

Original Article

Effectiveness of a Local Wisdom-Based Spiritual Intervention on Work Happiness and Caring Behavior among Nurses: A Randomized Mixed-Methods



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ABSTRACT

Background: Nurses often face high job demands and emotional stress that may reduce work happiness and caring behavior. Previous studies have examined workplace well-being interventions; however, culturally grounded spiritual programs integrating local wisdom remain insufficiently tested using rigorous experimental designs, particularly in low- and middle-income countries (LMICs). This study aimed to evaluate the effectiveness of a local wisdom-based spiritual program in improving work happiness and caring behavior among inpatient nurses in Indonesia.

Methods: A mixed-methods randomized controlled trial following CONSORT guidelines was conducted with 120 inpatient nurses at two hospitals in Jember, Indonesia. Eligible nurses (>1-year inpatient experience) were randomly assigned to either an intervention group (n = 60) or a control group (n = 60). The intervention group participated in a 12-week spiritual program (Pengajian and Tari Molong Kopi) that included routine activities. The independent variable was program participation, and the dependent variables were work happiness and caring behavior measured using the Oxford Happiness Questionnaire (OHQ) and Caring Behavior Inventory (CBI) at baseline, week 6, and week 12. Data were analyzed using repeated-measures ANOVA, effect sizes (Cohen's d), correlation, and 95% confidence intervals. Qualitative responses were analyzed thematically.

Results: Participants were mostly female (87%) with a mean age of 32 years. The intervention group showed significantly greater improvements in OHQ and CBI scores at weeks 6 and 12 compared with controls (p < 0.001), with moderate-to-large effects (d = 0.65-0.82). Work happiness correlated with caring behavior (r = 0.52). Themes included enhanced mindfulness, emotional release, renewed professional meaning, and stronger collegial relationships.

Conclusion: Local wisdom-based spiritual programs significantly enhance nurses' work happiness and caring behavior. Integrating culturally grounded spiritual practices into workplace well-being initiatives may strengthen the quality of nursing care in LMIC hospital settings.

Keywords: Nurses; Occupational Happiness; Caring Behavior; Spirituality; Cultural Competency.

Implications for Practice:

- Culturally grounded spiritual interventions can enhance nurses' well-being and improve patient-centered care delivery.
- Healthcare institutions may integrate structured spiritual programs into workforce well-being policies and clinical training frameworks.
- The intervention offers an adaptable, low-cost strategy suitable for culturally diverse and resource-limited healthcare settings.

Introduction

Nursing practice is indeed relational and emotionally intensive, requiring nurses to engage deeply with both clinical demands and the human aspects of patient care. This engagement involves managing emotions, ethical complexities, and the inherent suffering and vulnerability of patients (Afenigus & Sinshaw, 2025; Angel et al., 2020; Yildiz & Dinc, 2023). Sustained exposure to high workloads, emotional labor, and role-related pressures places nurses at heightened risk of psychological distress, which, in turn, affects their sense of work happiness and the quality of care delivered in clinical settings (Al Maqbali, 2024; Qiu et al., 2024; Xiao et al., 2022). Globally, studies have consistently reported high levels of burnout, emotional exhaustion, and psychological strain among nurses across diverse healthcare systems, reflecting the demanding, emotionally intensive nature of nursing work (Hetherington et al., 2024; Łopatkiewicz et al., 2023; Maxudova et al., 2025; Purwandari et al., 2023). While high-income countries have implemented organizational well-being programs and resilience initiatives to address these challenges (Bailey et al., 2025), nurses in Low- and Middle-Income Countries (LMICs) face significant challenges in implementing effective burnout interventions due to limited resources and infrastructure (Haniffa et al., 2018). In the Indonesian

context, these challenges remain a persistent concern, particularly within inpatient services where continuity of care and emotional engagement are central to professional nursing roles.

Empirical studies found Indonesian nurses have a high mental workload, with a score of 62.46, indicating task overload (Soewardi & Kusuma, 2019). Additionally, during the COVID-19 pandemic, 73.4% of nurses reported experiencing a heavy workload, which was significantly associated with higher stress levels (Zakiyah et al., 2023). A previous study found that 8.5% of nurses working in a COVID-19 referral hospital experienced moderate to extremely severe depression, 20.6% experienced anxiety, and 6.3% experienced stress (Marthoenis et al., 2021). Furthermore, nurses demonstrate a substantially higher risk of psychological distress compared to other health professionals, including a sixfold increase in anxiety and an eightfold increase in stress, especially among those occupying non-clinical or administrative positions (Wijaya et al., 2024). These findings indicate that nurses' psychological vulnerability is not temporary but inherent in the demands of nursing work. Nurses' well-being and work happiness are strongly influenced by their working conditions, where high job demands combined with limited support contribute to reduced well-being and job satisfaction.

A systematic review identified several predictors of happiness among nurses, including organizational factors and individual factors (Arulappan et al., 2021). This suggests that both the workplace environment and personal life significantly impact nurses' happiness. From a theoretical perspective, the Job Demands-Resources (JD-R) theory (Bakker & Demerouti, 2017) provides a useful framework for understanding this

phenomenon. High job demands, including workload, emotional demands, and time pressure, are strongly associated with burnout and emotional exhaustion among nurses ([Shin et al., 2025](#)). Job demands such as psychological demands, role conflict, and harassment at the workplace are linked to mental health-related long-term sickness absence ([Roelen et al., 2018](#)). Within the JD–R framework, positive psychological states such as work happiness may emerge when personal and contextual resources help individuals manage occupational demands. In this context, psychological resources, such as resilience, meaning-making, and emotional regulation, play a critical mediating role in sustaining nurses' motivation and professional engagement ([Ali & Shaban, 2025](#); [Lee et al., 2025](#)). Work happiness can therefore be conceptualized as a psychological resource that supports adaptive coping and strengthens nurses' capacity to deliver compassionate and attentive care.

Spirituality, as an internal resource, functions as a meaning-making system that enables individuals to reinterpret stressors, regulate emotions, and sustain motivation in demanding work environments. Within the JD–R model, spirituality can be understood as a personal resource that enhances psychological capacity and promotes positive work outcomes ([Grover et al., 2017](#); [Moon et al., 2020](#)). Addressing these challenges requires innovative approaches that promote resilience and enhance professional practice.

Spiritual interventions have increasingly been recognized as effective strategies to enhance psychological well-being, resilience, and caring capacity among nurses. Spiritual interventions have been shown to strengthen self-awareness and resilience while reducing compassion fatigue and emotional exhaustion ([Alshammari & Alboliteeh, 2025](#); [Cerra et al., 2024](#)). Furthermore, integrating

spirituality within healthcare organizations has been associated with higher work engagement, particularly when nurses perceive alignment between their personal values and the organizational culture ([Iqbal et al., 2020](#)). These findings suggest that spirituality functions not only as a personal coping mechanism but also as a resource that may enhance professional caring practices. In high-income healthcare systems, spirituality-based interventions are increasingly integrated into workplace well-being initiatives ([Bailey et al., 2025](#)); however, such approaches are often implemented as standardized programs that may not fully reflect local cultural meanings or community traditions.

Jember Regency in East Java, Indonesia, is characterized by its rich spiritual and cultural traditions, which offer meaningful resources for nurses' well-being ([Umam & Barmawi, 2023](#)). Local practices such as *Pengajian* (Islamic spiritual gathering) and Dance of *Molong Kopi* (traditional cultural dance ritual) embody collective reflection, mindfulness, and embodied expression. *Pengajian*, an Islamic religious gathering involving the recitation and discussion of sacred texts, communal prayer, and rhythmic chanting, facilitates mindfulness, emotional regulation, and existential reflection within a supportive social environment ([Jannah et al., 2023](#)). These elements align closely with the concept of spiritual resources within the JD–R framework. The Dance of *Molong Kopi*, a traditional dance that depicts the coffee-harvesting process, emphasizes synchronized movement, body awareness, and expressive performance. Beyond its aesthetic value, the dance serves as an embodied mindfulness practice that facilitates emotional release, reinforces cultural identity, and fosters a sense of belonging. Such embodied and culturally rooted practices support the integration of

mind, body, and spirit, an essential principle in holistic nursing care (Nur et al., 2022).

However, despite growing evidence supporting spirituality as a resource for nurses' well-being and compassionate care (Reimer-Kirkham & Sharma, 2024), existing studies have largely conceptualized spiritual interventions as individual and generic practices, often detached from local cultural meanings and professional caring frameworks. Moreover, empirical research has predominantly focused on negative psychological outcomes, such as stress and burnout, with limited attention to positive occupational constructs, including work happiness and caring behavior, particularly within inpatient nursing contexts. Evidence from positive psychology suggests that engagement, passion at work, hope, and optimism function as protective factors that enhance job satisfaction and mitigate occupational stress (Gómez-Salgado et al., 2019; Tamuly, 2025). Conceptually, the JD-R framework suggests that work happiness functions as a psychological resource that can strengthen nurses' emotional capacity (Bailey et al., 2025; Bakker & de Vries, 2021), thereby supporting caring behavior in clinical practice. In this perspective, higher levels of work happiness may enhance attentiveness, empathy, and compassionate engagement with patients, thereby improving the quality of nursing care.

Therefore, culturally grounded spiritual interventions may represent an innovative strategy to enhance nurses' psychological resources and strengthen professional caring practice. By integrating indigenous cultural practices into structured well-being interventions, healthcare organizations may simultaneously support nurse resilience and preserve cultural identity within professional environments. This study contributes to the literature by empirically testing a culturally grounded spiritual intervention that integrates local

wisdom practices (Pengajian and Molong Kopi Dance) within a structured program designed to enhance nurses' work happiness and caring behavior. Specifically, this study aimed to evaluate the effectiveness of a local wisdom-based spiritual program in improving work happiness and caring behavior among inpatient nurses in Jember, Indonesia.

Methods

Study Design

This study employed a mixed-methods randomized controlled trial design and was reported in accordance with the CONSORT guidelines. The study was conducted over a 3-month period, from April 1 to June 30, 2024, at two hospitals in Jember, Indonesia. The quantitative phase evaluated the effectiveness of a local wisdom-based spiritual intervention on nurses' work happiness and caring behavior, while the qualitative phase explored participants' experiences with the intervention.

Participants

Participants were recruited purposively from inpatient nursing units at the two hospitals. Recruitment announcements were distributed through nursing management and unit coordinators, and eligible nurses were invited to participate voluntarily. Nurses who expressed interest were screened for eligibility according to predefined inclusion and exclusion criteria. A total of 120 nurses met the eligibility criteria and consented to participate in the study. Sample size was determined based on a priori power analysis using G*Power software, assuming a medium effect size ($f = 0.25$), a statistical power of 0.80, and a significance level of 0.05 for repeated-measures analysis. The analysis indicated a minimum sample of 108 participants; therefore, 120 participants were recruited to account for potential attrition. Participants were then

randomly assigned to either the intervention group (n = 60) or the control group (n = 60) using a computer-generated randomization procedure through the web-based application Random.org. Allocation was conducted after baseline assessment to ensure unbiased group assignment.

Data Collection

Data were collected at baseline (before intervention), 6 weeks, and 12 weeks after intervention using the following instruments. All questionnaires were administered in a self-administered format during scheduled data collection sessions in the hospital units, under the supervision of the research team, to ensure completeness and to clarify any participant questions. Happiness among nurses was assessed using the Oxford Happiness Questionnaire (OHQ), which consists of 29 items rated on a Likert scale from 1 (strongly disagree) to 6 (strongly agree). OHQ consists of six dimensions, each represented by specific items: positive mindset, joy, life satisfaction, confidence, self-esteem, and social interest. Previous studies have been translated into Indonesian. This questionnaire has good psychometric properties and can be used as a reliable measurement tool for evaluating individual happiness in Indonesia for research purposes ([Kenzo et al., 2024](#); [Rahmawati et al., 2017](#)). In the current study sample, the OHQ demonstrated good internal consistency reliability with a Cronbach's alpha coefficient of 0.87. Happiness scores range from 29 to 174.

Data Analysis

Data entry accuracy was verified through routine checks. Missing data (<5%) were handled using pairwise deletion during analysis. Data were analyzed using SPSS software. Descriptive statistics were used to characterize the sample. Repeated measures ANOVA was used to assess the effect of the intervention on work happiness

and caring behavior over time, comparing the intervention and control groups. Cohen's d was calculated for the differences between the intervention and control groups; a correlation analysis was performed to examine the relationship between changes in work happiness and caring behavior within each group, and qualitative data (open-ended questions) were used to gain deeper insights into nurses' experiences in the intervention group. Statistical significance was set at $\alpha = 0.05$. Qualitative data synthesis was conducted using open-ended questions to summarize the key themes and insights from testimony regarding the interventions.

Validity and Reliability/ Trustworthiness

Caring behavior was measured using the Caring Behavior Inventory (CBI), a 24-item scale that assesses nurses' caring behaviors towards patients, including empathy, respect, and attentiveness. The Indonesian version of the CBI-24 was employed in this study. The instrument comprises 24 items rated on a 4-point Likert scale, ranging from 1 (never) to 4 (always), for positively worded statements, with reverse scoring for negatively worded items. Prior to data analysis, validity and reliability testing of the study sample indicated that the instrument demonstrated satisfactory validity ($r = 0.238-0.628$) and good internal consistency (Cronbach's alpha = 0.799) ([Handayani & Kuntarti, 2022](#)). Caring behavior scores range from 24 to 96.

Qualitative data were collected through open-ended questions to gain deeper insights into nurses' experiences with mindfulness, emotional status, sense of belonging, and connection with colleagues. At the end of the 12-week program, participants in the intervention group were invited to complete open-ended questions integrated within the final questionnaire.

Responses were self-administered in written form and collected anonymously to encourage honest reflection. These qualitative responses were subsequently analyzed using thematic analysis to identify recurring experiential themes related to the intervention.

Ethical Consideration

Ethical approval for this study was granted by the Medical Research Ethics Committee, Faculty of Dentistry, Universitas Jember (approval number: 2561/UN25.8/KEPK/DL/2024). Written informed consent was obtained from all participants prior to data collection after providing a full explanation of the study objectives, procedures, and participants’ rights. Participation was voluntary, and participants were informed that they could withdraw at any time without penalty. To

ensure confidentiality, all data were anonymized using identification codes, and the dataset was accessible only to the research team.

Results

Participant Characteristics

All 120 inpatient nurses participated in this study through to the end of the session. The study sample comprised 120 inpatient nurses, divided into two groups: 60 in the intervention group and 60 in the control group. The two groups were comparable in age, gender, years of experience, education level, and marital status, ensuring that any observed effects of the intervention were not due to pre-existing differences between the groups. All data is shown in the table below.

Table 1. Demographic Characteristics of Participants

Variable	Intervention Group (n=60)	Control Group (n=60)	p-value (differences)
Age (years)			
Mean (SD)	32.5 (5.2)	31.8 (4.9)	0.45
Gender			
Female, n (%)	51 (85%)	53 (88.3%)	0.62
Male, n (%)	9 (15%)	7 (11.7%)	
Years of Experience			
Mean (SD)	7.8 (3.1)	8.2 (2.8)	0.38
Education Level			
Vocational Nursing, n (%)	28 (46.7%)	31 (51.7%)	0.68
Professional Nursing, n (%)	32 (53.3%)	29 (48.3%)	
Marital Status			
Married, n (%)	42 (70%)	45 (75%)	0.51
Single, n (%)	18 (30%)	15 (25%)	

Table 1 illustrates the demographic characteristics of the participants. The mean age was similar between the intervention group (32.5 years) and the control group (31.8 years). Both groups were predominantly female, with 85% in the intervention group and 88.3% in the control group. The average length of professional experience was also comparable, with a mean of 7.8 years in the intervention group and 8.2 years in the

control group. In terms of educational background, both groups included vocational and professional nurses, with 46.7% vocational nurses and 53.3% professional nurses in the intervention group, and 51.7% diploma holders and 48.3% bachelor’s degree holders in the control group. Most participants in both groups were married (70% in the intervention group and 75% in the control group). All p-values exceeded 0.05,



indicating no statistically significant differences between groups across demographic variables and confirming baseline comparability between the intervention and control groups.

The effect of the intervention on work happiness and caring behavior

The Kolmogorov–Smirnov test was applied to examine the normality of the distributions of the dependent variables (work happiness and caring behavior) at baseline, 6 weeks, and 12 weeks in both the intervention and control groups. The results

indicated that the data were normally distributed across all time points for both variables ($p > 0.05$). Homogeneity of variances between groups was assessed using Levene’s test, which showed equal variances for work happiness and caring behavior at all measurement points ($p > 0.05$). These findings confirm that the assumptions of normality and homogeneity of variance required for a repeated-measures ANOVA were met, supporting the validity of the subsequent analyses.

Table 2. Mean Scores on the Oxford Happiness Questionnaire (OHQ) and Caring Behavior Inventory (CBI) among Inpatient Nurses

Variable	Time Point	Intervention Group	Control Group
		Mean (SD)	Mean (SD)
Happiness	Baseline	65.2 (12.5)	64.8 (11.8)
	6 weeks	72.5 (10.8)	66.5 (11.2)
	12 weeks	78.3 (9.5)	67.8 (10.5)
Caring behavior	Baseline	72.4 (8.9)	73.1 (9.2)
	6 Weeks	78.8 (7.5)	74.6 (8.5)
	12 Weeks	83.5 (6.8)	75.9 (8.1)

Table 2 revealed the mean scores and standard deviations of the Oxford Happiness Questionnaire (OHQ) and the Caring Behavior Inventory (CBI) across three time points: baseline, 6 weeks, and 12 weeks. For work happiness, the intervention group demonstrated a consistent and substantial increase in OHQ scores over time, rising from a mean of 65.2 at baseline to 72.5 at 6 weeks and 78.3 at 12 weeks. In contrast, the control group showed only a modest increase, with scores changing from 64.8 at baseline to 66.5 at 6 weeks and 67.8 at 12 weeks. These findings indicate a general time effect on work happiness, with a markedly greater improvement observed in the intervention group, suggesting a sustained positive effect

of the local wisdom-based spiritual program.

A similar pattern was observed for caring behavior. The intervention group exhibited a progressive increase in CBI scores, from a mean of 72.4 at baseline to 78.8 at 6 weeks and 83.5 at 12 weeks, reflecting continuous improvement in caring behavior. The control group showed only slight increases over time, with mean scores rising from 73.1 at baseline to 74.6 at 6 weeks and 75.9 at 12 weeks. Overall, the greater and sustained improvements in both OHQ and CBI scores among nurses in the intervention group indicate that the spiritual program had a meaningful and enduring impact on work happiness and caring behavior, as illustrated in **Figure 1**.

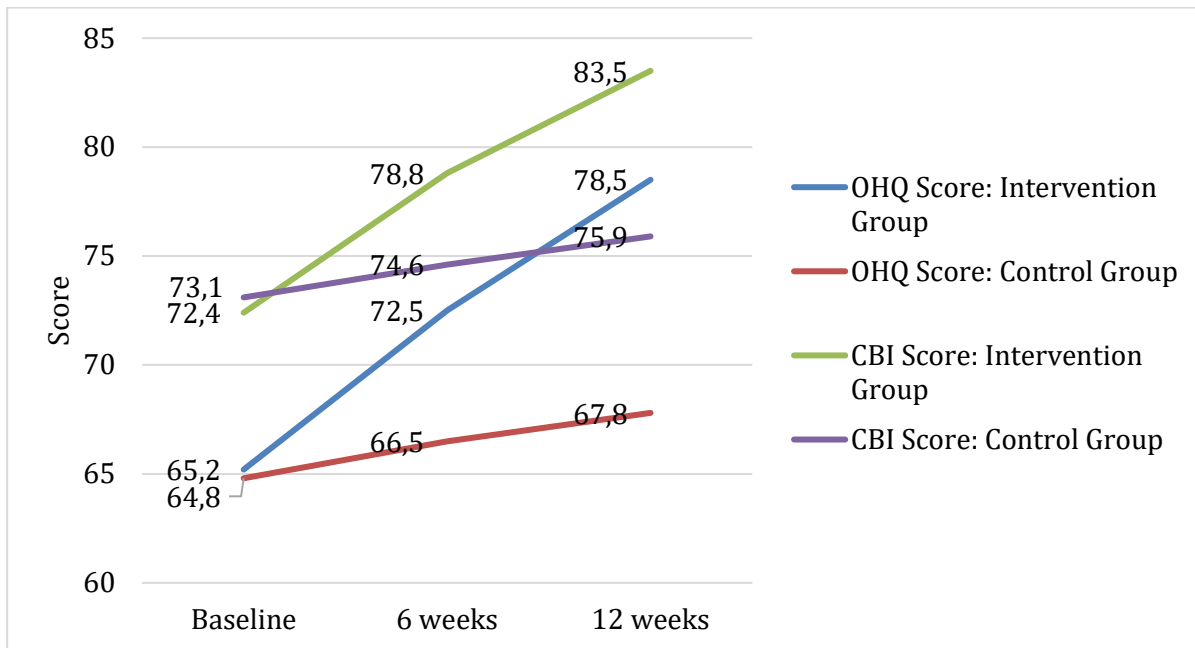


Figure 1. The change in the OHQ and CBI scores over time for both groups

Table 3. Summary of Repeated Measures ANOVA, Post Hoc Comparisons, Effect Sizes, and Correlation Analyses

Outcome	Analysis	df	F / r	p	Effect Size
Happiness (OHQ)	Main effect of Time	2, 236	28.75	< 0.001	$\eta p^2 = 0.20$
	Time \times Group interaction	2, 236	12.43	< 0.001	$\eta p^2 = 0.10$
	Bonferroni post hoc (6 weeks)	—	—	< 0.001	d = 0.65
	Bonferroni post hoc (12 weeks)	—	—	< 0.001	d = 0.82
Caring Behavior (CBI)	Main effect of Time	2, 236	15.62	< 0.001	$\eta p^2 = 0.12$
	Time \times Group interaction	2, 236	8.97	< 0.001	$\eta p^2 = 0.07$
Correlation (Δ OHQ- Δ CBI)	Intervention group	—	r = 0.52	< 0.001	Large
	Control group	—	r = 0.35	< 0.05	Moderate

Note. ηp^2 = partial eta squared; d = Cohen's d; Δ indicates change scores from baseline to 12 weeks. Bonferroni-adjusted post hoc comparisons indicate that the intervention group had significantly higher work happiness scores than the control group at both 6 and 12 weeks. Correlation analyses show a positive association between changes in work happiness and caring behavior, with a stronger relationship observed in the intervention group.

Table 3 revealed a significant main effect of time on work happiness, indicating that OHQ scores increased across measurement points in both the intervention and control groups. However, the presence of a significant time \times group interaction demonstrates that the pattern of change differed meaningfully between groups. Specifically, post hoc Bonferroni analyses showed that nurses in the intervention group reported significantly higher work happiness than those in the

control group at both 6 and 12 weeks. The magnitude of this difference increased over time, as reflected by a medium effect size at 6 weeks (Cohen's d = 0.65) and a large effect size at 12 weeks (d = 0.82), suggesting that the local wisdom-based spiritual program produced not only statistically significant but also practically meaningful improvements in work happiness.

Similarly, caring behavior demonstrated a significant main effect of time, indicating overall improvement across



groups. Importantly, the significant time and group interaction indicate that the intervention group achieved greater gains in caring behavior than the control group over the study period. This finding suggests that improvements in nurses' caring practices were not solely attributable to the passage of time or routine clinical experience but were enhanced by participation in the spiritual intervention.

Correlation analyses further supported the interrelationship between nurses' well-being and professional practice. In the intervention group, changes in work happiness were strongly and positively associated with changes in caring behavior from baseline to 12 weeks ($r = 0.52$, $p < 0.001$), indicating that nurses who experienced greater increases in work happiness also demonstrated greater improvements in caring behavior. Although a positive correlation was also observed in the control group, the relationship was weaker ($r = 0.35$, $p < 0.05$), suggesting that the intervention strengthened the link between psychological well-being and caring performance.

In summary, these findings indicate that the local wisdom-based spiritual program was effective in enhancing nurses' work happiness and caring behavior over time. The results support the theoretical proposition that spiritually and culturally grounded personal resources can amplify positive occupational outcomes and reinforce caring practices in inpatient nursing settings.

Key themes of experiences regarding the interventions

To obtain deeper insights into the experiences of nurses who participated in the intervention, qualitative data were collected using open-ended questions administered at the conclusion of the 12-week program. Table 4 enriches the quantitative results by demonstrating how the local wisdom-based spiritual program was experienced and internalized by nurses.

Table 4. Qualitative Themes and Sub-Themes Derived from Nurses' Reflections After the 12-Week Intervention

Theme	Sub-theme	Illustrative Quotes
Increased Mindfulness and Self-Awareness	Enhanced awareness of thoughts and emotions	"I am more aware of my thoughts and feelings now, and I can identify when I feel stressed or overwhelmed."
	Greater ability to focus on the present moment	"I can better focus on the present moment and not dwell on the past or worry about the future."
	Improved self-reflection and introspection	"I have learned to reflect on my experiences and how they have affected me. I am more aware of my strengths and weaknesses."
Emotional Release and Stress Reduction	Release of pent-up emotions through dance	"The dance allowed me to express my emotions and relieve stress. It was a release that I did not know I needed."
	Reduced feelings of stress and anxiety	"I feel less stressed and anxious since starting the program. I have learned to cope with challenges better."
	Greater sense of calm and relaxation	"I feel calmer and more relaxed after the sessions. It is like a weight has been lifted off my shoulders."

Theme	Sub-theme	Illustrative Quotes
Enhanced Sense of Purpose and Meaning	Renewed sense of purpose in their nursing work	"I feel a renewed sense of purpose in my work. I am more motivated to care for my patients and make a difference in their lives."
	Deeper connection to their spiritual values	"The program has helped me connect with my spiritual values and find meaning in my work."
	Greater appreciation for their cultural identity	"I am proud to be a Javanese nurse. The program has helped me appreciate my cultural identity and how it influences my work."
Stronger Connection with Colleagues	Increased sense of community and belonging	"I feel a stronger sense of community with my colleagues. We have shared experiences and support each other."
	Enhanced support network among nurses	"I know I can rely on my colleagues for support. We have built a strong bond through the program."
	Improved communication and collaboration	"The program has helped us communicate and collaborate better. We are more effective as a team."

Table 4 revealed the themes suggest that the intervention led to significant psychological, emotional, spiritual, and relational changes relevant to nursing practice. Increased mindfulness and self-awareness facilitated better emotional regulation and stress management, while emotional release through culturally grounded activities contributed to stress reduction. The program also strengthened nurses' sense of purpose, spiritual values, cultural identity, and professional motivation. Additionally, enhanced connections with colleagues fostered social support, a sense of belonging, and effective teamwork. Collectively, these findings suggest that the intervention operates through interconnected individual, existential, and relational pathways, providing a coherent explanation for the observed improvements in work happiness and caring behavior and underscoring its relevance for inpatient nursing settings.

Discussion

This study examined the effectiveness of a local wisdom-based spiritual program in enhancing work happiness and caring behavior among inpatient nurses in Jember, Indonesia. Both quantitative and qualitative findings indicate that the intervention significantly improved nurses' psychological well-being and professional caring behaviors. Nurses in the intervention group demonstrated greater and sustained improvements compared to the control group, with moderate to large effect sizes at 6 and 12 weeks, highlighting both statistical and practical significance. These findings suggest that integrating culturally grounded spiritual practices into structured workplace interventions can meaningfully strengthen nurses' psychological resources and enhance caring practices in clinical settings.

From a theoretical perspective, the findings are consistent with the Job Demands-Resources (JD-R) model, which posits that high job demands can undermine employee well-being unless adequately counterbalanced by personal and job-related resources ([Bakker &](#)

[Demerouti, 2017](#); [Bakker & de Vries, 2021](#)). In this study, spirituality, operationalized through culturally embedded practices, functioned as a salient personal resource that strengthened nurses' capacity to cope with the emotional, cognitive, and ethical demands inherent in inpatient nursing care. Prior research highlights that spirituality, and religious practices play a crucial role in serving as effective coping mechanisms for nurses in managing work-related stress and emotional labor, thereby mitigating the negative effects of stress and burnout while enhancing overall well-being and resilience ([Hamzaa et al., 2025](#); [Perera et al., 2018](#)). The sustained improvements over time suggest that the program contributed to resource accumulation rather than producing only short-term emotional relief.

Although both groups showed some improvement in work happiness over time, the substantially greater gains observed in the intervention group suggest that these changes cannot be attributed solely to natural recovery, organizational adjustment, or routine workplace support. Rather, the findings highlight the added value of integrating structured spiritual practices into nurses' professional lives. This interpretation is supported by previous evidence indicating that spiritual well-being is positively associated with resilience, work engagement, and compassion satisfaction among nurses ([Alshammari & Alboliteeh, 2025](#); [Cerra et al., 2024](#)). Nurses who employ spiritual coping strategies, particularly positive spiritual coping, consistently report lower levels of occupational stress and higher life satisfaction, as spirituality provides a sense of meaning and purpose in managing the emotional and psychological demands of nursing work ([Korkmaz et al., 2025](#); [Mirzaei et al., 2022](#); [Perera et al., 2018](#)). Within the Job Demands–Resources framework, spirituality can therefore be conceptualized as a personal resource that buffers the

adverse effects of job demands while promoting sustained work happiness and caring engagement.

These findings are particularly relevant for Low- and Middle-Income Countries (LMICs), where healthcare systems often face workforce shortages, high patient loads, and limited institutional resources to support staff well-being. Unlike resource-intensive interventions such as formal psychotherapy programs or large-scale organizational restructuring, culturally embedded spiritual practices represent a relatively low-cost and contextually appropriate strategy for strengthening nurses' psychological resilience. Similar observations have been reported in other LMIC healthcare settings, where community-oriented spiritual and cultural practices function as important psychosocial coping resources among healthcare providers ([Cerra et al., 2024](#); [Harlianty et al., 2025](#); [Perera et al., 2018](#)). Therefore, culturally grounded interventions may offer a scalable, sustainable approach to improving nurse well-being in resource-constrained healthcare systems.

The qualitative findings provide important explanatory depth to the quantitative outcomes by elucidating the mechanisms through which the intervention influenced nurses' well-being. Nurses reported increased mindfulness and self-awareness, which function as key mechanisms for emotional regulation and stress management in high-pressure clinical environments, consistent with prior evidence on mindfulness-based and self-awareness interventions in nursing practice ([Alagöz, 2025](#); [Green & Kinchen, 2021](#); [Karahan Kaplan et al., 2024](#)). Through practices such as *Pengajian*, participants engaged in reflective meaning-making and collective contemplation, fostering existential coherence and inner stability. Previous studies indicate that *Pengajian*

typically involves Quranic learning, recitation of salawat, and moral introspection, which encourage deep reflection on faith, personal values, and lived experiences ([Nafis, 2024](#)). Such reflective processes support the development of professional identity and self-understanding, which are essential for sustained motivation and professional commitment ([Jaastad et al., 2022](#)).

Importantly, the intervention's cultural embeddedness appears to play a critical role in its effectiveness. Cultural practices such as *Pengajian* and *Molong Kopi* Dance are not merely recreational or spiritual activities; they represent socially shared systems of meaning that reinforce identity, belonging, and collective values. By engaging nurses in practices that resonate with their cultural and spiritual backgrounds, the intervention likely enhanced emotional authenticity and psychological engagement. This cultural alignment may explain why the program produced sustained improvements in well-being rather than temporary emotional relief. By aligning work with personal values and strengthening social support, reflective and collective spiritual practices enhance resilience and help prevent burnout in caring professions.

The theme of emotional release and stress reduction underscores the importance of embodied and expressive practices, such as *Molong Kopi* Dance. Unlike conventional mindfulness interventions that primarily emphasize cognitive awareness and the regulation of attention and emotions through practices such as meditation and mindful breathing ([Lipsett et al., 2025](#)), embodied cultural practices integrate movement, rhythm, and collective participation, thereby engaging somatic and sensory processes that facilitate emotional release, meaning-making, and deeper emotional processing ([Mohd Zahid et al., 2025](#); [Robinson et al.,](#)

2024). Consistent with evidence from dance/movement therapy and somatic psychotherapy, which emphasize the embodied experience and therapeutic use of movement to process emotions and enhance self-awareness ([Zafeiroudi et al., 2025](#)), these practices serve as personal resources within the Job Demands-Resources framework. By replenishing emotional energy and restoring psychological balance, culturally rooted embodied spirituality helps buffer the negative effects of high job demands in inpatient nursing.

Nevertheless, it is important to acknowledge that some previous studies have reported mixed findings regarding the effectiveness of spiritual or mindfulness-based interventions for healthcare workers, particularly when interventions are brief, individual-based, or implemented without organizational support ([Kraemer et al., 2022](#); [Ong et al., 2024](#)). Variability in intervention design, cultural relevance, and implementation fidelity may explain these inconsistent outcomes. The structured and culturally contextualized nature of the present intervention may therefore represent an important factor contributing to its observed effectiveness.

Importantly, the intervention's cultural embeddedness appears to play a critical role in its effectiveness. The study's emphasis on meaning, purpose, and cultural identity in nursing aligns with prior research that highlights these elements as central to nurses' professional fulfillment and practice. Meaningful work has been consistently identified as a key predictor of work happiness, job satisfaction, and caring behavior among nurses ([Ghislieri et al., 2019](#); [Pace et al., 2022](#); [Tong, 2018](#)). Nurses who perceive their work as meaningful tend to demonstrate higher work engagement and motivation, which are essential for sustaining high-quality care behaviors in clinical settings ([De Los Santos & Labrague,](#)

2021; [Labrague, 2024](#)). By reconnecting nurses with their cultural and spiritual heritage, the intervention strengthened professional identity and moral motivation, foundational elements of sustained caring practice. This interpretation is further supported by evidence indicating that spiritual awareness enhances nurses' ability to recognize and integrate cultural healing practices, fostering more reciprocal and respectful nurse–patient relationships ([McColgan, 2023](#)). This cultural alignment may explain why the program produced sustained improvements in well-being rather than temporary emotional relief.

Furthermore, the intervention's enhancement of social connectedness among nurses underscores its relational dimension. The program fostered a sense of community, mutual support, and collective resilience, which are factors known to buffer against burnout and compassion fatigue ([Shaqiqi & Abou El-Soud, 2024](#); [Zhang et al., 2020](#)). This relational pathway is particularly important in inpatient settings, where effective teamwork and interpersonal trust are critical determinants of care quality and patient safety ([Corbaz-Kurth et al., 2025](#); [Manser, 2009](#)). From a theoretical perspective, social support functions as a key job resource within the Job Demands–Resources framework, mitigating the adverse effects of high emotional and workload demands ([Gabel-Shemueli et al., 2017](#)). From a practical perspective, the findings suggest that culturally grounded spiritual programs could be adapted for broader implementation in hospital settings, particularly in resource-limited healthcare systems. Such programs require minimal financial investment and can be integrated into existing staff development or well-being initiatives. However, successful implementation requires sensitivity to local cultural contexts, organizational support from hospital

leadership, and voluntary participation to ensure inclusivity and respect for diverse beliefs.

This study makes a distinct contribution by integrating local wisdom-based spiritual practices into a structured and empirically tested intervention targeting positive occupational outcomes, namely work happiness and caring behavior. In contrast to prior research that often conceptualizes spirituality as an individual or decontextualized construct, this study embeds spirituality within a culturally meaningful and professionally relevant framework. The use of a mixed-methods design further advances the literature by demonstrating not only the effectiveness of the intervention but also elucidating the underlying mechanisms through which spirituality operates as a multidimensional personal and relational resource in nursing practice.

Implications and limitations

This study contributes conceptually to the growing literature on workplace well-being in nursing by demonstrating that spirituality can function as a culturally embedded personal resource within the Job Demands–Resources framework. Integrating structured, context-sensitive spiritual support into nursing practice and policy can foster reflective practice, social connectedness, and a sense of meaning at work, contributing to a more resilient workforce and sustained quality of patient care. Practically, the findings suggest that nursing managers and policymakers should consider culturally grounded spiritual support as part of workforce development, mental health promotion, and retention strategies, particularly in resource-constrained healthcare systems where psychosocial support programs are often limited.

However, several limitations should be noted. The study was conducted in a single

geographic and cultural context, which limits its generalizability to other healthcare settings or populations. Reliance on self-reported measures may introduce response bias, and the 12-week follow-up does not clarify long-term effects, including social desirability effects. Additionally, the absence of individual-level randomization may constrain causal interpretation. Future research should employ multi-site, longitudinal, and randomized designs across diverse cultural and clinical settings. Investigating broader outcomes, such as burnout, compassion fatigue, job satisfaction, and patient-reported care quality, will strengthen the evidence base and support wider implementation of local wisdom-based spiritual interventions in nursing practice and policy.

Relevance to Practice

Practitioners and healthcare organizations can translate these findings into practice through several implementation steps. First, healthcare institutions can introduce culturally grounded spiritual activities, such as reflective sessions, culturally meaningful group practices, or faith-based discussions, within routine staff development or well-being programs to strengthen nurses' emotional resilience and support patient-centered care. Second, organizational adoption can be facilitated by embedding these structured spiritual programs into existing workforce well-being initiatives, clinical supervision processes, and continuing professional education for nurses, ensuring that participation is voluntary, inclusive, and culturally respectful. Finally, at the policy level, healthcare leaders and policymakers can integrate culturally sensitive spiritual support into institutional well-being policies and nursing workforce development strategies. Because the intervention is low-cost and adaptable, it

can be particularly valuable for healthcare systems in culturally diverse, resource-limited settings, offering a practical approach to promoting nurse well-being, strengthening caring behaviors, and sustaining high-quality patient care.

Conclusion

This study demonstrates that a local wisdom-based spiritual program is effective in enhancing work happiness and caring behavior among inpatient nurses in Jember, Indonesia. By integrating culturally meaningful spiritual practices into a structured intervention, the program supported nurses' psychological well-being, strengthened professional identity, and fostered social connectedness. The combined quantitative and qualitative findings suggest that spirituality serves as a multidimensional resource, enabling nurses to manage job demands while maintaining caring engagement.

These findings highlight the potential of culturally grounded spiritual interventions as a practical and scalable strategy to support nurse well-being and maintain high-quality patient care, particularly in settings where cultural identity and community values remain strong. The intervention's relatively simple structure and low resource requirements suggest that it can be adapted and implemented in other healthcare institutions with similar cultural contexts. Future research should expand this line of inquiry through multicenter and longitudinal studies to evaluate long-term effectiveness, cross-cultural applicability, and broader organizational outcomes, including burnout reduction, workforce retention, and patient-reported care quality.

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CrediT Authorship Contributions Statement

Kholid Rosyidi Muhammad Nur: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Project Administration, Writing - Original Draft

Nurfika Asmaningrum: Conceptualization, Supervision, Writing - Review & Editing

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Conflicts of Interest

The authors declare that there is no conflict of interest associated with this study.

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Supplementary Materials

Supplementary File S1: Research Instrument contains the full questionnaire used for data collection.

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