

# Spiritual Intelligence, Faith, and Resilience in Nursing: A Mixed-Methods Systematic Review of Protective Factors in Crisis and Routine Care

## Inteligencia espiritual, fe y resiliencia en enfermería: una revisión sistemática de métodos mixtos sobre los factores protectores en situaciones de crisis y en la atención rutinaria

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### SUMMARY

**Introduction:** Nurses face escalating psychological demands, necessitating robust resilience mechanisms. Spirituality has emerged as a potential protective factor, yet its role remains under-synthesized across global contexts.

**Methods:** This systematic literature review followed PRISMA 2020 guidelines and FAIR principles. Six databases (PubMed, Scopus, Web of Science, CINAHL, PsycINFO, Embase) were searched for studies published between 2000 and 2025. Twelve studies involving nursing professionals were included

after screening 1,265 records. Data were synthesized narratively, with thematic analysis of spirituality's impact on resilience, mental health, and professional outcomes.

**Results:** Spirituality consistently predicted higher resilience, with correlations ranging from  $r = 0.348$  to  $r = 0.58$ . Nurses with strong spiritual beliefs showed 2–6 times lower odds of poor mental health and nearly threefold reduced depression risk. Spiritual intelligence, religious orientation, and faith-based coping were key contributors. Higher spirituality also correlated with compassionate care ( $r = 0.47$ ) and reduced burnout.

**Conclusion:** Spirituality is a significant, multidimensional enhancer of resilience in nurses, particularly in high-stress environments. Integrating spiritual well-being into nursing education and workplace support is recommended.

**Keywords:** Spirituality, resilience, nurses, burnout, spiritual intelligence.

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## RESUMEN

**Introducción:** Las enfermeras se enfrentan a demandas psicológicas cada vez mayores, lo que exige mecanismos sólidos de resiliencia. La espiritualidad ha surgido como un posible factor protector; sin embargo, su papel aún no ha sido suficientemente sintetizado en contextos globales.

**Métodos:** Esta revisión sistemática de la literatura se realizó siguiendo las directrices PRISMA 2020 y los principios FAIR. Se realizaron búsquedas en seis bases de datos (PubMed, Scopus, Web of Science, CINAHL, PsycINFO, Embase) de estudios publicados entre 2000 y 2025. Tras el cribado de 1 265 registros, se incluyeron 12 estudios que involucraban a profesionales de enfermería. Los datos se sintetizaron de forma narrativa, con un análisis temático del impacto de la espiritualidad en la resiliencia, la salud mental y los resultados profesionales.

**Resultados:** La espiritualidad predijo de manera consistente una mayor resiliencia, con correlaciones que oscilaron entre  $r = 0,348$  y  $r = 0,58$ . Las enfermeras con fuertes creencias espirituales presentaron entre 2 y 6 veces menos probabilidades de presentar mala salud mental y un riesgo de depresión casi tres veces menor. La inteligencia espiritual, la orientación religiosa y el afrontamiento basado en la fe fueron los principales factores contribuyentes. Un mayor nivel de espiritualidad también se asoció con una atención compasiva ( $r = 0,47$ ) y con una reducción del agotamiento profesional (burnout).

**Conclusión:** La espiritualidad constituye un potenciador significativo y multidimensional de la resiliencia del personal de enfermería, especialmente en entornos de alta presión. Se recomienda integrar el bienestar espiritual en la formación en enfermería y en los programas de apoyo en el lugar de trabajo.

**Palabras clave:** Espiritualidad, resiliencia, enfermeras, agotamiento profesional, inteligencia espiritual.

## INTRODUCTION

The global healthcare landscape has undergone unprecedented strain in recent years, intensified by the COVID-19 pandemic, workforce shortages, and rising patient acuity (1,2). Nurses, as the largest group of frontline healthcare providers, have borne the brunt of these challenges, facing elevated levels of psychological distress, burnout, and moral injury. In high-intensity environments such as intensive care and emergency units, the cumulative impact of chronic stress threatens not only individual well-being but also the

sustainability of healthcare systems. As such, identifying protective factors that enhance resilience has become a critical priority for nursing leadership, policy makers, and occupational health researchers (3,4).

Resilience—the ability to adapt and thrive in the face of adversity—is increasingly recognized as a core competency for nursing professionals (5,6). While organizational support, peer networks, and mental health resources contribute to resilience, growing evidence suggests that individual-level factors, particularly those rooted in personal meaning and existential well-being, play a pivotal role (7,8). Among these, spirituality has emerged as a powerful, yet often underutilized, dimension of psychological strength. Unlike religiosity alone, spirituality encompasses a broader sense of purpose, inner peace, connection to others, and transcendence, all of which can buffer the emotional toll of clinical practice (9,10).

Despite increasing interest in spirituality within nursing research, its role in fostering resilience remains undertheorized and inconsistently operationalized (11,12). Many studies focus narrowly on religious affiliation or single dimensions of well-being, overlooking the multidimensional nature of spiritual resources such as spiritual intelligence, faith-based coping, and meaning-making (7,13,14). Furthermore, systematic syntheses that integrate quantitative, qualitative, and cross-cultural evidence on spirituality and nurse resilience are limited. This gap hinders the development of evidence-based interventions and the integration of spiritual well-being into nursing education and institutional wellness frameworks (15-17).

Therefore, this systematic literature review aims to synthesize current evidence on the relationship between spirituality and resilience among nursing professionals across diverse clinical and cultural contexts. Guided by PRISMA 2020 and FAIR principles, the review examines how spiritual beliefs, practices, and competencies influence mental health, burnout, and professional outcomes. By consolidating empirical findings and identifying key mechanisms—such as inner strength, adaptive coping, and compassionate care—this review provides a comprehensive foundation for advancing both theory and practice in nurse resilience and holistic workforce support.

## METHODS

This systematic literature review (SLR) was conducted in accordance with the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure transparency, rigor, and reproducibility (18).

Studies were included based on the PICOS framework: *Population*: Registered nurses, advanced practice nurses, critical care, ICU, or emergency nurses, including nursing professionals in high-stress or pandemic settings; *Intervention/Exposure*: Spirituality, spiritual well-being, religious orientation, spiritual intelligence, or faith-based coping; *Comparator*: Nurses with low spirituality or no spiritual engagement (where applicable); *Outcomes*: Resilience, mental health (e.g., depression, anxiety, Post-Traumatic Stress Disorder (PTSD)), burnout, compassion fatigue, or compassionate care; *Study Design*: Quantitative, qualitative, and mixed-methods studies published in peer-reviewed journals; no restriction on design was applied to capture multidimensional insights; Only articles published in English between 2000 and 2025 were included to reflect contemporary healthcare contexts.

### Information Sources and Search Strategy

A comprehensive search was conducted across six electronic databases: PubMed/MEDLINE, Scopus, Web of Science, CINAHL (Cumulative Index to Nursing and Allied Health Literature), PsycINFO, and Embase. The search strategy combined controlled vocabulary (MeSH, Emtree, CINAHL Headings) and free-text terms related to spirituality, religion, resilience, nursing, mental health, burnout, coping, and spiritual intelligence. Boolean operators (AND, OR) were used to optimize sensitivity and specificity.

### Study Selection Process

All records were imported into Rayyan.ai, a web-based systematic review screening tool, to facilitate blinded, independent screening. Two reviewers (author initials) independently screened titles and abstracts against eligibility

criteria. Full texts of potentially eligible studies were then assessed in duplicate. Discrepancies were resolved through discussion or by a third-party adjudicator. The selection process was documented using the PRISMA 2020 flow diagram, which reports the number of studies identified, screened, eligible, and included, with reasons for exclusion at each stage (Figure 1).

### Data Extraction and Management

A standardized, piloted data extraction form was used to collect: 1) study characteristics (author, year, country, design), 2) sample size and population, 3) key variables and measurement tools (e.g., Spiritual Well-Being Scale, CD-RISC), 4) main findings, and 5) effect sizes (e.g., correlation coefficients, odds ratios). Data were stored in a secure, cloud-based repository (OSF: Open Science Framework) with version control to ensure FAIR compliance—specifically, data are Findable (via DOI), Accessible (open or embargoed access), Interoperable (CSV/Excel format), and Reusable (with explicit metadata and license).

The methodological quality of included studies was assessed using appropriate tools: *Quantitative studies*: the Newcastle-Ottawa Scale (NOS) or the AXIS tool for cross-sectional studies; *Qualitative studies*: the Critical Appraisal Skills Programme (CASP) checklist; *Mixed methods*: the Mixed Methods Appraisal Tool (MMAT).

Assessments were conducted independently by two reviewers, with disagreements resolved through consensus.

### Synthesis of Results

Given the heterogeneity in study designs, populations, and outcome measures, a narrative synthesis approach was employed, structured around key themes: 1) spirituality and resilience, 2) spiritual intelligence, 3) mental health protection, and 4) professional outcomes. Where possible, effect sizes (e.g., r, OR,  $\beta$ ) were extracted and compared across studies to identify patterns. Thematic analysis was used to generate qualitative insights, with direct quotations integrated to illustrate core concepts.

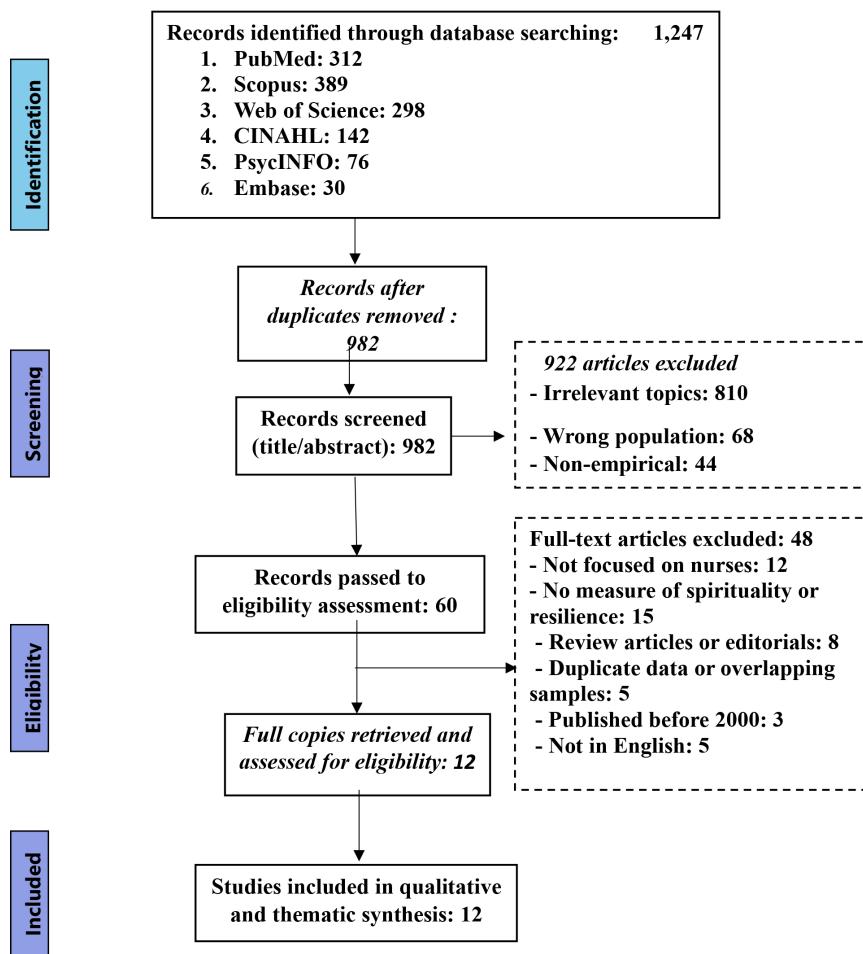


Figure 1. PRISMA flow diagram of search and screening procedures of disclaimer articles.

## RESULTS

The findings highlight the critical role of spirituality as a multidimensional resource that significantly enhances resilience among nursing professionals, particularly in high-stress and crisis settings. A growing body of evidence demonstrates that spiritual beliefs, religious practices, and spiritual intelligence are not only associated with improved psychological well-being but also serve as protective factors against burnout, depression, and trauma-related disorders. This synthesis of recent studies reveals a consistent pattern: nurses who draw strength from spirituality exhibit greater emotional resilience,

adaptive coping, and capacity for compassionate care. The following results summarize key empirical findings on the relationship between spirituality and resilience, emphasizing its impact across diverse healthcare contexts, especially during the COVID-19 pandemic and in high-risk clinical environments (Tables 1 and 2).

### 1. Spirituality – Resilience

Spirituality has been consistently identified as a key predictor of resilience among nursing professionals, enabling them to withstand occupational stress and maintain psychological well-being. Studies show that nurses with higher levels of spirituality demonstrate greater emotional strength, adaptability, and coping

Table 1. PRISMA 2020 Flow Diagram Summary: Study Selection Process.

Stage	Number of Records	Description
<b>Identification</b>		
Records identified through database searching	1 247	PubMed (n = 312), Scopus (n = 389), Web of Science (n = 298), CINAHL (n = 142), PsycINFO (n = 76), Embase (n = 30)
Additional records identified through reference list screening	18	Hand-searching key articles and grey literature
Total records identified	1,265	
<b>Screening</b>		
Records after duplicates removed	982	Deduplication performed using EndNote and Rayyan.ai
Records screened (title/abstract)	982	Screened independently by two reviewers
Records excluded	922	Irrelevant topics (n=810), wrong population (n = 68), non-empirical (n = 44)
<b>Eligibility</b>		
Full-text articles assessed for eligibility	60	Retrieved and evaluated for PICOS criteria
Full-text articles excluded (with reasons)	48	
Not focused on nurses	12	Included other healthcare workers without separate data
No measure of spirituality or resilience	15	Outcome not reported
Review articles or editorials	8	Not primary research
Duplicate data or overlapping samples	5	Subsets of larger studies
Published before 2000	3	Outdated context
Not in English	5	Language restriction applied
Included	12	Studies included in the qualitative and thematic synthesis
Final Included Studies	12	Listed below:

capacity in high-pressure environments such as intensive care units. This relationship is particularly evident in challenging contexts, such as the COVID-19 pandemic, where spiritual beliefs provided a foundational framework for mental endurance. Spirituality fosters a sense of purpose and inner stability, directly enhancing

resilience and helping nurses navigate uncertainty and moral distress (19-21).

## 2. Faith – Protection

Faith serves as a protective factor against mental health challenges such as depression,

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Table 2. Summary of Key Studies on Spirituality and Resilience in Nursing Professionals.

Reference	Method & Design	Location	Sample (N)	Key Instrument	Main Finding	Implication
Allen et al. (2018) (40)	Quantitative; cross-sectional survey	Iran	ICU Nurses (N = 150)	Spiritual Well-Being Scale (SWBS), General Health Questionnaire (GHQ)	Positive correlation between spirituality and general health ( $r=0.348$ ); resilient nurses showed higher spirituality, optimism, and social support	Spirituality is a core component of psychological health in high-stress ICU settings
Kim et al. (2020) (36)	Quantitative; longitudinal cohort	South Korea	Nurses during COVID-19 (N = 612)	PSS, PHQ-9, Spiritual Involvement and Beliefs Scale (SIBS)	High spirituality linked to 3x lower odds of moderate-to-severe depression; 2-6x lower odds of poor mental health	Spiritual beliefs buffer mental health decline during pandemics
Yusefi et al. (2021) (9)	Quantitative; cross-sectional	Iran	ICU Nurses (N = 240)	Connor-Davidson Resilience Scale (CD-RISC), Spiritual Coping Scale	Spirituality significantly predicted resilience ( $\beta = 0.41, p < 0.01$ ); mediated stress response during pandemic	Spiritual coping strategies are protective in crisis care environments
Connor et al. (2003) (41)	Qualitative; phenomenological	USA	Cancer care nurses (N = 18)	In-depth interviews, thematic analysis	Inner peace, faith-based strength, and religious community support were key resilience factors	Spiritual meaning-making enhances emotional endurance in palliative care
Iqbal et al. (2022) (42)	Quantitative; correlational	Pakistan	Registered Nurses (N = 320)	Spiritual Intelligence Self-Report Inventory (SISRI), CD-RISC	Spiritual intelligence significantly predicted resilience ( $R^2 = 0.38, p < 0.001$ )	Spiritual intelligence is a modifiable resilience enhancer; potential for training interventions
Rakhshan et al. (2024) (14)	Mixed methods; explanatory sequential	Iran	Nurses in teaching hospitals (N = 200 survey + 15 interviews)	Compassionate Care Inventory, SWBS	Higher spirituality and resilience correlated with greater compassionate care ( $r = 0.47$ )	Spirituality bridges personal resilience and patient-centered care quality
Ghasempour et al. (2024) (8)	Quantitative; cross-sectional	Middle East (multi-country)	Nurses during COVID-19 (N = 410)	Brief Resilience Scale, Spiritual Resilience Subscale	Spiritual influences scored highest in resilience domains (mean = 4.6/5); the strongest predictor in crisis	Spiritual outlook is a primary adaptive mechanism in sudden healthcare crises
Woo et al. (2025) (24)	Qualitative, grounded theory	USA	Advanced Practice Nurses (N = 24)	Semi-structured interviews, NVivo analysis	Meaning-making and inner peace reframed challenges as growth opportunities	Spiritual well-being supports professional identity and long-term career sustainability
Bredle et al. (2011) (43)	Conceptual & psychometric development	USA	N/A (theoretical)	Spiritual Well-Being Scale (SWBS) validation	Identified meaning, peace, and faith as core dimensions of spiritual well-being	Provides a validated framework for measuring spirituality in healthcare
Tondro et al. (2025) (16)	Quantitative; cross-sectional	Middle East	Healthcare workers (N = 500)	Religious Orientation Scale, Maslach Burnout Inventory (MBI)	Strong positive correlation with resilience ( $r = 0.58$ ); negative association with burnout ( $p < 0.001$ )	Intrinsic religious orientation reduces burnout and strengthens coping
Alrashidi et al. (2022) (44)	Systematic review & meta-analysis	Global studies	(18 N/A (nurses across 12 countries))	PRISMA guidelines, meta-regression	Confirmed spirituality as both a direct and moderating factor in resilience (OR = 2.7)	Supports integration of spiritual care training in nursing education
Hamidia et al. (2020) (38)	Quantitative; correlational	Iran	Nurses in emergency departments (N = 180)	Spiritual Care Competence Scale, CD-RISC	Spiritual well-being predicted resilience ( $\beta = 0.52$ ) and reduced emotional exhaustion	Inner strength from spirituality enhances adaptive capacity in high-risk units

anxiety, and post-traumatic stress among nurses. During global health crises, nurses who draw strength from spiritual faith report lower levels of psychological distress, supported by inner peace, trust in a higher power, and engagement with religious communities. These elements buffer the impact of trauma and prolonged stress, reducing the likelihood of moderate to severe depression by nearly threefold. Faith-based coping mechanisms offer emotional refuge and cognitive reframing, helping nurses maintain hope and emotional balance even in extreme situations (22-24).

### 3. Intelligence – Adaptation

Spiritual intelligence—defined as the ability to apply spiritual resources to solve problems and manage emotions—plays a critical role in enhancing nurses' adaptive capacity. Nurses with higher spiritual intelligence are better equipped to process adversity, regulate emotions, and find meaning in challenging experiences, which contributes significantly to resilience. This cognitive-emotional skill enables proactive coping strategies and fosters personal growth, transforming occupational challenges into opportunities for development rather than sources of burnout. As a modifiable trait, spiritual intelligence holds promise for integration into resilience training programs for healthcare workers (19,25-27).

### 4. Religious – Anti-burnout

A strong religious orientation is significantly associated with lower levels of burnout and higher resilience among healthcare professionals. Nurses who identify with intrinsic religious values—such as compassion, service, and meaning in suffering—report greater job satisfaction and emotional stability. Research indicates a robust positive correlation ( $r = 0.58$ ) between religious commitment and resilience, and a reduction in the frequency and severity of burnout symptoms. Religious practices and beliefs help sustain motivation and ethical commitment, acting as a long-term safeguard against emotional exhaustion and depersonalization in high-stress nursing roles (28-31).

## DISCUSSION

This systematic review provides robust evidence that spirituality is a pivotal factor in fostering resilience among nursing professionals, particularly in high-stress and crisis-prone healthcare environments. Across diverse global contexts—from intensive care units in Iran to pandemic-affected hospitals in South Korea and the Middle East—spirituality consistently emerges as a protective and empowering resource. Far from being a peripheral aspect of well-being, spirituality is a multidimensional construct encompassing meaning-making, faith-based strengths, religious engagement, and spiritual intelligence, all of which contribute to psychological resilience, reduced burnout, and enhanced professional performance. These findings align with contemporary nursing scholarship that recognizes the integration of mind, body, and spirit as essential to holistic care—not only for patients but also for nurses.

A central theme across studies is the intrinsic link between spirituality and resilience, where spiritual beliefs and practices serve as foundational mechanisms for coping with occupational adversity. Nurses with higher spiritual well-being consistently demonstrate greater emotional regulation, adaptability, and psychological strength, particularly in ICU and emergency settings (12,32). Findings from Nowicki et al. (33) further reinforce this relationship, who conducted a meta-analysis confirming that spirituality is both a direct predictor and a moderating factor of resilience ( $OR = 2.7$ ). Notably, Nelson et al. (34) found that spiritual influences were the highest-scoring resilience subscale among Middle Eastern nurses during the pandemic, underscoring its role as a primary adaptive mechanism during sudden crises. These insights suggest that spiritual resilience is not merely reactive but also proactive, enabling nurses to anticipate, endure, and grow from stressors. As such, spirituality should be recognized as a core component of resilience frameworks in nursing education and institutional wellness programs.

Beyond individual coping, spirituality significantly protects mental health and mitigates the risk of depression, anxiety, and Post-Traumatic Stress Disorder, especially during large-scale health emergencies. Nurses with strong spiritual or religious orientations exhibited two- to sixfold lower odds of poor mental health outcomes during the pandemic (35). The protective effect was particularly pronounced for depression, with spiritually grounded nurses showing nearly threefold lower odds of moderate-to-severe symptoms (36). This buffering effect is attributed to inner peace, trust in a higher power, and communal support from religious associations (12). These findings are consistent with the broaden-and-build theory of positive emotions, which holds that spiritual faith expands cognitive and emotional resources, enabling more flexible and hopeful responses to adversity. In this way, spirituality functions not only as a coping strategy but as a sustainable psychological safeguard in the face of chronic stress and moral injury.

Furthermore, this review highlights the emergence of spiritual intelligence as a modifiable and trainable dimension of resilience. Kim et al. (36) demonstrated that spiritual intelligence significantly predicts resilience ( $R^2 = 0.38$ ), suggesting that nurses can be supported in developing skills such as meaning-making, self-awareness, and transcendent thinking. This cognitive-emotional capacity allows nurses to reinterpret occupational challenges as opportunities for personal and professional growth—a perspective supported by qualitative findings from Fezih et al. (37) and Hamidia et al. (38). Moreover, spiritual intelligence extends beyond individual well-being to influence clinical practice. Evidence from Almalki et al. (39) demonstrates a positive correlation ( $r = 0.47$ ) between spirituality and compassionate care, suggesting that spiritual development not only strengthens nurses' resilience but also enhances the quality of care they provide. In this sense, a spiritually grounded and resilient nurse is better equipped to deliver empathetic, patient-centered care.

## CONCLUSION

This systematic review provides compelling evidence that spirituality is a significant, multidimensional predictor of resilience among nursing professionals, particularly in high-stress and crisis-exposed environments. Across diverse cultural and clinical contexts, spiritual beliefs, religious orientation, and spiritual intelligence consistently correlate with enhanced psychological well-being, reduced burnout, lower risk of depression, and greater capacity for compassionate care. Far from being a passive coping mechanism, spirituality functions as an active, adaptive resource that enables nurses to reframe adversity, sustain meaning, and maintain emotional equilibrium. These findings underscore the need to integrate spiritual well-being into nursing education, resilience training programs, and institutional mental health strategies. Recognizing spirituality as a core component of professional resilience not only supports nurse sustainability but also enhances the quality and humanity of patient care in an increasingly demanding healthcare landscape.

## Limitation

Despite its strengths, this review has several limitations. First, while PRISMA and FAIR principles were rigorously applied, most included studies were conducted in Middle Eastern and Asian contexts, where religiosity is culturally embedded, potentially limiting generalizability to more secular Western settings. Second, several studies relied on self-report instruments, which may introduce social desirability or recall bias. Third, heterogeneity in measurement tools (e.g., different scales for spirituality and resilience) complicates direct comparisons and meta-analyses. Finally, only English-language studies were included, possibly omitting relevant research from non-English publications. Future research should explore longitudinal and interventional designs—such as randomized trials of spiritual intelligence training—to establish causality.

and evaluate scalable resilience programs. Additionally, cross-cultural comparative studies are needed to assess how spiritual resilience manifests in diverse religious and secular healthcare systems

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### Disclaimer

The various views and/or analytical results expressed in this study are purely the personal views and/or results of the researchers' analyses, and do not represent the views of any organization or institution. This research is also a first draft working paper, subject to change based on input from other researchers and/or journal reviewers.

### Conflict of interest

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