



Research Article

Adaptation of the Employee Spirituality Scale into Turkish: A Study on Healthcare Workers

Hıdır Apak¹ 

Mardin Artuklu University

¹ Assoc. Prof. Dr., Social Work, Mardin Artuklu University, Mardin, Türkiye. E-mail: hidirapak@artuklu.edu.tr

Abstract

This study aimed to adapt the Employee Spirituality Scale to Turkish culture for healthcare professionals. A total of 230 healthcare workers participated in the adaptation of the scale, which comprises 24 items. The research data were collected face-to-face with a questionnaire that included demographic characteristics, the Employee Spirituality Scale, and the Spiritual Orientation Scale. Construct validity was analyzed using exploratory and confirmatory factor analyses. The two-factor structure of the Employee Spirituality Scale was confirmed in the Turkish sample and showed acceptable fit values. Because of CFA, 2 items were removed from the scale because they did not fit. For criterion validity, the Pearson Correlation Coefficient between the scale and the Spiritual Orientation Scale was calculated, and a significant positive result was obtained. This study demonstrated that the Turkish version of the Employee Spirituality Scale is a valid and reliable measurement tool for health care workers to assess the various dimensions of human spirituality that give individuals a sense of guidance, facilitate finding meaning and purpose in one's tasks, enable them to overcome their weaknesses and limitations in the workplace, and assess various dimensions of human spirituality as a relationship with a higher power.

Keywords:

Scale adaptation • Health worker • Spirituality • Reliability • Validity

Corresponding author:

Hıdır Apak

E-mail: hidirapak@artuklu.edu.tr

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Introduction

A human being is an entity with biological, psychological, social, and spiritual dimensions. There is a constant interaction between the individual's biological and psychosocial needs. Therefore, physical problems may cause pathological changes in other areas. Likewise, effects in the emotional and spiritual spheres can cause pathological problems. Therefore, in the field of health, evaluating patients using only a medical approach may not be sufficient for understanding the disease. It is emphasized that the physical, social, emotional, economic, cultural, and spiritual aspects of the individual should be addressed with a holistic approach (Boztilki & Ardiç, 2017; Korkut Bayındır & Biçer, 2019).

Spirituality can be considered a sense of meaning and purpose in life (Ramaswamy et al., 2023). According to Canda et al. (2004), it is also possible to characterize it as people's relationships and beliefs with the universe/creator, themselves, others, and nature. Discovering the meaning and purpose of life and believing in a higher power than oneself enables people to be resilient and hopeful against difficulties and hardships. Being hopeful is everyone's spiritual need, and everyone's faith, albeit with different values, will be a guide in the context of hope and meaning (Aydm, 2009; Macit & Karaman, 2019). Spirituality is also a transcendent power that gives meaning to people's lives and helps them form their beliefs and values (Uzelli Yılmaz et al., 2019).

A relationship with a higher power or God that offers direction makes finding meaning and purpose in one's work easier. It enables one to overcome obstacles and limits at work, referred to as employee spirituality. This relationship serves as a matrix for the development of attitudes for believers who care about the interests of the employer, an absence of a desire for revenge in the event of harm, and a matrix for bonding with colleagues and the organization. This relationship may be the source of a nonreligious person's good attitude toward their co-workers and other secular ideals assimilated during the course of their personal growth, primary or secondary socialization, or later phases of individual formation (Wnuk, 2022).

The importance of measuring spirituality in Turkey has begun to be recognized recently. When the literature is examined, some scales related to spirituality aim to determine the spiritual support perceptions of healthcare professionals (Kavas & Kavas, 2014), to evaluate the spiritual orientations of individuals (Kasapoğlu, 2016), and to determine the process of understanding and living their lives (Ekşi & Kardaş, 2017). There are also scales that focus more on the field of care, such as spiritual caregiving (İpek Çoban et al., 2017) and spiritual care competence (Daghan et al., 2019). However, no spirituality scale focuses on employee spirituality, and no spirituality scale has been adopted for healthcare professionals. For many people, spirituality is a force that helps them find meaning despite illness and death.

Spirituality is important not only for patients but also for healthcare professionals (Dalle Ave & Sulmasy, 2021).

It is undoubtedly a challenging process for healthcare professionals to provide care to patients. Caring for others' physical and mental health directly or indirectly affects caregivers. Constant exposure to anxiety-inducing situations such as illness, pain, injury, and death can cause mental disorders such as stress and burnout in employees (Kuchinka, 2021). The consequences of burnout can directly affect mental, physical, and behavioural health and cause a significant decrease in quality of life, inadequate care provided to patients, and decreased performance of healthcare professionals. Spirituality is a necessary and effective method for dealing with challenging problems (De Diego-Cordero et al., 2022).

Illness experience is among the challenging situations in life. Health professionals have important roles in helping individuals cope with this difficult experience and supporting them. In this respect, healthcare professionals must gain awareness about spirituality to provide support to individuals (Hiçdurmaz & Öz, 2013).

Since healthcare professionals have to deal with the workload, constant illness, and pain, long working hours, and emotionally challenging situations, it is critical for them to maintain their spiritual and emotional health. In this context, using the employee spirituality scale with healthcare professionals is valuable for understanding their spiritual needs and providing support for these needs. This scale allows healthcare institutions to better understand the spiritual needs of their employees and develop programs to address these needs, thereby increasing the well-being of both employees and patients. In light of all this information, the aim of this study was to adapt the Employee Spirituality Scale by Wnuk (2022) into Turkish for healthcare professionals and to evaluate its psychometric properties.

Method

Participants

The study population consisted of healthcare professionals working in Mardin Training and Research Hospital and Kızıltepe State Hospital between 05.12.2023 and 15.12.2023. The study sample consisted of 230 healthcare professionals who volunteered to participate. In scale adaptation studies, the sample size should be between 2 and 10 times the number of scale items (Kline, 1994). In this study, the number of scale items was 24, and we aimed to reach 240 people, which is 10 times the number of items. Due to voluntary participation and complete completion of the scales, 230 healthcare workers were included in the study.

Table 1
Socio-demographic Characteristics of Participants

Socio-demographic Characteristics	Variables	N	%
Gender	Male	144	62,6
	Woman	86	37,4
Education	Health Vocational High School	19	8,3
	Associate Degree	30	13,0
	Bachelor's degree	148	64,3
	Postgraduate	33	14,3
Marital Status	Married	115	50,0
	Single	115	50,0
Profession	Doctor	43	18,7
	Nursing	76	33,0
	Midwife	46	20,0
	Laboratory Technician	33	14,3
	X-ray Technician	32	13,9
Work Experience	1-5 years	114	49,6
	6-10 years	66	28,6
	11-15 years	33	14,3
	16-20 years	13	5,6
	20+	4	1,9
	Total	230	100%

The socio-demographic characteristics of the health workers are presented in Table 1. Of the participants, 144 were male (62.6%) and 86 were female (37.4%). The average age of the participants was 30.80 years. Of the sample group, 50% were single, 64.3% graduated from a university, 33% were nurses, and 20% were midwives, and the average time spent in the profession was 6.86 years.

Measures

Socio-Demographic Information Form. Personal and professional questions, such as gender, marital status, age, education level, occupation, and seniority, were asked to determine the demographic characteristics of the participants.

Employee Spirituality Scale (ESS). The ESS developed by Wnuk (2022) is a scale designed to measure the spirituality of employees in Polish companies. The 24-item scale has two factors: "Relationship to Higher Power (God)" and 'Attitude towards Workmates and Employer'. Each question was rated on a 5-point Likert scale. The scale had a maximum score of 120 and a minimum score of 24. The internal consistency reliability factor (Cronbach's alpha) for the entire scale was .94, the "Relationship to Higher Power (God)" subscale was .98, and the "Attitude towards Workmates and Employer" subscale was .91.

The Spiritual Orientation Scale (SOS). The sixteen-item measure was created by Kasapoğlu (2016) to evaluate people's spiritual orientation. The scale prepared as

a single factor can explain 47.59% of the total variation. The items were ranked on a 1-7 scale from “strongly disagree” to “strongly agree”. Cronbach’s reliability alpha for the original scale was calculated as .84. The internal consistency coefficient in this study was 97.

Process

First, Marcin Wnuk provided adaption permission for the translation of the ESS into Turkish via email. For the language validity of the scale, three academics and two English teachers who speak Turkish and English fluently translated the English form into Turkish. Three experts who are fluent in both Turkish and English conducted interviews to limit the forms of the scales that the experts translated into Turkish to a format. Two proficient English-speaking specialists were handed the Turkish form, which they translated back into English. Following this translation, it was noted that the scale’s Turkish translation closely resembled its original English counterpart. Next, the scale’s final application form was made. After the creation of the scale, the data collection phase started after obtaining permission from the Mardin Non-Interventional Ethics Committee and institutional permissions. The researchers visited the hospital, where the volunteers worked in person to get the data. The participants were apprised of the study’s objectives and scope, methodology, and the inclusion of an informed consent form in the questionnaire during the data collection phase. The administration of all forms took approximately 10-15 minutes.

Turkish versions of ESS and SOS were administered to the participants to examine the psychometric properties. First, the construct validity of the scale was examined using Exploratory Factor Analysis (EFA).

Confirmatory Factor Analysis (CFA) was then used to verify whether the obtained construct was valid or not. Moreover, the validity of comparable criterion validity values was investigated. Cronbach’s alpha coefficient was examined for reliability. In addition, the lower 27% and upper 27% groups were formed according to the total test scores. SPSS and AMOS software were used for data analysis.

Findings

Construct Validity

In the study on the construct validity of the scale, Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were utilized. The EFA results indicated a Kaiser-Meyer-Olkin (KMO) value of .94, and Bartlett’s test χ^2 value was 5959.252 ($p < .001$). These results suggest that the outcomes of the KMO and Bartlett’s test are significant. Consequently, we conclude that the dataset is suitable for EFA.

It was ensured that the factor loadings of the items should be at least .30, and the difference between items with sufficient loadings on two different factors should be .10 and above. In the context of the specified criteria, 24 items and two dimensions were formed in the factor analysis process. The total variance explained by the scale was 69.37%. The factor loadings of the items ranged from .32 to .96.

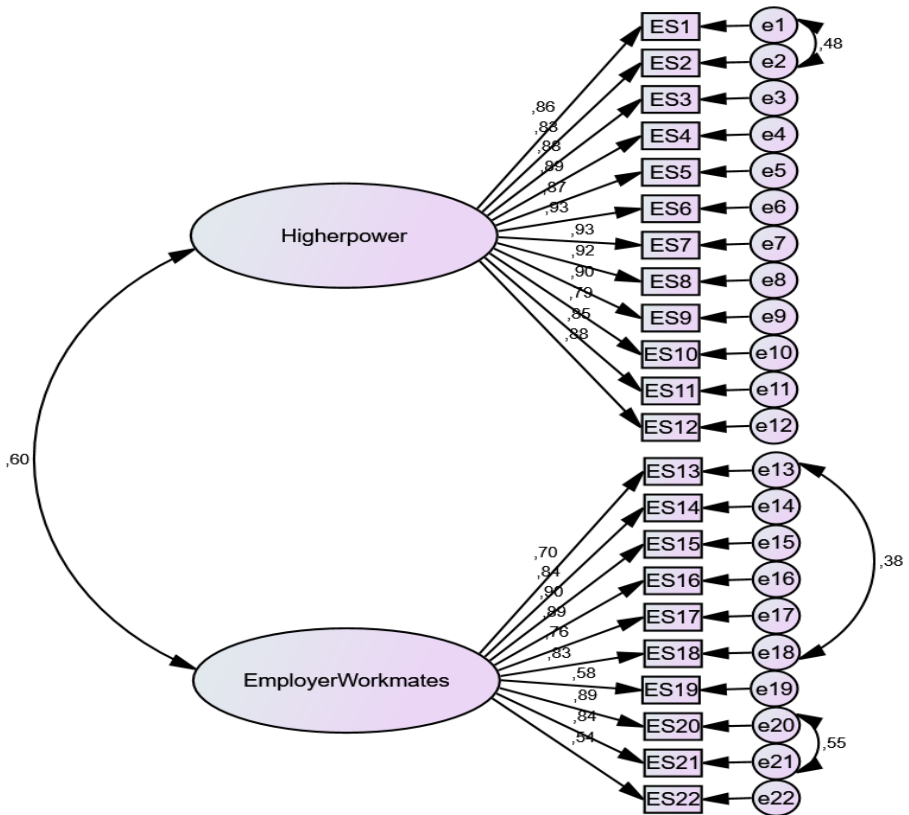
CFA was performed to determine if the Turkish ESS version adheres to the original scale's structure. Accordingly, the degrees of freedom of the chi-square value (χ^2/df), goodness-of-fit index (GFI), normed fit index (NFI), comparative fit index (CFI), and root mean square error of approximation (RMSEA) were calculated. Table 2 presents the fit indices for ESS.

Table 2
Fit Indices for the ESS

Observed Fit Indices	Fit Indices Obtained for ESS	Compliance Indices of the Modified ESS Version
χ^2/df	3.616	3.00
GFI	0.755	0.81
NFI	0.854	0.90
IFI	0.890	0.93
CFI	0.889	0.93
RMSEA	0,107	0.09

The 22-item Confirmatory Factor Analysis results are presented in Figure 1. As a result of CFA, 2 items (items 23 and 24) were removed from the scale because they did not fit. Procedures were carried out between ES1 and ES2, ES13 and ES18, and ES20 and ES21 within the scope of modification suggestions, and it was determined that they gave acceptable fits (Schermelleh-Engel et al., 2003). The most important reason for item covariance is the semantic overlap of the items. Both items "I believe that my Higher Power (for example, God) influences the course of my professional career" (ES1) and "My Higher Power (for example, God) has an influence on the choices I make at work" (ES2) focuses on the effects of one's spiritual beliefs in one's work life. The items "I am convinced that every employee deserves respect regardless of his or her duties" (ES13) and "I have respect for every employee, regardless of the position he or she holds" (ES18) both express the belief that any employee should be respected regardless of the nature of their job. The high covariance between these items indicates that they both share basically the same value and belief. The covariance between the items "I am understanding towards my workmates" (ES20) and "I am able to notice and appreciate other employees' effort" (ES21) indicates that the items reflect a common theme of social relations and work culture in the workplace.

Figure 1.
Modified two-factor model of the Employee Spirituality Scale



Criterion Validity

Validity based on the ESS criterion was examined by calculating Pearson correlations with the Turkish version of the SOS. Significant and positive correlations were found between the ESS and the SOS ($r=.704, p<.01$). Significant and positive correlations were also found between the sub-dimensions of the ESS (Relationship to Higher Power (God): $r=.734, p<.01$ and Attitude towards Workmates and Employer: $r=.487, p<.01$).

Item Analysis

To evaluate item discrimination in the ESS, a comparison between the top 27% and bottom 27% groups was examined. The independent sample test was calculated to determine the mean difference in item scores between the upper 27% and lower 27% groups. As a result of the analysis, there was a significant difference between the total scores and the lower 27% and upper 27% groups ($p<.05$). In another sense, the total score of the scale distinguished individuals into lower and upper groups.

Reliability Study

Within the scope of the reliability study of the ESS, Cronbach's alpha internal consistency coefficient was calculated. The scale's Cronbach's alpha coefficient in this investigation was determined to be .97 (Relationship to Higher Power (God) .98, Attitude towards Workmates and Employer .94). Accordingly, it can be concluded that the reliability of the adapted scale was excellent (De Vellis, 2014).

Discussion

In this study, reliability and validity studies were conducted to adapt the Employee Spirituality Scale, originally developed by Wnuk (2022), to Turkish healthcare professionals. Although various measurement tools can be used in the field of spirituality in Turkey (Çoban et al., 2017; Kasapoğlu, 2015; Kavas & Kavas, 2014), it is important to adapt a tool that will both determine employee spirituality and measure the spirituality of healthcare professionals.

From a human resource management perspective, spirituality enhances well-being in the workplace. Spirituality aids workers in finding the meaning and purpose of their work from a philosophical standpoint. It also helps workers build a feeling of community and connection with co-workers from an interpersonal one (Wnuk, 2022). In this respect, the adapted scale has a structure that can be used by Turkey's employees and managers. In addition, this tool can also assess healthcare workers' relationships with their work life and higher power to monitor their spiritual activities.

Exploratory and confirmatory factor analyses were conducted to examine the construct validity of the ESS. It can be concluded that the ESS has acceptable fit indices (Engel et al., 2003), and the original two-factor structure of the scale was confirmed. When the criterion validity was examined, the relationship between ESS and SOS was found to be significantly positive. In addition, item-total correlations of the lower and upper 27 percentiles were examined in the analysis of the items in the ESS. For the reliability analysis of the scale, Cronbach's alpha was calculated as .97, which is very similar to that of the original study ($\alpha = .94$). Accordingly, it can be concluded that the reliability of the adapted scale was excellent (DeVellis, 2014).

In conclusion, the Employee Spirituality Scale is a two-dimensional scale consisting of 22 items and is a valid and reliable tool for healthcare professionals in the Turkish context. Studies have demonstrated that developing personal spirituality for healthcare workers has benefits for both themselves and the patients they care for (Boero et al., 2005; Ross et al., 2016). However, since spirituality is an abstract concept, it can be difficult to measure. This scale will help determine how much importance healthcare professionals attach to their spirituality, how they give meaning to spirituality, and what role spirituality plays in their lives. Using

the employee spirituality scale with healthcare professionals is an important tool to help them become healthy and balanced in their professional and personal lives. This scale can improve the overall well-being of both employees and patients by allowing healthcare institutions to better understand the spiritual needs of their employees and develop programs to address these needs. It is believed that academics, healthcare professionals, and managers working in the fields of health and spirituality can benefit from this scale.

Limitations and Recommendations

This study has several limitations, including its cross-sectional design. Another limitation is that reliability and validity studies were not conducted. The lack of a linguistic equivalence study was also a limitation. To increase the generalizability and consistency of the findings, more diverse groups can participate in further validity and reliability studies, such as test-retest reliability or convergent-divergent validity.

This study was adapted for healthcare professionals. Future studies can be evaluated among workers in different fields and cultural contexts. In addition, the relationship between the EES scores and the scores of different scales was examined.

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Ethical approval. The study was approved by the Mardin Artuklu University Non-Interventional Ethics Committee (Approval no: 2023/12-37). This study conforms to the ethical guidelines of the 1975 Declaration of Helsinki.

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Data Availability Statements. The data supporting the findings of this study are available from the author upon reasonable request.

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