

Moderating Effect of Workplace Spirituality on Role Stressor and Job Satisfaction among Indian Nurses

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Abstract

Nursing shortage and migration of nurses from India to other countries is weakening the already dismal Indian healthcare system. Job dissatisfaction is one of the main causes of nurses' intentions to quit the profession and role stress is one of the main causes of nurses' job dissatisfaction. This study examines the relationship between some role stressors and job satisfaction among nurses in India and the moderating effect of workplace spirituality on this relationship. This study is non-experimental, cross-sectional and quantitative in nature. Survey method was used to collect data and questionnaire was used as a survey instrument. Cluster sampling technique was used. Correlation analysis and moderated hierarchical regression analysis were used to analyse the data. Workplace spirituality moderates the relationship between role ambiguity and job satisfaction, but does not moderate the relationship between role conflict and job satisfaction among nurses.

Keywords: Job satisfaction, Nurses, Role stress, Workplace Spirituality, Mumbai, India

Introduction

Nurses are the most pivotal members of the healthcare sector and are the most trusted people who are approached by patients and their kin as well as physicians, to know the progress of recovery, as well as course of treatment of patients and hence quality of nursing service, takes on importance (Chung-Kuang, Cecilia, Shu-Hui, & Tung-Hsu, 2009). There is an increasing demand for nurses especially in developing countries and nurses migrate to other countries for professional, social and economic reasons (Gill, 2011). Nursing shortage has crippled the health care system of many countries (Snaveley, 2016). There are various reasons attributed to the shortage of nurses. One of the most important factors that affect nurses quitting the profession is job satisfaction (Masum, Azad, Hoque, Beh, Wanke, & Arslan, 2016; Chan, Tam, Lung, Wong, & Chau, 2013; Ramoo, Abdullah, & Piaw, 2013). Nurses who report high levels of dissatisfaction and burnout are more likely to quit the profession (Cai & Zhou, 2009; Lu, While, & Barriball, 2005).

When nurses leave their jobs or new nurses refuse to enter the profession, there is a shortage of nurses in hospitals. As a result, the existing nurses would have an increased workload to compensate

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for the shortage. An increased workload would imply a stressful situation for the nurses who would encounter situations with inadequate time for patient care, fatigue that makes them prone to making mistakes and/or medical errors leading to a drop in patient-care quality (Janiszewski, 2003; Chan et al., 2013) furthering the dissatisfaction among the existing nurses and the cycle would begin all over again. It is therefore imperative that nurses' satisfaction is looked into, in order to retain nurses and reduce their turnover.

Role stress is attributed as one of the main factors affecting job satisfaction among nurses. Role stress contributes to increased turnover, intention to quit the job and job dissatisfaction (Karatepe, 2010), reduced loyalty and decreased organisational economic health (Anton, 2009). Role stress can be explained as a situation where the role demands and expectations are vague, difficult or impossible to fulfil (Burke & Scalzi, 1988). When nurses are stressed they are prone to suffer from various physiological as well as psychological problems that range from mood disturbances, unhealthy lifestyles, depression and suicidal tendencies (McVicar, 2003; Tully, 2004). Hospitals also suffer due to high turnover among nurses, in terms of costs of recruitment and training of new nurses, loss of senior nurses and their invaluable experience, reduced productivity and decreased morale among other nurses (Mosadeghrad, 2013).

Life has become mechanical and the time spent in traditional places like places of worship and leisure time with extended families is being substituted by time at work, thus, reflecting the dependence of people on the workplace for social identity as well as a sense of community. Workplace spirituality is a concept catching researchers' attention (Ashmos & Duchon, 2000; Duchon & Plowman, 2005; Fry, 2004; Krishnakumar & Neck, 2002). It has been suggested that people come for work with a unique spirit and enthusiasm with an aim to express themselves, not merely as mechanical tools but as an individual with inner skills, talents, and unique strengths (May, Gilson, & Harter, 2004). A spiritual workplace has been described by Ashmos and Duchon (2000) as a place that enables employees to express their inner lives by performing meaningful work in the context of a community. To remain competitive in this globalised world, Organisations are increasingly expecting employees to achieve higher and many times, unrealistic targets thus rendering individuals insecure and unsure about their work lives. This mechanical pursuit of success, insecurity in jobs and scepticism about the future has resulted in individuals being demoralised and sensing a lack of purpose and meaning in their jobs (Kinjerski & Skrynpnek, 2004).

Literature Review

Role stress: Role stress is the stress associated with one's role in the organisation. Role stress can be easily understood to be higher among nurses since they play multiple roles in response to expectations of multiple stakeholders. Role stress can lead to a number of physiological and psychological side effects. Chang, Hancock, Johnson, Daly, & Jackson (2005) suggested that the working climate of nurses required them to provide complex and quality care to patients with acute and chronic disease conditions with shorter hospital stays that caused enormous role stress leading to dissatisfaction with the job.

Role stressors: Role stress has been recognized as one of the main causes of burnout among nurses (Tunc & Kutanis, 2009). Iliopoulou and While (2010), in their study using convenience sampling on critical care nurses in Greece, on the relationship between professional autonomy and job satisfaction, found that there was no statistically significant relationship between role conflict and role ambiguity). A study on nurses in medical and surgical division in China, showed that job satisfaction had a strong negative correlation with role conflict and role ambiguity (Hong, While & Bariball, 2007). Chen et al. (2007), in their study on the relationship between role stress and job satisfaction in a convenience sample of 129 nurse specialists in Taiwan, found that role ambiguity

and role overload were the best predictors of job satisfaction but role conflict was not a statistically significant predictor.

There is a scarcity of availability of comprehensive data on stress among Indian nurses (Bhatia, Kishor, Anand, & Jiloha, 2010; Kane, 2009) and even lesser data on role stress among Indian nurses in the recent past. There are very few research studies on role stress among nurses in the Asian context (Younas, 2016). In a study on the relationship of occupational role stress and job satisfaction among staff nurses in a tertiary hospital in India, it was found that organisational role stress was negatively correlated with job satisfaction (Kumar, Kaur, & Dhillon, 2015). In a study on relationship between role stressors and burnout among female nurses in private hospitals in India, it was found that role overload and role insufficiency predicted 53.8% of variance in emotional exhaustion while 42.3% of variance in depersonalization was predicted by role overload, role insufficiency and role ambiguity (Azeem, Nazir, Zaidi, & Akhtar, 2014). In a study on 50 nurses of a hospital in India, it was found that organisational role stress was negatively correlated with job satisfaction (Das & Prasanna, 2014).

H1 Some role stressors, namely, role ambiguity, role overload and role conflict, are negatively correlated with job satisfaction of nurses.

Workplace spirituality: Workplace spirituality is an experience of a sense of community, interconnectedness and a connection to a higher goal by an individual at work (Marques, Dhiman, & King, 2007). Different researchers have expressed the concept of workplace spirituality through different components. Most of the conceptualizations of spirituality deal with a sense of meaning and purpose on the job, community at workplace, transcendent feelings and a belief in a higher power for doing a larger good and this need not necessarily imply religion-based practices (Ashmos & Duchon, 2000; Carrette & King, 2005; Liu & Robertson, 2011). Workplace spirituality has been found to be positively correlated with various organisational outcomes like job satisfaction, organisational commitment, and organisational citizenship behaviour in non-nursing context (Piryaei and Zare, 2013; Nwibere & Emecheta, 2012). In the nursing context, Doraiswamy and Deshmukh (2015), found that relationship between workplace spirituality (meaningful work, sense of community, inner life and organisational values) and role stress was negative. Kazeimpour and Amin (2012) in their study on the relationship of workplace spirituality and organisation citizenship behaviour of nurses in Iran found a significant positive correlation between the two ($r = 0.401$, $p < 0.001$). Meaningful work has been shown to be linked to worker satisfaction and increased motivation to work (Brown, Kitchell, O'Neill, Locklear, Vosler, Kubek, & Dale, 2001). Lack of social support from colleagues and demanding working conditions like working under severe pressure of time and work overload have been shown to be predictors of emotional exhaustion among nurses (Janssen, Jonge, & Bakker, 1999). Studies have also shown that efforts to create a healthy working environment of mutual support and a pursuit of joint values in a hospital, may prevent the development of emotional exhaustion in nurses (Kowalski, Ommen, Driller, Ernstmann, Wirtz, Kohler, & Pfaff, 2010).

Some research studies have indicated that a spiritual approach with an emphasis on values-based practice could help overcoming problems of morale among individual (Brown, 2003). Thus, it seems possible that a spiritual workplace may help in improving the productivity of nurses.

H2 Workplace spirituality moderates the relationship between some role stressors, namely, role ambiguity, role overload and role conflict, and job satisfaction among nurses.

Methodology

The study focuses on nurses' perceptions of: 1) Some role stressors, namely, role ambiguity, role overload and role conflict in their jobs, 2) Some aspects of workplace spirituality, namely, sense of community, inner life, meaning at work and organisational values. 3) Job satisfaction consisting of components of intrinsic and extrinsic satisfaction. This study is non-experimental, cross-sectional and quantitative in nature. A survey research was conducted to collect information from school teachers. A questionnaire was used as the survey instrument for the said purpose.

Sampling: The target population of the study included all nurses from municipal as well as private hospitals in Mumbai. The inclusion criterion for hospitals was the presence of at least 70 beds and that for nurses was knowledge of English. Hospitals were clustered according to geographic zones of Mumbai. Five clusters were selected at random. Nurses were selected at random from representative hospitals of these clusters. Requisite permissions were obtained from the Dean (academics) of the hospitals (and in some cases the Ethics Committee) before the data were collected. 475 survey forms were distributed of which 450 were returned yielding a response rate of 94.7%.

Data Collection: Data collected included age, gender, marital status, total number of dependents, religious affiliation, nativity, type of hospital, department of work, tenure of service in the current hospital as well as total tenure, shift type, shift hours, job type and job title.

Instruments:

Role conflict and role ambiguity were measured using a 5- point Likert scale (1 = never, 5= always) with 6 items each (Rizzo et al., 1970).

Role overload was measured using a 5- point Likert scale (1 = never, 5= always) with 5 items (French et al, 2000; Udai Pareek, 2010).

Job satisfaction was measured using 12 items that were developed based on literature review, using a 5- point Likert scale (1= strongly disagree, 5= strongly agree).

Workplace spirituality was measured using a 7- point Likert scale (1= strongly disagree, 7 = strongly agree) with 28 items (Ashmos & Duchon, 2000).

Sample description:

A total of 450 nurses responded to the questionnaire. The sample consisted of nurses from both private hospitals (68.7%) as well as municipal hospitals (31.3%). The nurses were mostly females (86%) and 54% were unmarried. The nurses in the sample had 3 dependents on an average. The mean age of the nurses was 31.73 years (standard deviation 9.92). 14% of the nurses worked exclusively during the day while 86% worked both on day and night. shifts. 61% possessed a diploma in nursing, 34 % possessed a graduation in nursing and 5% possessed a post-graduation in nursing. The nurses had an average tenure of 7.3 years of total nursing service and were on an average 5.48 years old in the current hospital. The nurses worked on an average 9.4 hours daily. The chief religious affiliation among the nurses was Christianity followed by Hinduism and most of the nurses hailed from south of India.

Data Analysis

SPSS 19 was used for the analysis.

Normality and Collinearity Statistics

Data was checked for normality and it was observed that the maximum absolute values of skewness and kurtosis are well below 2 and 7 respectively, hence data is assumed to be normally distributed (Dubey, Gunasekaran, & Samar Ali, 2015; Kim, 2013; Curran, West, & Finch, 1996) (see Table 1). To ensure that data did not suffer from multicollinearity variance inflation factors were calculated (VIF). All VIF values were less than 2, which is well below the recommended threshold of 10 (Hair, Anderson, Tatham, & Black, 1995). hence data does not show evidence of multicollinearity (see Table 2)

Table 1: Means, Standard deviations, Skewness and Kurtosis (n = 450)

Variable	Mean	Standard Deviation	Skewness	Kurtosis
Role ambiguity	10.04	4.46	1.893	3.342
Role overload	10.17	2.47	-.368	.318
Role conflict	21.85	6.34	.025	-.828
Job satisfaction	43.58	6.76	-.253	.635
Workplace spirituality	149.42	20.37	-1.250	2.030

Table 2: Collinearity statistics (Coefficients^a)

Model	VIF
Role ambiguity	1.016
Role conflict	1.43
Role overload	1.443

a. Dependent variable: Job satisfaction

Validity Studies

The workplace spirituality scale (Ashmos & Duchon, 2000) was checked for construct validity in the Indian context. Convergent validity was confirmed for the same, because the standardized factor loading of each item is above 0.5, the scale composite reliability (SCR) is above 0.7 and the average variance extracted (AVE) is also above 0.5 or very close to 0.5 (Fornell & Larcker, 1981) (See Table 3)

Table 3: Convergent validity for workplace spirituality scale (n= 450)

Variable	Subscales	SCR	AVE
Workplace spirituality	Sense of Community	.88	.49
	Inner life	.83	.50
	Meaning at work	.89	.56
	Organisational values	.90	.56

Discriminant validity of Workplace Spirituality Scale is established as correlations between any two dimensions are lesser than their individual Cronbach Alpha values (Andaleeb & Conway, 2006; Richey, Genchev, & Daugherty, 2005; Gaski & Nevin, 1985) (See Table 4)

Table 4: Discriminant validity for workplace spirituality scale (n= 450)

Component		Sense of community	Inner Life	Meaning at work	Organisational values
Workplace spirituality	Sense of community	.852			
	Inner life	.429**	.74		
	Meaning at work	.624**	.489**	.867	
	Organisational values	.602**	.352**	.651**	.85

Diagonal entries are Cronbach Alpha coefficients; others are correlation coefficients.

** Correlations are significant at 0.01 level

Factor Analysis

Factor analysis was conducted on the role stress scale since it consisted of items from the Rizzo et al. scale as well as ENSS (French et al, 2000) and ORS (Pareek,(2010).The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.856, above the recommended value of 0.6, and Bartlett's test of sphericity was significant ($\chi^2 (120) = 288.2, p < 0.001$). Principal component analysis with varimax rotation showed that the three-factor solution explained 57.09% of variance, with factor loadings from 0.565 to 0.903 (see Table 5)

Table 5: Factor loadings and communalities based on a principal components analysis with varimax rotation for 12 items of the Role stress scale (n = 450)

	Components			Communalities
	1	2	3	
I know what my responsibilities are	.903			.827
I know exactly what is expected of me on the job	.841			.707
I have clear planned goals and objectives for my job	.813			.675
I know that I have divided my time properly for various work	.755			.584
I get clear explanations of what has to be done on the job	.646			.474
I feel certain about the authority I have	.619			.402
I receive important incompatible requests from 2 or more people		.783		.637
I work with 2 or more sections that operate differently		.730		.535
I have to break a rule or policy in order to carry out an assignment		.719		.550
I do unnecessary work		.717		.610
I have to make decisions under pressure		.577		.568
I have to do things that should be done differently		.568		.411
There is not enough time to complete all of my nursing tasks		.556		.420
I have to work even during breaks			.753	.600

The amount of work I do interferes with the quality I want to maintain			.708	.517
There are too many non nursing tasks required like clerical work			.651	.619

Note: Item , "I receive assignments without adequate resources, men and material to do the work", failed to load on to any factor and hence was rejected.

The first component is named Role ambiguity, second component, Role conflict and third component, Role overload.

Factor analysis was also conducted on the job satisfaction scale. The job satisfaction scale consisted of 12 items, six items each of intrinsic satisfaction and extrinsic satisfaction, from literature review. Factor analysis was conducted to ensure that the items of the scale indeed referred to the theoretical construct of intrinsic and extrinsic satisfaction. The factorability of all 12 items was examined. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.824, above the recommended value of 0.6, and Bartlett's test of sphericity was significant ($\chi^2 (66) = 2294, p < 0.001$). Principal component analysis using Varimax rotation revealed a two-factor model that explained 56.73% of the variance, with factor loadings ranging from .567 to .828. (See Table 6)

Table 6: Factor loadings and communalities based on a principal components analysis with varimax rotation for 12 items of the Job satisfaction scale (n = 450)

	Components		Communalities
	1	2	
I am proud of my job	.828		.691
I find my job meaningful	.820		.675
I am satisfied with opportunities for self-improvement from my job	.797		.682
I can derive a sense of achievement from my job	.791		.636
My job helps me utilize all my abilities	.730		.534
I have enough chances of growth on my job	.679		.524
I get along well with my colleagues		.794	.635
I am satisfied with the working conditions (cleanliness, toilets, washing, changing and restroom facilities)		.740	.591
My work is well appreciated		.711	.573
My supervisor shows concern for feelings of subordinates		.668	.447
I can work comfortably under existing rules and regulations		.648	.460
I am satisfied with the salary I get, for the amount of work that I do		.567	.361

Result and Discussions

We have proposed that some role stressors, namely, role ambiguity, role overload and role conflict will be negatively correlated with job satisfaction of nurses.

A correlation analysis was conducted to test the same and the Pearson's product moment correlation coefficient was used for the said purpose (see Table 7).

Table 7: Correlations between role stressors and job satisfaction (n = 450)

	Role ambiguity	Role overload	Role conflict
Job satisfaction	-.235**	-.159**	-.321**

** Correlation is significant at the 0.01 level (2 tailed)

H1 was supported as all the three role stressors are negatively correlated with job satisfaction.

Multiple regression analysis was conducted to understand the contributions of the predictors. Role conflict was the most significant predictor ($b = -.339, p < 0.001$), followed by role ambiguity ($b = -.263, p < 0.01$) (see Table 8). Role overload was not a significant predictor of job satisfaction.

Table 8: Multiple regression analysis (n = 450)

Model	B	SE _B	β	Sig
Constant	55.671	1.539		
Role ambiguity	-.399	.066	-.263	.000
Role overload	-.016	.142	-.006	.912
Role conflict	-.362	.055	-.339	.000

Role ambiguity was found to be negatively correlated to job satisfaction among nurses in previous research studies in Chinese (Hong, While, & Barriball, 2007 ($r = -0.231, p < 0.01$), and Taiwanese contexts (Chu, Hsu, Price, & Lee, 2003 ($r = -0.327, p < 0.001$)). The results of the current study are similar to that obtained in a study on Chinese nurses where role conflict was found to be negatively correlated with job satisfaction of Chinese nurses (Hong, While, & Barriball, 2007 ($r = -0.358, p < 0.01$)). The results of the current study are different from those of a research study conducted on Greek nurses where role ambiguity and role conflict were not significantly related to job satisfaction. (Iliopoulou & While, 2010 ($r = 0.047, p = 0.411$)), the reasons attributed were the differences in data collection method in the Greek context. The current study found that role conflict was the strongest predictor of job satisfaction followed by role ambiguity. These results are different to those obtained by a study conducted on Taiwanese nurses (Chen et al., 2007 (role ambiguity: $\beta = -0.358, p < 0.001$; role overload: $\beta = -0.292, p < 0.0$)), where role ambiguity and role overload were significant predictors of job satisfaction. In the study on Taiwanese nurses by Chen et al. (2007), but role conflict was an insignificant predictor of job satisfaction. In the current sample, nurses who are around five years old in the hospital might have got used to the overload and might have accepted it as a norm and hence overload does not seem to be a strong predictor. Also since India is mainly a collectivist society, it is not uncommon for nurses to agree and accept to perform tasks that do not fall within their domain or oblige other colleagues by doing their jobs in an attempt to be helpful and feel a sense of belongingness in the group. This result is similar to a study conducted by Chang and Hancock (2003) on Australian nurses, wherein, after around 10 months role overload was not a significant predictor of job satisfaction among nurses as they had got accustomed to the overload.

We have also proposed in the current study that workplace spirituality will moderate the relationship between some role stressors and job satisfaction of nurses. Since role overload is not a significant predictor, the moderation effects were checked only on the relationships between role conflict and role ambiguity and job satisfaction.

A moderated hierarchical regression analysis was conducted to test the same (see Table 9). To check the moderation effect of workplace spirituality on the relationships of role stressors on job satisfaction of nurses, moderated regression analysis was performed. Moderated regression analysis has been suggested as a method to check interaction effects (Dawson, 2014; Aguinis & Gottfredson,

2010). Before the analysis, the independent variable (role stressors) and the moderator variable (workplace spirituality) were centered (Dawson, 2014). This involved subtracting the respective means from the values of the original variables. The interaction term was obtained by multiplying the centered predictor variable and centered moderator variable.

Centering helps in decreasing problems associated with multicollinearity among variables (Frazier, Tix, & Barron, 2004; Cohen & Cohen, 2003).

Table 9: Moderated Hierarchical Regression Analysis

	B	SE _B	B
Step 1			
Constant	23.148	2.703	
Role ambiguity	.009	.064	.006
Role conflict	-.318	.039	-.298***
Workplace spirituality	.183	.014	.550***
Step 2			
Constant	24.417	9.361	
Role ambiguity x Workplace spirituality	.008	.002	.147**
Role conflict x Workplace spirituality	-.003	.002	.055

It can be seen from Table 9, that workplace spirituality buffers the relationship between role ambiguity and job satisfaction of nurses ($\beta = .147$, $p < .05$) but does not have any moderating effect on the relationship between role conflict and job satisfaction. Thus H2 is supported to the extent that workplace spirituality moderates the relationship between role ambiguity and job satisfaction of nurses, but shows no moderating effect on the relationship between role conflict and job satisfaction of nurses.

Role ambiguity is a situation where the nurse lacks clarity in terms of what she/he needs to do as well as feedback about her/his performance. Nursing profession suffers from ambiguities because it is a shared one and occurs subsequent to somebody else's job (physician or previous shift nurses). So, if a nurse were to lack information or communication about the line of treatment or any special needs of a patient, there could be confusion in the next steps. Many times nurses have to respond quickly and alone to several emergency situations like violence from the patient and his kin or psychological issues of a patient. Absence of enough support and communication from superiors and colleagues would only lead to anxious moments of what needs to be done and doubts whether what has been done has been correct (Tella, Anttila, Kontio, Adams, & Välimäki, 2016; Camuccio, Chambers, Välimäki, Farro, & Zanotti, 2012).

At higher scores of workplace spirituality, the sense of community and belongingness is very high and the nurse perceives greater support and camaraderie. Many times more than the written communication, informal communication, like speaking over the phone or seeking oral clarification in corridors, discussions in the canteen, helps in understanding the situation better (Goris, Vaught, & Pettit, 2000). Thus, at higher scores of workplace spirituality nurses seem to perceive formal and informal channels of communication to be open and accessible and they do not hesitate to ask for clarification for solving work related problems. This enhances a sense of group support and provides the nurse with the much-needed trust and help in her work related problems. This results in the nurse being more confident and reassured of her actions thus increasing satisfaction levels.

Nurses may encounter situations where their ability to do the right thing may be hampered by the values and ethical beliefs of the organisation that may be contradictory to what the nurses hold. In

situations where there is a conflict of values, the ambiguity is very high in terms of what needs to be done. A morally responsible nurse with strong personal values would stick by his/her moral principles while performing her tasks (LaSala & Bjarnason, 2010). If the nurse sees her senior or superior behave otherwise, it sends a very ambiguous message. If there is a conflict of values held by the nurse and those espoused by the organisation, ambiguity increases, making it difficult for a nurse to decide on her actions during emergency situations or even otherwise. Unless higher authorities support morally right actions, it could lead to disgruntlement and dissatisfaction among nurses and seriously hamper their functioning in hospitals. At higher workplace spirituality scores the nurses perceives harmony between her values and organisational values and the concept of shared values and principles of rights and wrongs are strongly adhered to. This makes situations clear for the nurse to act according to what is right without worrying about the repercussions. These could be possible reasons why a nurse perceives an increase in job satisfaction at higher levels of workplace spirituality, with additional role ambiguity.

Workplace spirituality, on the other hand, fails to moderate the relationship between role conflict and job satisfaction of nurses. There could be various reasons why workplace spirituality does not play a moderating role. There could be various factors that might be influencing the ability of nurses to actually benefit from the effects of high levels of workplace spirituality. Berg, Grant and Johnson (2010) have suggested that individuals who view their jobs as calling are likely to alter their responsibilities (add or delete tasks) in an attempt to fulfil the inner calling. This is a situation termed job crafting. Job crafting is a set of proactive changes (physical or cognitive) that an employee makes to his / her job either at task level or relational level of the job (Wrzesniewski & Dutton, 2001). Job crafting is an attempt made by the individual to make his otherwise boring and routine job, more interesting, meaningful and engaging (Wrzesniewski, LoBuglio, Dutton, & Berg, 2013). Previous studies have suggested that nurses utilized opportunities at their jobs to customize their tasks and their interactions with others in an attempt to make their jobs more meaningful and satisfying (Benner, Tanner, & Chesla, 1996). An employee's productivity and interest in the job depends greatly on the design of the job. Nursing is a profession with huge demands but very low control. Nursing is associated with strong passions with emotional inclinations towards work related activities and customers, namely patients.

At high scores of workplace spirituality, a nurse perceives greater meaning at work. In such situations, nurses may possibly be viewing their tasks to be holistic and would like to be advisor and advocate of total patient care rather than just an implementer of the line of treatment a physician sets for the patient. In such a case the nurse is bound to change her perception of her job. Nurses have a sound understanding of the situation of any patient. This is strengthened by virtue of their association with physicians, contact with a variety of patients, professional training in the field and being associated with several lines of treatments. It may be possible that nurses may assume the role of a physician and educate and inform the patients and their kin about various aspects of the disease and its line of treatment. Many nurses who are fanatically involved in their jobs also feel obliged to go out of their way to solve patient problems and thus take on roles over and above the ones assigned to them by the hospitals. These behaviours possibly give the nurse a feeling of being a true care provider and a greater sense of meaning at work. In such above situations where a nurse resorts to job crafting, it would certainly enhance her satisfaction for a while but would increase her workload because she would be going out of her way to perform certain tasks that help her gain a psychologically meaningful experience at work. In an attempt to obtain a meaningful experience of her routine job, a nurse might be stepping into the shoes of physicians and other colleagues. As per rules of the hospital the nurse has certain boundaries to her job and she has to abide by these regulations but her role as a nurse and a holistic care giver makes her go beyond the official job descriptions giving rise to serious conflict between her roles as an employee and as a nurse.

India is essentially a collectivist society that emphasizes values of social cohesion, harmony and interdependence (Chadda & Deb, 2013). Indians have an interdependent self-construal (Matsumoto, 1999) and the main intention of an interdependent self-construal is to maintain a cordial harmonious relationship with others and one does this by either being subservient to others in the group or by creating a position for oneself where others would agree with one's decisions and opinions. An interdependent self-construal will always be reserved in expressing one's true feelings and aspirations especially if they were to be frowned upon by group members. This endeavour to maintain harmony in the group and remain within the group, would mean subordinating oneself to the group (Kitayama, 2008). India scores higher than the world average on power distance index (Hofstede, 1980). This means that there is a clear hierarchical difference between superiors and subordinates and the subordinate does not have the freedom to oppose a superior's instructions. When a nurse perceives conflicting demands from her seniors or colleagues, she might be feeling obliged to help due to the above mentioned factors and hence the conflict continues to remain. All these aspects would make it difficult for nurses to refuse her superiors or her colleagues and continues to experience role conflict.

Another possible explanation for this result could be the source congruence theory (Mayo, Sanchez, Pastor, & Rodriguez, 2012; Blau, 1981). This states that if the source of stress is the same as the source of support then it creates an uncomfortable and unproductive situation. Beehr, Farmer, Glazer, Gudanowski, & Nair (2003) further suggested that when the source and support of the stress were the same two conflicting situations would arise that would enhance the stress situation. Any change in responsibilities or tasks performed by a nurse is controlled by the supervisor. So any kind of instruction in changes of tasks or conflicting demands also essentially comes as an official or unofficial instruction from supervisors. At higher scores of workplace spirituality the nurse is bound to experience support from the supervisor due to enhanced sense of community. In such a situation when the supervisor tries helping the nurse and suggesting ways of coping, the nurse will not perceive this to be a genuine and a sincere support as the stress is source congruent with supervisor support. Thus despite perceiving a higher sense of community, the nurse is unable to get relief from the situation and continues to experience role conflict.

Implications

Role ambiguity and role conflict are the significant predictors of job satisfaction in the current study. It is essential to enable nurses to experience role clarity to make sense of what is important for them. Induction training programmes as well as mentoring programmes are suggested where senior nurses, physicians and retired nurses can inform new or junior nurses about the rules and regulations of the hospital, unique aspects of nurses' roles and decisional boundaries of nurses' roles. Role clarity should not be a one-time task but there has to be repeated communication regarding the same. Informal small group meetings can be scheduled with 10-12 nurses who can come together to discuss work-related issues. These groups can be led by senior nurses who would clarify roles, goals and responsibilities for the new or junior nurses. Mentoring by very senior nurses, matrons, retired nurses and physicians can also prove to be very useful in role clarification, goal clarification, discussion of some complicated or grey areas as well as in allaying fears of the junior nurses.

Workplace spirituality has potential benefits for any organisation and it is essential that hospitals also transit into a spiritual workplace. Workplace spirituality buffers the relationship between role ambiguity and job satisfaction resulting in an increase in satisfaction at higher levels of workplace spirituality with additional role ambiguity. There are various aspects like job crafting, conserving of resources and source-congruence theory that may possibly explain the reason why workplace spirituality does not moderate the relationship between role conflict and job satisfaction. Nurses typically do a large amount of non-nursing tasks that do not provide them with psychologically

meaningful experiences that are commensurate with the educational and technical skills that they possess and thus they resort to job crafting to perceive greater meaning and enrichment at work. To prevent this, nurses should be involved in clinical decision-making processes that would empower them and also elevate their social image. In addition, nurses can also hone their other strategic skills like providing ideas on how to improve nursing service or patient satisfaction or maybe even get into research work, by providing them some time away from their routine ward duties. This will challenge them in a different way but would help them be grounded in their core skills. These suggestions could help nurses find their jobs to be meaningful, enriching and satisfying.

Limitations

The study is limited by its cross-sectional nature that captures respondents' ideas at a single point of time that may not explain the situation in its holistic form. Also the study is constrained geographically so generalisability of results is difficult.

Future Research

Future research can include leadership styles, organisational policies and organisational culture as moderating variables. A triangulation study that includes quantitative data and in-depth interviews can be more useful in indicating deeper insights into the topic. The study can be conducted on doctors, policemen and bereavement counsellors who are also involved in human intensive professions and results could be compared with the current study.

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