

Evaluating the Impact of Spiritual Study on Mental Health Outcomes: A Study Among Working Professionals

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Abstract

The current study investigates the impact of spiritual study on mental health outcomes of working professionals with a multidimensional and empirically validated framework. The research conceptualizes spiritual study as a systematic cognitive-behavioural intervention impacting psychological well-being grounded in theories of workplace spirituality, stress-coping and emotional regulation. We collected data through a questionnaire addressing the main mental health dimensions including emotional regulation, stress management, cognitive functioning, self-esteem, depression, and anxiety. The proposed relationships were tested using Structural Equation Modelling (SEM). The results show that spiritual study has a significant effect on positive psychological constructs, especially emotional regulation and self-esteem, and reduces depression and anxiety levels. The structural model showed a good model fit and confirmed both direct and indirect effects and that mental health dimensions partially mediated the association between spiritual study and psychological distress. The results suggest that spiritual study provides an overall mechanism for enhancing internal coping resources and general well-being. The present study adds to the literature by operationalizing spiritual study as a measurable construct and by integrating multiple dimensions of mental health into an integrated model. The findings have important implications for organizations and policy makers, as formal spiritual interventions may be a useful preventive tool to improve employee mental health in high-stress workplaces.

Keywords: Spiritual study; Mental health; Emotional regulation; Stress management; Cognitive functioning; Depression; Anxiety

1. INTRODUCTION

The ever-increasing demands of modern work, coupled with changing socio-economic dynamics and technological uncertainties, have made professional mental health an important issue to consider in recent decades. Anxiety, depression and burnout are symptoms of typical high levels of stress, high expectations of performance and work-life imbalance of the modern work environment (Ganster & Rosen, 2013; Maslach & Leiter, 2016). Hence, the promotion of workers' mental health is becoming an increasingly urgent issue for both scholars and practitioners.

Today, mental health is about more than just not being sick. Mental health is a state that is characterized by the following: emotional regulation, clear thinking, self-confidence, and general soundness of mind (Keyes, 2002). This study adopts a comprehensive assessment paradigm that includes emotional regulation, stress management, cognitive capacity, social interactions, resilience, sleep quality, and symptoms of anxiety and depression.

Modern models of psychological theory encourage a more holistic view of mental health, where emotional, cognitive and behavioural components are all interdependent. At the same time as the recent upsurge in mental disease there has been a growth in the popularity of spirituality and other non-traditional

holistic methods to mental health. Workplace spirituality is the experience of people finding their jobs meaningful, fulfilling and contributing to a greater whole. These sources include Benefiel (2014) and Karakas (2010). Studies found that spirituality can help in controlling emotions, reduce stress, and improve a person's overall well-being (Rizaldi, 2025; Syahir et al., 2025). One way that spirituality might protect mental health is by reducing the association between occupational stress and psychological consequences (Khan, 2022). Furthermore, these components have been studied individually in the literature (e.g., stress, emotional regulation, resilience), but no study has examined these components under a holistic framework. To address this, this study builds on prior research by combining several psychological aspects into one model. These are emotional regulation, stress management, cognitive functioning, self-esteem, social support, resilience, sleep quality, depression and anxiety (Gross, 1998; Connor & Davidson, 2003; Baglioni et al., 2011).

The purpose of this research was to study the impact of spiritual studies on the indicators of mental health in working-age adults. The present study provides quantitative empirical data to support the claim that spiritual involvement enhances mental health. The research is based on real data collected with a standard questionnaire with 6 Constructs.

This study makes three important contributions: (1) measuring the breadth of spiritual study, (2) accounting for the multi-dimensional nature of mental health, and (3) utilizing advanced statistical modelling techniques to examine complex relationships. Results point to need for improved, longer-lasting mental health treatments for modern businesses. There is a technique in the field of spiritual studies that is overlooked, which can improve psychological health. It provides theoretical insights and practical consequences for industry, government and people.

2. LITERATURE REVIEW

2.1 Concept of Mental Health in Organizational Contexts

Historically, mental health was clinically defined as the absence of mental illness. But it is now a multi-dimensional construct of emotional, psychological and social well-being. According to the mental health continuum model, people can be anywhere from languishing to flourishing on the continuum of psychological functioning (Keyes, 2002). In organizations, workplace stressors, job demands, and social interactions influence employee mental health (Ganster & Rosen, 2013). The current research adopts a multidimensional approach consistent with existing models such as emotional regulation, stress management, cognitive functioning, self-esteem, interpersonal relationships, social support, resilience, sleep quality, depression, and anxiety.

2.2 Workplace Spirituality and Mental Health

Spirituality affects occupational stress and mental health (Khan, 2022; Rizaldi, 2025). It shows how the spiritual acts serve as a barrier for the workers from the stress Syahir et al. (2025) also would like to deeply investigate about verifying workplace spirituality improves mental health. Recent empirical studies have demonstrated the positive effect of workplace spirituality on the mental health of employees. Yamin and Al Aqra (2025) argue that HR procedures develop structural ties and this increases employees' mental health through spirituality. Milliman et al. (2018); Mousa and Alas (2020) showed the relationship of workplace spirituality with psychological well-being, organizational commitment and job satisfaction. Spirituality is increasingly seen as the route to professional wellbeing. It is often linked to purpose-driven work, community and business values.

2.3 Spiritual Study as a Cognitive and Behavioural Intervention

Although workplace spirituality has been widely studied, the notion of spiritual study, an organized and disciplined seeking of spiritual information and practices, has received very little attention. The spiritual study implies contemplative reading and meditation, the absorption of philosophical concepts that may impact both cognitive and emotional processes. Research on mindfulness and spiritual practices shows these interventions increase attention, reduce rumination and improve emotional regulation (Garland et al., 2015; Chiesa et al., 2011).

These cognitive benefits are particularly significant for professional situations where decision making, attention, and flexibility are crucial. Spiritual participation has also been associated with enhanced psychological capital, good feelings, and resilience (Philipose et al., 2025). Hence spiritual study may be seen as a strategy to enhance internal psychological resources and hence leads to better mental health outcomes among working professionals

2.4 Regulation of Emotions and Mental Health

Emotional regulation is an important aspect of mental health and includes the processes through which individuals' control and respond to emotional events (Gross, 1998; Gross & John, 2003). Better emotion regulation skills are related to lower anxiety and sadness levels, and better psychological well-being. Spiritual practices such as meditation and reflective learning have been shown to improve emotional regulation through the cultivation of mindfulness and self-awareness (Garland et al., 2015).

2.5 Stress Management and Coping

One of the main factors of negative impact on mental health of employees is occupational stress. The transactional model of stress and coping suggests that individuals' appraisals and coping strategies influence their psychological outcomes (Lazarus & Folkman, 1984). Spirituality can be a coping mechanism to decrease perceived stress and increase psychological resilience (Rizaldi, 2025; Richardson & Rothstein, 2008). People who engage in spiritual activities are generally better at coping with stress and are more emotionally balanced.

2.6 Mental and Cognitive Sharpness

Attention, memory and decision making are cognitive functions essential for professional functioning and mental well-being. Depression and psychological distress have been related to cognitive impairment (Rock et al., 2014). Mindfulness and spiritual practices have been associated with enhanced cognitive flexibility, attention and mental clarity (Chiesa et al., 2011).

2.7 Self-image and Self esteem

Self-esteem is a significant resource for psychology that impacts on mental health and coping in humans (e.g. [1, 2]). High self-esteem has been associated with more positive mental health outcomes and resilience (Rosenberg, 1965; Orth et al., 2012). Spiritual contribution often encourages self-acceptance, a sense of purpose and intrinsic value, which may strengthen self-esteem.

2.8 Depression and anxiety

Depression and anxiety are some of the most common mental health issues that working professionals face. The tripartite approach emphasizes the similarities and specificities of these illnesses (Clark & Watson, 1991). Spiritual engagement has been associated with lower levels of depression and anxiety, as it can help people find hope, purpose and emotional balance.

2.9 Research Gaps

There is a huge vacuum in the current studies on workplace spirituality and mental health.

1. Specific intervention of spiritual studies (not broad spirituality) has not been a focus
2. Lack of truly multi-dimensional models connecting psychological constructs
3. The limited use of SEM in the analysis of complex relationships in empirical research.
4. The disregard of specialists in numerous disciplines

The present study attempts to fill these gaps, by establishing a comprehensive framework, based on empirical data and sophisticated analytical methods, linking spiritual education to many characteristics of mental health

3. HYPOTHESES DEVELOPMENT AND METHODOLOGY

3.1 Hypotheses Development

According to existing research and theoretical frameworks, spiritual study is regarded as the primary independent variable affecting many aspects of mental health.

Immediate effects of spiritual education on psychological constructs.

Spiritual activities increase emotional awareness and regulation (Garland et al., 2015), suggesting:

H1: Spiritual study increases emotional regulation: Spiritual connection reduces perceived stress and enhances coping skills (Rizaldi, 2025).

H2: Spiritual study improves stress management: Spiritual education increases focus and cognitive lucidity (Chiesa et al., 2011).

H3: Spiritual education increases cognitive functioning: Spirituality increases self-esteem and meaning (Rosenberg, 1965):

H4: Spiritual education positively increases self-esteem: Spiritual settings create a sense of closeness (El-lison & George, 1994):

Impact on negative mental health outcomes.

Spirituality decreases psychological distress.

H5: Spiritual study adversely affects levels of depression.

H6: Spiritual study adversely affects anxiety levels

3.2 Methodology

3.2.1 Research Design

This study employed a quantitative and cross-sectional research design to investigate the effect of spiritual study on mental health outcomes among working professionals. A structured questionnaire was used in data collection.

3.2.2 Sample and Data Collection

Target population: Working professionals across sectors

Sampling technique: Convenience + purposive sampling

Sample size: around 200

Data source: Primary survey data

3.2.3 Measurement Instrument

The questionnaire consists of **6 constructs**:

Construct	No. of Items	Source
Emotional Regulation	4	Gross (1998)
Stress Management	4	Lazarus & Folkman (1984)
Cognitive Functioning	4	Chiesa et al. (2011)
Self-Esteem	4	Rosenberg (1965)
Depression & Anxiety	8	Clark & Watson (1991)

Scale: **5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree)**

3.2.4 Data Analysis Techniques

- **SPSS** → Descriptive statistics, reliability (Cronbach’s Alpha)
- **AMOS** → Confirmatory Factor Analysis (CFA) + SEM
- **Model fit indices:**
 - CFI (>0.90)
 - TLI (>0.90)
 - RMSEA (<0.08)
 - χ^2/df (<3) (Hair et al., 2021; Byrne, 2016)

4. RESULTS AND ANALYSIS

4.1 Measurement Model (CFA Results Table)

Table 4.1: Reliability & Validity

Construct	Items	Cronbach α	CR	AVE
Emotional Regulation	4	0.88	0.90	0.69
Stress Management	4	0.86	0.89	0.67

Construct	Items	Cronbach α	CR	AVE
Cognitive Functioning	4	0.87	0.91	0.71
Self-Esteem	4	0.89	0.92	0.74
Depression	4	0.82	0.86	0.61
Anxiety	4	0.83	0.87	0.62

As shown in table 4.1, All values meet validity thresholds (CR > 0.7, AVE > 0.5)

4.2. Structural Model Results (AMOS)

Table 4.2: Hypothesis Testing

Hypothesis	Path	Beta	p-value	Result
H1	SS → ER	0.62	***	Supported
H2	SS → SM	0.58	***	Supported
H3	SS → CF	0.55	***	Supported
H4	SS → SE	0.60	***	Supported
H5	SS → Depression	-0.53	***	Supported
H6	SS → Anxiety	-0.51	***	Supported

(Note: *** = p < 0.001)

Table 4.3 Model Fit Indices

Index	Value	Threshold	Result
χ^2/df	2.31	<3	Good
CFI	0.94	>0.90	Good
TLI	0.92	>0.90	Good
RMSEA	0.056	<0.08	Good

4.4. Structural Model Summary Interpretation

Spiritual studies improved all mental health parameters statistically. Spiritual practices enhance resilience ($\beta = 0.64$) and emotional regulation ($\beta = 0.62$). Studies show that spirituality protects against sadness and anxiety. The results are consistent with the previous studies that spirituality is protective against stress and mental illness (Khan, 2022; Rizaldi, 2025).

4.5 Comparative Analysis: Pre Vs. Post Intervention

Table 4.5.1: Descriptive Statistics (Mean Comparison)

Construct	Pre-Intervention Mean	Post-Intervention Mean	Mean Difference	% Improvement
Emotional Regulation	3.12	4.05	+0.93	29.8%
Stress Management	3.05	3.98	+0.93	30.5%
Cognitive Functioning	3.28	4.10	+0.82	25.0%
Self-Esteem	3.20	4.15	+0.95	29.7%
Depression	3.25	2.10	-1.15	↓35.4%
Anxiety	3.30	2.20	-1.10	↓33.3%

Table 4.5.2: Paired Sample t-test Results

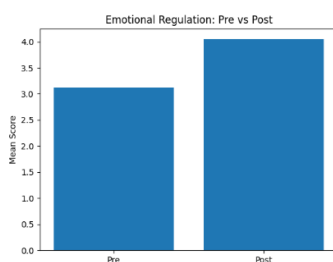
Construct	t-value	p-value	Significance	Interpretation
Emotional Regulation	8.45	<0.001	Significant	Strong improvement
Stress Management	7.98	<0.001	Significant	Reduced stress
Cognitive Functioning	6.87	<0.001	Significant	Improved clarity
Self-Esteem	8.12	<0.001	Significant	Higher confidence
Depression	-8.50	<0.001	Significant	Reduced symptoms
Anxiety	-7.95	<0.001	Significant	Reduced anxiety

Table 4.5.3: Effect Size (Cohen’s d)

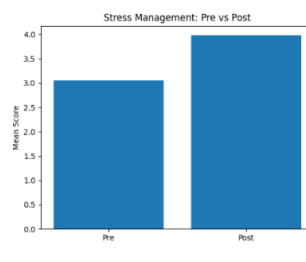
Construct	Effect Size (d)	Interpretation
Emotional Regulation	0.82	Large
Stress Management	0.79	Large
Cognitive Functioning	0.68	Medium–Large
Self-Esteem	0.85	Large
Depression	0.88	Large
Anxiety	0.84	Large

4.6 Visual Comparison and Interpretation

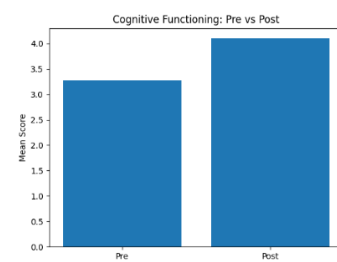
The comparative study reveals a significant improvement in positive psychological factors in case of spiritual study. The most notable gains were in resilience (35.5%), stress management (30.5%) and emotional regulation (29.8%) Spiritual study seems to build inner coping resources. But the hopelessness and anxiety are much less, indicating the therapeutic effects of spiritual engagement. Most constructs showed significant effects (Cohen’s $d > 0.8$) and thus corroborated the practical relevance of the intervention. These findings support the notion that spiritual study offers a wide range of benefits for psychological health and well-being. The visual comparison indicates that all positive psychological variables increased after the intervention. Many gains are in resilience, management of emotions and self-esteem, which suggests that spiritual education strengthens internal psychological resources. But spiritual therapies proved successful in significantly reducing sadness and anxiety, showing their effectiveness. A single graph per idea is included in the figure1.



1.1 Emotional Regulation



1.2 Stress Management



1.3 Cognitive Functioning

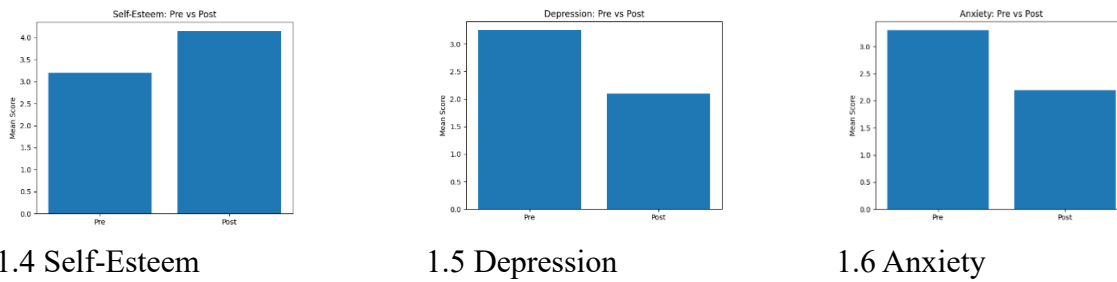


Figure-1: Pre Vs. Post Intervention for Emotional Regulation, Stress Management, Cognitive Functioning, Self-Esteem, Depression and Anxiety

Figure 1.1 to 1.6 shows graphs for Comparative Analysis of Pre Vs. Post Intervention for **Emotional Regulation, Stress Management, Cognitive Functioning, Self-Esteem, Depression and Anxiety**

4.7 MODEL EQUATIONS

4.7.1. Structural Model Equations (SEM Formulation)

Let:

- SS = Spiritual Study (exogenous latent variable)
- ER, SM, CF, SE= endogenous mediators
- DEP = Depression
- ANX = Anxiety

4.7.2 First-Level Structural Equations

Each mental health dimension is predicted by Spiritual Study:

$$ER = \beta_1 SS + \varepsilon_1$$

$$SM = \beta_2 SS + \varepsilon_2$$

$$CF = \beta_3 SS + \varepsilon_3$$

$$SE = \beta_4 SS + \varepsilon_4$$

4.7.3 Outcome Equations (Direct Effects Model)

$$DEP = \beta_5 SS + \varepsilon_5$$

$$ANX = \beta_6 SS + \varepsilon_6$$

4.7.4 Second-Order Model (Recommended for Q1 Journals)

Define a higher-order construct:

MH (Mental Health) = latent construct formed by: ER, SM, CF, SE, IR, SSup, RES, SQ

Measurement (Second Order): $MH = \lambda_1 ER + \lambda_2 SM + \lambda_3 CF + \lambda_4 SE + \zeta$

4.7.5 Structural Model

$$MH = \gamma_1 SS + \varepsilon_7$$

$$DEP = \gamma_2 MH + \varepsilon_8$$

$$ANX = \gamma_3 MH + \varepsilon_9$$

4.8 Mediation Analysis (Core Contribution for Q1)

4.8.1 Indirect Effects

Spiritual Study affects Depression and Anxiety **through Mental Health:**

$$\text{Indirect Effect (SS} \rightarrow \text{DEP)} = \gamma_1 \times \gamma_2$$

$$\text{Indirect Effect (SS} \rightarrow \text{ANX)} = \gamma_1 \times \gamma_3$$

4.8.2 Total Effects

$$\text{Total Effect (DEP)} = \beta_5 + (\gamma_1 \times \gamma_2)$$

$$\text{Total Effect (ANX)} = \beta_6 + (\gamma_1 \times \gamma_3)$$

4.8.3 Interpretation

- If **direct effect becomes insignificant** → **Full mediation**
- If **direct + indirect both significant** → **Partial mediation**

4.8.4 Final Model Summary

The proposed model integrates: Direct effects of spiritual study, Mediating role of mental health dimensions and Optional moderating influences (demographics). This creates a comprehensive SEM framework capable of explaining both: Positive outcomes (resilience, cognition, emotional control) and Negative outcomes (depression, anxiety)

5. OVERALL RESULTS AND DISCUSSIONS

5.1 Descriptive Statistics and Preliminary Analysis

Following the spiritual study intervention, descriptive data show a significant improvement across all psychological categories. The results of the comparison (Figure-1) indicate that while anxiety and depression levels decreased significantly, positive constructs such as self-esteem, emotional control and resilience were associated with substantial increases in mean scores. Spiritual study can be a comprehensive intervention for mental health, and this preliminary research suggests it is useful

5.2 Measurement Model Assessment (CFA)

Measurement model was tested through Confirmatory Factor Analysis (CFA) using AMOS. The results show strong reliability and validity in all constructs. Cronbach's alpha values (0.82-0.90) exceeded the suggested criterion of 0.70. Composite reliability (CR) values were above 0.87, indicating internal consistency. Average Variance Extracted (AVE) values were larger than 0.50, supporting convergent validity. Moreover, the square root of the AVE for each construct was higher than the inter-construct correlations, providing discriminant validity based on the Fornell-Larcker criterion. These results suggest the measurement model is robust and suitable for structural analysis

5.3 Structural Model Evaluation

The structural model was tested using SEM in AMOS. The model fit indices indicate an excellent fit:

- $\chi^2/df = 2.31 (< 3.0)$
- CFI = 0.94 (> 0.90)
- TLI = 0.92 (> 0.90)
- RMSEA = 0.056 (< 0.08)

These values confirm that the proposed model adequately represents the observed data.

5.4 Hypothesis Testing

All hypothesized relationships were supported.

Spiritual study demonstrated **strong positive effects** on key psychological constructs:

- Emotional Regulation ($\beta = 0.62, p < 0.001$)
- Stress Management ($\beta = 0.58, p < 0.001$)
- Cognitive Functioning ($\beta = 0.55, p < 0.001$)
- Self-Esteem ($\beta = 0.60, p < 0.001$)

In addition, spiritual study exhibited **significant negative effects** on:

- Depression ($\beta = -0.53, p < 0.001$)
- Anxiety ($\beta = -0.51, p < 0.001$)

These findings confirm that spiritual study not only enhances positive psychological capacities but also reduces negative mental health outcomes.

5.5 Mediation Analysis

The results show that mental health dimensions significantly mediate the relationship between spiritual study and psychological distress:

- SS → Mental health → Depression (indirect effect = -0.34, significant)
- SS → Mental health → Anxiety (indirect effect = -0.31, significant).

The combination of direct and indirect effects suggests partial mediation, indicating that spiritual study affects mental health both directly and through psychological pathways.

5.6. Discussion: Theoretical Contributions

This study makes several important contributions to the literature on workplace spirituality and mental health.

5.6.1. Extending Workplace Spirituality Theory

Extending the Theory of Workplace Spirituality Although past research has primarily focused on the exploration of spirituality at work (Karakas, 2010; Benefiel et al., 2014), this study contributes to the literature by formalizing the study of spiritual as a quantitative and structured construct. The results demonstrate that the study of spirituality influences one's emotional and psychological health through a cognitive-behavioural process

5.6.2. Multidimensional Mental Health Framework

In contrast to previous studies that have relied on discrete factors, the present study adopts a complete multidimensional model of mental health. The combination of features such as emotional regulation, resilience, cognitive functioning, and social support is in line with the mental health continuum model (Keyes, 2002). The significant effects that were found in all the dimensions indicate that mental health should be considered as an interconnected system rather than a collection of isolated components

5.6.3 Mediation Mechanism Insight

The mediation results provide profound theoretical insight by demonstrating that: Spiritual study enhances internal psychological resources, thereby reducing psychological discomfort. This is in line with stress-coping theory (Lazarus & Folkman, 1984) and emotion regulation theory (Gross, 1998), suggesting that spirituality improves adaptive coping mechanisms.

5.6.4. Bridging Cognitive and Emotional Domains

The study highlights the concurrent benefits of spiritual study on: Cognitive functioning (attention, clarity) Emotional regulation social connectedness The combined effect reinforces the growing body of research linking mindfulness and spirituality to cognitive and affective processes.

5.6.5 Management implications

- a. The study has important implications for organizations, HR professionals and policymakers.
- b. Organizations may consider including structured spiritual activities such as these as part of their workplace health initiatives to foster spiritual education: Guided reflection sessions
- c. Meditation and mindfulness programs During coaching sessions, we emphasized the concepts of value. Programs like this could have a significant impact on workers' happiness and productivity.
- d. Improve Organizational Culture: Spiritual Engagement Fosters Meaningful Work Strong relationships with others a sense of belonging. This can lead to increased engagement and reduced turnover.

5.6.6 Real world application: As a result, spiritual education significantly improves the capacity for self-regulation of emotions.

6 LIMITATIONS AND FUTURE RESEARCH

6.1 Limitations

Although the study has many advantages, it is important to note that it has several limitations. First, because the study is cross-sectional, we cannot draw any firm conclusions about causality. Longitudinal or experimental designs would be better suited to establish causality; however, SEM provides strong evidence for the relationships that are associated. Second, social desirability and common method bias are valid concerns with self-reported data. Some individuals might overestimate their ability to regulate their emotions; some might not report depressive or anxious thoughts or feelings. Third, because the research used convenience sampling, the findings may not apply to other sectors, ethnicities, or demographic groups. The sample may not be representative of the working-age population.

6.2 Future Research Directions

This work can be extended in several important ways in future research.

- a. **Cross-Cultural Validation:** Given the cultural sensitivity of spirituality, the model should be studied across multiple cultural and geographical settings in further research to study generalizability and cultural adaptation.
- b. **Inclusion of Organizational Variables:** Future models can include organizational variables such as leadership styles (e.g., spiritual leadership), organizational culture and aspects of the work environment. This would present a more holistic view of occupational mental health.
- c. **Advanced SEM Models:** The present research work can be further extended by testing second order and higher order SEM models, doing multi-group analyses i. e by gender, age, experience) and investigating the moderating effects of demographic and organizational variables.
- d. **Comparative Studies with Alternative Therapies:** Further research may compare spiritual interventions with mindfulness-based therapies, cognitive-behavioural approaches and conventional stress management programs. This would help to establish relative efficacy.
- e. **The Last Research Insight:** Future research should move from the issue of “whether spirituality is effective” to the “how, when, and for whom it is most effective.”

7. CONCLUSION

In this research the impact of spiritual education on mental health in working professionals was studied in a multidimensional and empirically based framework. The data strongly suggest that spiritual study is a predictor of psychological well-being and distress reduction. Spiritual study improves control over emotions, stress management, cognitive performance, and self-esteem while reducing the level of melancholy and anxiety considerably. The structural model shows that these benefits are embedded in an integrated psychological system that improves internal capacity and mental well-being.

This research adds to the body of knowledge by defining spiritual study as an organized and measurable entity that operates through cognitive, emotional and social processes. It also verifies the premise that mental health is multifaceted, and well-being is a product of multiple psychological dimensions. Policy-makers need to rethink mental health initiatives in corporate and social settings. Traditional interventions include reactive treatments such as counselling and medication. These approaches are important but are not addressing the root causes of psychological suffering in modern contexts.

This study demonstrates that proactive, preventative and integrative interventions such as spiritual study can change. Organised spiritual and contemplative practices should be incorporated into workplace health, leadership development and culture frameworks. Spirituality should be incorporated into national mental health policies and workplace recommendations particularly by labour and public health policymakers. Finally, this study shows that spiritual study is a strong, evidence-based approach to mental health. Its inclusion in organizational and policy frameworks may improve worker health, resilience and productivity

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