (Model 5). The results show that spiritual expression is positively related to belonging ( $\beta = 0.34, p < 0.00$ , Model 5). Therefore, our analyses support *H1*. *H2* predicted a positive relationship between belonging and organizational commitment. In a first step, we regressed organizational commitment on the controls (Model 1), we entered the independent variable spiritual expression in step two (Model 2) and then finally entered belonging in step three (Model 3). The results show a positive relationship between belonging and organizational commitment ( $\beta = 0.43, p < 0.00$ , Model 3) and provide support for *H2*. Furthermore, the results presented in Model 2 reveal that spiritual expression is positively related to organizational commitment ( $\beta = 0.30, p < 0.00$ , Model 2) when belonging is not included in the equation, already indicating a potential mediation or indirect effect.

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1 Age	3.80	0.89	–	.				
2 Gender	1.14	0.43	0.01	–				
3 Experience	2.42	1.03	0.60**	0.13				
4 Spiritual expression	3.45	0.84	0.08	0.00	0.21*	<i>0.85</i>		
5 Belonging	4.00	0.61	0.02	–0.35**	0.03	0.34**	<i>0.90</i>	
6 Organizational commitment	4.23	0.62	0.16**	–0.36**	0.14	0.32	0.55**	<i>0.69</i>

**Table 1.** Descriptive statistics and correlations of study variables

**Notes:** *N* = 96; Internal consistency reliabilities (Cronbach’s alpha) are in italic on the diagonal; \**p* < 0.05, two-tailed; \*\* < 0.01, two-tailed

Independent variables	Organizational commitment			Belonging	
	Model 1	Model 2	Model 3	Model 4	Model 5
Age	0.09	0.11	0.12	–0.04	–0.02
Gender	–0.33**	–0.32**	–0.17	–0.36**	–0.35**
Experience	0.13	0.05	0.04		0.02
Spiritual expression		0.30**	0.15		0.34**
Belonging			0.43**		
<i>R</i> <sup>2</sup>	0.14	0.22	0.37	0.13	0.24
<i>R</i> <sup>2</sup>		0.09**	0.14**		0.11**
<i>F</i>	4.88**	6.53**	10.41**	4.60**	7.13**

**Table 2.** Results of the regression analyses

**Notes:** *N* = 96; standardized coefficients; \*\* *p* < 0.01, two-tailed; \**p* < 0.05, two-tailed

*H3* proposed an indirect effect of spirituality at work on organizational commitment via belonging. To test the indirect effect, we relied on the bootstrapping approach (Preacher and Hayes, 2004) to estimate the significance of the indirect effect. Our analyses support the proposed indirect effect (standardized indirect effect = 0.15; CI95 [0.06; 0.26]). Hence, *H3* is supported.

### *Discussion study 1*

To address the objective of our overall study, we used quantitative data from an Austrian private hospital to identify the factors that affect organizational commitment during a severe crisis. More precisely, the study established the relationship between spiritual expression, belonging and organizational commitment during the COVID-19 crisis in the health-care sector. In our first study, quantitative findings revealed that spiritual expression at work is directly related to belonging and indirectly related to organizational commitment through belonging. Hence, we believe that it is helpful to actively reserve room and time in organizations for employees to practice their own spirituality freely – without being judged. This argument is in line with Tombaugh *et al.* (2011). In addition, belonging was associated with commitment. This finding suggests that employees who have a higher sense of belonging to the organization, tend to feel more attached to the organization and show higher levels of commitment in stressful situations. In essence, our data suggest that it is helpful to work on the spiritual expression, but also, one should create an environment in which employees can easily increase their sense of belonging. This will increase the chances of reaching commitment even more. Moreover, our results show that the sense of belonging to an organization mediates spiritual expression and organizational commitment toward the employer.

Overall, the primary objective of Study 1 was to test whether the spiritual expression has an influence on organizational commitment in times of a severe crisis. However, our current research lacks empirical insights on how health-care professionals define spiritual expression in their context, how they use spiritual expression in their daily routines, what effects spiritual expressions have on them and what benefits they experience. In addition, it is currently unknown how organizations can fruitfully facilitate spiritual expression during the months of severe crisis as a means to increase the latter organizational commitment. Hence, we performed interviews with some of the health-care professionals to deepen our understanding of this.

## **Study 2**

### *Participants and data collection*

Based on the results of the quantitative study, we conducted interviews (total  $N = 12$ ) with employees ( $N = 7$ ) and managers ( $N = 5$ ) to capture diverse views on the effects of the introduction of the concept of spirituality at work. Interviews lasted between 17 and 59 min and were audio-recorded and transcribed. Employees were asked to describe their subjective assessment of the use, intention and benefits and obstacles regarding spirituality at work. These responses were used to enrich our insights from the quantitative study. To mitigate the risks of social desirability bias, which refers to the “tendency for an individual to present him/herself, in a way that makes the person look positive with regard to culturally derived norms and standards in test-taking situations” (Ganster *et al.*, 1983), we allowed answers to highly sensitive questions after the session via anonymous administrative mode. In addition, we asked indirect question e.g. “how would a colleague of yours rate xy?” (Fisher, 1993). In this way, participants were not threatened or pressured. Furthermore, we used fieldnotes from observations made during our visits at PriHos to complement our analysis.



Among the observations were also meetings and interactions of health-care personnel with patients.

### *Data analysis*

For the analysis of the qualitative part, we used narrative analysis [Riessman \(2008\)](#) to explore the stories the employees told during this severe crisis. Narrative analysis is used to deepen insights into the social constructions of the participants involved ([Pentland, 1999](#)). Our analysis concentrated on the different views and practices, benefits and problems arising from expressing spirituality at work. Our data analysis involved the three major steps described in [Miles and Huberman \(1994\)](#). First, we carefully read through the collected materials and identified common themes. Second, we read the relevant literature on spiritual expressions while in the third phase, we revealed the commonalities and differences of the identified spiritual expressions and their benefits. To counteract the emergence of researcher bias, we presented our results to our collaboration partners at PriHos. In addition, we triangulated multiple types of data from various sources.

### *Results of study 2*

Interestingly, all interviewees told very similar narratives – with slight variations – about the use of spirituality at work. For instance, all stated that expressing spirituality at work is proactively promoted by management and practiced by more than half of the whole health-care personnel. In addition, most of them claimed that it enhanced their sense of belonging and their commitment to the hospital. Our analysis revealed that this clarity, co-creation and active participation drove the emergence of a variety of perspectives that go beyond the definition and items created by [Tombaugh et al. \(2011\)](#).

All in all, we found eight concurrent themes impacting the effectiveness of spirituality at work in the hospital. We grouped them into three individual level factors, three social factors and two organizational factors. Among the individual factors were:

- (1) own comfort with performing spirituality at the workplace;
- (2) own behavior influenced by own spirituality; and
- (3) own decision-making guided through spirituality.

We also found three themes that concerned the effects of spirituality on social interactions, namely:

- (1) own interactions with other colleagues and managers influenced by own spirituality;
- (2) talking freely with others about spirituality; and
- (3) interactions with patients influenced by own spirituality.

Our interviewees extended the concept of spiritual expression at work toward the interaction with patients. Therefore, factor (f) is a new category, which is not discussed in prior literature. Moreover, most health-care professionals mentioned that they see effects on the organizational level. Therefore, we grouped them into two categories, namely:

- (1) sense of belonging and commitment; and
- (2) spirituality-based servant leadership.

While factors (1)–(5) were also mentioned by [Tombaugh et al. \(2011\)](#), (6)–(8) are new themes arising from our study.

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*Own comfort with performing spirituality at the workplace.* Overall, almost all interviewees stated that their level of comfort with performing spirituality at work increased through attending different spirituality workshops. This was commented on by one of the managers with the following statement:

I appreciate the engagement of the management very much. They practice spirituality now in front of us to encourage us to do the same. Their positive and motivating mindset is the way forward.

Another employee stated:

Our management is my role model. Since I saw them meditating, I am not afraid anymore to do it too. Now, I can speak freely about my feelings. This is a huge asset for me.

We asked about the activities with which they are most comfortable in the workplace. The main answers were attending the spirituality workshops, meditation, yoga and journaling. Most health-care professionals believed that spirituality at work is serving the whole person – the physical, emotional, social and spiritual aspects. According to four employees, they do not feel less judged by their role since the program started. Still, not all health-care professionals had such a positive view on the spirituality program. One skeptical person commented:

For me, practicing spirituality is a private issue. I feel that this is too institutionalized here, but I realize that others need it.

*Own behavior influenced by own spirituality.* Many of the health-care professionals said that the introduction of the spirituality at work movement had an effect on them in one way or another. For instance, one stated:

The spirituality workshops helped be to access my energy sources.

A very engaged interviewee even explained it in the following way:

Since I started the program, I recognize that I've got a better sense of how much I can take and when my limit is reached. The management even actively encouraged me personally to report when the workload is too much for me. I could have never done this with any former employer.

This last statement also provides us with a strong indication of a high sense of belonging to this organization. Hence, to summarize all the comments, we can conclude that health-care professionals realized that their own behavior is influenced by spiritual practices.

*Own decision-making guided through spirituality.* Many interviewees believed that their work is guided by the notion of care for others. However, very few health-care professionals could actively tell us or describe to us how, in particular, performing spirituality at work guides their decision-making. Many of the respondents just shrugged their shoulders. After a short pause one of the managers said:

The decisions come when I do yoga. I don't know how.

Another stressed:

After I meditate, I realize that I can articulate my decisions easier and in a more humane way. In many cases, there are distinct factors that play a big role in guiding my decisions.

When we asked what factors influence their decision-making, various respondents named criteria such as laws, hospital policies, the patients, the preference of the boss and financial aspects and effectiveness. In detail: six prioritized financial and regulatory aspects, four

prioritized procedure and two chose people-related factors as the number one decision criteria. None of them listed their own spirituality as a main factor.

A manager described it like this:

Before I decide, I ask myself questions like: “What is the process to deal with this problem in our hospital? What do our hospital guidelines suggest? Do I have to consult anyone? Will my decision have a financial impact? Can I guarantee patient safety and needs? Could my decision harm other colleagues or create negative press statements? Who do I have to inform or get a consent from?” – But I would not ask myself: “What would my spiritual side do, or want?” That would be too weird.

These statements reveal that the above-named factors are simply more relevant, higher prioritized and more socially accepted in the corporate culture and more important to the functioning of the hospital. This explains why decision-making and spiritual expression are currently not related in the participants’ view. Although a few participants could already name the circumstances under which decisions are spirituality informed (e.g. after they did yoga), for most of them the impact of spirituality on their own decision-making was a blind spot.

*Own interactions with other colleagues and managers influenced by own spirituality.* One central theme was the communication and the respect that the health-care professionals have for each other. All the employees and the managers described the interactions between them as caring, polite and appreciative. The communication among them was direct but very personal. Some employees even said that they feel at home. One person stressed:

Even though we are often under pressure and have to share very sad moments together, we like to laugh as a team. This makes it easier to handle the tragic situations.

*Talking freely with others about spirituality.* As illustrated above, managers and employees alike feel that their interaction with others and their behavior changed through the introduction of spirituality at work in their hospital. However, talking to others freely was experienced as difficult by a majority of the participants.

*Interactions with patients influenced by own spirituality.* One employee commented on this as follows:

Patients who have been with us more than once since 2019 noticed it and told us that we are more caring and more friendly. I did not think that anyone from the outside could see that. His observation made me very happy.

Employees and managers alike described the workload during this crisis as very challenging. Nevertheless, they all expressed that they would like to have more time with the patients. Some told us that they even sometimes bend the hospital rules to be able to do so.

Even if it is stressful for me, I take the time to listen to my patients and help them to overcome their fears. Sometimes I meditate with them, sometimes we talk, or I go for a walk with them, or I let them write something in our hospital book of caring. I love to see them smiling and relaxed afterwards.

*Sense of belonging and commitment.* Many believe that, because the management actively started to push spirituality at work in mid-2020, the management board became more caring about their health-care professionals, trying to strengthen the bond between employee and employer. One interviewee told us that the management knew they would have a great workload ahead of them during the wintertime and that they could not afford to lose many of their staff. Therefore, they invested the small budget they had in people – not in

equipment. They wanted to install mechanisms that help their health-care professionals to find deeper meaning and purpose in what they do at the hospital, that they have a community at the workplace they can count on during hard times and that they have the chance to deepen and reflect on their own negative experiences that may lie ahead. According to the results of our study, the strategy worked: Overall, among the 12 interviews, ten interviewees stated in April 2021 – in the middle of the COVID-19 crisis – that if they had to choose a workplace again, they would always choose this one. This is an unbelievably very high ratio. In addition, one person even added:

This is a great place to work – even now. I am happy to be part of the team.

Moreover, we found that the sense of belonging can extend beyond the health-care professionals to as far as the patients – this was shown by one patient waiting for the doctor, who said to a nurse next to me, as author of this article, the following:

This hospital has a different flair compared to the many others I have stayed in. Although I hope I don't need a hospital again in the future, if I do, I will come here again.

*Spirituality-based servant leadership.* Lastly, as stated above, all health-care professionals alike linked spirituality at work with a certain caring leader in the organization. Almost all interviewees commented on that in the following way:

Spirituality at work is Doris.

Doris was the name of the member of the management team who introduced and led the program. Often, she was characterized to be the role model and soul behind spirituality at work – supporting all others on their journey.

### *Discussion*

In detail, our results showed that most of the employees and managers were very satisfied with the use of spirituality at work in their organization. Almost all interviewees stated that their level of comfort with performing spirituality at work increased through attending different spirituality workshops and meetings. Employees highlighted that these helped to create an appreciative environment in which they can feel at home. The communication among them changed to a very personal, generous and friendly style – even under stress.

However, only very few interviewees could actively describe how, specifically, expressing spirituality at work guided their decision-making. This is currently the case because external factors, such as financial, procedural, regulatory or people aspects, are common and commonly accepted decision criteria. Our results indicate that participants are largely not aware of the potential impact their spirituality could have on their own decision-making. We believe by asking this question, we found a blind spot this organization needs to uncover and deal with in the near future. In addition, through the conversations we realized that talking freely about one's own spiritual expressions seemed to be stressful for many participants. In our view, to do so one needs much more courage than attending a spirituality workshop, practicing it by oneself or interacting with others based on spiritual values. Therefore, it is very likely that achieving such radical openness needs more time and practice.

Moreover, our research results showed that the expression of spirituality at work does not only have an influence on the person himself/herself, on the colleagues, the organization but also on the patients. We found that patients very much valued when health-care personnel interacted with them through their spiritual side. Vice versa – health-care professionals, too, stated that they feel more satisfied when they interact with their patients

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in this way. Even in the midst of the COVID-19 crisis, a majority of the health-care professionals showed a high sense of belonging to the organization. Lastly, we found that health-care professionals attributed and connected spirituality at work to a certain manager who incorporated all the characteristics a spirituality-informed person should have.

## Conclusion

We began our paper by asking what effect spirituality at work has on organizational commitment during the COVID-19 pandemic. In detail, we investigated whether the active part of spirituality at work, called “spiritual expression,” had a positive influence on organizational commitment in a hierarchically organized private hospital. To address our objectives, we used quantitative data. Our findings propose that spiritual expression at work is directly related to belonging and indirectly related to organizational commitment through belonging.

Furthermore, our Study 2 provides insights on how spiritual expression at work emerges at a concrete level. In detail, we wanted to understand how health-care professionals define spiritual expression in their context, how they use spiritual expression in their daily routines, what effects spiritual expressions have on them and what benefits or not they experience. We interviewed 12 health-care professionals of this hospital. All in all, we found that expressing spirituality at work has a positive influence on the person himself/herself, on their interaction with others; it strengthens their feeling of belonging and their commitment to the employer. Using spiritual expressions gave them more confidence and inner balance. However, spirituality was not yet much related to personal decision-making. Financial, procedural, regulatory and people-related factors guided their decisions, which is a very common phenomenon in such a highly standardized and high-pressure work environment.

In addition to the five known themes uncovered by [Tombaugh \*et al.\* \(2011\)](#), our research identified three new factors: the interactions with patients influenced by spirituality; the sense of belonging and commitment; and the spirituality-based leadership style. Although spiritual expressions have a validity in the workplace, expectations on what the concept can accomplish in an organization have to be reevaluated from time to time.

Taken together, our Study 1 and Study 2 suggest that spiritual expression has a positive effect on the person him/herself, on the colleagues and on the organization but also on the patients. However, it does not seem helpful to see spirituality as a pure management task or something only for religious people. Instead, the spirituality at work can be expressed and adopted by everyone who is open to it. The management may be the guiding author of the content, but in the end, the meaning of spiritual expression is co-constructed among all health-care professionals. Thus, spirituality at work is better understood as a “multi-authored” process, in which all participants, including the patients, co-create its meaning and implications.

## *Theoretical implications*

As stated above, our research extends the work of [Tombaugh \*et al.\* \(2011\)](#), [Albuquerque \*et al.\* \(2014\)](#) and [Saadatyar \*et al.\* \(2020\)](#) by examining spiritual expression in the context of health-care professionals during COVID-19. We empirically tested whether practicing spirituality at work had an impact on organizational commitment in a range of health-care personnel, including doctors, nurses, physicians, administrators, managers and cleaning staff, during a severe crisis. To date, the literature had mainly focused on one or two specific roles in such contexts at one point in time. However, as patient care is a holistic task among professions, integrating all roles into our study provides us with a more nuanced picture.

To date, researchers have not paid much attention to the impact of the active part of spiritual expression on organizational commitment. Although previous research has stressed diverse mediators of organizational commitment (Enwereuzor, 2021; Kyei-Poku, 2014), we highlight the underinvestigated interplay of spiritual expression and organizational commitment in such a context. As such, our work advances research on how to facilitate organizational commitment through the practice of spirituality at work.

While Tombaugh *et al.* (2011) did not find a positive relationship of spiritual expression on organizational commitment, we showed that, in our population, this relationship matters. Furthermore, we advanced person–organization fit theory by showing that spirituality-expressing people feel a higher degree of belonging to their spirituality-favoring employer, which then results in a stronger organizational commitment. In other words, when health-care professionals practice spirituality, they feel more immersed and satisfied in an organization that fosters it, which then increases their commitment toward the organization. With this research, we help to further uncover the dynamics in hospitals. We show that person–organization fit is important to health-care providers as well as to the employees. In detail, we highlight the importance of employees' perceptions of their hospital for its smooth functioning during a crisis. Hospitals generally are known for their tight funding, their inflexibility, as well as ineffective human working conditions (Setola *et al.*, 2022), while needing to ensure satisfying patient experiences. During the COVID-19 crisis, the situation deteriorated. Under such circumstances, it is essential to have committed employees who are aware of the patient needs and demands. Not investing in employee belonging and organizational commitment could lead to harm and great suffering.

Furthermore, to enhance our understanding of the role of spiritual expression on organizational commitment, we now have a better understanding about what mediates the relationship between spiritual expression and commitment in such a setting. Hence, our findings provide scholars with better insights on mediators. We interpret our findings through the lens of social exchange theory, which emphasizes that relationships exist because of a cost–benefit analysis and the comparison of alternatives (Cropanzano and Mitchell, 2005). In detail, we found that health-care professionals intrinsically cared about the welfare of others (colleagues and patients) and that this fostered their sense of belonging and strengthened their commitment to the organization during a crisis. In addition, we link two areas of contemporary research – spiritual expression and servant-based leadership – which is another contribution of the study. In contrast to previous findings (Tombaugh *et al.*, 2011), we did not find that decision-making was guided extensively by spirituality. Participants elaborated that in such a high-performance and high-pressure environment, their decision making was much more guided by regulations, internal processes, financial considerations, patient care and safety as well as time pressure. These criteria enhanced their feeling of making the right decision. Hence, our research suggests that decision-making may not be the key dimension for questions about spiritual expressions. Moreover, our research suggests that three other patterns were not sufficiently addressed by previous research, but could be important for characterizing spiritual expressions, namely: interactions with patients influenced by own spirituality; the sense of belonging and commitment; and spirituality-based servant leadership. While spiritual expression, according to Tombaugh *et al.* (2011, p. 146), refers only to the “impact of personal spirituality on everyday thoughts, behaviors and interactions with employees,” we broaden the definition to relational aspects of spiritual expression beyond staff and add a new stakeholder to the discussion. In detail, we include the patients' perspective in the equation and thereby extending the understanding about the reach spiritual expressions can have. It shows that the influence goes far beyond members of the organization to those receiving the



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care and can enhance trust and openness among the patient and hospital employee. Having frequent interactions with people who express their spirituality at work should therefore be an integral part of care itself as it might positively influence the healing process of patients. Getting in contact with spiritual expressions could also stimulate patients' interest in their own spirituality. Hence, it would be advisable to ask patients about their preferences, which could potentially lead to new paid or unpaid spirituality service offerings for the hospitals. One might examine these links in the future.

### *Practical implications*

First, as our research suggests, spiritual expression of health-care personnel has a large immaterial and spiritual value for health-care organizations. To capture this value, it is, firstly, a prerequisite to communicate the benefits of spiritual expression at work to all relevant managers and professions and, secondly, to ensure as many opportunities as possible for employees and managers to practice spirituality at work. We are aware that this advice may be against the many traditions, nevertheless, we are certain that this measure will also impact the image of the organization positively in the long run.

Second, our findings suggest that all health-care professionals – regardless of the individual role – should pay attention to how much emphasis they place on allowing themselves and others to experience spirituality in the immediate work context. In a very regulated environment as the health-care sector is, processes, time and laws determine the way forward. Introducing the concept of spirituality at work might be against the nature of an efficacy-driven organization; however, by helping people to strengthen their sense of belonging and by helping organizations to find more engaged personnel in a tight labor market, installing such a perspective can generate a win-win situation.

### *Limitations and directions for further research*

Our research faces many limitations. First, we conducted this research in one hospital in one European country, namely in Austria. Future studies should extend this research to other countries around Europe and to sectors beyond private hospitals. In detail, it would be desirable to collect data from various private hospitals and compare them to data from public hospitals.

Second, we would like to understand whether certain factors multiply or weaken the perceived organizational commitment. In particular, we would like to see research that examines further characteristics that help spiritual expression to impact organizational commitment in a positive way.

Third, future research could also examine the interaction between spiritual expression and organizational commitment after COVID-19. Such an extended longitudinal study with multiple waves could ensure more robust and generalizable results. In addition, it would be interesting to extend the concept to other dependent variables (e.g. job satisfaction, innovative work behavior). In conclusion, creating explicit opportunities for health-care professionals to show spiritual expressions freely at work will allow organizations to be more effective, flexible and resilient in the long run.

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#### **Further reading**

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#### **Corresponding author**

Johanna Anzengruber can be contacted at: [johanna.anzengruber@fh-linz.at](mailto:johanna.anzengruber@fh-linz.at)