

Workplace Spirituality and Compassion Competence Among Nurses in Ormoc City

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ABSTRACT

This quantitative research employed a descriptive correlational design to assess the relationship between workplace spirituality and compassion competence among nurses in a government hospital in Ormoc City during the third quarter of 2025. The majority of respondents were younger nurses, predominantly female, single, and holding a bachelor's degree, representing various clinical units across the hospital. Findings revealed very high levels of workplace spirituality across meaningful work, sense of community, and alignment with organizational values. Similarly, nurses demonstrated very high compassion competence, with particularly strong communication and sensitivity scores. None of the demographic variables were significantly related to workplace spirituality or compassion competence. However, a strong and significant positive relationship was found between workplace spirituality and compassion competence, indicating that spiritually enriched work environments support nurses' ability to communicate effectively, respond sensitively, and provide individualized care. Based on these findings, a Workplace Spirituality and Compassion Competence Enhancement Plan is proposed to sustain and strengthen caring practices within the institution.

Keywords: *Workplace spirituality; Compassion competence; Nurses; Descriptive correlational design; Ormoc City.*

INTRODUCTION

Workplace spirituality has become increasingly important in healthcare because it promotes meaning, purpose, interconnectedness, and a sense of community among employees, enabling nurses to find deeper significance and satisfaction in their work (Ashmos & Duchon, 2000). In nursing practice, workplace spirituality is reflected in providing holistic care that addresses patients' physical, emotional, and spiritual needs. Nurses may derive spiritual fulfillment through faith, supportive relationships with colleagues, or meaningful connections with patients. However, the demanding nature of nursing characterized by long working hours, emotional strain, high patient loads, and resource limitations can hinder opportunities for reflection and spiritual connection. Compassion competence, defined as the ability to empathize with others and respond effectively to suffering (Lee & Seomun, 2019), is equally essential in nursing practice. Although many nurses consistently demonstrate empathy and kindness, others may experience emotional detachment, compassion fatigue, and burnout due to workplace pressures, emphasizing the need for supportive and spiritually nurturing environments.

Existing literature recognizes workplace spirituality and compassion competence as important contributors to healthcare professionals' well-being and the quality of patient care (Pirkola et al., 2016). However, research examining the interplay between these concepts remains limited, particularly within the Philippine nursing context. Most studies have investigated workplace spirituality and compassion competence separately, leaving a gap in understanding their combined influence and the role of individual nurse characteristics in this relationship. In Ormoc City, there is also a lack of baseline data regarding these variables, despite observations that nurses differ in how they cope with workplace demands, connect with patients, and sustain compassionate care. Some nurses rely on personal spiritual practices to manage stress, whereas others struggle with moral distress, limited organizational support, and reduced compassion satisfaction (Smith et al., 2023; Johnson & Lee, 2022).

Given these gaps, the study sought to investigate the association between workplace spirituality, compassion competence, and nurse profiles among nurses in selected hospitals in Ormoc City. By examining these factors collectively, the study aimed to establish an empirical foundation for understanding how workplace spirituality may contribute to compassionate nursing practice within the local context. The findings are expected to provide practical implications for nursing management and policy development by guiding the implementation of interventions that foster supportive and spiritually enriching work environments. Furthermore, the study aligns with the United Nations Sustainable Development Goal 3 by promoting nurses well-being, strengthening compassion competence, and ultimately contributing to a more patient-centered healthcare system.

RESEARCH QUESTIONS

This study was to assess the interrelationship among the profile, workplace spirituality and compassion competence of staff nurses in selected hospitals in Ormoc City, Leyte for the first quarter for the year 2025.

The study specifically answered the following queries:

1. What was the profile of the nurses in terms of:
 - 1.1 age;
 - 1.2 sex;
 - 1.3 marital status;
 - 1.4 years in services;
 - 1.5 area of assignment;
 - 1.6 educational background; and
 - 1.7 religious affiliation?
2. What was the level of workplace spirituality of the nurses in terms of:
 - 2.1 compassion;
 - 2.2 mindfulness;
 - 2.3 meaningfulness of work; and
 - 2.4 transcendence?
3. What was the level of compassion competence of the nurses in terms of:
 - 3.1 communication;
 - 3.2 sensitivity; and
 - 3.3 insight?
4. Was there a significant association between the following:
 - 4.1 profile and workplace spirituality;
 - 4.2 profile and compassion competence; and
 - 4.3 Workplace spirituality and compassion competence?
5. What workplace spirituality and compassion competence enhancement plan proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: There was no significant relationship between profile and workplace spirituality.

H₀₂: There was no significant relationship between profile and compassion competence.

H₀₃: There was no significant relationship between workplace spirituality and compassion competence.

REVIEW OF RELATED LITERATURE AND STUDIES

Workplace Spirituality. Recent literature highlights the importance of workplace spirituality in promoting positive outcomes among nurses and healthcare organizations. Joseph (2026) emphasized that workplace spirituality fosters meaning, purpose, calling, and a sense of belonging, which contribute to individual flourishing and organizational effectiveness. The review further noted that systemic approaches, including spiritual leadership and inclusive policies, are necessary to cultivate environments that support both staff and patients. Similarly, El Sayed and El Said (2022) found significant positive relationships between workplace spirituality, nurses motivation, and team effectiveness, indicating that spiritually supportive work environments strengthen engagement and collaboration among nursing staff. Lee and Yu (2023) also reported that perceived spiritual management positively influenced job satisfaction and partially mediated the effects of work engagement and organizational commitment among clinical nurses.

Other studies demonstrated the broader influence of workplace spirituality on nurses well-being and organizational outcomes. Alharbi et al. (2022) reported that reducing stress and improving working conditions are essential in enhancing nurses quality of work life. Fry et al. (2026) and Koroglu (2026) further highlighted the role of spiritual leadership and workplace spirituality in improving quality of work life, with spirituality acting as an important mediator within healthcare settings. In addition, Dik et al. (2024) found that workplace spirituality promotes organizational citizenship behaviors while reducing turnover intentions and burnout through alignment of personal and organizational values. Supporting these findings, Kaur (2026) confirmed that workplace spirituality enhances organizational citizenship behavior, workplace happiness, and overall performance, emphasizing that spiritually supportive environments contribute to more resilient, dedicated, and effective nursing teams.

Compassion Competence. Recent literature conceptualizes compassion competence as a dynamic and teachable competency that integrates professional expertise with moral values, empathy, respect, advocacy, and ethical integrity (Rigatos et al., 2026; Wong, 2026). Contemporary studies emphasize that sustaining compassionate practice depends heavily on nurses psychological resources. Moral resilience, self-compassion, and resilience have been identified as essential protective factors that enable nurses to maintain professional engagement, manage empathic distress, and reduce compassion fatigue despite high workload demands (Liu et al., 2025; Luo, 2026; Borgen, 2026). Interventions such as Compassion Cultivation Training have likewise demonstrated effectiveness in enhancing nurses professional quality of life by promoting mindfulness and self-compassion (Poudel, 2025). These findings suggest that compassion competence extends beyond technical proficiency and requires continuous support for nurses emotional and psychological well-being.

Recent evidence further highlights that compassion competence is strongly influenced by organizational and leadership factors. Perceived organizational support, including adequate staffing, constructive feedback, and positive workplace culture, has been shown to enhance compassion satisfaction and protect against burnout (Liu et al., 2026; Poudel, 2025). Similarly, supportive environments foster trust and collaborative relationships among nurses, strengthening compassionate teamwork (Zhang, 2026). Leadership studies have identified effective communication, virtuous support, participatory decision-making, fostering growth, and team cohesion as essential components of compassionate leadership (Papadopoulos et al., 2021). Emerging frameworks such as the LLIFE model further emphasize leadership agility, inclusivity, and staff empowerment in promoting professional dignity and reducing burnout (Jha, 2026; Mellum, 2026). Moreover, leadership programs anchored on attending, understanding, empathizing, and helping contribute to organizational cultures that prioritize staff well-being and patient outcomes (Phuong et al., 2026). Supporting these perspectives, Barral et al. (2023) found that nurses with higher cultural competence were associated with better quality of care, underscoring the

importance of strengthening compassion-related competencies in nursing practice.

Profile on Workplace Spirituality. Recent literature suggests that workplace spirituality is influenced by both demographic characteristics and organizational factors. Studies have shown that workplace spirituality serves as an important internal resource that enhances employee well-being, engagement, satisfaction, and individual work performance by fostering meaning, purpose, and connectedness within the workplace (Elshaer, 2026). Evidence further indicates that older and more experienced nurses consistently demonstrate higher levels of spiritual intelligence and stronger perceptions of workplace spirituality, suggesting that spiritual maturity develops through years of professional practice and helps nurses navigate the emotional and ethical demands of care with greater resilience (Zeladita-Huaman et al., 2024; Koroglu, 2026). Gender differences have also been reported, with female nurses demonstrating higher levels of workplace spirituality (Ghorbani et al., 2023), while educational interventions related to spiritual care have been found to strengthen nurses spirituality regardless of demographic background (Al-Maaitah et al., 2011). In addition, organizational factors such as permanent employment status, alignment with organizational values, and systemic support significantly contribute to the development and sustainability of workplace spirituality among nurses (Zare et al., 2024; Alrasheedi, 2026). Collectively, these findings emphasize that workplace spirituality is shaped by the interaction between individual characteristics and supportive organizational environments, both of which contribute to nurses well-being, professional quality of life, and work performance.

Profile on Compassion Competence. Research examining demographic influences on compassion competence suggests that years of experience play an important role in enhancing nurses ability to provide compassionate care. Nurses with greater clinical experience demonstrated higher levels of compassion competence, indicating that practical exposure strengthens empathetic connections with patients (Lee & Seomun, 2024). Similarly, clinical competence was found to be positively associated with compassion satisfaction, implying that as nurses develop their skills and accumulate experience, their capacity for compassionate care also improves (Bagnasco et al., 2020). Educational background and age have also been identified as factors influencing compassion-related competencies, with younger nurses and those with less formal education experiencing more difficulty integrating compassion into practice (Labrague et al., 2022). However, findings regarding sex, marital status, and educational attainment have been inconsistent, as some studies reported no significant differences in compassion competence across these characteristics (Lee & Seomun, 2024; Fathi et al., 2022). Environmental factors, including patient-to-nurse ratios and hospital type, were likewise found to influence compassion levels, suggesting that organizational conditions may shape the expression of compassionate care alongside demographic factors (Fathi et al., 2022). Additionally, evidence indicates that female nurses may report higher compassion competence, potentially reflecting socialization patterns that encourage empathy and caring behaviors (Harrison et al., 2021).

Workplace spirituality and compassion competence. Recent studies suggest that spirituality contributes significantly to nurses professional competence and compassionate practice. Cultural competence among nursing interns has been linked to both professional values and spiritual well-being, highlighting the importance of educational support in strengthening holistic nursing competencies (Lee & Yu, 2023). Likewise, Ross and McSherry (2020) emphasized the need to integrate spirituality into nursing practice through the development of spiritual care competencies among Advanced Practice Nurses. Workplace spirituality has also been associated with increased motivation, loyalty, responsibility, job satisfaction, and stronger connections with the organization, with dimensions such as meaningful work, sense of community, alignment with organizational values, and compassion playing key roles (De Diego-Cordero et al., 2022). Furthermore, workplace spirituality fosters ethical behavior and a positive ethical climate that enhances compassionate care among nurses (Ghasemi et al., 2023). In addition, higher levels of spiritual intelligence have been found to improve communication competence and self-efficacy, suggesting that spirituality strengthens nurses confidence and ability to deliver compassionate care effectively (Gholamhossein et al., 2023).

RESEARCH METHODOLOGY

Design. This quantitative study utilized a descriptive-correlational research design. The descriptive design was employed to determine the demographic profile of the nurses and assess their levels of workplace spirituality and compassion competence. Meanwhile, the correlational design was used to examine the interrelationship

among nurses demographic profile, workplace spirituality, and compassion competence during the first quarter of 2025.

Environment. This study was conducted in three private hospitals in Ormoc City, Leyte. Two hospitals had a 200-bed capacity and offered services including General Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, and Emergency Care, while the third hospital provided similar services with the addition of an Oncology Center.

Respondents. The respondents of the study were 208 staff nurses selected through proportionate quota sampling from 499 eligible registered nurses employed in three selected hospitals in Ormoc City, with the sample size determined using the Raosoft calculator at a 5% margin of error and a 95% confidence level.

Sampling Design. This study employed proportionate quota sampling.

Inclusion Criteria and Exclusion Criteria. Eligible participants were registered nurses of legal age who were able to read and write and voluntarily consented to participate in the study, regardless of gender, marital status, religion, or socio-economic status. Nurses who had rendered less than 3–6 months of service in the hospital were excluded. During recruitment, inclusion criteria, availability, and willingness to participate were considered, and questionnaires were distributed across different shifts and units until the required quota for each hospital was achieved.

Instrument. The study utilized a three-part instrument consisting of a demographic profile sheet and two standardized questionnaires. The first part gathered information on age, sex, marital status, years in service, area of assignment, educational background, and religious affiliation. The second part employed the Workplace Spirituality Assessment Questionnaire developed by Milliman, Czaplewski, and Ferguson (2003), a 15-item instrument measuring meaningful work, sense of community, and alignment with organizational values using a 5-point Likert scale. The instrument demonstrated high internal consistency, with Cronbach's alpha coefficients ranging from .82 to .94. The third part used the Compassion Competence Scale (CCS) developed by Lee and Seomun (2016), a 17-item tool assessing communication, sensitivity, and insight through a 5-point Likert scale. Higher scores indicated greater compassion competence. The CCS showed excellent reliability, with an overall Cronbach's alpha of 0.91 and subscale reliabilities ranging from 0.73 to 0.88, supporting its validity and effectiveness in measuring compassion competence among nurses.

Data Gathering Procedures. The study followed three phases: pre-data gathering, actual data gathering, and post-data gathering. During the pre-data gathering phase, research titles were submitted for approval, a research adviser was assigned, institutional permissions were secured, the proposal underwent a design hearing, and ethical clearance was obtained. Upon receiving the notice to proceed, eligible nurses were recruited through a face-to-face intercept approach conducted during non-working periods, and respondents were selected using a table of random numbers based on a list provided by the Human Resource Department. After data collection, responses were encoded and analyzed using appropriate statistical treatments, with findings presented through tables and supported by interpretations and related literature. All questionnaires were securely shredded after the study to maintain confidentiality, while ethical principles and research rigor were observed throughout the entire process to ensure the validity and reliability of the findings.

Statistical Treatment of Data. Frequency distribution and simple percentage were used to describe the nurses profile in terms of age, sex, marital status, years in service, and area of assignment, while summation of scores was utilized to determine their workplace spirituality assessment. Chi-square was employed to assess the significant relationship between nurses profile and both compassion competence and workplace spirituality. Cramer's V was used to determine the strength of association for significant chi-square results, and Pearson r was applied to examine the significant relationship between compassion competence and workplace spirituality among nurses.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Table 1 Demographic Profile of Respondents

Profile	<i>f</i>	%
Age		
18 to 25 years old (young adult)	103	49.50
26 to 44 years old (adult)	101	48.60
45 years old and above	4	1.90
Sex		
Male	42	20.20
Female	166	79.80
Civil Status		
Single	167	80.30
Married	41	19.70
Years of Service		
Less than 1 year	50	24.00
1 to 3 years	86	41.30
4 to 6 years	23	11.10
7 to 9 years	20	9.60
10 years above	29	13.90
Area of Assignment		
Ward 2A, 2B, and 2C	29	13.90
Ward 3A and 3B	8	3.90
Ward 4A and 4B	9	4.30
Basement 1 and 2	16	7.70
Dialysis Center	1	.50
Delivery Room	3	1.40
Endoscopy	8	3.80
Emergency Department	21	10.10

GNU	2	1.00
ICN/NO	1	.50
ICU	18	8.70
NSD	4	1.90
NSO	16	7.70
OB-GYN/SURG	1	.50
Outpatient Department	4	1.90
Operating Room	15	7.20
Pediatric Ward	2	1.00
Special Area	8	3.80
General Wards	42	20.20
Educational Background		
Bachelor's Degree	199	95.70
With Master's Degree Units	7	3.30
Master's Degree	2	1.0
Religious Affiliation		
Roman Catholic	148	71.20
Born Again Christian	2	1.00
Iglesia Ni Cristo	7	3.40
Islam	7	3.40
Seventh Day Adventist	8	3.80
UCCP Protestant	4	1.90
Others	32	15.40

Note. $n=208$.

The findings in table 1 reveal that the respondents were predominantly young, female, and single nurses who were in the early stages of their careers, reflecting contemporary trends in the Philippine nursing workforce characterized by early employment, workforce mobility, and high female representation (Lopez & Reyes, 2022; Agaton & Cuaton, 2023; Kim & Lee, 2021). Most had fewer years of service, were assigned across various hospital units, and held bachelor's degrees, consistent with national staffing patterns influenced by migration, contractual employment, and limited pursuit of graduate education while working (Garcia & Mendoza, 2021; Santos & Yabes, 2022; Manalo et al., 2021). Respondents also represented diverse religious affiliations, mirroring the strong religiosity observed among Filipino nurses and its influence on values and workplace

attitudes (De Castro et al., 2020; Salazar & Uy, 2022). Overall, the demographic profile reflected realistic workforce patterns commonly observed in hospital settings similar to those in Ormoc City.

Table 2 Level of Workplace Spirituality

Meaningful Work	Average Score	<i>f</i>	%
Little	0.00	0	0.00
Moderate	14.75	8	3.85
High	19.07	81	38.94
Very High	23.36	119	57.21
Overall Score	21.36	Very High	
Sense of Community			
Little	0.00	0	0.00
Moderate	15.00	10	4.81
High	19.15	93	44.71
Very High	23.5	105	50.48
Overall Score	21.15	Very High	
Alignment with Organizational Values			
Little	0.00	0	0.00
Moderate	14.73	11	5.29
High	19.34	99	47.60
Very High	23.38	98	47.12
Overall Score	21.00	Very high	
Overall Workplace Spiritually			
Little	0.00	0	0.00
Moderate	45.00	2	0.96
High	56.87	82	39.42
Very High	68.20	124	59.62
Overall Score	63.41	Very High	

Note. *n*=208.

Legend: For the dimensions, a score of 5–10 points: little connection or alignment, 11–15 points: Moderate level,

16–20 points: High level, and 21–25 points: Very high level. For the overall spirituality, a score of 5–30 points: Low level, 31–45 points: Moderate level, 46–60 points: High level, and 61–75 points: Very high level.

The results in Table 2 revealed that nurses in Ormoc City demonstrated a very high level of workplace spirituality across all dimensions, indicating that they viewed their work as meaningful, experienced a strong sense of community, and perceived alignment between their personal values and those of their organizations. The very high scores in meaningful work and sense of community suggest that workplace spirituality serves as a protective factor that helps nurses sustain compassion, resilience, and emotional well-being despite the demands of clinical practice. Nurses who perceive their work as a calling are more likely to provide patient-centered care and maintain empathic connections with patients and colleagues, consistent with findings linking workplace spirituality to reduced burnout, improved quality of work life, and stronger compassion competence (Habibpour et al., 2025; Korkmaz et al., 2025; Farmahini Farahani et al., 2023). Likewise, the strong sense of community reflects supportive teamwork and shared responsibility, which are associated with better mental health and workplace functioning among nurses (De Diego-Cordero et al., 2022).

The very high alignment with organizational values suggests that nurses perceive coherence between their personal beliefs and the mission of their hospitals, promoting ethical behavior, organizational commitment, and adherence to patient-centered values (Sirousi Moez et al., 2024). Collectively, the findings indicate that workplace spirituality is a significant organizational asset that nurtures meaning, belonging, and shared values, enabling nurses to maintain compassion even in demanding healthcare environments. However, this spiritual climate requires continuous support from nursing leaders, as unfair policies, chronic understaffing, and purely technical leadership approaches may weaken these strengths over time. Sustaining meaningful work, participative leadership, peer support, and value-consistent organizational practices can help preserve nurses well-being, enhance teamwork, and promote high-quality and compassionate patient care (Habibpour et al., 2025; De Diego-Cordero et al., 2022; Kumar & Mer, 2025).

Table 3 Level of Compassion Competence

Dimensions	Mean score	SD	Interpretation
Communication			
1. I can express my compassion toward patients through communication with them.	4.51	0.688	Strongly agree
2. I am aware of how to communicate with patients to encourage them.	4.51	0.652	Strongly agree
3. In conversation, I have a sense of humor to induce a good mood in patients.	4.20	0.801	Strongly agree
4. Patients express their concerns and difficulties about diseases to me.	4.25	0.704	Strongly agree
5. I try to support patients through nursing to help them overcome their problems.	4.33	0.645	Strongly agree
6. When communicating with patients, I respond to them with proper nonverbal presentation.	4.21	0.817	Strongly agree
7. I participate in education to develop interpersonal relationship skills with patients, colleagues, etc.	4.37	0.743	Strongly agree

8. I can provide the required emotional support to patients appropriately.	4.24	0.740	Strongly agree
Factor mean	4.33	0.540	Very high competence
Sensitivity			
1. I am careful in my speech and behaviors so as to avoid hurting my patient's feelings.	4.57	0.663	Strongly agree
2. I always pay attention to what patients say.	4.56	0.664	Strongly agree
3. I promptly respond to patients when they ask for attention.	4.39	0.707	Strongly agree
4. I am tolerant of others' opinions.	4.13	0.850	Agree
5. I am well aware of changes in patients' emotional condition.	4.32	0.670	Strongly agree
Factor mean	4.39	0.555	Very high competence
Insight			
1. I am intuitive about patients because of my diverse clinical experience.	4.10	0.716	Agree
2. I offer customized care to patients by taking their characteristics into consideration.	4.16	0.717	Agree
3. I offer customized care to patients by taking their characteristics into consideration.	4.18	0.717	Agree
4. I offer customized care to patients by taking their characteristics into consideration.	4.17	0.719	Agree
Factor mean	4.15	0.645	High competence
Grand mean	4.29	0.514	Very high competence

Note: n=208.

Legend: A score of 1.00 to 1.80 is very low competence (strongly disagree), 1.81 to 2.60 is low competence (disagree), 2.61 to 3.40 is moderate competence (neutral), 3.41 to 4.20 is high competence (agree), and 4.21 to 5.00 is very high competence (strongly agree).

The findings revealed that nurses in Ormoc City demonstrated a very high level of compassion competence, indicating that compassionate attitudes and behaviors are consistently integrated into nursing practice through effective communication, emotional sensitivity, and clinical judgment. The very high levels of communication and sensitivity suggest that nurses are able to provide emotional support, respond promptly to patients' needs, and establish trusting therapeutic relationships, all of which contribute to positive patient experiences and quality care. Although insight obtained a comparatively lower, yet still high, rating, it indicates opportunities to further strengthen individualized care and deeper clinical understanding. These findings support evidence that compassion competence is associated with improved patient safety, adherence to care standards, and better healthcare outcomes (Babaei et al., 2022; Setoodeh et al., 2025; Labrague, 2025). Despite challenges commonly experienced in the Philippine healthcare setting, such as workforce shortages and heavy workloads (Alibudbud,

2023; Asghar et al., 2022), nurses maintained high levels of compassionate practice, reflecting professional resilience and a strong commitment to patient-centered care. From a nursing management perspective, compassion competence should be recognized as a valuable organizational asset, with continued support for mentoring, reflective practice, and professional development to sustain and further enhance compassionate nursing care.

Table 4 Relationship between Demographic Profile and Workplace Spirituality

Independent Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	59.710	.486	--	Failed to reject Ho	Not significant
Sex	36.392	.196	--	Failed to reject Ho	Not significant
Civil Status	31.167	.407	--	Failed to reject Ho	Not significant
Years of Service	1.248E2	.383	--	Failed to reject Ho	Not significant
Area of Assignment	7.247E2	.444	--	Failed to reject Ho	Not significant
Educational Background	57.728	.559	--	Failed to reject Ho	Not significant
Religious affiliation	1.832E2	.420	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Workplace Spirituality. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 4 findings indicated that demographic variables such as age, sex, civil status, years of service, area of assignment, educational background, and religious affiliation had no significant relationship with workplace spirituality, indicating that nurses experienced spirituality similarly regardless of their personal and professional backgrounds. These results suggest that workplace spirituality is more strongly influenced by organizational factors such as leadership, team interactions, ethical climate, and shared values rather than individual characteristics. Recent studies support this pattern, showing that workplace spirituality is shaped primarily by work environment factors, organizational culture, and leadership alignment rather than demographic traits (Habibpour et al., 2025; Sirousi Moez et al., 2024; Setoodeh et al., 2025). In the local setting, nurses across different age groups, units, and levels of experience demonstrated similar expressions of spirituality through compassionate care, reflection, prayer, and support for patients and colleagues, reinforcing the view that spirituality is embedded in the nature of nursing practice itself (Korkmaz et al., 2025; De Diego-Cordero et al., 2022). From a nursing management perspective, these findings imply that workplace spirituality is a collective experience fostered by organizational culture, allowing leaders to strengthen shared values, teamwork, and compassionate leadership practices that benefit all nurses equally, regardless of demographic differences (Korkmaz et al., 2025; Kumar & Mer, 2025).

Table 5 Relationship between Demographic Profile and Compassion Competence

Independent Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	1645E2	.981	--	Failed to reject Ho	Not significant
Sex	94.506	.688	--	Failed to reject Ho	Not significant
Civil Status	82.047	.927	--	Failed to reject Ho	Not significant
Years of Service	3.911E2	.718	--	Failed to reject Ho	Not significant

Area of Assignment	2.419E2	,659	--	Failed to reject Ho	Not significant
Educational Background	1.323E2	1.000	--	Failed to reject Ho	Not significant
Religious affiliation	6.146E2	.463	--	Failed to reject Ho	Not significant

Legend: Significant if p value is < .05. Dependent variable: Compassion Competence. Cramer’s V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

The findings showed that compassion competence did not significantly differ according to age, sex, civil status, years of service, area of assignment, educational background, or religious affiliation, indicating that compassionate care was consistently demonstrated across all groups of nurses. These results suggest that compassion competence is influenced more by professional values, emotional intelligence, workplace culture, and organizational support than by demographic characteristics. Recent studies similarly reported that compassion competence is more strongly associated with emotional intelligence, professional competencies, and work-related factors rather than personal profiles (Sadeghi et al., 2025; Setoodeh et al., 2025; Gelkop et al., 2022). In the local setting, both newly hired and experienced nurses exhibited similar compassionate behaviors, such as attentive listening, providing reassurance, offering emotional support, and responding patiently to patients and families, regardless of their unit assignment or background. The findings further imply that the hospital has successfully cultivated a shared caring ethos through its hiring, orientation, and socialization processes, making compassion a collective professional strength rather than an individual trait. From a nursing management perspective, compassion competence may be sustained and enhanced through organization-wide initiatives that strengthen emotional resilience, reflective practice, and supportive work environments, recognizing that compassion is directly linked to patient safety, quality of care, and overall organizational performance (Labrague, 2025; Abou Hashish, 2025).

Table 6 Relationship between Demographic Profile and Workplace Spirituality

Variables	r value	p value	Decision	Interpretation
Workplace spirituality vs. Competence compassion	.512	.000	Reject Ho	Significant

Legend: Significant if p value is < .05. Dependent Variable: Compassion Competence. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

Table 6 findings revealed a strong and significant positive relationship between workplace spirituality and compassion competence, suggesting that nurses who perceive their work as meaningful, value-driven, and grounded in a sense of community are more likely to demonstrate compassionate communication, emotional sensitivity, and insight in patient care. This supports evidence showing that spirituality in the workplace strengthens the inner resources needed for sustained compassionate practice, reduces burnout, and enhances nurses ability to provide warm and patient-centered care (Lee & Yeom, 2022; Farmahini Farahani et al., 2023; Jiang et al., 2025). In the Ormoc City context, nurses who view their profession as a calling or service to God and the community often exhibit behaviors such as offering reassurance, remaining patient during difficult situations, and extending support to patients and families even under demanding conditions. These findings imply that workplace spirituality functions as a protective factor that preserves compassion despite heavy workloads and emotional strain. For nursing management, workplace spirituality should be recognized as a strategic organizational resource rather than a peripheral concern, as leadership practices, communication patterns, staffing decisions, and policies that reflect shared values directly influence both the spiritual climate of the workplace and the quality of compassionate care provided by nurses (Habibpour et al., 2025; Setoodeh et al., 2025; Soni, 2023). The results further suggest that the spiritual-ethical culture of the hospital serves as a hidden infrastructure that sustains empathy, strengthens professional commitment, and promotes safer, more humane, and high-quality patient care across all groups of nurses.

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, the study revealed establishes that workplace spirituality and compassion competence are deeply embedded in the nursing culture of Ormoc City, revealing a profession grounded in purpose, shared values, and human connection. Rather than being shaped by personal or demographic differences, these qualities emerge as collective strengths that define how nurses relate to their work, their colleagues, and their patients. The strong positive link between spirituality and compassion suggests that when nurses feel anchored by meaning, belonging, and alignment with organizational values, they naturally extend deeper empathy, attentiveness, and insightful care to those they serve. This demonstrates that the spiritual climate of the workplace acts as an important internal resource that sustains caring behaviors even in demanding clinical settings.

Recommendations. Based on the findings, the Workplace Spirituality and Compassion Competence Enhancement Plan should be proposed to nursing leadership to strengthen a caring culture within the hospital through activities such as reflection circles, compassion workshops, mentoring programs, and spiritual wellness support. The findings may also be integrated into nursing education and continuing professional development to reinforce therapeutic communication, emotional sensitivity, empathy, ethical practice, reflective practice, and value-based leadership. At the organizational level, hospital administrators may strengthen policies that promote a spiritually nurturing and compassion-centered workplace through ethical communication practices, peer support systems, recognition of compassionate care, reflective spaces, and initiatives that reinforce team cohesion and alignment with organizational values. For research utilization, the study should be disseminated through publication and conference presentations, while future studies may further explore the influence of workplace spirituality on outcomes such as burnout, resilience, and turnover intention, examine nurses lived experiences of spirituality and compassion using qualitative or mixed methods, and conduct comparative investigations across different hospital settings to validate the observed relationships and non-associations.

WORKPLACE SPIRITUALITY AND COMPASSION COMPETENCE ENHANCEMENT PLAN

Rationale

Workplace spirituality and compassion competence are essential elements that influence the quality of nursing care, staff well-being, and overall patient experience. Workplace spirituality nurtures meaning in work, a sense of community, and alignment with organizational values all of which contribute to a supportive and resilient work environment. Findings of the study revealed very high levels of workplace spirituality and very high levels of compassion competence among nurses; however, sustaining these strengths requires continuous reinforcement through structured programs, professional development, and institutional support. By strengthening workplace spirituality and compassion competence, nurses can maintain high-quality interpersonal care, reduce distress during demanding shifts, and enhance teamwork within the organization. Hence, this enhancement plan is developed to preserve, reinforce, and further nurture these competencies among nurses in the hospital setting.

General Objective

To strengthen workplace spirituality and compassion competence among nurses to sustain meaningful work, community connection, value alignment, and compassionate patient care.

Areas of Concern	Objective	Key Strategies	Persons Responsible	Time Frame	Success Indicators
Meaningful Work	To sustain nurses sense of meaning and purpose in practice.	Conduct reflection sessions and recognize	Chief Nurse, Nurse Supervisors, HR, Nurses	Q3 2025 onwards	Sustained very high meaningful work scores

		meaningful acts of care.			
Sense of Community	To strengthen teamwork and connectedness among nurses.	Implement peer mentoring, appreciation huddles, and team-building activities.	Unit Heads, HR, Nurses	Q3 2025 onwards	Improved peer support and sustained community scores
Alignment with Organizational Values	To reinforce nurses connection with institutional values.	Integrate mission and values discussions during meetings and unit activities.	Hospital Administrators, Chief Nurse, HR	Q3 2025 onwards	Sustained very high value alignment scores
Compassionate Communication	To maintain effective communication essential for compassionate care.	Provide therapeutic communication and emotional intelligence training.	Nurse Educators, Training Team	Q3 2025 onwards	Improved or sustained communication scores
Sensitivity in Patient Care	To strengthen responsiveness to patients' emotional and physical needs.	Conduct patient-centered care training and patient story-sharing sessions.	Unit Supervisors, HR, Nurses	Q3 2025 onwards	Stable or improved sensitivity scores
Insight and Individualized Care	To enhance clinical judgment and individualized patient care.	Facilitate case conferences and mentorship activities.	Unit Heads, Nurse Clinicians, Physicians	Q3 2025 onwards	Sustained or improved insight scores
Overall Compassion Competence	To sustain high levels of compassion among nurses.	Establish spiritual wellness activities, stress management initiatives, and periodic compassion enhancement programs.	Chief Nurse, HR, Hospital Administrators	Q3 2025 onwards	Sustained high compassion competence scores and active staff participation

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