


# Sanctification of work and hospital nurse employment outcomes: An observational study

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## Abstract

**Aim:** To explore nurse ascriptions of sacredness to work and measure its association with the employment outcomes of job satisfaction, burnout, organisational commitment, employee engagement and turnover intention.

**Background:** High portions of hospital nurses experience burnout. Many factors contributing to burnout also contribute to job dissatisfaction and other negative employment outcomes. Personal factors, such as religiosity, help nurses to cope with work.

**Methods:** Questionnaires measuring study variables were distributed to all nursing personnel at a faith-based hospital in Los Angeles; 463 responded. Regression analyses allowed measurement of how sacredness ascribed to work (measured by Sanctification of Work Scale) and religiosity (measured by Duke Religiosity Index) were associated with the various employment outcomes.

**Results:** Sanctification of work consistently was found to be associated with less burnout and intention to leave, and more job satisfaction, employee engagement and organisational commitment.

**Conclusion:** The sacredness with which a nurse views work explains, in part, positive employment outcomes.

**Implications for Nursing Management:** Nurturing a sense of sacredness for work in nurses may provide them with an internal buffer against negative employment outcomes. Suggestions for creating rituals and educating nurses are offered.

## KEYWORDS

burnout, job satisfaction, nursing, religion, spirituality

## 1 | INTRODUCTION

Practising nursing in a hospital is more stressful than practising in any other nursing setting, according to a study of over 95,000

nurses (McHugh et al., 2011). Roughly one-third to half of hospital nurses experience burnout (Molina-Praena et al., 2018; Zhang et al., 2018). Given this, it should not be surprising that 27%–54% of nurses around the world <30 years of age reported they planned to leave

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their work within a year (Lu et al., 2012). The impact of the nurse employment outcomes of nurse burnout, job dissatisfaction and turnover is substantial. These conditions contribute to poorer patient care and patient satisfaction, as well as to the obvious personal detriments to nurses (Copanitsanou et al., 2017; Garcia, et al., 2019; Nei et al., 2015; Saber, 2014). They also are costly. For example, the cost of replacing one nurse in the United States in 2007 ranged from \$22 to 64,000 (Robert Wood Johnson Foundation, n.d.). Additional hidden costs of nurse burnout and job dissatisfaction include absenteeism and mental health care, never mind the costs associated with poor patient care and dissatisfaction (Lu, 2012; Nei et al., 2015; Saber, 2014). Given these challenges, it is vital for nurse leaders to understand what can improve nurse employment outcomes. This study examines one potential factor that may contribute to nurse employment outcomes: the sanctification (or sacredness) ascribed to the work of nursing.

## 2 | BACKGROUND

The evidence about what contributes to nurse employment outcomes is vast. Indeed, the standard for studying these factors now is the pre-appraisal of evidence in the efforts of systematic reviews and meta-analyses. Those that are strongest and most pertinent to hospital nursing are synthesized here.

A meta-analysis of 24 studies examining burnout (empirically indicated using a commonly used inventory that measures burnout as emotional exhaustion [EE], depersonalization [D] and low sense of personal accomplishment [PA]) among hospital-based nurses found that 31% experienced EE, 24% experienced increased D, and 38% experienced low PA (Molina-Praena et al., 2018). De la Fuente-Solana et al. (2019) analysed studies about obstetric nurses' burnout. They noted that over a third of the sample experienced at least two of the above dimensions of burnout ( $n = 464$  nurses, 9 of 14 studies being in Asian countries). In their review of studies from around the world, both Molina-Praena et al. and De la Fuente-Solana et al. found many factors associated with burnout. These included the following: low work experience; low recognition and pay; being single, young, and working multiple jobs; and psychological factors (often arising from low patient contact and high documentation demands); high patient–nurse ratios; poor organisational leadership; verbal violence; and so forth.

A review of 62 studies about predictors of job satisfaction among 'frontline' nurses categorized and ranked the top predictors (Saber, 2014). These predictors included task requirements, empowerment, control, organisational commitment, positive affectivity, autonomy, leadership support, stress such as burnout or other strains, and task significance or impact on others. Likewise, Lu et al. (2012) conducted a meta-analysis of 100 studies from around the globe to identify sources of job satisfaction. Lu et al.'s list of predictors added factors such as working conditions; relationships with patients, colleagues and management;

remuneration; self-growth and advancement; psychological rewards; and job security.

Unsurprisingly, many of the factors contributing to nurse burnout and job satisfaction also contribute to turnover or intention to leave. Indeed, these employment outcomes could be labelled a symptom cluster as they generally co-occur (Coomber & Barriball, 2007; dit Dariel & Regnaud, 2015; Shin, Park, Bae, 2018). For example, Nei et al. (2015) meta-analysis of 106 studies identified predictors of voluntary nurse turnover. Some of the most significant predictors included job strain, role tension, work–family conflict, low job control and complexity. The most important predictors involved relationships—whether friends were at work, and whether leaders were supportive.

Although work environment factors appear to contribute most to nurse employment outcomes, personal factors have also been observed to contribute to job satisfaction and turnover (Coomber & Barriball, 2007; Dilig Ruiz et al., 2018; Nei et al., 2015). Whereas most of the meta-analyses about nurse employment outcomes do not describe nurses' intrinsic motivations, Nei et al. (2015) analyses did identify it as a category. In six studies (with a combined sample of 8,789 nurses), they observed that intrinsic motivations (e.g. enjoying the work itself) negatively predicted turnover ( $P = -0.47$ ). Han et al.'s (2018) synthesis of 10 qualitative studies about APRN employment outcomes concluded that work that was perceived as meaningful (among other things) contributed to job satisfaction.

Although it is unknown how ascribing sacredness to the work of nursing might impact a nurse, there is evidence about how nurses are often religious and/or spiritual and view their work as a ministry or spiritual calling (Pirkola et al., 2016; Taylor et al., 2014). Furthermore, some nurses report that spirituality or religiosity helps them to cope with the challenges of work. Thus, perhaps being able to view one's nursing work as sacred might impact employment outcomes.

Indeed, this is what psychologists who have studied the "sanctification of work" (SOW) have found. Sanctification of work is the deliberate psychological, emotional, and spiritual experience perceived by a person in their daily work responsibilities which possesses a manifestation of God and/or sacred qualities which affect occupational performance (Walker et al., 2008). In studies of various types of employees, researchers have documented SoW directly linked to positive affect, lower inter-role conflict and satisfaction with work (Walker et al., 2008), and increased job satisfaction, organisational commitment and less intention to leave (Carroll et al., 2014).

## 3 | PURPOSE

'He who has a why to live can bear most any how' (attributed to Nietzsche [Frankl, 1984]). In the context of enormous work-related stressors, it may be possible that nurses who ascribe a why—a purpose or sense of their work as sacred, are more apt to bear the hows—the limitations and challenges in a work environment. This question undergirds this study which aimed to explore nurse

attributions of sacredness to their work and measure how it was associated with work-related nursing outcomes.

The following research questions were posed: How much do nurses ascribe sacredness to their work? When controlling for personal characteristics, how is sacredness of work associated with burnout, job satisfaction, employee engagement, affective commitment to the organisation, intention to stay and turnover intention?

## 4 | METHODS

This cross-sectional, correlational, observational study used quantitative methods to answer the research questions. Ethical review and approval were obtained from the sponsoring university's Institutional Review Board (IRB#5180079) and from the organisation where data were collected. Standard ethical practices for respecting the human dignity of participants were implemented.

### 4.1 | Sample and setting

Participants were recruited from a tertiary care hospital with 353 beds that served a low-income community in Los Angeles. The motto for this faith-based institution was 'living God's love by inspiring health, wholeness, and hope'. Inclusion criteria were any licensed and unlicensed nursing-related personnel employed during the data collection in April 2018. Participants were recruited from a population of 793 nursing-related staff who worked in all the hospital departments requiring such staff.

The recruitment process entailed several approaches. After obtaining the support of nurse administrators and unit shared governance councils, printed flyers and emailed information about the study were distributed to all nursing-related staff. The PI then attended the staff meetings for each unit throughout the hospital to introduce the study and invite participation. A follow-up recruitment email was distributed to all who had been absent from the staff meeting where the PI invited participation. An incentive of a \$10 department store gift card was given to those who completed the survey.

A sample size of 166 was determined to achieve 80% power to detect a  $R^2$  change of .60 attributed to three independent variables (using an  $F$  test with a significance level of .05). The variables tested were adjusted for an additional seven covariates which have a combined  $R^2$  of .05 by themselves.

### 4.2 | Procedure

For those attending the staff meetings, the PI reviewed the purpose of the study and described what participation involved. To those desiring to participate, the booklet with the consent document and questionnaires was distributed. The PI exited the meeting, and a neutral third party remained present to collect the data. Those who completed the questionnaires later were directed to return them to

the PI's assistant. Time was allotted for completion of the survey in each of these staff meetings; most respondents required an average of 15 min to complete the questionnaires.

## 4.3 | Instruments

Data were collected using several psychometrically evaluated quantitative measures. Together, 82 items comprised the questionnaire.

### 4.3.1 | Sanctification of Work Scale (SOWS)

The *Sanctification of Work Scale* (Walker et al., 2008) is a slightly revised version of the *Sanctification Scale* that Mahoney and associates (1999) developed for quantifying the sacredness ascribed to marriage. The SOWS includes the following: the Manifestation of God (MOG) scale, with 12 items; and the Perceived Sacred Qualities (SQ) scale, with 10 items. The MOG scale, also known as a theistic scale, measures the extent to which individuals perceive God as having significance in their work (e.g. *God is present in my work*). MOG response options include 7-point Likert scales from 1 (*strongly disagree*) to 7 (*strongly agree*). The 10-item SQ scale, which uses spiritual but non-theistic language, assesses how much an individual's perception of work contains sacred qualities. SQ items are adjectives (e.g. holy, miraculous, inspiring, blessed, eternal) to which a respondent indicates a 1 (*does not describe at all*) to 7 (*very closely describes*). For this study, after reverse scoring the SQ items, these subscales were merged for multivariate analyses. Internal reliability was high ( $\alpha = .96$ ).

### 4.3.2 | Duke University Religion Index (DUREL)

Various types of religiosity were measured using the DUREL Index (Koenig & Bussing, 2010). This abbreviated, commonly used scale consists of three subscales in its English version: organisational religious activity (ORA), with 1 item about how frequently religious services are attended; non-organisation religiosity (NORA), with 1 item about frequency of personal devotional practices such as prayer; and 3 items measuring intrinsic religiosity (IR), or the integration of spirituality within life. ORA and NORA response options range from 1 (*never*) to 6 (*more than once a week/day*, respectively). These two items were merged for multivariate analyses in this study to be an indicator of religious practice frequency ( $\alpha = .65$ ). IR response options range from 1 (*definitely not true*) to 5 (*definitely true*). Higher scores indicated more religiosity. Cronbach's alpha for the IR in this study was .88.

### 4.3.3 | Job Satisfaction Scale (JSS)

Judge et al. (1998) *Job Satisfaction Scale* was used to measure job satisfaction. Responses to this five-item scale include 7-point Likert

scales from 1 (*strongly disagree*) to 7 (*strongly agree*). An example of a JSS item is: *I feel fairly well satisfied with my present job*. Judge et al. reported evidence for convergent validity and internal reliability (alpha of .88). In this study, however, Cronbach's alpha was .70.

#### 4.3.4 | Employee Engagement Scale (EES)

The measure of employee engagement selected was grounded on Kahn's Theory of Employee Engagement that identified three psychological conditions conducive to engagement: meaningfulness, safety and availability (May et al., 2004). The psychological meaningfulness subscale is a 6-item measure that assesses the degree of meaning that individuals discover in their work-related activities. The 3-item psychological safety subscale assesses the freedom to perform one's job role without feeling threatened in the workplace. The 5-item psychological availability subscale quantifies psychological presence at work (Spreitzer, 1995). Response options for these subscales include 5-point Likert scales with 1 (*strongly disagree*) and 5 (*strongly agree*) as anchors. In this study, Cronbach's alpha for the combined 14-item EES was .84.

#### 4.3.5 | Affective Commitment Scale (ACS/OCS)

The *Affective Commitment Subscale (ACS)* of the *Organizational Commitment Scale* is an 8-item measure that assesses the personal commitment of an individual to an organisation (McGee & Ford, 1987). Such commitment is evidenced by feelings of attachment to, involvement in and identification with the organisation. A 7-point Likert scale with 1 (*strongly disagree*) to 7 (*strongly agree*) accompanies each item. In this study, internal reliability was evident (Cronbach's alpha = .78).

#### 4.3.6 | Abbreviated Maslach Burnout Inventory (a-MBI)

The abbreviated version of the often-used *Maslach Burnout Inventory (MBI)* is a 9-item tool that maintains items from each of the original three MBI subscales (McManus et al., 2002). That is, 4 items assess emotional exhaustion (EE), 2 items measure depersonalization (DP), and 3 items evaluate personal accomplishment (PA). Response options are 7-point Likert scales ranging from 0 (*never*) to 6 (*everyday*). The *abbreviated-MBI (a-MBI)* maintained good internal reliability in this study (alpha = .79).

#### 4.3.7 | Turnover Intention Scale (TIS)

This 9-item scale measures employee intentions with regard to staying with their organisation, their job and their occupation (Cohen, 1999). That is, 3 items enquire about whether they 'think a lot about leaving' the organisation/job/occupation, 3 items enquire about how soon they want to leave the organisation/job/occupation,

and 3 items enquire about how actively they are searching for an alternative organisation/job/occupation. Response options range from 1 (*strongly agree*) and 5 (*strongly disagree*); higher scores denote weaker turnover intention. Cronbach's alpha was .95 for this scale in this study.

#### 4.3.8 | Demographics and work information

A survey developed by the researchers assessed demographic and work information. Demographic attributes assessed included gender, age, marital status, ethnicity, religious affiliation, years in nursing and education. Work-related information collected included role, work shift, department and length of employment in the organisation.

### 4.4 | Analyses

Descriptive statistics, including measures of central tendency and frequency, initially were used to analyse all variables and clean the dataset. Cronbach's alpha was used to assess the internal reliability of each scale. To determine what major study variables were correlated, Spearman rho correlations were calculated. Next, using multiple linear regression, the demographic and work-related variables, the DUREL subscales (given religiosity was viewed as a personal characteristic that could influence SOW substantially) and the SOW total scale were regressed on each of the nursing outcome variables as measured by the JSS, EES, ACS/OCS, a-MBI and TIS. Prior to running the regression, multicollinearity was assessed by calculating a variance inflation factor (VIF); a VIF <2.5 was observed, meeting a conservative criterion. SPSS was used to manage and analyse the data. A significance level of .05 was accepted as the minimum.

## 5 | RESULTS

The sample included 463 licensed and unlicensed nursing personnel. The majority provided direct patient care as staff nurses or medical technicians (70%); 17% were support staff (e.g. nursing assistants), and 13% were leaders (e.g. educators, managers). Most self-identified as female (81%) and were either Hispanic (45%) or Asian (42%). The average age was 42 ( $SD = 12.5$ ) years. Additional information about the sample is presented in Table 1. Table 2 presents descriptive information about the religiosity of the sample, as well as their aggregate responses to all the other measurements of major study variables.

### 5.1 | How much do nurses ascribe sacredness to their work?

Sacredness ascribed to work was measured using a sum of the theistic Manifestation of God and non-religiously worded Sacred

**TABLE 1** Demographic and work-related characteristics of study participants ( $N = 463$ )

Variable	<i>n</i> (%)
Gender	
Male	87 (18.8)
Female	376 (81.2)
Ethnicity	
Asian	195 (42.5)
Hispanic	207 (45.1)
Other	61 (13.2)
Current role	
Bedside nurse/charge nurse (including emergency department RNs and emergency medical technicians)	326 (70.4)
Support staff (e.g. nursing assistants, surgical technicians)	76 (16.4)
Other (e.g. nurse manager, nurse director, nurse educator, case manager, coordinator)	61 (13.2)
Highest health care-related education	
Licensed vocational nurse/associate degree in nursing	113 (24.7)
BSN	230 (50.3)
MSN/doctoral	29 (6.3)
Other (i.e. surgical tech certificate, high school graduate)	85 (18.6)
Religious identification	
'Nones'/Agnostic/Atheist or Secularist/Humanist	36 (7.8)
Christian/Catholic/Orthodox	276 (59.6)
Christian/Non-denominational	54 (11.7)
Christian/Protestant	80 (17.3)
Other (i.e. Buddhist, Jewish, Muslim)	17 (3.6)
Years worked in current profession	
<5 years	145 (31.3)
5–10 years	100 (21.6)
>10 years	218 (47.1)
Work shift	
Day	297 (64.1)
Evening	9 (1.9)
Night	127 (27.4)
Variable	21 (4.5)
Office hours	9 (1.9)
Years employed at study setting	
<5 years	198 (42.8)
5–10 years	103 (22.2)
>10 years	162 (35.0)
Unit/department <sup>a</sup>	
Medical surgical/cancer centre/continuum of care	100 (21.6)
Women and children services	61 (13.2)
Behavioural health/intensive care unit/emergency department	74 (16.0)
Telemetry/resource pool/staffing office	117 (25.3)
Perioperative services/Cath Lab	68 (14.7)
Others (i.e. nursing administration, education and training)	42 (9.1)

<sup>a</sup>Clustered along service lines of the organisation (e.g. most resource pool staff are assigned to work in telemetry).

**TABLE 2** Characteristics of major concepts: measures of central tendency ( $N = 463$ )

	Observed range	Median	Mean (SD)
DUREL: Religious practice frequency (ORA + NORA)	2-12	7	6.87 (2.77)
DUREL: intrinsic religiosity	3-15	13	12.5 (3.0)
Sanctification of work	41-154	128	123.54 (24.35)
Job satisfaction	10 - 35	28	26.82 (5.33)
Employee engagement	29-70	62	60.37 (6.60)
Affective commitment	8-56	42	41.12 (8.28)
Job burnout	3-45	14	15.36 (7.93)
Turnover intention	9-45	15	16.38 (7.55)

Qualities subscales of the Sanctification of Work Scale (SOWS). Descriptive statistics for the total SOWS are provided in Table 2. However, it is also informative to consider the responses to each subscale here. Although the Manifestation of God subscale can obtain scores between 12 and 84, the mean score for this sample was 69; a standard deviation of 18 was also observed, indicating considerable variation. Put another way, the item median response was 6, indicating half *moderately* or *strongly agree[ed]* with these items about God's presence in their work. Although there was less variability in responses, Sacred Qualities subscale findings showed respondents similarly tending towards positive ascriptions of work (subscale total mean = 25 [ $SD = 12$ ], with a possible range of 10-70). The mean of the item means indicated responses aligning nearest to *closely describes*, showing that words such as awesome, miraculous and holy tended to resonate with these nurses as describing their work.

## 5.2 | How is sanctification of work associated with burnout, job satisfaction, employee engagement, affective commitment to the organisation, intention to stay and turnover intention?

After confirming strong correlations existed between sacredness of work and religiosity and that significant correlations also existed between the employment outcome variables and SOW and DUREL, multiple linear regression (MLR) was conducted. MLR analyses considered both SOW and the two aspects of religiosity as independent variables, and adjusted for age, gender, educational level attained

and number of years in their current profession. These demographic factors were selected given their potential influence.

Sacredness of work was substantially and positively found to be correlated with both intrinsic religiosity ( $r = .56, p < .05$ ) and frequency of religious practices ( $r = .42, p < .05$ ). Correlations between the Sanctification of Work Scale and all the employment outcome indicators were consistently significant ( $p < .05$ ) and in directions indicating a positive relationship. Both intrinsic religiosity and frequency of religious practices were correlated positively with some of the employment outcome indicators and to lesser degrees. Table 3 provides further details.

Likewise, linear regression demonstrated that sacredness ascribed to work is directly associated with increased job satisfaction, employment engagement and affective commitment to the employing organisation, and to decreased burnout, and turnover intention (adjusted  $R^2$ s were .07, .08, .10, .06 and .09, respectively). Table 4 provides further details. Although correlational analysis indicated non-significant correlations between intrinsic religiosity (IR) and job satisfaction, affective commitment and turnover intention, regression revealed that IR further contributed an additional significant, but small amount to the variance in Sanctification of Work.

## 6 | DISCUSSION

These findings indicate that a majority of the nursing personnel in this sample viewed their work as sanctified or sacred. Particularly noteworthy are the findings that document significant and direct associations between the amount of sanctification ascribed to the

**TABLE 3** Spearman's rho correlations among major study variables

	Sanctification of work	DUREL: intrinsic religiosity (IR)	Frequency of religious practice
Job satisfaction	0.18 <sup>a</sup>	0.04	0.02
Employee engagement	0.33 <sup>a</sup>	0.23 <sup>a</sup>	0.05
Affective commitment	0.30 <sup>a</sup>	0.09	0.06
Job burnout	-0.25 <sup>a</sup>	-0.12 <sup>a</sup>	-0.06
Turnover intention	-0.18 <sup>a</sup>	-0.003	0.01

<sup>a</sup>Correlation is significant at the .05 level.

Variable	B <sup>b</sup>	SE	t	p	95% CI
<b>Job satisfaction</b>					
Constant	22.97	1.31	17.52	<.001	[20.39, 25.54]
Sanctification of work	0.06	0.01	5.03	<.001	[0.04, 0.09]
Intrinsic religiosity	-0.29	0.12	-2.46	.01	[-0.51, -0.06]
Frequency of religious practice	-0.07	0.11	-0.61	.54	[-0.28, 0.15]
<b>Employee engagement</b>					
Constant	51.33	1.51	33.93	<.001	[48.36, 54.31]
Sanctification of work	0.09	0.02	5.97	<.001	[0.06, 0.12]
Intrinsic religiosity	-0.002	0.13	-0.02	.99	[-0.27, 0.26]
Frequency of religious practice	-0.24	0.13	-1.88	.06	[-0.49, 0.01]
<b>Affective commitment</b>					
Constant	31.70	1.95	16.23	<.001	[27.86, 35.53]
Sanctification of work	0.13	0.02	6.87	<.001	[0.09, 0.17]
Intrinsic religiosity	-0.49	0.17	-2.83	<.005	[-0.83, -0.15]
Frequency of religious practice	-0.06	0.16	-0.34	.74	[-0.38, 0.27]
<b>Job Burnout</b>					
Constant	23.01	1.95	11.79	<.001	[19.17, 26.84]
Sanctification of work	-0.09	0.02	-4.55	<.001	[-0.12, -0.05]
Intrinsic religiosity	0.17	0.17	0.98	.33	[-0.17, 0.51]
Frequency of religious practice	0.12	0.16	0.74	.46	[-0.20, 0.44]
<b>Turnover intention</b>					
Constant	21.81	1.84	11.84	<.001	[18.19, 25.43]
Sanctification of Work	-0.10	0.02	-5.50	<.001	[-0.13, -0.06]
Intrinsic religiosity	0.50	0.16	3.07	<.002	[0.18, 0.82]
Frequency of religious practice	0.06	0.15	0.38	.71	[-0.24, 0.36]

<sup>a</sup>The regression coefficient (B) estimates the increase in the job-related subscale total scores per one unit increase of continuous predictors.

<sup>b</sup>Adjusted for age, gender, education and Years Current Profession.

**TABLE 4** Associations between sanctification of work (SOW), religiosity and nurse employment outcomes: findings from multiple linear regressions (adjusted models)<sup>a</sup>

work of nursing and the employment outcomes of job satisfaction, employment engagement and affective commitment to the employing organisation, and to decreased burnout and turnover intention. Although the findings nevertheless document that a view of work as sanctified or sacred can, in at least a small amount, contribute to employment outcomes, they must be considered given the context. That is, these findings were observed among nursing staff who were rather religious persons and employed in a faith-based hospital.

Although Sanctification of Work (SOW) has never been studied among nurses or other health care providers, it is impressive that this sample generated SOW Manifestation of God (MOG) and Spiritual Qualities (SQ) subscale scores substantially higher than

those observed among employees in business/finance/management (Walker et al., 2008) and Catholic educators (Carroll et al., 2014). Whereas this nurse sample generated means of 69 for MOG and SQ 25 for SQ, Walker et al. and Carroll et al. observed MOG means of 57 and 64, and SQ means of 38 and 50 (respectively). Comparing these study findings suggests SOW is higher among those employed in religious contexts. These findings indicate that SOW is indeed a fruitful construct for further study among nurses.

This study was not without limitations. Although there was 58% response rate, the sample was nevertheless one of convenience. The sample was also recruited from only one site. Furthermore, the site was a faith-based organisation that may have already generated a



comparatively high sense of sacredness among its nursing staff, or may have attracted nursing staff with that characteristic. Hence, caution must be applied to generalizations from this study.

## 7 | IMPLICATIONS FOR NURSING MANAGEMENT

These novel findings have direct implications for those who lead nursing staff, especially if they want to foster work environments that retain and satisfy nurses who are committed, engaged and not burned out. That is, managers who are able to project, instil and nurture a sense of sacredness for work in nurses may be providing them with an internal buffer against burnout, disengagement, job dissatisfaction, turnover and wavering commitment.

How does a nurse manager promote 'sanctification of work' in the workforce? Whereas there is no evidence to answer this specific question, some suggestions are offered. The creative manager is encouraged to apply them as appropriate in their organisation. Furthermore, the manager must approach this process with utmost sensitivity so as to remain ethical and uncoercive. Promoting a sense of sacredness for work among nursing staff should not be interpreted as manipulating or forcing staff to believe or practice the way the manager does.

It is possible that nurse educators or experts (e.g. chaplains, psychologists, spiritual directors who do not have a religious agenda) can provide nurses with training about how to increase sacredness for work. This content might be delivered piecemeal in-house or during an off-site retreat. Pedagogical strategies that prompt personal reflection (e.g. journal writing or artwork, meaning-centred therapy type group work) are presumably essential.

To maintain an environment conducive to seeing work as sacred, nurse managers can encourage rituals. For example, prior to each shift, the team might choose a common goal from a list of several that create a sense of sanctification of work (e.g. 'Note one time during this shift when you feel awe; tell a colleague about it during hand-off'). Or a whiteboard can be placed on the unit where short inspirations can be shared. Of course, the structure of a ritual, to be meaningful, is best designed by participants. Nursing unit governance teams can play a pivotal role in this regard; however, the sense of sacredness for work among staff may well reflect that of the management.

## 8 | CONCLUSION

Findings from this study provide empirical evidence that ascribing sacredness to work does contribute to the positive work-related outcomes of decreased burnout and intent to leave, and increased job satisfaction, engagement and commitment. Although the latent variable 'sanctification of work' contributing to these outcomes has a label with considerable negative weight and religious associations that imply limited generalizability, we propose otherwise. Positive employment outcomes were experienced by nursing staff who were

able to view work as 'sanctified' or sacred; that is, these desirable nursing outcomes coexisted when work was experienced as inspiring, blessed, awe-provoking, affording glimpses at the marvel of human existence. Regardless of descriptive language, these are desirable human experiences that are universal. Perhaps another way to interpret these findings is to suggest that when a nurse's outer life of work is viewed as enhancing the inner life, there are positive work sequelae.

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### ETHICAL APPROVAL

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