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Can Workplace Spirituality Buffer the Impact of Emotional Demand on Turnover Intention among Healthcare Workers?

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Abstract / *Abstrak*

High emotional demands placed on healthcare workers carry the risk of increasing turnover intention. Theoretically, workplace spirituality is expected to foster a sense of meaningful work that mitigates psychological stress; consequently, healthcare workers with high levels of spirituality would exhibit lower turnover intentions despite facing significant emotional demands. This study aimed to examine the impact of emotional demands on turnover intention, with workplace spirituality serving as a moderating variable. Employing a quantitative approach, data were collected via questionnaires from 284 healthcare workers and analyzed using Moderated Regression Analysis (MRA). The results indicate that emotional demands significantly increase turnover intention ($p < 0.001$). However, workplace spirituality was found not to moderate this relationship ($p = 0.281$). Hospital management should therefore prioritize direct interventions to alleviate the emotional burden on staff. Future research should explore other external variables, such as organizational support or workload policies.

Tingginya tuntutan emosional pada tenaga kesehatan berisiko meningkatkan turnover intention. Secara teoritis, workplace spirituality diharapkan mampu menghadirkan makna kerja yang berfungsi meredam tekanan psikologis. Sehingga, tenaga kesehatan yang memiliki spiritualitas tinggi akan memiliki intensi keluar yang lebih rendah meski merasakan tuntutan emosional yang besar. Penelitian ini bertujuan menguji pengaruh emotional demand terhadap turnover intention dengan workplace spirituality sebagai variabel moderator. Menggunakan pendekatan kuantitatif, data dikumpulkan melalui kuesioner dari 284 tenaga kesehatan dan dianalisis menggunakan Moderated Regression Analysis (MRA). Hasil penelitian menunjukkan bahwa emotional demand berpengaruh signifikan dalam meningkatkan turnover intention ($p < 0,001$). Namun, workplace spirituality terbukti tidak memoderasi hubungan tersebut ($p = 0,281$). Kegagalan efek moderasi ini mengindikasikan bahwa manajemen rumah sakit harus memprioritaskan intervensi langsung untuk mengelola dan mengurangi beban emosional pekerja. Penelitian selanjutnya disarankan untuk mengeksplorasi variabel eksternal lain, seperti dukungan organisasional atau kebijakan beban kerja, yang mungkin lebih efektif dalam meredam dampak tuntutan emosional.

Keywords / *Kata kunci*

Emotional Demand; Turnover Intention; Spirituality at Workplace

Tuntutan Emosi; Keinginan Keluar; Spiritualitas di Tempat Kerja

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Introduction

The work of healthcare professionals demands far more intensive emotional labor than other service sectors, as it involves constant interaction with suffering, death, and the critical needs of patients (Andersen et al., 2025; Iqbal, Adawiyah, Suroso & Wihuda, 2020). This could lead to higher intention to turnover amongs healthcare workers (Sutadi, Arneliza & Wahyuningsih, 2024). Unlike administrative or manufacturing workers who operate within more predictable work rhythms, healthcare professionals exist in a "context of dependency" where emotional demands are not merely task-related aspects but an integral part of caregiving that drains psychological energy (Gaan & Shin, 2023). This emotional burden often

exceeds individual resilience, creating moral distress that drastically increases turnover intention. This unique vulnerability makes healthcare professionals a crucial population for study; the consequences of turnover extend beyond organizational efficiency to pose a direct threat to patient safety and the quality of care—services that cannot simply be replaced by other personnel.

Within the Indonesian cultural context, which is deeply imbued with religious values, workplace spirituality transcends the secular concept of "finding meaning"; instead, it is firmly rooted in the concepts of worship and devotion to the Creator (Sutadi, Arneliza & Wahyuningsih, 2024). For healthcare professionals in Indonesia, patient care is often interpreted as an act of 'ihsan' (doing good) and a spiritual responsibility, lending a transcendent dimension to their daily work (Iqbal, Adawiyah, Suroso & Wihuda, 2020).

Consequently, workplace spirituality is hypothesized to be a highly potent moderator for this population, capable of transforming the perception of workload—shifting it from a mere, exhausting technical demand into a "space for worship." These Islamic values position spirituality as a unique and powerful psychological resource, theoretically serving as a robust buffer to neutralize the negative impacts of high emotional demands within the medical work environment.

Turnover intention refers to the likelihood that employees plan to leave their current organization (Yáñez et al., 2020) and their tendency to seek better opportunities elsewhere (Saufi et al., 2023), and it is also conceptualized as a conscious intention to leave the organization (Feng et al., 2025). High turnover intention negatively affects organizational performance, including the loss of skilled employees and increased replacement costs (Al-Suraihi et al., 2021; Monica et al., 2024), while at the individual level, it is associated with absenteeism, withdrawal, low commitment (Charzyńska et al., 2021), decreased job satisfaction, increased stress (Gaan & Shin, 2023), and anxiety in client-facing roles (Poon et al., 2022). Therefore, managing turnover intention is critical for sustaining organizational effectiveness. Turnover intention is influenced by both external and internal factors, where external factors include work relationships, management systems, labor unions, and compensation (Alam & Asim, 2019), whereas internal factors include emotional demand, job satisfaction, work experience, and adaptability (Wang et al., 2020), among which emotional demand is identified as a key predictor.

Additionalyy, emotional demand refers to emotional pressure arising from job demands that affect employees' psychological states. It involves continuous exposure to affective challenges (Popucza et al., 2025) and the need to regulate emotions such as anger, frustration, and sadness (Kaplan et al., 2024). Compared to physical and task-related demands, emotional demand imposes a greater burden due to its association with interpersonal interactions and conflicts (Navas-Jiménez et al., 2025). It is influenced by job risk, interaction intensity, and role responsibility (Broetje et al., 2020), as well as social support and workplace relationships (Christiansen & Clausen, 2025).

High emotional demand is associated with adverse outcomes, including burnout, reduced well-being, and lower work engagement (Andersen et al., 2025), as well as job dissatisfaction, absenteeism, mental health problems, and sleep disturbances (Baek et al., 2023). These findings highlight the need for strategies to mitigate emotional demand in order to reduce turnover intention.

One potential mitigating factor is workplace spirituality. Workplace spirituality refers to the pursuit of meaning and purpose at work, the development of meaningful interpersonal relationships, and the alignment of personal and organizational values (Pouragha et al., 2022; Iqbal et al., 2023). The JD-R model highlights the crucial role of job resources in buffering the detrimental impact of high job demands (Chirico et al., 2023). In the context of this study, workplace spirituality is positioned as an essential psychological resource—encompassing both personal and organizational dimensions (Haldorai et al., 2020).

When healthcare workers possess a high level of workplace spirituality, they are able to conceptualize their work not merely as a mechanical routine, but as a vehicle for self-actualization, a calling, and a contribution to a higher purpose. It is this dimension of transcendent meaning that acts as a moderator; workplace spirituality alters how individuals respond to pressure, such that—rather than escalating into turnover intention—emotional demands are reduced or neutralized through the power of meaningful work (Pouragha et al., 2022; Iqbal et al., 2023). In other words, spirituality functions as a protective shield that theoretically

weakens the positive relationship between emotional demands and the desire to resign.

Within the Indonesian sociocultural context, workplace spirituality holds a highly relevant position and is believed to possess a far stronger mitigating capacity than in Western nations. Unlike Western constructs of spirituality—which are generally secular and centered solely on the search for existential meaning—worker spirituality in Indonesia is deeply rooted in the religious values of everyday life.

In Indonesia, work—particularly in helping professions such as healthcare—is not viewed merely as a professional contract; rather, it is imbued with transcendent meaning as a form of worship (devotion to God) and a noble act of service (Sutadi et al., 2024; Iqbal et al., 2020). This theological perspective, integrated into daily work routines, theoretically fosters a robust layer of psychological resilience. Consequently, workplace spirituality is posited as an ideal and essential buffer; when healthcare workers face emotionally draining demands, this spiritual orientation is expected to transform their perception of the workload—shifting it from a source of suffering to a path of spiritual service—thereby effectively curbing the impulse to leave the job (turnover intention).

Beyond the Job Demands-Resources model, the role of workplace spirituality as a moderator can be explained through meaning-making theory. According to this theory, an individual's response to highly stressful events or situations is largely determined by their ability to construct and discover meaning within those negative experiences (Palframan & Lancaseter, 2019; Dik, Daniels & Alayan, 2024; Driver, 2007). In the context of healthcare work, persistent emotional demands—such as the need to suppress negative emotions while maintaining empathy for patients' suffering—often create psychological dissonance and a crisis of meaning. When this heavy affective burden is perceived merely as an energy-draining routine devoid of clear significance, workers become vulnerable to emotional exhaustion, which directly triggers an urge to escape or leave the job (turnover intention). The theory underscores that workplace pressure does not inevitably lead to an intention to quit; rather, the outcome depends heavily on the individual's success or failure in the process of making sense of that pressure (Palframan & Lancaster, 2019).

It is within this framework of meaning-making that workplace spirituality is hypothesized to play a crucial mitigating role. Workplace spirituality provides a cognitive and emotional foundation that enables workers to engage in the positive reappraisal of stressful situations (Dik, Daniels & Alayan, 2024; Driver, 2007). Through workplace spirituality, healthcare workers are empowered to look beyond their emotional exhaustion by linking emotional demands to higher purposes, a sense of connection to humanity, and a vocational calling. This transformative meaning-making effectively shifts the perception of the workload—transforming it from what was once viewed as destructive suffering into a meaningful act of service and sacrifice. Thus, spirituality acts as a buffer that neutralizes emotional stressors and absorbs their negative impact through the creation of robust meaning, thereby preventing emotional demands from escalating into turnover intention.

Various benefits can be obtained when employees possess workplace spirituality. A study by Chirico et al. (2023) suggests that workplace spirituality provides several advantages, including enhancing employee creativity, promoting higher productivity and job performance, and increasing job satisfaction as well as intrinsic motivation. Furthermore, Haldorai et al. (2020) found that workplace spirituality helps align individual goals with organizational objectives. This alignment enables employees to derive deeper meaning from their work and fosters a sense of connectedness within the workplace in pursuing shared goals. Therefore, workplace spirituality represents an important aspect that should be fostered in organizational settings, as it yields significant benefits for both individual development and overall organizational advancement.

Previous research has shown that emotional demand is positively related to turnover intention, often mediated by burnout (Charzyńska et al., 2021; Putri & Tiarapuspa, 2023), although inconsistent findings have also been reported (Hung et al., 2025). Additionally, workplace spirituality has been found to weaken the relationship between job demands and turnover intention (Hwang & Yi, 2022). However, prior studies have typically examined multiple job demands simultaneously, limiting the specific understanding of emotional demand.

Although emotional demands are considered a primary driver of turnover intention, prior literature reveals inconsistent findings, as their impact is often mitigated when employees possess adequate coping mechanisms or support resources (Baek et al., 2023; Tucker et al., 2020). This inconsistency necessitates an examination of

boundary conditions through moderator variables such as workplace spirituality, which functions as a job or personal resource within the Job Demands-Resources (JD-R) model framework. Through the lens of transcendent work meaning, spirituality is predicted to act as a buffer that neutralizes psychological exhaustion; employees are less likely to contemplate leaving when facing heavy demands because they perceive their work as a calling (Aboobaker et al., 2019; Charzyńska et al., 2021). Given the limited research specifically positioning spirituality as a moderator for emotional strain, testing this model among healthcare workers is crucial for bridging theoretical debates and validating the effectiveness of spiritual buffering in high-risk emotional labor environments.

Therefore, this study addresses this gap by focusing specifically on emotional demand and examining the moderating role of workplace spirituality in a broader context, particularly among healthcare workers. This study aims to analyze the effect of emotional demand on turnover intention and to examine whether workplace spirituality moderates this relationship. The findings are expected to contribute to the literature by providing a clearer understanding of the role of emotional demand and the effectiveness of workplace spirituality as a moderating factor.

Emotional demand refers to the pressure experienced by employees to display positive emotions despite being in an unfavorable emotional state, due to job demands that require regulating emotions in front of customers, colleagues, and the public. High emotional demand can lead to emotional exhaustion, stress, and decreased job satisfaction, ultimately increasing turnover intention, or the desire to leave one's job voluntarily. This is consistent with the Job Demands-Resources (JD-R) Model proposed by Bakker and Demerouti (2007), which states that emotional demand can increase turnover intention (Hung et al., 2025). However, the JD-R model also highlights the role of job resources in mitigating this effect (Rahnfeld et al., 2023). One such resource is spirituality at workplace, where employees perceive work as a means of self-actualization, personal growth, and contribution to a greater purpose, thereby weakening the positive relationship between emotional demand and turnover intention.

Method

Research Design

This study employed a quantitative non-experimental approach. The selection of Moderated Regression Analysis (MRA) for this study is based on its primary objective: to examine the interaction effect between the independent variable and a third variable (the moderator) on the dependent variable (Syahrizal & Jailani, 2023). MRA is a specific statistical approach within multiple linear regression designed to map how workplace spirituality (W) can alter the direction or strength of the relationship between emotional demands (X) and turnover intention (Y). Conceptually, this study seeks not merely to identify a direct causal relationship but to demonstrate a buffering effect.

Statistically, MRA accommodates this by incorporating an interaction variable—specifically, the product of emotional demands and workplace spirituality—into the equation model. MRA is also an ideal choice because the three measurement instruments (QEEW, the Mobley scale, and the SAW scale) yield interval-scale data derived from Likert-type formats; consequently, MRA provides the most precise and robust estimates for testing whether workplace spirituality truly serves as a protective shield against the intention to leave the organization.

Research Subjects

The population of this study consisted of healthcare workers from Generation Z and Millennials. This group was selected due to the nature of their work, which involves intensive service interactions and requires high emotional involvement (Subhaktiyasa, 2024). This is consistent with Aung and Tewogbola (2019), who stated that emotional labor is characterized by service-oriented work with direct interpersonal interactions. Generation Z and Millennials were chosen as they currently dominate the healthcare workforce and place a high value on work–life balance, as well as requiring adequate psychological support in managing work demands (Tan & Chin, 2023).

The participants in this study were healthcare workers employed in hospitals and clinic. The inclusion criteria were as follows: (1) aged between 20 and 40 years, (2) male or female, (3) currently working as healthcare personnel in a hospital or clinic, and (4) willing to complete the questionnaire. The questionnaire is shared through authors' personal channels on two hospitals and on clinic, one hospital in Jakarta and one hospital

and one clinic in Malang. The authors collaborate with the human capital division of the insitutions to obtain the data of the subjects.

Using convenience sampling method, a total of 284 respondents who met the specified criteria participated in this study. Based on an a priori power analysis conducted using G*Power, the minimum required sample size was 119, assuming a statistical power of 0.95 and a significance level (α) of 0.05. Therefore, the final sample size exceeded the minimum requirement, indicating that the study was adequately powered to detect the expected effects.

Table 1
Description of the Research Subjects

Variable	Frequency	Percent
Age		
20–25	67	23.6%
26–30	85	29.9%
31–35	69	24.3%
36–40	63	22.2%
Total	284	100%
Gender		
Male	94	33.1%
Female	190	66.9%
Total	284	100%
Profession		
Nutritionist	3	1.1%
Pharmacist	13	4.6%
Midwife	21	7.4%
Physician	15	5.3%
Physiotherapist	1	0.4%
Nurse	220	77.5%
Radiographer	4	1.4%
Total	284	100%

Table 1 shows that the respondents in this study were predominantly aged 26–30 years, accounting for 85 individuals (29.9%). Based on gender, the majority were female (190 respondents; 66.9%), exceeding the number of male respondents. In terms of profession, most respondents were nurses (220 respondents; 77.5%), while the remainder represented other healthcare professions.

Research Variables and instruments

This study included three variables: X (independent variable), Y (dependent variable), and W (moderating variable). Emotional demand (X) was measured using the *Questionnaire on the Experience and Evaluation of Work* (QEEW) developed by Bakker and Demerouti (2007) and adapted into Indonesian by Syahda (2020). This instrument is unidimensional, as emotional demand represents one dimension of job demands. It consists of five items (four favorable and one unfavorable) rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater emotional demand. The reliability coefficient of this scale was 0.746.

Turnover intention (Y) was measured using the scale developed by Mobley et al. (1978), which was translated into Indonesian by Saefullah (2018). The instrument consists of six items (four favorable and two unfavorable) rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). It comprises three dimensions: thinking of quitting, intention to search for alternative employment, and intention to quit. The adapted instrument demonstrated a reliability coefficient of 0.732.

Workplace spirituality (W) was measured using the *Spirituality at Work* (SAW) scale developed by Ashmos and Duchon (2000). The instrument consists of 21 favorable items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). It includes three dimensions: inner life, meaningful work, and alignment with organizational values. The scale was translated into Indonesian by Widyarini (2011) and demonstrated a reliability coefficient of 0.952.

Procedure and data Analysis

The research procedure consisted of several stages. First, a literature review was conducted using relevant scientific sources. Second, the preparation stage involved selecting appropriate measurement scales and designing the questionnaire using Google Forms.

Data collection was then carried out by distributing the questionnaire through social media platforms, including WhatsApp, LinkedIn, and Instagram, targeting respondents who met the inclusion criteria. The collected data were subsequently tabulated and organized systematically. Data analysis was performed using Moderated Regression Analysis (MRA). Finally, the results were compiled and interpreted in relation to previous research findings.

This research involves human participants. Therefore, the research follows ethical procedure of the authors' affiliation university which emphasize on: subject's concent upon data collection, data security and data anonymity, the usage of the data for research purpose only. This research has been granted ethical clearance by the research committee in the faculty level.

Table 2
Multicollinearity Analysis

Variabel	Collinearity Statistics		Information
	Tolerance	VIF	
Emotional Demand	0.965	1.036	There is no multicollinearity
Spirituality Workplace	0.965	1.036	There is no multicollinearity

Table 3
Interval Data

Variabel	Mean	SD	Kategori	Interval	Frekuensi	Persentase
Emotional Demand	11,58	3,405	High	> 14	179	63,03%
			Medium	10 – 13	118	41,55%
			Low	< 9	87	30,63%
Turnover Intention	11,73	4,341	High	> 15	81	28,52%
			Medium	11 – 14	90	31,69%
			Low	< 10	113	39,79%
Spirituality Workplace	83,50	12,34	High	> 90	87	30,63%
			Medium	78 – 90	119	41,90%
			Low	< 77	78	27,46%

Table 4
Moderation Analysis

Model		Unstandardized	Standard Error	Standardized	t	p
M_1	(Intercept)	2.434	4.823		0.505	.614
	Emotional Demand	1.173	0.421	0.920	2.787	.006
	Spirituality Workplace	0.009	0.056	0.025	0.157	.875
	Emotional Demand ✻ Spirituality Workplace	-0.005	0.005	-0.418	-1.081	.281

Results

Table 2 indicates that no multicollinearity was detected, as the VIF values for emotional demand and workplace spirituality were 1.036, which is below 10. Table 3 presents the distribution of variables across three categories: high, moderate, and low. Emotional demand was predominantly in the high category (179 respondents; 63.03%), turnover intention was mostly in the low category (113 respondents; 39.69%), while workplace spirituality was largely in the moderate category (119 respondents; 41.90%).

The result indicates that all research variables are normally distributed, as evidenced by skewness values within the range of −2 to +2. Emotional demand has a skewness value of 0.341, turnover intention 0.425, and workplace spirituality −0.145. Correlation analysis is conducted to ensure the absence of a significant relationship between variables as one of the assumptions for moderation analysis. The findings indicate that there is no significant relationship between turnover intention and workplace spirituality, as evidenced by a significance value of $p > 0.001$ ($p = 0.606$).

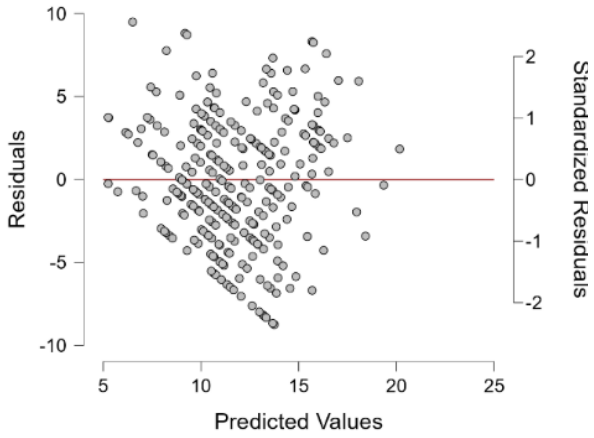
Figure 1 indicates the absence of heteroscedasticity, as evidenced by the random distribution of data points and the residuals being evenly dispersed around the zero line, indicating that the assumption of homoscedasticity is met.

Regression and Moderation Analysis

Data shows the regression analysis conducted to examine the effect of emotional demand (X) on turnover intention (Y). The emotional demand has a significant effect on turnover intention, as indicated by a significance value of $p < 0.001$. Furthermore, the strength of the effect through the R^2 value of 0.314, indicating that the independent variable explains 31.4% of the variance in the dependent variable, which can be considered a moderate to strong effect.

The moderation analysis, indicates that workplace spirituality does not moderate the relationship between emotional demand and turnover intention. This is evidenced by a significance value of $p = 0.281$, which exceeds the established threshold ($p < 0.05$), and therefore

Figure 1
Homoscedasticity Test



does not meet the criteria for a moderating variable.

Discussions

This study aimed to examine the effect of emotional demand on turnover intention, with workplace spirituality as a moderating variable among healthcare workers. The results indicate that emotional demand has a significant effect on turnover intention, with a moderate to strong effect size (R^2 = 0.314). However, workplace spirituality was not found to moderate this relationship (p = 0.281), indicating that it neither strengthens nor weakens the effect. These findings suggest that higher emotional demand is associated with a greater likelihood of healthcare workers intending to leave their organization.

Based on the Job Demands-Resources (JD-R) model, emotional demands placed on medical personnel act as work demands that constantly deplete an individual's psychological energy reserves (Kumpikaitė-Valiūnienė, 2014). The necessity to continuously regulate emotions to deliver excellent service often triggers a health impairment process, leading to emotional exhaustion and fostering turnover intention as a means of escaping the pressure. Within this conceptual framework, workplace spirituality was initially hypothesized to serve as an essential job resource. Through spirituality, workers might find meaning in their arduous tasks—viewing them as a calling and a form of self-actualization—which theoretically acts as a buffer to neutralize the destructive impact of high emotional demands.

However, the study's data analysis revealed a different empirical reality: workplace spirituality did not moderate (p = 0.281)—or failed to mitigate—the influence of emotional demands on turnover intention. The absence of this buffering effect suggests that the intensity of emotional demands experienced by healthcare workers may be exceptionally high, exceeding the restorative capacity of their individual psychological resources. This aligns with Framke et al.,'s (2021) perspective, which asserts that an overwhelming emotional burden—if poorly managed—triggers long-term negative risks that are difficult to mitigate through the workers' internal factors alone. These findings carry a significant implication: interventions relying solely on an individual's spiritual sense-making are insufficient; organizations must implement structural interventions that directly manage and reduce the intensity of emotional demands in the workplace.

In the context of healthcare work, emotional demand arises from intensive interactions with patients, the need for empathy, and pressure to provide optimal care. These conditions require healthcare workers to regulate their emotions and often suppress personal feelings while performing their duties (Sjöberg, 2025). Additionally, pressure from colleagues and patients may further intensify this condition, particularly when emotional demands are not effectively managed (Aiello & Tesi, 2017).

The moderating role of workplace spirituality was not supported in this study. The findings indicate that its moderating effect is weak and not statistically significant. This may be due to the high level of emotional demand experienced by healthcare workers, which exceeds individuals' psychological resources, thereby limiting the ability of workplace spirituality to buffer its impact. This finding is in line with Framke (2021), who argued that high and unmanaged emotional demand increases broader negative risks, including long-term health problems, and may not be easily mitigated by other factors.

The non-significant moderating effect of workplace spirituality may also be influenced by cultural differences between Western and Eastern contexts. Previous studies conducted in Poland reflect a Western perspective that emphasizes individual meaning, self-actualization, and personal fulfillment at work (Syahir et al., 2025). In contrast, in Indonesia as a representation of Eastern culture, workplace spirituality tends to focus more on social harmony, interpersonal relationships, and religious values integrated with social norms. These conceptual differences may lead to inconsistencies in how workplace

spirituality is understood and applied, thereby limiting its effectiveness as a moderating variable.

This study has several limitations. The sample was restricted to healthcare workers with specific characteristics, which may limit generalizability. Differences in work environments, organizational culture, management systems, and human resource policies across organizations may influence employees' psychological responses to emotional demand. These variations may affect how emotional demand is perceived and its relationship with turnover intention. Therefore, the findings should be interpreted with caution and further research is needed across broader populations and different occupational sectors.

Conclusion

This study aimed to examine the effect of emotional demand on turnover intention, with workplace spirituality as a moderating variable among healthcare workers. The results indicate that emotional demand has a significant effect on turnover intention, such that higher emotional demand is associated with a greater intention to leave the organization. However, workplace spirituality was not found to moderate this relationship.

The absence of a moderating effect suggests that hospital management should prioritize direct interventions to manage and alleviate the emotional burden on staff. Future research is encouraged to explore other external variables—such as organizational support or workload policies—that may be more effective in mitigating the impact of emotional demands.

Declaration

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Author Contributions

Conceptualization: AS; Methodology: AS, ATKA; Data collection and investigation: AS, ATKA, HAM; Data analysis: AS, ATKA, AAA; Writing—Original Draft Preparation: AS, ATKA; Writing—Review & Editing: AS, HAM, SBR, AAA; Supervision: AS.

Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Use of Artificial Intelligence

During the preparation of this manuscript, the authors used AI-assisted tools solely for proofreading the language and checking the consistency and accuracy of citations against the reference list. The AI tools were not used to generate research ideas, analyze data, or interpret findings. After using these tools, the authors reviewed and edited the content as needed and take full responsibility for the content of this article.

Ethical Clearance

Ethical review and approval were waived for this study because it was a non-interventional, minimal-risk survey of adult healthcare workers, in which data were collected anonymously through an online questionnaire without recording any personally identifiable information, and the procedures followed the research ethics guidelines of the authors' affiliated university. Prior to completing the questionnaire, all participants were informed of the study's purpose, the voluntary nature of their participation, their right to withdraw at any time, and the confidentiality of their responses, and all participants provided informed consent.

Data Availability

All data generated or analyzed during this study are included in this published article upon requested.

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