ARTICLE

Would perceived organizational spiritual climate matters if spirituality characteristics influenced physicians' intention to quit?

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Abstract

Purpose – There has been a growing concern about physician turnover in sub-Saharan Africa. In this study, we explore the role of spirituality characteristics (SCs) and perceived organizational spiritual climate (POSC) on turnover intention (TI) among physicians in Nigeria, through the work-home interface (WHI).

Theoretical framework – To understand the growing concern about physician turnover in the health sector, a multi-theoretical perspective is adopted. Workplace spirituality theory, role expansion and conflict theories interact to determine the extent to which SCs enhances work-home resources (WHRs), mitigates work-home-demands (WHDs) and the intention to quit among physicians.

Design/methodology/approach – Based on a two-wave questionnaire survey of 291 physicians practicing in Nigeria, an integrated framework was tested using Smart PLS 3.0.

Findings – While SCs are insignificantly related to TI, they have a positive and significant relationship with WHRs and a negative and significant relationship with WHDs. In addition, WHRs have a negative relationship with TI, while WHDs have a positive relationship with TI. The moderating role of POSC between SCs and WHRs and WHDs was also established.

Practical & social implications of research – Findings underscore the significant role of SCs and WHI (WHR and WHD) on employees' job decision in the health sector. POSC is also germane in determining the extent to which SCs increases WHR and decreases WHD in the process of reducing physicians' intention to quit.

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Originality/value – This paper offers a first-hand assessment of the SCs construct as a formative variable. To the best of our knowledge, it is the first research effort to operationalize the construct and also provide a practical understanding of the negative side of spirituality through the moderating role of POSC.

Keywords: Spirituality characteristics, work-home resources, work-home demands, perceived organizational spiritual climate, turnover intention.

1 Introduction

The low retention rate of professionals globally is posing a huge threat to the attainment of organizational objectives and societal well-being. This phenomenon has attracted unprecedented research interest within the last century (Hom et al., 2017) due to the substantial losses that are associated with turnover (De Winne et al., 2019). Researchers have expressed concern about the consequences of voluntary turnover for an organization's well-being (Katsaros et al., 2020; Vem et al., 2020a; De Winne, et al., 2019; Allen et al., 2010) in terms of financial and intellectual resources. Rubenstein et al. (2018) and the Partnership for Public Service and Booz (Cho & Lewis, 2011) noted that the cost of replacing an employee is about 200% of annual pay, in addition to other non-financial costs (Allen et al., 2010; Dess & Shaw, 2001).

Voluntary turnover in the health sector is worrisome, particularly given the attachment that exists in the physician-patient relationship, such as psychological attachment and trust, which are integral aspects of this relationship (Kana et al., 2021). In the event of turnover, the physician is suddenly unavailable, and the new replacement needs time to establish rapport with the patient, cultivate a helping relationship, and build trust. Hence, the need to avert turnover and turnover intentions among medical personnel is relevant. Second, developing countries, particularly in sub-Saharan Africa, have witnessed the ultimate departure of thousands of trained physicians from their countries. This has placed high work-home demands on those that remain, thereby increasing their intention to quit. Evidence of this intention is the increased demand for the Certificate of Good Standing (CGS), a document that indicates that a physician is intending to migrate (Eriki et al., 2015). A total of 4900 of such applications were received between 2008 and 2014. Between 2020 and 2022, a total of 2800 doctors stopped practicing in Nigeria, while 4000 applications for the CGS were awaiting processing (Muanya, 2022), leaving less than 50% of the 80,000 registered doctors practicing in the country (Onah et al., 2022). More than 8893 doctors migrated from Nigeria to countries such as the UK, USA, Ireland, South Africa, the West Indies, Germany, Poland, and others (Adisa et al., 2017). As a result, the physician-patient ratio in Nigeria has deteriorated from the World Health Organization standard of 1:600 to the current ratio of 1:10,000 (Kareem, 2021). The physician-patient ratio is capable of triggering work-home demands, which can adversely influence turnover intentions (Mensah et al., 2023). This study argues that physicians who find meaning and existential purpose in the profession and are able to freely express their spirituality characteristics at work will experience less turnover intention. Scholars (McClintock et al., 2019; Vem et al., 2020b) have found that spirituality attenuates negative work outcomes.

In recent years, there has been a rapid upsurge of scholarly research on spirituality at work (Giacalone & Jurkiewicz 2010), traversing what Reichers (1990) regarded as the "introduction and elaboration" stage of construct development. This study responds to the call of Dust and Greenhaus (2013), in line with Greenhaus and Allen (2011), who advocated for the incorporation of individual spirituality characteristics (SCs) into the theoretical models to build a comprehensive perspective of the work-home interface (WHI) to predict individual work outcomes. A brief review of the predictive role of SCs as a function of personal (optimism, hope, sanctification of work) and relational (forgiveness, gratitude, and interconnectedness) characteristics (Dust & Greenhaus, 2013) reveals a lack of literature. The study first investigates physicians' turnover intentions through the relationship between SCs and work-home resources and demands. Although the relationship between spirituality characteristics and work-home demands and resources has been proposed (Dust & Greenhaus, 2013), empirical evidence is still lacking. We expect SCs expression to align with existential questions such as: Why do they work? What meaning requires such engagement and focus in their work? Where does the work lead to? Is there a reason for the existence of both the jobholder and the organization? Answering

these existential questions in the affirmative makes work and home engagement meaningful.

Second, the study also contributes to the literature by extending the links between SCs and turnover intention through the mediating role of WHDs and WHRs. This is possible because Shrestha and Jena (2020) and Bickerton et al. (2014) found consistency in the relationship between spirituality and TI. We propose that the mechanism roles of WHDs and WHRs through the theoretical lens of role expansion and role conflict theories leads to the acquisition of multiple roles, resulting in negative or positive work-home outcomes. The unfavourable physician-patient ratio in Nigeria is also a possible trigger of multiple roles that could determine TI through WHRs and WHDs.

Third, the documented evidence on the predictive role of spirituality in employee work outcomes is mixed. While Shrestha and Jena (2020) and Bickerton et al. (2014) found that spiritual resources are directly and indirectly associated with individual work behaviour, Vem et al. (2020b) and Beehner and Blackwell (2016) found insufficient evidence to support these claims, which calls for further research on the relationship. In response to the mixed findings, this study introduces the moderating role of perceived organizational spiritual climate (POSC). According to Vem et al. (2020b, p. 70), spiritual climate is "the prevailing perception about the work and immediate work group that has spiritual content". We argue that POSC explains the boundary condition in which SCs are associated with employees' work or home outcomes. There is a dearth of literature on the moderating role of POSC, so we found it convenient to explain the boundary condition under which SCs increase WHRs, reduce WHDs, and attenuate TI among physicians in Nigeria.

1.1 Theoretical background

This study adopts a multi-theoretical approach to justify the hypothesized relationships. Thus, workplace spirituality, role expansion/conflict, and social exchange theories were found to be useful. Bandsuch and Cavanagh (2005, p. 3) posit that workplace spirituality as an existential phenomenon "assists in individual goals attainment of peace, serenity, job satisfaction, meaningful work". This leads to: (a) loyalty, commitment, and greater retention; (b) connection to work and others; (c) superior ethics and virtue development; (d) performance, productivity, and creativity; and (e) job satisfaction, meaning and purpose, and self-actualization.

Related to spirituality theory is role conflict theory. In the past, social psychologists have viewed engagement in multiple roles as a drain on one's energy, time, and psycho-social resources, resulting in emotional exhaustion and strain, as explained in role conflict theory (Goode, 1960). The theory suggested that individuals' roles are demanding and incongruent, resulting in role conflict and strain. Thus, individuals are confronted with how to appropriate their energies and skills to reduce the impending role strain to a level that they can bear (Goode, 1960). From the perspective of spirituality (Bandsuch & Cavanagh 2005), role conflict is minimized when physicians find meaning in their work, when goal setting and attainment are made easier, and when role ambiguity and its consequences, such as absenteeism and turnover, are reduced.

On the other hand, Marks (1977) and other proponents of resource conservation argued for role expansion and the social construction of human energy as explained in role expansion theory. According to the theory, individuals who engage in multiple roles gain beneficial resources (Marks, 1977; Nordenmark, 2004) such as social, psychological, and economic resources. This manifests in the form of social support, additional income, increased self-complexity, and opportunities to experience success (Nordenmark, 2004). The resources gained are found to create a sense of satisfaction at work and home, self-image, and fulfilment in life-related situations (Barnett & Hyde, 2001). Studies along these lines reveal that multiple roles are positively associated with employee well-being and job decisions (Greenhaus & Powell, 2006; Russo & Buonocore, 2012).

Social exchange theory (SET) (Blau, 1964), on the other hand, posits that workplace relationships are guided by reciprocity, where a favourable gesture is reciprocated. When an action is positively assessed, it is reciprocated with a positive gesture. However, a negative value assessment produces a negative value in return (Cropanzano & Mitchell, 2005). Based on this, we expect that perceptions of a supportive spiritual climate will enhance SC expression to strengthen WHRs and weaken WHDs.

1.2 Model and theory integration

In constructing the TI model, we demonstrate the link between the constructs in this study by integrating spirituality, role conflict/expansion, and social exchange

theories to justify the hypothesized relationships. For example, spirituality leads to the discovery of purpose and meaning at work (Ashmos & Duchon, 2000), which is expressed through spirituality characteristics. When physicians discover their existential purpose, find meaning in their work-home engagement, and express this freely, they have high tendencies to respond positively to multiple roles in line with role expansion theory, leading to the acquisition of WHRs. In response to the positive resources acquired, physicians are expected to reciprocate through low TI. On the other hand, where physicians perceive engagement in multiple roles as stressful and conflicting with their home or life engagement, they may tend to acquire negative energy in line with role conflict theory, resulting in WHDs. In response to this negative perception of job engagement, their TI is expected to increase, in line with social exchange ideology.

Social exchange theory also explains the extent to which physicians' POSC interacts with SCs to produce positive or negative role expansion. When high POSC is experienced, role expansion occurs, leading to WHRs, and low POSC stimulates role conflict, resulting in WHDs (Goode, 1960), leading to TI. In summary, high POSC stimulates role expansion, increases WHRs, and thereby reduces TI, while low POSC increases role conflict and WHDs, leading to TI.

2 Hypotheses development

2.1 Spirituality characteristics and turnover intention

According to Ashmos and Duchon (2000), spirituality is "the realization that people have inner life that nourishes and is also nourished by meaningful work which takes place within a community". This recognises the fact that the workplace is made up of people whose minds and inner lives influence their personal and relational behaviour at work. Spirituality characteristics (SCs) are therefore the expression of these personal and relational attributes. According to Dust and Greenhaus (2013), personal SCs explain the extent to which individuals interpret and react to life's events, and guide individuals' approach to their work and home environments (Parasuraman & Greenhaus 2002). Personal spirituality characteristics identified by scholars include hope (Ai et al., 2007), optimism (Salsman et al., 2005), and sanctification of work and home (Pargament & Mahoney, 2005). On the

other hand, relational SCs refer to those resources that are enacted in connection with coworkers or supervisors, family members, friends, or participants in a social group. These are forgiveness, gratitude, and interconnectedness and are found to affect the sense of community at work.

Intention to quit has been empirically shown to be a precursor of employee turnover (Mowday et al., 1984), hence the need to nib turnover by tracking employees' expression of intention to leave the organization based on manifested withdrawal behaviour (Mobley, 1977). Existing literature has supported the mitigating effect of spirituality on employee work behaviour. Recent findings suggest that spirituality at work enhances intrinsic motivation, which predicts job engagement (Moon et al., 2020), and limits negative work outcomes (Riasudeen & Singh, 2021). While some confirm the attenuating effect of spirituality on voluntary turnover and intention to quit (Shrestha & Jena, 2020; Ghadi, 2017; Bickerton et al., 2014), other scholars (Hwang & Yi, 2022; Vem et al., 2020a; Beehner & Blackwell, 2016) find otherwise. Consistent with the former, we argue that SCs stimulate an individual's goal attainment in terms of peace, serenity, job satisfaction, meaningful work, loyalty, and commitment. This experience is expected to stimulate positive behaviour in the physicians who choose to stay, thereby enabling them to manage multiple roles. Since multiple roles are associated with the creation of work-home resources (Marks, 1977), we expect SCs, a product of one's spirituality, to attenuate negative work behaviour. The study posits that:

H1a: Physicians who express high SCs will experience low TI.

2.2 Spirituality characteristics and work-home interface

Empirical evidence on the relationship between SCs and work-home resources and demands is still emerging. A few studies have integrated one or two of the dimensions of SCs. For example, optimism (Dyson-Washington, 2006) and gratitude (Garg, 2022; Zhan et al., 2023) are some of the few dimensions of SCs that have been found to be positively related to work-family enrichment and to mitigate work-home conflict. Similarly, Carroll et al. (2014) and Vem et al. (2020a) inferred that work sanctification is positively related to job satisfaction and organizational commitment and negatively related to turnover intention. Therefore, this study posits that the expression of personal

SCs (optimism, hope, sanctification) and relational SCs (forgiveness, gratitude, interconnectedness) will lead to the acquisition of resources such as skills and perspectives, social capital and psychological capital through job engagement and resilience as a result of the positive outcome expectations (Greenhaus & Powell, 2006). Thus, personal and relational SCs are expected to increase employees' work-home resources and reduce work-home demands. Hence, the study hypothesizes that:

H1b: Physicians' SCs significantly increase work-home resources (WHRs).

H1c: Physicians' SCs significantly reduce work-home demands (WHDs).

2.3 Work-home resources and demands

Work-home resources are those benefits, personal characteristics, conditions, or energies that result from engagement in either work or home and serve as a means for the attainment of objectives, personal characteristics, conditions, or energies (de Vries et al., 2022). These are contextual or personal resources that move from the domain of occurrence, either work or home, to the outcome, either home or work. *Contextual resources* are located outside the self and can be found in the social or relational contexts of the individual, while *personal resources* are closer to the self and include personal traits and energies (Hobfoll, 2002). On the other hand, work-home demands are the degree to which the work or home environment contains stimuli that require extra efforts from one domain to the other (Walz et al., 2024). They suggest negative consequences when they require additional effort beyond the usual way of achieving work/home goals. Contextual demands such as stress can distort physical, emotional, social, or organizational aspects of the social context and require physical and mental effort to sustain (ten-Brummelhuis & Bakker, 2012). Therefore, when there is a demand in one context, personal resources are depleted in another, resulting in diminished outcomes in that domain. Equivalently, the resources gained enrich work-home processes. Here, the expectation is of a gain spiral, where resources expended are believed to reproduce other resources. This forms the foundation of work-home resources, the process whereby contextual resources from work-home or home-work stimulate the creation of personal resources. The personal resources gained in each domain subsequently enhance performance in the other domain.

Empirical evidence reveals that WHRs and WHDs impact well-being at work or at home. Theoretically, these can be traced back to role expansion theory (Marks, 1977) and scarcity theory (Goode, 1960). Role expansion theory sees multiple roles as an opportunity to develop contextual resources, and this is beneficial to personal resources that enrich employees' quality of life (Carlson et al., 2012). Consistent with this, we expect that work overload among physicians in Nigeria will lead to the acquisition of resources, thereby reducing the intention to quit. On the other hand, scarcity theory is based on the understanding that work and home represent competing ends and people are in the middle of them with limited resources. Demands on these resources manifest in the form of time, physical strain, and behaviour (Carlson et al., 2000). Therefore, physicians who experience high work-home demands are more prone to express the intention to quit. Therefore, this study hypothesizes that:

H2a: An increase in WHRs among physicians will significantly decrease their TI.

H2b: An increase in WHDs among physicians will significantly increase their TI.

As previously argued through role expansion theory, the expression of personal and relational SCs leads to the acquisition of resources such as skills and perspectives, social capital and psychological capital through job engagement and resilience (Greenhaus & Powell, 2006). This reduces WHDs and enhances WHRs, and WHDs and WHRs have also been found to enhance and reduce TI, respectively. Studies (Bajaba et al., 2022; Sahin et al., 2021) have established the mediating role of the related constructs of work-family conflict and work-family enrichment as antecedents of WHDs and WHRs in the relationships between social support and turnover intentions, as well as core self-evaluations and psychological well-being, respectively. We therefore hypothesize that:

H3a: WHDs mediate the relationship between physicians' SCs and TI.

H3b: WHRs mediate the relationship between physicians' SCs and TI.

2.4 The moderating role of Perceived Organization Spiritual Climate (POSC)

We find that the link between spirituality and individual work outcomes is mixed. On the one hand, the

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work of Vem et al. (2020b) and Beehner and Blackwell (2016) suggests an insignificant outcome. On the other hand, Shrestha and Jena (2020) and Bickerton et al. (2014) found that spiritual resources reduce negative work behaviours, supporting the idea that personal and relational SCs are essential (Cook et al., 2022). This study seeks to determine the boundary condition under which these inconsistencies occur. We posit that when POSC is high, a physician will express high SCs, such as optimism, hope, sanctification, forgiveness, gratitude, and interconnectedness, leading to high WHRs, low WHDs, and positive work outcomes. However, when an individual perceives low POSC, that individual might express frustration.

Chandler (2009) refers to this as spiritual dryness, a situation where the climate does not support spiritual expression. This could lead to a decrease in further expression of spiritual characteristics, resulting in a decrease in WHRs and an increase in WHDs. This experience weakens the acquisition of work-home resources to a greater extent. Such a feeling, according to Cropanzano and Mitchell (2005), might trigger negative reciprocity, leading to an abrupt recoil, with consequences such as low job engagement and frustration, resulting in the intention to quit. We present hypothesize that:

H4a: POSC moderates the relationship between SCs and WHRs such that higher POSC increases WHRs and lower POSC decreases WHRs.

H4b: POSC moderates the relationship between SCs and WHDs such that higher POSC decreases WHDs and lower POSC increases WHDs.

See Figure 1 for a summary of the proposed model.

3 Method

3.1 Population and sample

The choice of the target population was driven by the exponential rise in turnover among physicians. Statistics reveal an astronomical dimension (Astor et al., 2005; Nwabueze, 2014) of turnover among these categories of workers, despite the deteriorating healthcare indices. A survey was conducted of 290 physicians practising in government secondary and tertiary health institutions in North Central Nigeria (Supplementary Data 1 – Database). The adequacy of the sample size for this study was determined using G*power for 4 predictors and produced a minimum

sample size of 85 (Faul et al., 2009). Hence, the sample size of 290 is considered adequate for this study.

3.2 Data collection procedure

The data collection procedure began after obtaining permission from every hospital visited through its ethical clearance committee. This is a mandatory requirement for all researchers who intent to conduct research in all health facilities in Nigeria. Data collection was carried out using a self-administered questionnaire. To minimize the challenges associated with self-response (Podsakoff et al., 2003), this study avoided common method biases using the ex-ante procedure (Chang et al., 2010): (a) cross measures or similarities in item structure or wording that could induce similar responses were checked in line with Podsakoff et al. (2012); (b) items used in the instrument were intermixed to avoid consistency motives, idiosyncratic implicit theories, and social desirability tendencies (Podsakoff et al., 2012; Chang et al., 2010). Similarly, data related to the antecedent variables (spirituality characteristic dimensions, work-home resources and demands) and the other variables (POSC and turnover intention) were collected in two waves within two weeks (Chang et al., 2010).

Lastly, a systematic probability sampling technique was used to administer the survey instrument. Participants were selected in each hospital visited based on the 5th periodic interval. That is, physicians were recruited to the study based on systematic arrival to work in the interval of five.

4 Measures

4.1 Spirituality characteristics

We adopted Dust and Greenhaus' (2013) conceptualisation of the construct as a function of six dimensions, namely: optimism, hope, sanctification, gratitude, forgiveness, and interconnectedness. *Optimism* was assessed using a 10-item scale from the revised version of the Life Orientation Test (LOT-R) (Scheier et al., 1994). It had a Cronbach's alpha of 0.85. *Hope* was assessed using a 12-item Individual Differences Measure of Hope (IDMH) scale developed by Snyder et al. (1991), with a Cronbach's alpha of 0.84. *Sanctification* was assessed using the 6-item Sacred Quality Scale (SQS) developed by Mahoney et al. (1999), with a Cronbach's alpha of 0.95. *Gratitude* was assessed using the 6-item Gratitude Questionnaire (GQ-6) scale developed by McCullough et al. (2002), with a Cronbach's alpha of 0.82. *Forgiveness* was
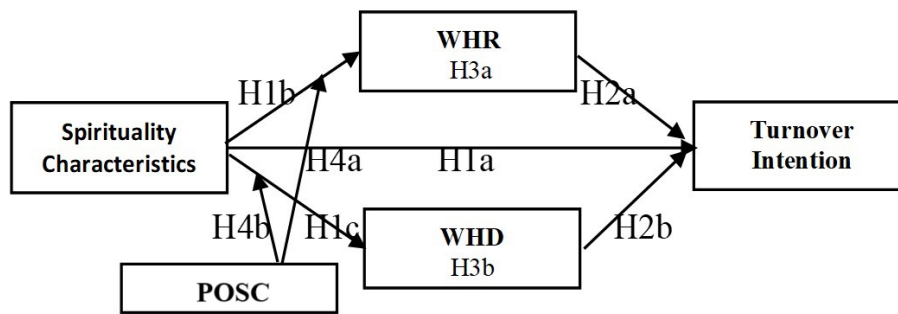
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Figure 1. Conceptual Framework

measured using Brown's (2003) Tendency to Forgive (TTF) scale. The scale had four items and a Cronbach's alpha of 0.73. *Interconnectedness* was adapted from France et al.'s (2010) 9-item University Attachment Scale (UAS), with a Cronbach's alpha of 0.95. These formative constructs were measured using a 7-point Likert scale ranging from 'strongly disagree' to 'strongly agree'.

4.2 Work-Home Resources and Demands (WHRs & WHDs)

The study adopted (a) the 9-item scale developed by Kacmar et al. (2014) to capture WHRs, and (b) the 6-item scale developed by Carlson et al. (2000) to capture WHDs. The constructs had a Cronbach's alpha of 0.95 and 0.93, respectively.

4.3 Turnover intention

The construct was measured using the 6-item scale developed by O'Reilly et al. (1991). This measure captured employee TI, with a Cronbach's alpha of 0.76. The construct is a reflective construct.

Perceived Organizational Spiritual Climate (POSC). The POSC scale consists of 6 items adapted from Cruz et al. (2018) and Pandey et al. (2009). Examples of items include "My spiritual views are respected in this organization", "My spirituality has a comfortable home in my department", "A diverse set of spiritual views are accepted among colleagues", and "I am encouraged to express spirituality at work".

5 Findings

5.1 Descriptive statistics

The participants included 69.3% males; 72.9% were from tertiary healthcare institutions and the remainder from secondary healthcare institutions; 66.2% had worked in more than one institution before their current job, suggesting high labour mobility.

5.2 Data analyses

The analyses were conducted using partial least squares (PLS) structural equation modelling (SEM). To evaluate the measurement model, the process was divided into two stages, formative and reflective. The formative construct measurement model involved (a) assessment of convergent validity through redundancy analysis, (b) assessment of collinearity, and (c) significance and relevance of the formative construct. The reflective measurement model was also evaluated in line with Hair et al. (2013). The CR and AVE values are presented in Table 1. Discriminant validity was assessed using the heterotrait and monotrait (HTMT) criterion (Henseler et al., 2014) and is presented in Table 2.

A repeated indicator approach was used to assess the reflective-formative model of higher-order construct (Becker et al., 2012). Hair et al. (2014) suggested a two-step approach for dealing with formative variables. In the first step, convergent validity is obtained through redundancy analysis, which seeks to examine the extent to which the formatively measured construct correlates with the reflectively measured construct (Hair et al., 2017). This is done using a global item (Hair et al., 2017; Ramayah et al., 2018). The global item summarizes the essence of the construct. In addition, the self-constructed global item was pretested before being included in the final questionnaire.

In line with this requirement, the results presented in Figure 2 indicate that the convergent validity of the construct was met since the coefficient of 0.997 exceeded the threshold value of 0.80 (Hair et al., 2014, 2017). The second step requirement of collinearity assessment in Table 3 indicates that the variance inflation factors (VIFs)

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Table 1.
Assessment of Internal Consistency and Convergent Validity

Constructs	Items	Factor Loading	CR	AVE
WHR	WHR1	0.875	0.909	0.776
	WHR2	0.892		
	WHR3	0.801		
	WHR4	0.841		
	WHR5	0.881		
	WHR6	0.864		
	WHR7	0.892		
	WHR8	0.803		
	WHR9	0.878		
WHD	WHD1	0.689	0.904	0.612
	WHD2	0.824		
	WHD3	0.822		
	WHD4	0.765		
	WHD5	0.840		
	WHD6	0.711		
Perceived Org. Spiritual Climate	POSC1	0.821	0.919	0.854
	POSC3	0.831		
	POSC5	0.827		
	POSC6	0.817		
Turnover Intention	Intent1	0.640	0.915	0.645
	Intent2	0.826		
	Intent3	0.771		
	Intent4	0.815		
	Intent5	0.699		

Criteria: Composite Reliability>0.708 (Hair et al., 2014, 2017). Note: POSC2, POSC4 deleted for low factor loading.

Table 2
Discriminant Validity HTMT Criterion

	POS	Turnover Intention	WHD	WHR
POSC	-			
Turnover Intention	0.189	-		
WHD	0.140	0.758	-	
WHR	0.309	0.801	0.720	-

Table 3
Formative Measurement Model Indicators

Construct	Items	Scale	Convergent Validity	Weight	VIF	T-value	Significant
Spirituality Characteristics	-	Formative	0.997	-	-	-	Significant
	Optimism			0.248	3.728	24.315	Significant
	Hope			0.271	4.312	26.528	Significant
	Sanctification			0.191	1.473	11.697	Significant
	Gratitude			0.194	4.329	19.485	Significant
	Forgiveness			0.087	1.666	11.167	Significant
	Interconnect			0.181	2.430	15.239	Significant

Criteria: convergent validity threshold>0.80 (Hair et al., 2014), VIF of formative construct<10 (Diamantopoulos & Siguaw, 2006}
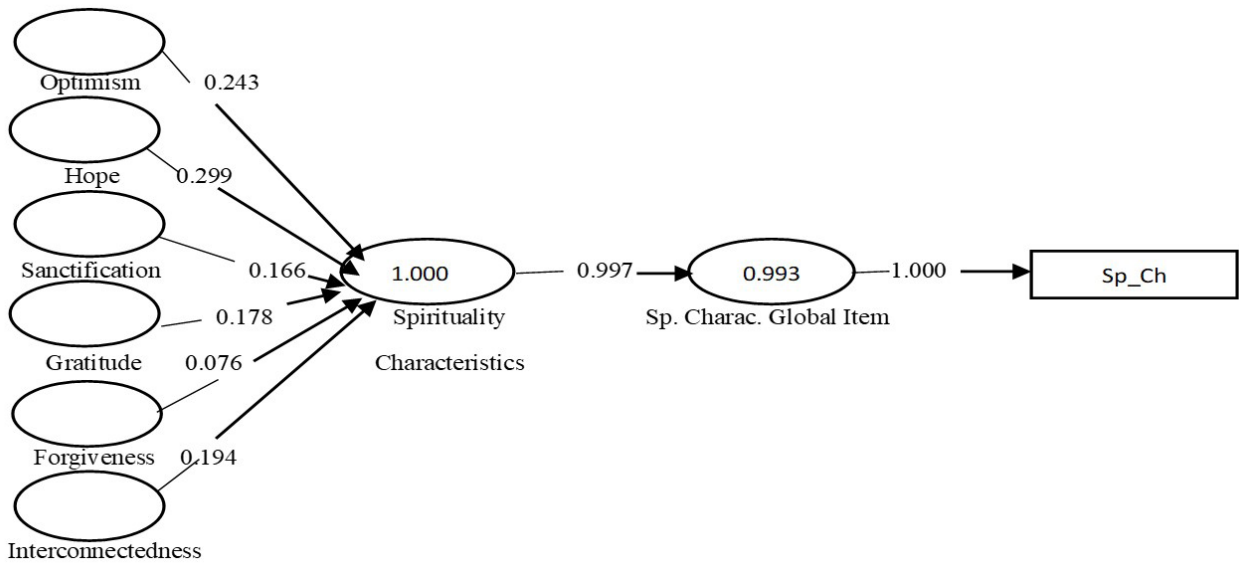T-value for significance and relevance of weight>1.96

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Figure 2. Assessment of Convergent Validity of Formative Measurement Model (Spirituality Characteristics)

Table 4.
Results of Structural Model

Hyp	Relationship	Stand. Beta	Stand Error	t-value	Decision	R-square	f-square	Q-square
H1a	SC-----TI	-0.040	0.034	0.123	Not Supported	0.747	0.001	0.475
H1b	SC--WHR	0.423	0.053	8.001**	Supported	0.179	0.219	0.138
H1c	SC--WHD	-0.350	0.048	7.383**	Supported	0.125	0.143	0.073
H2a	WHR----TI	-0.610	0.056	10.703**	Supported		0.464	
H2b	WHD----TI	0.159	0.040	3.940**	Supported		0.050	

Note: **p-value <0.01, Stand = Standard

were within the range in line with Diamantopoulos and Siguaw (2006), who recommended that for formative constructs, a VIF value of < 10 is ideal.

5.3 Evaluation of structural model

When evaluating the structural model, we determine the model fit, path coefficient (β), R^2, effect size F^2, predictive relevance Q^2 (Hair et al., 2014; Yeap et al., 2016), together with other basic analyses of 1000 samples. We reported the model fit of the standardized root mean square residual (SRMR) (Henseler et al., 2014), and based on the threshold value of SRMR < 0.08, the current model establishes an SRMR value of 0.07, suggesting a good fit. Table 4 summarizes the structural model results. The main findings are: (H1a) the direct relationship linking spirituality characteristics (SCs) and turnover intention (TI) was not significant; (H1b) the hypothesis linking SCs and WHRs was strongly supported. This

implies that an increase in SCs can enhance employees' WHRs; (H1c) the hypothesis linking SCs and WHDs was strongly supported. This implies that an increase in SCs can reduce employees' WHDs; (H2a) the relationship linking WHRs and TI is highly significant. The finding implies that an increase in WHRs is inversely related to TI; (H2b) the relationship between employees' WHDs and TI was significant. An increase in WHDs leads to increased TI.

Furthermore, we evaluated the mediating roles of WHRs and WHDs between SCs and TI, as theorized in H3a and H3b, using the criteria of Preacher and Hayes (2008). The results presented in Table 5 were supported by the two conditions for assessing the indirect relationship. First, the two t-values did not violate the threshold value of 1.65 for a one-tailed test. Second, zero (0) did not straddle between the lower (LCI) and upper (UCI) class interval. Subsequently, hypothesis H4 of a moderating

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Table 5.
Indirect Relationship

Hyp	Relationships	Indirect Effect β	Stand Error	T-Stat	LCI	UCI	P-Values
H3a	SC-> WHR-> TI	0.364	0.043	8.422	0.422	0.297	0.000**
H3b	SC-> WHD-> TI	-0.287	0.036	8.008	-0345	-0.232	0.000**

Note: **p-value <0.01, Stand = Standard

role of POSC between SCs and WHI was strongly supported. In H4a, POSC positively moderates the relationship between SCs and WHRs. The result implies that when the level of POSC is high, SCs increase the level of WHRs among physicians. The results show that POSC inversely moderates the relationship between SCs and WHD (H4b), implying that if the level of POSC is high, SCs reduce WHDs. Comparing the effects of work-home interface, POSC has a stronger impact on WHDs. Figures 3 and 4 show the moderation effect graphically.

6 Discussions

This study examined the role of SCs on physicians' intention to quit. This was explored through work-home interface resources and demands to explain the job and non-job factors that influence job decisions. The study was inspired by Dust and Greenhaus's (2013) model, however, as a starting point, we (a) extend the model to explain physicians' turnover intention and (b) introduce POSC as a moderator to explain the boundary condition for the inconsistencies in the predictive outcome of spirituality (Vem et al., 2020b; Beehner & Blackwell, 2016; Shrestha & Jena, 2020; Bickerton et al., 2014). Interestingly, a thorough search reveals that this study is among the first to empirically test SCs (with 6 dimensions) to predict employee turnover intention (TI). Figure 5 shows the final framework with significant relationships.

Hypothesis H1a, which predicted a direct relationship between employees' SCs and TI, was not supported. Although SCs as a multidimensional construct is relatively new, the result is consistent with the work of Vem et al. (2020a), where sanctification of work, a dimension of SCs, was not associated with teachers' TI. Similarly, Vem et al. (2020b) found an insignificant relationship between individual spirituality of academics and intention to quit. These results are inconsistent with the extant literature concerning the mitigating effect of spirituality on turnover and turnover intention (Ghadi, 2017; Shrestha & Jena, 2020). However, the relationship
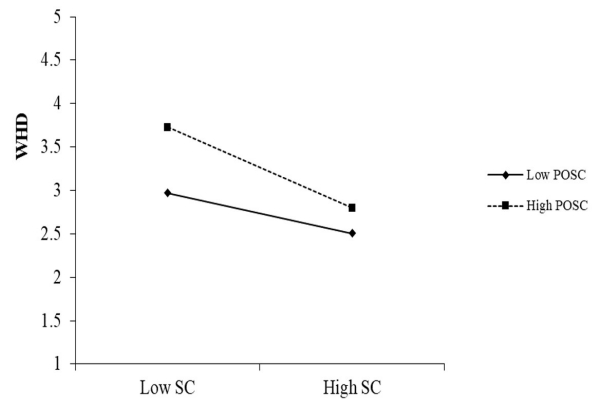

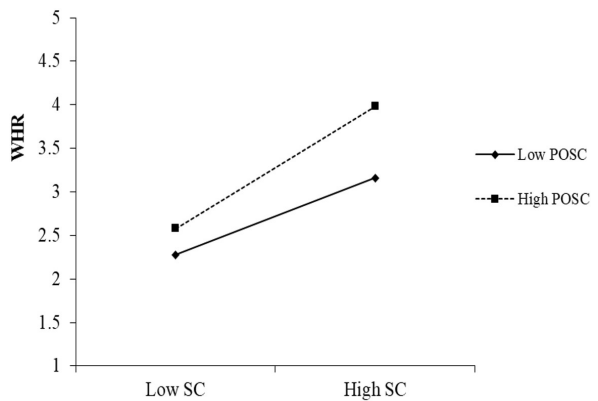**Figure 3.** Moderating role of POSC on SC and WHD

Figure 4. Moderating role of POSC on SC and WHR

reveals that the SC-TI relationship is explained by WHI (WHRs and WHDs), since the SCs-WHRs, WHRs-TI, SCs-WHDs, and WHDs-TI relationships were significant. This indicates that SC-TI has an indirect relationship, that is, TI occurs due to poorly managed WHRs, WHDs and weak SCs. The significant positive relationship for SCs-WHRs and the negative relationship for SCs-WHDs provide support for H1b and H1c. The results suggest that an increase in physicians' level of SCs will lead to
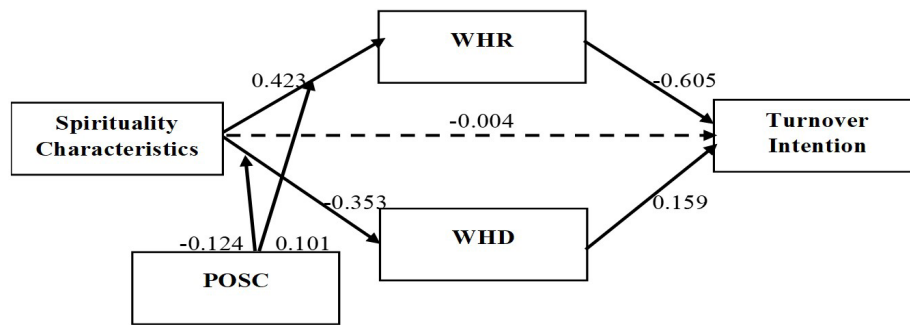
Figure 5. Final Framework with Coefficients

a corresponding increase in WHRs and a decrease in WHDs. This is consistent with previous literature where spirituality through work-family conflict and enrichment influences employee job decisions (Aboobaker et al., 2020; Hassan et al., 2021; Febriani et al., 2023)

Similarly, the WHRs-TI and WHDs-TI relationships were significant, thus supporting H2a and H2b. Here, WHRs and TI are inversely related, in line with the existing literature (Dewi et al., 2023; Liu et al., 2022), where employees who experience high work-family enrichment develop less intention to leave. Consistent with role expansion theory (Marks, 1977), the multiple roles assumed by physicians provide them with more resources that could help them perform more effectively at work, hence reducing their intention to leave. WHDs are found to be positively associated with TI, which is consistent with the findings reported by Wilkinson and Haar (2023) and Fei et al. (2023). WHDs lead to negative work outcomes. In this study, TI is a negative work outcome. That is, physicians who experience high WHDs found themselves stuck in the vicious cycle of home and family competing for their limited resources (e.g. time), as established in scarcity theory, resulting in the intention to leave.

The mediating roles of WHRs and WHDs in H3a and H3b were supported, suggesting a strong indirect relationship between SCs and TI. This is consistent with the work of Bajaba et al. (2022) and Sahin et al. (2021), where work-family conflict and work-family enrichment mediated the relationship between social support and turnover intention, and core self-evaluations and psychological well-being, respectively. The results underscore the importance of work-home resources and demands in explaining the process through which role expansion due to SCs among physicians influences turnover intentions.

The moderating role of POSC in the SCs-WHRs and SCs-WHDs relationships is significant, providing support for H4a and H4b. That is, when the level of POSC is high, the impact of SCs in enhancing WHRs is much higher than when the level of POSC is low. Alternatively, when POSC is high, the effect of SCs in reducing WHDs is much higher than when the level of POSC is low. The results are consistent with Suárez-Albanchez et al. (2022), where organizational support enhances an individual's job decisions. POSC is a form of resource for physicians, the absence of which could cause frustration and increased job demands. This might consequently trigger negative reciprocity in the form of intention to quit (Dalgic & Akgunduz, 2022).

6.1 Implications

The findings of this study have implications for theory, particularly in explaining the antecedent role of SCs in stimulating multiple work and social roles. First, researchers have attributed a strong link between work-home enrichment and conflict to work-related consequences through role expansion and role conflict theories. There seems to be a paucity of literature on the antecedent role of SCs. This study suggests that SCs stimulate employees' desire for multiple roles. Second, role conflict and its negative outcomes proposed by Goode (1960) are mitigated when employees experience SCs as a result of discovering existential purpose at work, leading to high WHRs and low WHDs. The mediating role of work-home resources and demands explains the process through which SCs influence TI. The results suggest that an increase in SCs leads to an increase in WHRs and a decrease in WHDs among physicians, which reduces TI. On the other hand, a decrease in SCs reduces WHR and increases WHDs, which triggers TI. The moderating role of POSC offers a nuanced perspective in explaining the

boundary condition under which SCs, WHRs and WHDs are related. Dust and Greenhaus (2013) had previously argued that SCs could become excessive and might result in a curvilinear relationship, which this study challenges. The result obtained from the moderating role of POSC provides a clearer perspective on why SCs could sometimes yield WHDs or WHRs. That is, when the organization's spiritual climate is supportive of SC expression, WHRs increase while WHDs decrease.

In practice, this confirms the argument of Guillén et al. (2015) that employees do not participate at work only with their heads and hands. There is evidence of the growing awareness of spirituality in the corporate world today. For example, Starbucks and Google have integrated spirituality courses into the workplace. At Google, employees report that the meditation programmes have had a profound effect on their well-being (Watson, 2016). In addition, Clarey (2019) reports that Tyson Foods Inc. introduced chaplains in faith-friendly organizations to help employees deal with personal and professional challenges. Thus, the practical evidence suggests that employees in healthcare organizations could find spirituality beneficial if integrated and executed appropriately in the workplace.

To internalise this model, managers in the healthcare industry are advised to provide an enabling environment for the expression of SCs. Programmes such as meditation camps, spirituality talks, and community service activities that enhance SC development should be encouraged in health facilities. In addition, SC scales could be integrated into the physician recruitment and selection process to prevent the tendency of early withdrawal. In addition, Luther (2023) offered a practical approach to mitigating turnover and turnover intentions that we found useful. First, managers must hire the right people whose core values and competencies coincide with those of the organization. Second, managers must closely monitor toxic employees whose personal and relational expression negates organizational norms and practices to avoid incivility that can be associated with WHDs and trigger TI. In addition, managers are expected to prioritize employees' work-life balance (WLB); a low WLB has been linked to stress, emotional exhaustion and burnout, which are precursors to TI. Again, managers can develop a reward system that recognizes employees who exhibit capacity for multitasking and job engagement. This will stimulate and sustain WHRs and normative commitment, thus reducing turnover intention.

The moderating role of POSC suggests the need for health practitioners to first ensure the sustained benefit of spiritual expression. Where POSC is perceived to be high or low, SCs may either enhance or undermine the desired work outcome. In this context, if physicians feel reassured that hospital management desires their personal and relational SCs, they will be positively engaged at work. It is in the best interest of healthcare institutions to support and invest in individuals with high SCs. POSC can be tangibly internalized through granting paid leave to physicians who might choose to embark on spiritual tourism at least once a year. Sabbaticals could be provided for physicians who wish to get involved in NGO activities to broaden their role in society. In addition, hospitals could provide flexible working hours for those who have young children, elderly parents, or other family issues; being an "understanding" organization is the best form of POSC. See Figure 5 for the result of the proposed model.

6.2 Limitations and directions for future research

This research is not without its limitations. First, the study was conducted among physicians who, by the nature of their job, suffer from role overload, particularly during their clinical days. Unfortunately, these are the times when they were available to participate in the research. Similarly, the severe shortage of physicians in some of the hospitals visited explains the low level of participation. The framework of this study can be replicated in a study involving other professions in the service sector. Second, the SC construct with six dimensions is new and this study is one of the very few studies that have empirically tested this construct. More empirical studies are needed to further establish the construct. The relationship between SCs and TI was insignificant despite the theoretical and empirical evidence from related studies. Future research should introduce some positive psychological constructs such as perseverance, compassion, and resilience as moderating variables. This will explain the presumed heterogeneity embedded in the link between SCs and TI that resulted in the inconsistency.

7 Conclusion

In summary, this paper has provided a deeper approach to tackling physicians' TI through the empirical lens of SCs, work-home interface, and POSC. Having empirically established the predictive role of SCs and the

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explanatory role of work-home interface in stemming TI, insightful theoretical as well as practical contributions have been offered. Furthermore, through the moderating role of POSC, the study crystallizes the condition under which the antecedent becomes more or less consequential for the mechanism. Knowing this, the study further advocates for a more holistic approach to dealing with TI in critical sectors such as healthcare.

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SUPPLEMENTARY MATERIAL

Supplementary Data 1 – Database

Supplementary material to this article can be found online at https://doi.org/10.7910/DVN/GMREGD

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