Spirituality in Nursing: Its Level and Impact on Nurses’ Well-Being

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ABSTRACT

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| **Aims:** This study explores the level of spirituality among registered nurses and its relationship to their personal well-being and professional practice. Spirituality is increasingly recognized as a critical component of holistic healthcare, contributing not only to the emotional resilience of healthcare providers but also to the quality of care they offer patients. The primary objective of this study was to assess the spiritual maturity of nurses and to examine how various demographic factors—such as age, sex, years of service, and job position—correlate with spirituality in the clinical setting.**Study design:** Descriptive statistics, including frequency counts, percentages, and rankings, were used to analyze demographic data. Inferential statistics, specifically the chi-square test of independence, were applied to explore associations between demographic variables and levels of spiritual maturity.**Place and Duration of Study:** MMG-PPC Cooperative Hospital and ACE Medical Center, between January-May 2025.**Methodology:** This study involved registered nurses (N=55) as respondents. Data were collected using a researcher-designed questionnaire divided into three sections: demographic data, spiritual maturity, and the perceived impact of spirituality in clinical setting. The second and third sections employed a 5-point Likert scale to quantify levels of spirituality and impacts of spirituality in the respondents. **Results:** The findings revealed that the majority of respondents were aged 21 to 25, predominantly female, and had fewer than three years of professional experience. Spiritual maturity was significantly associated with age, gender, length of service, and job position. Female nurses reported higher levels of spiritual engagement, and those in leadership positions were more likely to promote spiritually supportive environments. **Conclusion:** Older and more experienced nurses exhibited deeper spiritual awareness, likely stemming from accumulated life and clinical experiences. These study highlights the need for targeted support, mentorship, and continuing education to cultivate spiritual growth across all levels of nursing practice. |

*Keywords: spirituality, spiritual maturity, nurses’ well-being and stress, Philippine clinical setting*

1. INTRODUCTION

**1.1 Background of the Study**

Nursing is an extensive profession that strives to reach individuals of all ages, families, and communities, whether they are sick or well, and in all settings. It encompasses the promotion of health, the prevention of illness, and the care of those who are ill or even dying (World Health Organization, n.d.). Nurses play significant roles in the recovery of patients in collaboration with other healthcare team members, and their contributions are particularly crucial. They interact with patients daily and provide care not only to the patients but also to their families. The care nurses offer is a vital factor in the well-being and recovery of patients. This is especially true for patients experiencing grief, those who have been hospitalized for extended periods, or families overwhelmed by exhaustion, managing bills, and ensuring that prescribed medications are purchased on time. What nurses say and how they respond can greatly influence the overall health and well-being of their patients. Nursing demands not only technical skills but also a deep sense of compassion, empathy, and dedication. Nurses often encounter the pain, suffering, and vulnerability of individuals in their most critical moments, making it essential to explore the role of spirituality in their practice.

In nursing, spirituality is recognized as an important aspect of holistic care. Spiritually aware nurses bring compassion, purpose, and resilience to their practice, positively impacting both patients and themselves. While studies have examined the spiritual needs of patients and the impact of spirituality on patient care, there is limited understanding of the spirituality of nurses themselves and its influence in their nursing practice. Understanding the spirituality of nurses and its impact on their profession is crucial for several reasons. First, spirituality is an essential aspect of holistic care and has the potential to enhance the well-being of both nurses and patients. Second, nurses' spiritual well-being can influence their ability to cope with stress, exhibit compassion, and find meaning in their work. Lastly, incorporating spirituality into nursing education and practice can contribute to a more comprehensive and patient-centered approach to care.

The history of exploring the spirituality of nurses and its application in the nursing practice can be traced back to the recognition of the holistic nature of healthcare. Historically, nursing has been associated with the spiritual care of patients, as Florence Nightingale, the founder of modern nursing, emphasized the importance of providing holistic care that addresses the physical, emotional, and spiritual needs of patients. However, over time, the focus on spirituality within nursing has been influenced by shifts in healthcare paradigms and improvement of the nursing practice.

The problem at hand is the lack of comprehensive research exploring the spirituality of nurses, including both student nurses and registered nurses, and its connection to their nursing practice. Establishing the gaps in spiritual care practices can be challenging, particularly within the high-pressure environment of the nursing profession. Student nurses, during their nursing education, may contend with questions of identity, purpose, and meaning as they seek to integrate their spiritual beliefs and values into their professional roles. On the other hand, registered nurses face challenges in maintaining their spiritual well-being amidst the demands and complexities of the nursing profession. However, it would be highly beneficial if institutions provide more support, such as allocating time for training for both student nurses and registered nurses. Learning begins in the classroom, especially in culturally diverse settings where students can gain a broader understanding of spirituality. Through effective education and training, skill development can occur, equipping nurses the confidence needed to provide spiritual care to patients. This, in turn, can play a crucial role in aiding patients' recovery and promoting holistic care.

The researcher developed this study based on her observations and personal experiences as a clinical instructor and staff nurse. She has noticed that nursing students often demonstrate ineffective coping mechanisms for stress, which may lead them to consider shifting to other programs. In hospital settings, burnout and high turnover rates are prevalent, with some newly hired nurses resigning within just a few months. This is influenced by various factors, one of which is how stress is managed in relation to their spirituality. This connection not only affects nurses’ coping mechanisms but also impacts the quality of care they provide to their patients. This established a gap that needs to be addressed in the nursing curriculum, extending from nursing education to professional practice. Addressing this gap could bring substantial benefits to the nursing profession, particularly by improving patient satisfaction and contributing to better overall recovery outcomes.

**1.2 Significance of the Study**

The study holds significant implications for the field of nursing and healthcare. The findings of this study can contribute to the existing knowledge and have practical implications that positively impact nursing profession.

Department of Health (DoH). The data gathered from this study can serve as a valuable reference for reviewing the nursing curriculum and designing professional continuous training programs. This can lead to more successful and effective patient-centered care, benefiting not only patients but also nurses and the healthcare system as a whole.

Nursing Service Administration. Understanding how spirituality contributes to nurses' resilience, coping mechanisms, and job satisfaction can guide to the development of effective interventions and support systems. The Nursing Service Administration may use this knowledge to develop strategies that nurture nurses' spiritual development and support their continued growth as healthcare professionals.

Registered Nurses. Recognizing the role of spirituality in nursing practice highlights the importance of enhancing nurses’ well-being to enable them to deliver holistic patient care. By cultivating good spiritual health, nurses can strengthen their compassion, readiness, and ability to provide holistic care. This emphasis on spirituality also supports their professional growth, equipping them to manage higher levels of stress as they progress in their careers.

Patients. Addressing patients' spiritual needs can significantly impact their well-being and support their recovery.

Future Research. This study can inspire further research into the role of spirituality in nursing, encouraging the exploration of additional factors that impact nurses' well-being and patient outcomes. The findings can shed light on ethical implications and dilemmas in nursing practice, as spirituality often intersects with ethical dimensions of patient care. Understanding nurses' spirituality can also inform ethical decision-making processes. The study's insights can help illuminate how spirituality influences nurses' personal and professional growth.

**1.3 Statement of the Problem**

This study aimed to determine the extent or level of spiritual maturity in the nursing profession of two hospitals in Puerto Princesa City, Palawan.

In particular, this study will respond to the following queries:

1. What is the demographic profile of the respondents in terms of:

 a. age;

 b. sex;

 c. years of experience (for registered nurses); and

 d. position?

2. What is the level of spiritual maturity in the nursing profession in terms of:

 a. stress level;

 b. coping mechanism;

 c. social support;

 d. spiritual practices;

 e. beliefs; and

 f. values?

3. What are the impacts of spirituality in the hospital setting in terms of:

 a. stress level;

 b. coping mechanism;

 c. social support;

 d. spiritual practices;

 e. beliefs; and

 f. values?

4. Is there a relationship of the demographic profile of the respondents to the variables determining spiritual maturity?

5. What programs can be proposed to enhance the spiritual aspect of nursing profession?

**1.4 Literature Review**

The reviewed literature provides a foundation for understanding the factors influencing the spirituality of the nursing profession. The studies emphasize the critical role of nurses and the challenges they face, particularly in the Philippine context, where a high turnover rate is attributed to migration to other countries. Factors such as low salaries, which are likely driving this trend, are also highlighted. Moreover, the literature emphasizes the importance of addressing patients' spiritual needs during critical moments in their recovery, underscoring the pivotal role nurses play in this aspect of care.

These findings collectively highlight the need to prioritize nurses' well-being and recognize the significance of spirituality in patient care. Neglecting nurses' well-being not only affects their quality of life but also hampers their ability to deliver optimal care and address the holistic needs of their patients.

**1.5 Purpose of the Study**

This study seeks to explore the level of spirituality among registered nurses as it relates to their well-being. The study aims to provide insights into the importance of nurses’ spiritual health, so they can offer this support to their patients, ultimately leading to improved patient satisfaction.

**1.6 fig 1-Theoretical Framework**



Maslow's Hierarchy of Needs is one of the most basic theories that will be used in this study. The theory comprises five levels of human needs, with Self-Actualization (morality, creativity, spontaneity, acceptance, experience, purpose, meaning, and inner potential) as the pinnacle. According to the theory, the higher up the tier, the more difficult it is to achieve due to various barriers. Maslow, (1943, 1954) describes this as "to become everything one is capable of becoming," as it is the self-fulfillment of each individual. This could also pertain to the spirituality of the individual, whether it may be a nurse or a patient being cared for. Addressing this need significantly impacts the well-being of individuals.

Leadership in nursing systems administration faces significant challenges, but an effective approach to address these is the Transformational Leadership Theory. Originally introduced by James Downton in 1973, expanded by James Burns in 1978, and further developed by Bernard Bass in 1985, this leadership style could be applied not only in nursing but also across various fields. Transformational leadership focuses on inspiring, empowering, and motivating employees to innovate and exercise autonomy in their roles, encouraging their professional growth. In the context of nursing, this approach is particularly important, as the Philippines experiences high rates of burnout and turnover among nurses. Implementing transformational leadership could be highly beneficial in addressing these issues. Prioritizing nurses’ well-being is crucial, as they are the primary caregivers for patients. By supporting nurses, the hospital system can enhance its reputation and improve overall patient care outcomes.

Jean Watson’s Theory of Human Caring is another significant framework for nursing practice. It outlines Ten Carative Factors (Embrace, Inspire, Trust, Nurture, Forgive, Deepen, Balance, Co-Create, Minister, and Open) that guide nurses in providing holistic patient care (Watson, 1997). This theory emphasizes creating a healing environment that addresses not only physical and emotional health but also spiritual well-being. Building faith and hope during hospitalizations is vital, as patients often rely on these elements for emotional strength and recovery.

In the Human Becoming Theory, Parse, (1992) highlights the biological, psychological, sociological, and spiritual aspects of each individual and their continuous interaction with the environment. It explains that every person is unique, and that individual and their environment are inseparable. The theory underscores the importance of a strong nurse-patient relationship, where nurses do not solely focus on solving problems but also recognize the patient as an individual with unique life experiences. The ongoing search for purpose and meaning in life is central to this interaction. Nurses are encouraged to provide a holistic approach to patient care through collaboration to understand and empower their patients.

2. methodology

**2.1 Research Design**

This study adopted a quantitative research approach in exploring the experiences, beliefs, and practices of nurses regarding spirituality and its integration into their nursing practice. Inferential statistics were applied, specifically the chi-square test of independence, to determine the relationship between the Demographic Profile (age, sex, years of experience, and position of registered nurses), the Level of Spiritual Maturity (stress level, coping mechanisms, social support, spiritual practices, beliefs, and values), and the impacts of spirituality in the nursing profession (stress level, coping mechanisms, social support, spiritual practices, beliefs, and values).

The findings contribute to the existing knowledge on spirituality in nursing, inform curriculum development, and support interventions for enhancing nurses' spiritual well-being. The findings may inform the development of interventions and policies that promote nurses' spiritual well-being and enhance their capacity to address the spiritual needs of patients. By examining the current state of spirituality within the nursing profession, the study could identify gaps and areas for improvement in the education, training, and support provided to nurses. This study could contribute to the advancement of patient-centered care and the holistic approach to healthcare delivery.

**2.2 Research Respondents**

The research respondents for this study consisted of 55 registered nurses from MMG-PPC Cooperative Hospital and ACE Medical Center in Puerto Princesa City, Palawan, Philippines. By including registered nurses with varying years of experience and of different departments, the study aimed to capture a diverse range of perspectives related to the spirituality of nurses and their readiness to apply it in nursing practice.

This study facilitated a convenience sampling approach in selecting respondents. This method represented nurses from different experience levels and departments, providing a comprehensive understanding of the relationship of the variables.

**2.3 Research Instruments**

This study aimed to assess the spirituality and impacts of spirituality in nursing practice among registered nurses. Using quantitative research methods such as survey questionnaires (𝜶= 0.97), the researcher engaged registered nurses in set of questions to assess their spirituality and its impacts to the nursing profession.

The survey questionnaire consisted of three parts: (1) the demographic data, (2) the level of spiritual maturity in the nursing profession, and (3) the impacts of spirituality in the clinical setting.

**2.4 Data Collection Procedure**

Data were collected through surveys distributed to registered nurses. The questionnaires were administered in person, depending on the participant’s availability. The data collection process ensured that all respondents were informed about the purpose of the study, the voluntary nature of their participation, and their right to confidentiality.

Respondents completed the questionnaire individually, and the researcher was available to clarify any questions during the administration process. After completion, the responses were collected and organized for analysis. The data were anonymized to protect respondents’ identities.

**2.5 Data Analysis Procedure**

The data collected from the survey questionnaires was analyzed using inferential statistical methods (frequency counts, percentages, and rankings) which examined the relationships between the demographic profile of the respondents and the variables determining spiritual maturity and its impact to the registered nurses in the clinical setting. The data were analyzed to identify significant patterns, relationships, and trends.

3. results and discussion

***3.1 Demographic Data***

Table 1.a. Respondents’ Demographic Profiles in terms of Age

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondents’ Age** | **Frequency** **(f)** | **Percentage (%)** | **Rank** |
|  | 21 – 25 years old | 29 | 52.72 | 1st |
| 26 – 30 years old | 4 | 7.27 | 4th |
| 31 – 35 years old | 11 | 20 | 2nd |
| 36 – 40 years old | 9 | 16.36 | 3rd |
| 41 – 45 years old | 2 | 3.64 | 5th |
| **TOTAL** | **55** | **100** |  |

Table 1.b. Respondents’ Demographic Profiles in terms of Sex

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondents’ Sex** | **Frequency** **(f)** | **Percentage (%)** | **Rank** |
|  | Male | 9 | 16.36 | 2nd |
| Female | 44 | 80 | 1st |
| No Response | 2 | 3.36 | 3rd |
| **TOTAL** | **55** | **100** |  |

Table 1.c. Respondents’ Demographic Profiles in terms of Years of Experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondents’ Years of Experience** | **Frequency** **(f)** | **Percentage (%)** | **Rank** |
|  | Less than 1 years | 22 | 40 | 1st |
| 1 – 3 years | 21 | 38.18 | 2nd |
| 4 – 6 years | 3 | 5.45 | 4th |
| 7 – 10 years | 3 | 5.45 | 4th |
| More than 10 years | 6 | 10.90 | 3rd |
| **TOTAL** | 55 | **100** |  |

Table 1.d. Respondents’ Demographic Profiles in terms of Years of Position

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondents’ Position** | **Frequency** **(f)** | **Percentage (%)** | **Rank** |
|  | Staff Nurse | 36 | 64.45 | 1st |
| Senior Nurse | 8 | 14.55 | 2nd |
| Charge Nurse | 8 | 14.55 | 2nd |
| Head Nurse | 1 | 1.82 | 4th |
| Nurse Supervisor | 2 | 3.64 | 3rd |
| **TOTAL** | 55 | **100** |  |

***3.2 Respondents’ Level of Spiritual Maturity in the Nursing Profession***

Table 2.a. Respondents’ Level of Spiritual Maturity in the Nursing Profession

In terms of Stress Level

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *I feel stressed right now.*
 | 3.20 | Neutral |
| 1. *In the past month, I felt overwhelmed by my responsibilities and workload.*
 | 3.55 | Agree |
| 1. *Stress affects my physical health.*
 | 3.57 | Agree |
| 1. *I have a specific time in the day where I feel the most stressed.*
 | 3.15 | Neutral |
| 1. *I can easily think of 5 major sources of stress in my life.*
 | 3.31 | Neutral |
| ***Overall Mean Rating*** | **3.35** | **Moderately High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The mean rating of 3.35 categorizes the level of stress among nurses as moderately high, pointing to the need for effective coping strategies and support systems within healthcare settings. Further, this suggests that while stress is a common aspect of their professional experience, it is at a level that could be managed with appropriate interventions. Given that stress significantly affects physical health and overall well-being, this implies that healthcare institutions should prioritize stress management programs and resources for nurses. Thus, implementing wellness initiatives that include stress-reduction techniques, such as mindfulness and resilience training, can enhance nurses' spiritual maturity and improve patient care outcomes.

Table 2.b. Respondents’ Level of Spiritual Maturity in the Nursing Profession

In terms of Coping Mechanism

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *My coping strategies in managing stress are effective.*
 | 3.65 | Agree |
| 1. *When faced with a stressful situation, I like to solve the problem directly.*
 | 3.67 | Agree |
| 1. *When faced with a stressful situation, I seek advice from others to solve the problem.*
 | 3.31 | Neutral |
| 1. *I use humor to cope with stress in my life.*
 | 3.78 | Agree |
| 1. *I tend to isolate myself when feeling stressed.*
 | 3.07 | Neutral |
| ***Overall Mean Rating*** | **3.50** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The mean rating of 3.50 categorizes the respondents' coping mechanisms as high, indicating that, on average, nurses feel equipped to handle stress effectively. This finding has significant implications for nursing practice and organizational support. Given that effective coping strategies can mitigate stress and enhance well-being, healthcare organizations should consider providing training focused on developing and refining these strategies. The findings of this study validate the study of Onieva-Zafra et al. (2020) who revealed that problem-solving was the most frequently used coping strategy, followed by seeking social support and cognitive restructuring. Their study further highlighted the importance of teaching effective coping mechanisms to nursing students to prepare them for the stressors they will face in their professional careers in the future.

Table 2.c. Respondents’ Level of Spiritual Maturity in the Nursing Profession

In terms of Social Support

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *I felt supported by my organization/school in managing stress.*
 | 2.67 | Neutral |
| 1. *When I feel overwhelming stressed, I have a reliable social support to help me.*
 | 3.44 | Agree |
| 1. *When I am stressed, I easily express my emotions to others.*
 | 3.04 | Neutral |
| 1. *My family is my primary social support when feeling overwhelmed with stress.*
 | 3.40 | Agree |
| 1. *Having social support if effective in managing stress.*
 | 3.67 | Agree |
| ***Overall Mean Rating*** | **3.24** | **Moderately High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The overall mean rating of 3.24 categorizes the respondents' perceptions of social support as moderately high. This indicates that while nurses value social support and recognize its effectiveness, there are notable gaps in organizational support that need to be addressed. Thus, healthcare organizations must prioritize the development of robust support systems that empower nurses. This includes creating a culture that fosters open communication, investing in supportive work environment, providing resources for mental health support, and encouraging emotional expression among staff. This finding supports the study of Zhou et al. (2022) who found that higher levels of perceived social support were associated with better mental health outcomes. This suggests that fostering supportive environments can significantly improve the well-being of nursing professionals, reinforcing the idea that social support is crucial in managing stress.

Table 2.d. Respondents’ Level of Spiritual Maturity in the Nursing Profession

In terms of Spiritual Practices

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *Prayer and Bible-reading is an important aspect of my life.*
 | 3.56 | Agree |
| 1. *I am a member of a church and I attend regularly.*
 | 3.02 | Neutral |
| 1. *I have a strong sense of purpose and direction in my life right now.*
 | 3.51 | Agree |
| 1. *My spiritual well-being is affecting my overall health.*
 | 3.42 | Agree |
| 1. *I am confident in attending the spiritual needs of my patients.*
 | 3.47 | Agree |
| ***Overall Mean Rating*** | **3.40** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The overall mean rating of 3.40 indicates that respondents perceive their level of spiritual maturity as high within the nursing profession. This rating suggests a strong engagement with spiritual practices, a sense of purpose, and confidence in addressing the spiritual needs of patients. Specifically, the data reflect that nurses find prayer and spiritual reflection significant in their lives, which can enhance their resilience and coping mechanisms in a demanding work environment. This coincides with Fernández-Pascual et al. (2024) who found that nurses who maintained strong spiritual practices demonstrated greater resilience when confronted with occupational stress.

Table 2.e. Respondents’ Level of Spiritual Maturity in the Nursing Profession

In terms of Beliefs

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *My beliefs shape my values and overall well-being*
 | 3.91 | Agree |
| 1. *I tend to question my beliefs.*
 | 2.85 | Neutral |
| 1. *I incorporate my beliefs in my daily life.*
 | 3.71 | Agree |
| 1. *I believe my beliefs will help others.*
 | 3.47 | Agree |
| 1. *My beliefs are influenced by my experiences.*
 | 3.82 | Agree |
| ***Overall Mean Rating*** | **3.55** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

Table 2.e outlines the respondents' level of spiritual maturity in the nursing profession with regard to their beliefs. It is worth noting that the overall mean rating of 3.55, categorized as high, reflects a significant engagement with personal beliefs and their impact on values and well-being among nurses. This rating indicates that nurses not only recognize the importance of their beliefs but also actively incorporate them into their professional lives. Such engagement suggests that nurses view their spiritual and personal beliefs as integral components of their identity, influencing their decision-making, interactions with patients, and overall approach to care.

Table 2.f. Respondents’ Level of Spiritual Maturity in the Nursing Profession

In terms of Values

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *My decisions and actions are guided by my values.*
 | 3.80 | Agree |
| 1. *Values determine the success of an organization or society.*
 | 3.82 | Agree |
| 1. *My values are changing over time.*
 | 3.51 | Agree |
| 1. *I usually face situations where my values are tested.*
 | 3.73 | Agree |
| 1. *It’s important to share my values to others.*
 | 3.80 | Agree |
| ***Overall Mean Rating*** | **3.73** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The high overall mean rating of 3.73 emphasizes the significant role that values play in the spiritual maturity of nurses. This relatively high score indicates that nurses widely acknowledge the influence of their personal and professional values on their practice, decision-making, and interactions with patients.

**3.3 Impacts of Spirituality in the Hospital Setting**

Table 3.a. Impacts of Spirituality in the Hospital Setting

In terms of Stress Level

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *My level of spirituality determines my stress level at work.*
 | 3.09 | Neutral |
| 1. *My spirituality helps reduce stress when I am at work.*
 | 3.60 | Agree |
| 1. *My spirituality influences my job satisfaction as a nurse.*
 | 3.62 | Agree |
| 1. *My spirituality helps me be calm during high levels of stress in our unit.*
 | 3.75 | Agree |
| 1. *I am satisfied with how my spirituality help me cope with stress now.*
 | 3.77 | Agree |
| ***Overall Mean Rating*** | **3.56** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The overall mean rating of 3.56 indicates a high level of agreement among nurses regarding the positive influence of spirituality on their stress levels in the hospital setting. This means that nurses believe that their spiritual beliefs and practices contribute positively to their coping mechanisms, which is essential in a high-stress environment like healthcare. This validates the findings of De Diego-Cordero et al. (2021) who underscores that spiritual and religious beliefs are correlated with lower levels of burnout, exhaustion, and depersonalization in various healthcare settings, suggesting that spirituality can be a protective factor against occupational stress.

Table 3.b. Impacts of Spirituality in the Hospital Setting

In terms of Coping Mechanism

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *My spirituality gives me strength to overcome emotional challenges.*
 | 3.80 | Agree |
| 1. *My coping mechanisms are more effective when I incorporate spirituality into it.*
 | 3.69 | Agree |
| 1. *My spirituality helps me deal with patient deaths.*
 | 3.84 | Agree |
| 1. *When I feel emotionally exhausted, my spiritual practices help me regain my energy and have a clear mind.*
 | 3.84 | Agree |
| 1. *I am satisfied with how my spirituality help me with my coping mechanisms.*
 | 3.73 | Agree |
| ***Overall Mean Rating*** | **3.78** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The overall mean rating of 3.78 indicates a high level of agreement among nurses regarding the impact of spirituality as a coping mechanism in their professional lives. This indicates that many nurses actively incorporate their spiritual beliefs and practices to navigate the emotional complexities of their work. This finding coincides with Fernández-Pascual et al. (2024) who suggests that spirituality can provide meaning, purpose, and hope, which are essential for nurses facing emotional challenges in their work.

Table 3.c. Impacts of Spirituality in the Hospital Setting

In terms of Social Support

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *My colleagues respect my spirituality.*
 | 3.73 | Agree |
| 1. *My spirituality helps me connect with my patients.*
 | 3.64 | Agree |
| 1. *My spiritual community helps me when I face difficult moments.*
 | 3.71 | Agree |
| 1. *I find it comforting to share spiritual experiences with my co-nurses.*
 | 3.35 | Agree |
| 1. *I feel supported with the community of other nurses with the same spiritual values as I have.*
 | 3.45 | Agree |
| ***Overall Mean Rating*** | **3.57** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The overall mean rating of 3.57 signifies a high level of agreement among nurses regarding the impact of spirituality on social support in the hospital setting. This score suggests that nurses generally perceive spirituality as an important factor that enhances their relationships with colleagues and their ability to cope with challenges. This is similar with the study conducted by McGhee et al. (2018) who revealed that nurses who engage in spiritual practices report higher levels of emotional resilience and coping skills.

Table 3.d. Impacts of Spirituality in the Hospital Setting

In terms of Spiritual Practices

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *I engage in spiritual practices during my shift.*
 | 3.18 | Neutral |
| 1. *My spiritual practices remind me of my sense of being and purpose as a nurse.*
 | 3.76 | Agree |
| 1. *My spiritual practices help me stay motivated and energized during my shift.*
 | 3.78 | Agree |
| 1. *My spiritual practices help me take care of my patients better.*
 | 3.78 | Agree |
| 1. *When a patient asks me to pray for him or her, I am confident in offering a prayer.*
 | 3.64 | Agree |
| ***Overall Mean Rating*** | **3.63** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The results of further analysis also highlight that the overall mean rating of 3.63 indicates a high level of agreement among nurses regarding the impacts of spirituality in the hospital setting. This score reflects a general consensus that spirituality plays a significant role in their professional lives, enhancing their motivation, sense of purpose, and ability to provide quality care to patients. This statistic suggests that most respondents believe that their spiritual practices not only motivate and energize them during shifts but also improve their interactions with patients, thereby fostering a deeper connection and better care.

Table 3.e. Impacts of Spirituality in the Hospital Setting

In terms of Beliefs

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *I believe that my spirituality enables me to be more effective as a nurse.*
 | 3.78 | Agree |
| 1. *I believe that incorporating spirituality into healthcare can lead to better patient outcomes.*
 | 3.80 | Agree |
| 1. *My spirituality helps me maintain an understanding and compassionate attitude even when dealing with difficult patients.*
 | 3.84 | Agree |
| 1. *I incorporate my beliefs in my practice (offering prayer and spiritual support to others).*
 | 3.64 | Agree |
| 1. *I believe that addressing patients’ spiritual needs is beneficial for their overall recovery process.*
 | 3.85 | Agree |
| ***Overall Mean Rating*** | **3.78** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The overall mean rating of 3.78 reflects a high level of agreement among nurses regarding the significance of spirituality in their professional practice. This score reflects a strong consensus that spirituality not only enhances their effectiveness as caregivers but also positively influences patient outcomes. They feel that spirituality helps them maintain compassion, supports their understanding of patients' needs, and contributes to better recovery processes for those they care for. This high level of agreement underscores the importance of spirituality in nursing, highlighting its potential to improve both the emotional well-being of nurses and the quality of care provided to patients.

Table 3.f. Impacts of Spirituality in the Hospital Setting

In terms of Values

|  |  |  |
| --- | --- | --- |
| **Statement** | **Mean** | **Descriptor** |
| 1. *My values guide me in caring for my patients.*
 | 3.89 | Agree |
| 1. *In decision-making, I prioritize my values.*
 | 3.73 | Agree |
| 1. *I believe that applying my spiritual values helps me have a positive attitude during my shift.*
 | 3.73 | Agree |
| 1. *I believe that my spiritual values provide me a deeper sense of purpose in my career.*
 | 3.80 | Agree |
| 1. *My spiritual values help me provide spiritual care for my patients.*
 | 3.78 | Agree |
| ***Overall Mean Rating*** | **3.79** | **High** |

**Legend for the Mean Rating:** *Strongly Disagree: 1.00 – 1.79; Disagree: 1.80 – 2.59; Neutral: 2.60 – 3.39; Agree: 3.40 – 4.19; Strongly Agree: 4.20 – 5.00*

**Legend for the Overall Mean Rating:** *Very Low: 1.00 – 1.79; Low: 1.80 – 2.59; Moderately high: 2.60 – 3.39; High: 3.40 – 4.19; Very High: 4.20 – 5.00*

The overall mean rating of 3.79 shows a high level of agreement among nurses regarding the importance of their values in shaping their professional practice. This score reflects a strong belief that personal and spiritual values are integral to their approach to patient care and decision-making. This supports the study of McSherry and Cash (2004) who emphasized that nurses who integrate their spiritual beliefs into their practice report higher levels of compassion and empathy towards patients. This aligns with the idea that personal values significantly influence the quality of care provided.

**3.4 Relationship between the Respondents’ Demographic Profile and the Level of their Spiritual Maturity**

Table 4. Relationship between Profiles and Spiritual Maturity

|  |  |  |
| --- | --- | --- |
| **Demographic Profiles** | **p-value** | **Interpretation** |
| *Age* | 0.0026\*\* | Significant |
| *Sex* | 0.0171\*\* | Significant |
| *Years of Service* | 0.0115\*\* | Significant |
| *Position* | 0.0232\*\* | Significant |

**Legend:** *\*\*Significant at 0.05 level of significance*

The analysis depicted by Table 4 highlights the significant relationships between various demographic profiles and spiritual maturity among nurses, with p-values indicating that age, sex, years of service, and position all play crucial roles in shaping spiritual maturity. These findings suggest that demographic factors are not just statistical variables; they profoundly influence how nurses perceive and integrate spirituality into their practice.

Based on the analysis, the p-value of 0.0026 stresses the significant relationship between the respondent’s age and spiritual maturity. The significant correlation implies that older nurses tend to exhibit higher levels of spiritual maturity than their counterparts. This may be attributed to the accumulation of life experiences that often prompt deeper reflections on spirituality and meaning. This coincides with the recent research by Chung et al. (2021) found that older healthcare professionals often have richer spiritual lives, which in turn enhances their ability to connect with patients on a deeper level. Such connections can lead to more compassionate care, impacting patient satisfaction and outcomes positively.

Regarding sex (p = 0.0171), the data indicates a notable difference in spiritual maturity between male and female nurses. Studies such as Coyle and Williams (2020) support this finding, showing that women in nursing typically report higher levels of spirituality and are more likely to engage in practices that foster spiritual well-being. This difference may stem from socialization patterns where women are often encouraged to prioritize relational and emotional aspects of care, which can enhance their spiritual maturity. Recognizing these differences allows healthcare organizations to tailor support and training programs that cater to the distinct spiritual needs of their nursing staff.

Moreover, the significance of years of service (p = 0.0115) suggests that experienced nurses demonstrate a deeper understanding of spirituality in their practice. A recent study by Zhang et al. (2022) found that nurses with extensive experience tend to develop stronger spiritual competencies as they encounter diverse patient needs over time. This exposure allows them to refine their skills in addressing spiritual concerns, making them more adept at providing holistic care. Thus, mentorship programs that pair less experienced nurses with seasoned professionals could enhance spiritual maturity across the workforce.

Similarly, the significant relationship with position (p = 0.0232) indicates that nurses in leadership roles may exhibit different levels of spiritual maturity compared to those in clinical positions. Research by Kumar et al. (2023) highlights that nurse leaders who prioritize spirituality not only enhance their own spiritual maturity but also positively influence their teams and the organizational culture. This dynamic emphasizes the importance of cultivating spiritual leadership within healthcare settings, which can foster a supportive environment where all staff feel empowered to address the spiritual dimensions of patient care.

**3.5 Programs for Nurses to Enhance the Spiritual Aspect of the Nursing Profession**

Table 5. Spiritual Development Plan

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program | Rationale | Description | Objectives | Approach | Budget | Respondents | Evaluation |
| 1. Mindfulness Program for Nurses | Results indicate that stress is a significant concern among nurses. The statements “I feel stressed right now” (**3.20**), “My level of spirituality determines my stress level at work” (**3.09**), and “I have a specific time in the day where I feel the most stressed” (**3.15**) recorded the lowest (neutral) mean scores, highlighting persistent stress during the duties in the hospital. | This program aims to equip nurses with mindfulness techniques practices to enhance emotional resilience, reduce workplace stress, and enhance personal well-being. | Introduce nurses to the principles and benefits of mindfulness.Develop daily mindfulness practices to improve attention, empathy, and resilience.Reduce stress, anxiety, and burnout symptoms among healthcare professionals. | Online/ face-to-face workshops | 15,000 PHP (for venue, snacks, materials, certificates, and plaques)3,000-5000 PHP (for guest speaker) | All nurses working in clinical and non-clinical settings | Reflective JournalsFeedback Form |
| 2. Stress Coping and Mental Health at Workplace | Results reveal varying approaches among nurses in dealing with workplace stress. The statement “When faced with a stressful situation, I seek advice from others to solve the problem” received a mean score of **3.31**, while “I tend to isolate myself when feeling stressed” scored lower at **3.07**. This suggests that while some nurses actively seek support, others may withdraw, potentially worsening their mental health. | This program focuses on helping nurses recognize stress triggers, build coping mechanisms, and strengthen mental health resilience within demanding clinical setup. | Teach effective stress management strategies tailored for nursing settings.Raise awareness about mental health and emotional health.Promote workplace practices that support mental well-being. | Interactive face-to-face seminars on coping skills and stress managementGroup discussions Mental health screening  | 15,000 PHP (for venue, snacks, materials, certificates, and plaques)3,000-5000 PHP (for guest speaker) | Nurses at high-stress/special areas (ER, ICU, OR, etc.) | Self-Assessment ChecklistFeedback Form |
| 3. Peer Support Network for Nurses in the Clinical Setting | Findings highlight a gap in organizational and emotional support for nurses. The statement “I felt supported by my organization/school in managing stress” had a low mean score of **2.67**, while “When I am stressed, I easily express my emotion to others” scored **3.04**. These results suggest that many nurses feel unsupported and may struggle to communicate their emotional needs effectively. | This program raises emotional resilience and peer support among nurses in high-stress settings like ERs, ICUs, and hospital wards to manage stress and prevent burnout. | **To reduce burnout and emotional fatigue** among clinical nurses through regular peer support using structured, evidence-based peer communication strategies. | Online/face-to-face workshopsRegular support meetingsMentorship, Debriefing sessions | 15,000 PHP (for venue, snacks, materials, certificates, and plaques)3,000-5000 PHP (for guest speaker) | Registered nurses working in clinical units. | Pre and post testFeedback form |
| 4. Integration of Spirituality in Nursing in the Clinical Setting | Results indicate moderate engagement in spiritual practices among nurses, with “I am a member of a church and I attend regularly” scoring **3.02**, and “I engage in spiritual practices during my shift” scoring **3.18**. These findings suggest that while many nurses value spirituality, its integration into their clinical routines remains limited. | This program empowers nurses to recognize, assess, and address the spiritual needs of patients during routine care, promoting holistic approach, and patient-centered outcomes. | Build competence in assessing patients’ spiritual needs.Build competence in providing spiritual care interventions.Increase nurses’ confidence in engaging patients in spiritual conversations.Promote a spiritually supportive workplace environment. | Workshops Case Study Discussion/Integration of spiritual care protocols and practices into nursing routinesCollaboration with hospital chaplaincy or pastoral care teams | 15,000 PHP (for venue, snacks, materials, certificates, and plaques)3,000-5000 PHP (for guest speaker) | Clinical nurses (staff nurses, charge nurses)Nurse educators (in the hospital) | Feedback formApplication of Protocols |
| 5. Spiritual Beliefs and Holistic Nursing Care | The statement “I tend to question my beliefs” received a mean score of **2.85**, indicating that some nurses may experience uncertainty or lack clarity in their spiritual beliefs. This can affect their ability to confidently incorporate spiritual care into holistic nursing practice. | This program focuses on how spiritual beliefs affect patient coping, recovery, and emotional wellbeing. Nurses learn to support spirituality in a way that respects each individual’s belief system. | To explore the role of spiritual beliefs in healing.To build nurse comfort in addressing spiritual needs.To enhance patient trust and comfort through holistic care. | Reflective sessions on nurses’ own beliefs and biases.Training in spiritual assessment tools Collaboration with chaplains and spiritual counselors. | 15,000 PHP (for venue, snacks, materials, certificates, and plaques)5000-7,000 PHP (for chaplains and spiritual counselors) | Nurses in oncology, chronic care, or rehabilitation units | Pre and Post TestFeedback Form |
| 6. Values-Based Nursing Leadership Development Program | Results show that while nurses recognize the importance of values in their practice, the relatively modest scores—“My values are changing over time” (**3.51**), “I believe that applying my spiritual values helps me have a positive attitude during my shift” (**3.73**), and “In decision-making, I prioritize my values” (**3.73**)—suggest room for growth in values integration and leadership alignment. | This program cultivates leadership skills in nurses based on core values like integrity, compassion, and accountability. It empowers nurses to lead ethically, inspire teams, and tackle healthcare challenges through reflective learning, mentorship, and skill-building workshops. | To strengthen nurses’ understanding of ethical and values-based leadership principles.To promote a culture of trust, collaboration, and ethical decision-making in nursing teams. | Workshops/ Interactive workshops on nursing ethics, leadership styles, and values clarificationReflective journaling and group debriefings to assess personal growth | 15,000 PHP (for venue, snacks, materials, certificates, and plaques)3,000-5000 PHP (for guest speaker) | Emerging nurse leaders, charge nurses, nurse managers, or team leaders | Feedback Form |

4. summary/conclusion/recommendations

4.1 Summary

4.1.1 Respondents’ Demographics Profiles

Age Distribution. A significant majority of respondents (52.72%) are aged 21 to 25 years, indicating a youthful nursing workforce. This suggests that many nurses are relatively inexperienced, reflecting an influx of new graduates. The second largest group is aged 31 to 35 years (20%), followed by those aged 36 to 40 years (16.36%).

Sex Distribution. The study reveals a significant gender imbalance, with 80% of respondents being female, only 16.36% are male, and 3.36% gave no response. This reflects broader trends in the nursing profession where women dominate. The predominance of female nurses may enhance spiritual maturity, as women are often associated with higher emotional intelligence and empathy, qualities essential for effective spiritual care.

Years of Experience. The data indicates that 40% of respondents have less than one year of experience, and 38.18% have between one to three years. A small and same percentage have more than three years of experience, with only 5.45% having four to six years and seven to ten years, and 10.90% exceeding ten years. This distribution suggests that many nurses are relatively new to the profession, which may hinder their spiritual maturity.

Position in Nursing. The majority of respondents (64.45%) are staff nurses, followed by senior nurses and charge nurses having the same percentage of 14.55%. This distribution indicates that spiritual maturity is closely tied to the nurses' roles and responsibilities.

4.1.2 Respondents’ Level of Spiritual Maturity in the Nursing Profession

Stress Levels. The finding that nurses strongly acknowledge the impact of stress on their physical health, reflected in the highest mean score of 3.57, underscores the critical intersection between mental and physical well-being in the nursing profession. The moderately high overall mean rating of 3.35 indicates that while stress is a common experience among nurses, it is at a manageable level. This suggests an urgent need for healthcare organizations to implement effective stress

Coping Mechanisms. The emphasis on humor as an effective coping mechanism, with a high mean score of 3.78, highlights the importance of positive psychological strategies in handling workplace stress. This finding suggests that fostering a culture where humor is embraced can contribute to emotional resilience among nurses. The overall mean rating of 3.50 indicates that while nurses feel generally equipped to manage stress, there remains potential for improvement, particularly in encouraging the use of social support.

Social Support. The high mean score of 3.67 for the importance of social support in managing stress reflects a shared understanding among nurses of the need for strong interpersonal connections in their work. However, the overall mean rating of 3.24 also reveals gaps in perceived organizational support, suggesting that healthcare institutions must do more to cultivate a supportive environment.

Spiritual Practices. The strong engagement with spiritual practices, indicated by the mean score of 3.56, reflects the vital role spirituality plays in the lives of many nurses. This connection can serve as a powerful tool for coping with the emotional demands of the profession. The overall mean rating of 3.40 suggests that nurses perceive their spiritual well-being as integral to their overall health. Encouraging spiritual practices and providing spaces for reflection within healthcare settings can enhance resilience and promote a holistic approach to nursing care.

Beliefs. The high mean score of 3.91 underscores the significant influence of personal beliefs on nurses’ values and overall well-being. This finding indicates that nurses view their beliefs as foundational to their professional identities, shaping their interactions with patients and decision-making processes. The overall mean rating of 3.55 reinforces the idea that integrating personal beliefs into professional practice can lead to greater job satisfaction and lower burnout rates.

Values. The mean score of 3.82 highlights nurses' recognition of the critical role that values play in both personal and professional spheres. This awareness is essential for ethical decision-making and compassionate care. The overall mean rating of 3.73 indicates that nurses actively consider their values in their practice, which can enhance the quality of care provided to patients.

4.1.3 Impacts of Spirituality in the Hospital Setting

Impact of Spirituality on Stress Levels. The highest mean score of 3.77 indicates that nurses feel effectively supported by their spirituality in managing workplace stress, enhancing their resilience and overall mental well-being. The overall mean rating of 3.56 reflects a strong consensus among nurses regarding the positive influence of spirituality on their stress levels in the hospital setting, suggesting that spiritual beliefs and practices are essential for effective coping mechanism in a high-stress environment.

Spirituality as a Coping Mechanism. The analysis reveals a high mean score of 3.84, indicating that spirituality significantly aids nurses in dealing with patient deaths, underscoring its critical role in navigating emotional challenges. The overall mean rating of 3.78 further emphasizes that nurses actively incorporate spiritual beliefs into their coping strategies, enhancing their ability to manage the emotional complexities of their work.

Spirituality and Social Support. The highest mean score of 3.73 reflects a strong perception among nurses that their spirituality is respected by colleagues, fostering a supportive workplace culture. The overall mean rating of 3.57 indicates that spirituality significantly enhances relationships among nurses and contributes to their ability to cope with challenges, reinforcing the importance of a supportive environment in healthcare settings.

Spiritual Practices. The highest mean score of 3.78 illustrates that nurses believe their spiritual practices enhance their motivation and energy levels during shifts. The overall mean rating of 3.63 indicates a general consensus that spirituality plays a significant role in nurses' professional lives, positively impacting their motivation, sense of purpose, and quality of patient care.

Spirituality and Beliefs. The highest mean score of 3.84 shows that nurses feel their spirituality enhances their compassion and understanding, even in difficult situations. The overall mean rating of 3.78 suggests a strong consensus that spirituality not only improves nurses' effectiveness as caregivers but also positively influences patient outcomes by addressing their spiritual needs.

Spirituality and Values. The highest mean score of 3.89 indicates that nurses rely on their core values to guide their patient care. The overall mean rating of 3.79 reflects a strong belief that personal and spiritual values significantly shape nurses' approaches to decision-making and patient interactions, emphasizing the integral role of these values in promoting compassionate care and ethical practice.

4.2 Conclusion

To shed light from the foregoing findings in this investigation, the following conclusion was inferred:

Age. Older nurses tend to exhibit higher levels of spiritual maturity, suggesting that life experiences contribute to deeper reflections on spirituality. This enhanced maturity can lead to stronger connections with patients and more compassionate care.

Sex. There is a notable difference in spiritual maturity between male and female nurses, with female nurses generally reporting higher levels of spirituality. This difference may stem from socialization patterns that emphasize relational and emotional aspects of care, highlighting the need for tailored support and training programs to address the distinct spiritual needs of nursing staff.

Years of Service. Experienced nurses demonstrate a deeper understanding of spirituality in their practice. Their accumulated experience allows them to refine their skills in addressing spiritual concerns, which enhances their ability to provide holistic care. Implementing mentorship programs that connect less experienced nurses with seasoned professionals could further enhance spiritual maturity across the workforce.

Position. Nurses in leadership roles may exhibit different levels of spiritual maturity compared to those in clinical positions. Nurse leaders who prioritize spirituality can positively influence their teams and foster an organizational culture that supports spiritual care.

4.3 Recommendations

After the examination of the findings and conclusion of the study, the following are strongly recommended for the utilization of the results of this study:

1. Nurses should actively engage in self-reflection and seek opportunities for personal spiritual growth. This may include attending workshops or retreats that focus on spirituality in nursing. By enhancing their understanding of spiritual practices, nurses can improve their spiritual maturity, which will ultimately strengthen their ability to connect with patients on a deeper level. Such personal development can also contribute to their overall well-being and job satisfaction.

2. Nursing educators have a crucial role in shaping the future of the profession by integrating spiritual care training into nursing curricula. They may provide students with the knowledge and skills to address spiritual concerns in patient care. Educators can foster a deeper understanding of spirituality from the outset of their nursing careers. This foundational training can prepare future nurses to navigate the complexities of spiritual care, enhancing both their professional practice and the quality of care.

3. Educational institutions should incorporate spirituality into the nursing curriculum as a core component of holistic care. This can be achieved by developing courses that explore the role of spirituality in patient care, ethical decision-making, and personal well-being. By doing so, nursing students will gain a comprehensive understanding of how spiritual considerations affect health outcomes and patient satisfaction.

4. Professional nursing associations play a vital role in advocating for policies that recognize the importance of spiritual care in nursing practice. These organizations may promote research on spirituality in healthcare and provide resources that enable nurses to effectively address the spiritual needs of their patients. Healthcare organizations should prioritize the development and implementation of mentorship programs that connect experienced nurses with less experienced colleagues. Such programs can facilitate knowledge sharing regarding spiritual care practices and support the spiritual maturity of the nursing workforce.

5. Nurse leaders may prioritize spirituality in their leadership training programs to cultivate a culture of spiritual care within healthcare settings. By modeling spiritual maturity and encouraging their teams to integrate spiritual practices into their routines, leaders can create an environment that values and supports spiritual well-being. This approach not only enhances the personal and professional growth of nurses but also positively influences team dynamics and patient care. Regular workshops and seminars focusing on spirituality in nursing should be organized for nurses. These events can feature guest speakers, such as spiritual care providers or experienced nurses, who can share insights and best practices for integrating spirituality into patient care. This exposure can enhance nurses' understanding and appreciation of the importance of spiritual care in nursing.

6. A follow-up study may be conducted in order to explore other factors that are not included in the study. Other district hospitals in the province or in the region may be considered for wider scope.

8. Consent

The author declares that ‘written informed consent was obtained from the approved parties for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal.

9. Ethical approval

The author has obtained all necessary ethical approval from Palawan State University Research Ethics Review Committee, and confirms that this study does not require ethical approval based on the guidelines in the PSU RERC SOP 2 (Management of Submissions) and National Ethical Guidelines for Research Involving Human Participants 2022.

10. Definitions, Acronyms, Abbreviations

Age: Age is to the calculated length of time a person has lived, measured from their date of birth to the present.

Beliefs: The respondents’ beliefs are his acceptance and certainty of something to be true.

Coping Mechanism: Coping mechanism refers to how respondents manage day-to-day life and unexpected stresses in their fields (study or clinical setting).

Demographic Profile: The Demographic Profile is a section in the study analysis that comprised the information gathered about the selected groups to better understand their composition. It included respondents’ age, gender, sex, years of experience in the nursing profession (for registered nurses), and year level (for student nurses).

Level of Spiritual Maturity: Respondents’ level of spiritual maturity refers to the perceived maturity of respondents as they assess themselves, characterized by their stress level, coping mechanisms, social support, spiritual practices, beliefs, and values.

Nursing Profession: Nursing is the collaborative and autonomous care of individuals across all ages, whether healthy or ill. It focuses on promotion of health, prevention of illness, and the care the disabled or those who are nearing the end of life. Nurses play a crucial role in the lives of patients, encompassing a broad scope of responsibilities.

Nurse Well-Being: Nurse well-being encompasses both individual and organizational aspects. On an individual level, it includes a nurse’s satisfaction, happiness, and physical and mental health. Organizational well-being relates to the nurse's work environment, including team collaboration and social integration within the workplace.

Sex: Sex refers to an individual’s biological characteristics, identified as either “male” or “female.”

Social Support: Social support refers to the presence of a support system during stressful times and how much it contributes to reducing their stress levels. This support may come from family, peers, classmates, workmates, or others.

Spirituality: Spirituality refers to a state of being that involves a sense of connectedness to values and the capacity to explore fundamental moral and existential questions about oneself and the meaning of life.

Spiritual Practices: Spiritual practices are activities such as prayer, meditation on God’s Word, attending church gatherings, and other spiritually significant practices identified by the respondents.

Stress Level: Stress level refers to the current stress level of individuals in their respective fields (school or clinical setting) and the general factors contributing to it.

Values: The respondents’ values are the foundational principles and upbringing that influence respondents’ decision-making, ethics, and way of living and working.

Years of Experience: Years of experience refers to the total years of experience registered nurses have in the nursing profession, whether gained locally (in the Philippines) or abroad.

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References

Alibudbud, R. (2023). Addressing the Burnout and Shortage of Nurses in the Philippines. SAGE Open Nursing. https://doi.org/10.1177/23779608231195737

Abu-El-Noor, N. (2016). ICU nurses’ perceptions and practice of spiritual care at the end

 of life: Implications for policy change. OJIN the Online Journal of Issues in Nursing, 21(1). https://doi.org/10.3912/ojin.vol21no01ppt05

Abusafia, A. H., Khraisat, A. M. S., Tableb, O. K., Al-Mugheed, K., Alabdullah, A. A.,

 & Abdelaliem, S. M. F. (2024). The impact of a nursing spiritual care module on nursing competence: an experimental design. BMC Palliative Care, 23(1). https://doi.org/10.1186/s12904-024-01356-z

Acoba, E. F. (2024). Social support and mental health: the mediating role of perceived

 stress. Frontiers in Psychology, 15. https://doi.org/10.3389/fpsyg.2024.1330720

Almutairi, A. F., Hamdan, N., Altheyabi, S., Alsaeed, E., Alammari, F., & BaniMustafa,

 A. (2024). The prevalence and associated factors of occupational stress in healthcare providers in Saudi Arabia. International Journal of General Medicine, Volume 17, 809–816. https://doi.org/10.2147/ijgm.s446410

Alodhialah, A. M., Almutairi, A. A., & Almutairi, M. (2024). Exploring nurses’ emotional resilience and coping strategies in palliative and End-of-Life care settings in Saudi Arabia: a qualitative study. Healthcare, 12(16), 1647. https://doi.org/10.3390/healthcare12161647

Amiri, H., Farokhzadian, J., & Tirgari, B. (2021). Empowerment of nurses for integrating clients’ religion/spirituality into clinical practice: outcomes of an online training program. BMC Nursing, 20(1). https://doi.org/10.1186/s12912-021- 00723-y

Antwi, F. B., Asiama, V. O., Osei, S. A., & Peprah, W. K. (2019). Nurses’ Perception of Spiritual Care Practices Among Hospitalized Patients: A Basis for a Program. Abstract Proceedings International Scholars Conference, 7(1), 207–217. https://doi.org/10.35974/isc.v7i1.945

Aziz, A. F. A. & Ong, T. (2024). Prevalence and associated factors of burnout among working adults in Southeast Asia: results from a public health assessment. PMC PubMed Central. https://doi.org/10.3389/fpubh.2024.1326227

Baldacchino, D., & Draper, P. (2001). Spiritual coping strategies: a review of the nursing research literature. Journal of Advanced Nursing, 34(6), 833–841. https://doi.org/10.1046/j.1365-2648.2001.01814.x

Bangcola, A. A. (2022). Examining the Relationship between Patient's Spiritual Well- Being and the Nurse's Spiritual Care Competence, in Southern Philippines. Mindanao Journal of Nursing, 13(4), Article 009. https://doi.org/10.31674/mjn.2022.v13i04.009

Battey, B.W. (2009). Theory of Spiritual Care for Nursing Practice. Xlibris Corporation.

Betke, K., Basińska, M. A., & Andruszkiewicz, A. (2021). Sense of coherence and strategies for coping with stress among nurses. BMC Nursing, 20(1). https://doi.org/10.1186/s12912-021-00631-1

Bolado, G. N., Ataro, B. A., Gadabo, C. K., Ayana, A. S., Kebamo, T. E., & Minuta, W. M. (2024). Stress level and associated factors among nurses working in the critical care unit and emergency rooms at comprehensive specialized hospitals in Southern Ethiopia, 2023: explanatory sequential mixed-method study. BMC Nursing, 23(1). https://doi.org/10.1186/s12912-024-02004-w

Bożek, A., Nowak, P. F., & Blukacz, M. (2020a). The relationship between Spirituality, Health-Related Behavior, and Psychological Well-Being. Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2020.01997

Bożek, A., Nowak, P. F., & Blukacz, M. (2020b). The relationship between Spirituality, Health-Related Behavior, and Psychological Well-Being. Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2020.01997 Burned Out: Researching Spiritual struggle among Nurses | School of Nursing. (2025, January 28). https://nursing.llu.edu/about/news/burned-out-researching-spiritual-struggle- among- nurses

Britannica: The Editors of Encyclopaedia. (2024, September 28). "spirituality". Encyclopedia Britannica, https://www.britannica.com/topic/spirituality. Accessed 13 November 2024.

Carvajal, A. L., Anastacio, A. L., & Price, C. (2017). Beyond Physical Care: The Spiritual Caring Rendered by Nurses in Selected Private and Public Hospitals in Metro Manila. Philippine E-Journals. https://ejournals.ph/article.php?id=12529

Chung, M. L., & Wong, C. Y. (2021). The relationship between spiritual well-being and quality of life among older adults: A systematic review. Journal of Religion and Health, 60(1), 1-15. https://doi.org/10.1007/s10943-020-01063-3

Commission on Human Rights (2024, August 8). Welcoming the proposed pay increase for Filipino nurses. Republic of the Philippines Commission on Human Rights. https://chr.gov.ph/statement-of-the-commission-on-human-rights-welcoming-the- proposed- pay-increase-for-filipino-nurses/

Coyle, N., & Williams, J. (2020). Gender differences in spirituality and health: A review of the literature. Journal of Health Psychology, 25(1), 3-15. https://doi.org/10.1177/1359105317711680

Dantis, J., Calibara, M., Bulawit, A., Garcia, H., Gulapa, M., Ervite, A., Foronda, A., Diaz, J., Congzon, M., & Loilo, E. (2024). Work-Related Stressors and Coping Strategies of Nurses in a Selected Tertiary Hospital in a City in the Philippines. European Modern Studies Journal, 8(1), 77–100. https://doi.org/10.59573/emsj.8(1).2024.9

Devereux, E. (2023). ‘Poaching’ of nurses leaving the Philippines in ‘difficulty’. Nursing Times. https://www.nursingtimes.net/workforce/poaching-of-nurses-leaving-the- philippines- in difficulty-05-07-2023/

De Brito Sena, M. A., Damiano, R. F., Lucchetti, G., & Peres, M. F. P. (2021). Defining Spirituality in Healthcare: A Systematic Review and Conceptual framework. Frontiers in Psychology, 12. https://doi.org/10.3389/fpsyg.2021.756080

De Diego-Cordero, R., Iglesias-Romo, M., Badanta, B., Lucchetti, G., & Vega-Escaño, J. (2021). Burnout and spirituality among nurses: A scoping review. EXPLORE, 18(5), 612– 620. https://doi.org/10.1016/j.explore.2021.08.001

De Diego-Cordero, R. et al (2022). The efficacy of religious and spiritual interventions in nursing care to promote mental, physical and spiritual health: A systematic review and meta-analysis. Elsevier Inc. https://doi.org/10.1016/j.apnr.2022.151618

Desmet, L., Dezutter, J., Vandenhoeck, A., & Dillen, A. (2020). Spiritual Needs of Older Adults during Hospitalization: An Integrative Review. Religions, 11(10), 529. https://doi.org/10.3390/rel11100529

Feliciano, A. Z. et al (2022). Nurses’ stress, anxiety, depression, and burnout in the workplace: A correlational study. International Journal of Advanced and Applied Sciences. 9(9), 96-104. https://doi.org/10.21833/ijaas.2022.09.012

Fernández-Pascual, M. D., Reig-Ferrer, A., Santos-Ruiz, A. M., & Martínez-Rodríguez, L. (2024a). Spirituality in Managing Perceived Stress and Promoting Self-Care: A descriptive study on nursing students in Spain. Journal of Religion and Health. https://doi.org/10.1007/s10943-024-02232-z

Fernández-Pascual, M. D., Reig-Ferrer, A., Santos-Ruiz, A. M., & Martínez-Rodríguez, L. (2024b). Spirituality in Managing Perceived Stress and Promoting Self-Care: A descriptive study on nursing students in Spain. Journal of Religion and Health. https://doi.org/10.1007/s10943-024-02232-z

Garcia, A. L., & Martinez, M. C. O. (2024). Nurses’ Spiritual Well-Being and Extent Of Practice Of Spiritual Care. LIFE: International Journal of Health and Life- Sciences. https://doi.org/10.20319/icrlsh.2024.105125

Hawthorne, D. M., & Gordon, S. C. (2019). The Invisibility of Spiritual Nursing Care in Clinical Practice. Journal of Holistic Nursing, 38(1), 147–155. https://doi.org/10.1177/0898010119889704

Hospital Management Asia (2024, March 28). Tackling the ‘nursing exodus’ in the Philippines. https://www.hospitalmanagementasia.com/talent-skills/tackling-the- nursing-exodus-in- the philippines/?utm\_source=Online&utm\_medium=socials

 &utm\_id=HMA% 20Digital

Hu, Y., Jiao, M., & Li, F. (2019). Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses. BMC Palliative Care, 18(1). https://doi.org/10.1186/s12904-019-0489-3

ICU nurses’ perceptions and practice of spiritual care at the end of life: Implications for Policy change | OJIN: The Online Journal of Issues in Nursing. (n.d.). https://ojin.nursingworld.org/table-of-contents/volume-21- 2016/number-1- january- 2016/articles-on-previously-published-topics/icu-nurses- perceptions-and- practice-of- spiritual-care/

Inquiro (2024, July 19). Employee Attrition Rates in the Philippines: Fast Facts and Stats. https://inquiro.ph/employee-attrition-rates-in-the-philippines/

Jabonete, F. G. V. (2017). Reported work-related stressors among staff nurses in metro Manila, Philippines. Journal of Nursing & Care. https://www.hilarispublisher.com/proceedings/reported-workrelated-stressors- among- staff-nurses-in-metro-manila-philippines-19328.html

Kumar, S., & Kaur, R. (2023). The impact of spiritual leadership on nurse retention: A systematic review. Nursing Management, 30(2), 12-18. https://doi.org/10.7748/nm.2023.e2025

Labrague, L. J., McEnroe-Petitte, D. M., Achaso, R. H., Cachero, G. S., & Mohammad, M. R. A. (2015). Filipino Nurses’ Spirituality and Provision of Spiritual Nursing Care. Clinical Nursing Research, 25(6), 607–625. https://doi.org/10.1177/1054773815590966

Ladrido-Ignacio, L. (2022). Spirituality and Mental Health: A movement blossoming in the Philippines among health and religious leaders aims to incorporate spirituality into health. Think Global Health. https://www.thinkglobalhealth.org/articl e/spirituality-and- mental-health

Laxamana, R. D. (2020). A Phenomenological Study of Nurse Educators' Concepts and Experiences in Spirituality and Spiritual Care. European Modern Studies Journal, 4(4),8. Retrieved from https://journal-ems.com/index.php/emsj/article/view/108.

Lemaire, J. B., & Wallace, J. E. (2017). "Burnout among healthcare providers: A systematic review." CMAJ, 189(13), E490-E496.

Limpin D. T. N. & Artiaga, J. P. M. (2023). Where have the nurses gone? The shortage of nursing professionals in the Philippines. Lee Kuan Yew School of Public Policy. https://lkyspp.nus.edu.sg/gia/article/where-have-the-nurses-gone-the-shortage-of- nursing-professionals-in-the-philippines

Liu, Y., Avant, K. C., Aungsuroch, Y., Zhang, X., & Jiang, P. (2014). Patient outcomes in the field of nursing: A concept analysis. International Journal of Nursing Sciences, 1(1), 69– 74. https://doi.org/10.1016/j.ijnss.2014.02.006

Liu, Y. H., Yang, W. P., & Ku, Y. L. (2017a). Exploring the Spiritual Growth Experiences of Nurses Caring for Terminally Ill Patients. Journal of Nursing & Patient Care, 02(02). https://doi.org/10.4172/2573-4571.1000115

Liu, Y. H., Yang, W. P., & Ku, Y. L. (2017b). Exploring the spiritual growth experiences of nurses caring for terminally ill patients. Journal of Nursing & Patient Care, 02(02). https://doi.org/10.4172/2573-4571.1000115

Lombardi, D., & Gusman, A. (2025). Healing and the spiritual dimension in hospital patient care in Italy. Religions, 16(4), 524. https://doi.org/10.3390/rel16040524

McCarthy, J., & Gastmans, C. (2015). Moral distress: A review of the literature. Nursing Ethics, 22(1), 31-42. https://doi.org/10.1177/0969733013502020

Maldonado, A. (2021). Maldonado, A. (2021). Spirituality and Health. Harvard Medical School Center for Primary Care. https://info.primarycare.hms.harvard.edu/perspectives/articles/spirituality-health

Meister, A. et. al (2022). How to Recover from Work Stress, According to Science. Harvard Business Review. https://hbr.org/2022/07/how-to-recover-from-work-stress- according- to-science

Melhem, G. a. B., Zeilani, R. S., Zaqqout, O. A., Aljwad, A. I., Shawagfeh, M. Q., & Al-Rahim, M. A. (2016a). Nurses&#39; perceptions of spirituality and spiritual care giving: A comparison study among all health care sectors in Jordan. Indian Journal of Palliative Care, 22(1), 42. https://doi.org/10.4103/0973-1075.173949

Melhem, G. a. B., Zeilani, R. S., Zaqqout, O. A., Aljwad, A. I., Shawagfeh, M. Q., & Al-Rahim, M. A. (2016b). Nurses&#39; perceptions of spirituality and spiritual care giving: A comparison study among all health care sectors in Jordan. Indian Journal of Palliative Care, 22(1), 42. https://doi.org/10.4103/0973-1075.173949

Miller, J. (n.d.). Religion in the Philippines. Asia Society. https://asiasociety.org/ education/religion-philippines

Monareng, L., V. (n.d.). An exploration of how spiritual nursing care is applied in clinical nursing practice. https://scielo.org.za/scielo.php?script=sci\_arttext&pid=S2071- 97362013000100013 Moran, M. (2024, September 10). Holistic Care: Integrating spiritual practices in nursing. AIHCP. https://aihcp.net/2024/09/10/holistic-care- integrating- spiritual-practices-in-nursing/

Moran, M. (2024). Holistic Care: Integrating Spiritual Practices in Nursing. American Institute of Health Care Professionals. https://aihcp.net/2024/09/10/holistic-care-integrating- spiritual-practices-in-nursing/

Mopia, M. B. (2002). Level of Spiritual awareness in relation to the delivery of nursing care by christian nursing staff of Davao Sanitarium and Hospital, Davao City. Health Research and Development Information Network.https://www.herdin.ph/index.php/component/herdin/?view=research&cid=46 079

Murgia, C., Notarnicola, I., Caruso, R., De Maria, M., Rocco, G., & Stievano, A. (2022). Spirituality and Religious Diversity in Nursing: A Scoping Review. Healthcare, 10(9), 1661. https://doi.org/10.3390/healthcare10091661

Natan, M., Mahajna, M., & Mahajna, M. (2015). The relationship between nurses' values and their attitudes toward patients. Nursing Ethics, 22(5), 564-576. https://doi.org/10.1177/0969733013511575

Nursing MSN & DNP (2024, November 25). Nursing Burnout: What It Is and How to Prevent It? University of St. Augustine for Health Sciences. https://www.usa.edu/blog/nurse- burnout/

O’brien, M.E. (2011). Servant Leadership in Nursing: Spirituality and Practice in Contemporary Health Care. Jones and Bartlett Publishers.

Onieva-Zafra, M. D., Fernández-Muñoz, J. J., Fernández-Martínez, E., García-Sánchez, F. J., Abreu-Sánchez, A., & Parra-Fernández, M. L. (2020). Anxiety, perceived stress and coping strategies in nursing students: a cross-sectional, correlational, descriptive study. BMC Medical Education, 20(1). https://doi.org/10.1186/s12909-020-02294-z

Parungao, A. (2024). One in seven immigrant healthcare workers in US are Filipinos-report. Inquirer.net. https://globalnation.inquirer.net/239439/one-in-seven-immigrant- healthcare-workers-in-us-are-filipinos-report

Patrician, P.A, Bakerjian, D., Billings, R., Chenot, T., Hooper, V., Johnson, C.S., Sables-Baus, S. (2022). Nurse well-being: A concept analysis. Nursing Outlook, 70(4), 639-650. https://doi.org/10.1016/j.outlook.2022.03.014.

Philippine Council for Health Research and Development (DOST-PCHRD) (n.d.) Gold award for PCHRD’s Mental Health R&D Program recognizes research on spirituality and mental health. Republic of the Philippines Department of Science and Technology, Philippine council for Health Research and Development (DOST-PCHRD). https://www.pchrd.dost.gov.ph/news\_and\_updates/gold-award-for-pchrds-mental- health-rd-program-recognizes-research-on-spirituality-and-mental-health/

Philippine Daily Inquirer (2023, May 17). Filipino nurses play a significant role in global health. Inquirer.net. https://opinion.inquirer.net/163187/filipino-nurses-play-a-significant-role- in-global-health

Philippine Daily Inquirer (2023, December 7). The pivotal Role of nurses in education and health. Inquirer.net. https://opinion.inquirer.net/168807/the-pivotal-role-of-nurses-in- education-and-health

Redlands Community Hospital (n.d.). Jean Watson's theory of human caring. https://www.providence.org/locations/socal/st-joseph-hospital-orange/nursing/theory- of- caring

RNpedia (n.d.). The Role of Spirituality in Nursing. https://www.rnpedia.com/nursing- articles/the-role-of-spirituality-in-nursing/

Rogers, M. (2021). Spiritual Dimensions of Advanced Practice Nursing: Stories of Hope. Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-71464-2

Sango, P., & Forrester-Jones, R. (2022). Spirituality and the Quality of Life of Individuals with Intellectual Disability. Journal of Long-Term Care, 193–204. https://doi.org/10.31389/jltc.139

Shin, S., Kim, H., Woo, H., Lee, M., & Kim, Y. (2020). Content analysis of the meaning of spiritual care as perceived by nursing students. The Korean Journal of Hospice and Palliative Care, 23(3), 151–161. https://doi.org/10.14475/kjhpc.2020.23.3.151

Simply Psychology (2023, October 26). Maslow's hierarchy of needs. https://www.simplypsychology.org/maslow.html

Snyder, M. & Lindquist, R. (2010). Complementary & Alternative Therapies in Nursing. Springer Publishing Company New York.

Spirituality and health. (n.d.). https://info.primarycare.hms.harvard.edu/perspectives/articles/spirituality-health Why is Faith-Based nursing important? (2022, January 31). AdventHealth University. https://www.ahu.edu/blog/faith-based-nursing

Taylor, E. J. et al (2022). Frequency of nurse-provided spiritual care: An international comparison. Wiley Open Access Collection. https://pmc.ncbi.nlm.nih.gov/articles/PMC10087347/

Tingson, J. M., & Brazal, A. M. (2021). Spirituality of hopeful risk-taking (Bahala na) among Filipino healthcare workers. Journal of Public Health, 44(4), e656–e657. https://doi.org/10.1093/pubmed/fdab393

University of Tennessee College of Nursing (n.d.). Nursing Theory: Rosemarie Rizzo Parse. https://nursing-theory.org/nursing-theorists/Rosemarie-Rizzo-Parse.php

 Westera, D.A. (2017). Spirituality in Nursing Practice: The Basics and Beyond. Springer Publishing Company New York.

White, S.K. (2023). What is transformational leadership: A model for motivating innovation? CIO. https://www.cio.com/article/228465/what-is-transformational-leadership-a- model- for- motivating-innovation.html

World Health Organization: WHO. (2020, June 15). Nursing and Midwifery. https://www.who.int/health-topics/nursing#tab=tab\_1

World Health Organization: WHO (2020, August 5). Palliative care. https://www.who.int/news- room/fact-sheets/detail/palliative-care

World Health Organization: WHO. (2023, February 21). Stress. https://www.who.int//news- room/questionsandanswers/item/stress/?gad\_source=1&gclid=CjwKCAiA34S7BhAt EiwACZzv4Ve0XWfnDeIQENfNLu8OzA2VkmvmXr20pjgzjblH8jRUCdlORW45Hx oC5eYQAvD\_BwE

Xu, J., Zheng, Q., Jiang, X., Zhuo, Q., Nian, J., & Wang, J. (2023). Mediating effects of social support, mental health between stress overload, fatigue and turnover intention among operating theatre nurses. BMC Nursing, 22(1). https://doi.org/10.1186/s12912-023- 01518-z

Yousefi, H. & Abedi, H. A. (2011). Spiritual care in hospitalized patients. National Library of Medicine. https://pmc.ncbi.nlm.nih.gov/articles/PMC3203292/

Zauderer, S. (2025, February 24). 41 Nursing Statistics & Demographics: How Many Are There? https://www.crossrivertherapy.com/research/nursing-statistics-and- demographics

Zeid, M. G. A., El-Ashry, A. M., Kamal, M. A., & Khedr, M. A. (2022). Spiritual leadership among nursing educators: a correlational cross-sectional study with psychological capital. BMC Nursing, 21(1). https://doi.org/10.1186/s12912-022-01163-y

Zeng, X., Yang, J., Li, Y., Chen, M., Wu, J., Hu, Y., Lu, W., Liu, J., Yang, Q., Guo, W., & Zhang, L. (2023). The Relationship between Nurses’ Perceptions of Spirituality and Spiritual Care and Perceived Professional Benefits: A Correlation Study. Psychiatry Journal, Volume 2023, Article ID 1736608. https://doi.org/10.1155/2023/1736608

Zhang, Y., & Wang, Y. (2022). The relationship between years of nursing experience and spiritual care competency among nurses: A cross-sectional study. BMC Nursing, 21(1), 1-8. https://doi.org/10.1186/s12912-022-00883-3

Zhou, L., Sukpasjaroen, K., Wu, Y., Gao, L., Chankoson, T., & Cai, E. (2022). Perceived social support promotes nursing students’ psychological wellbeing: explained with Self- Compassion and professional Self-Concept. Frontiers in Psychology, 13. https://doi.org/10.3389/fpsyg.2022.835134