IJBPAS, August, 2026, 15(8): 3716-3724

ISSN: 2277–4998

International Journal of Biology, Pharmacy and Allied Sciences (IJBPAS)

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

THE INNER STRENGTH OF CARING: EXPLORING THE ROLE OF SPIRITUAL INTELLIGENCE IN NURSING IN TERMS OF EMPATHY

FERNANDES AJ[1*] AND UPENDRABABU V[2]

1: Ph.D. Scholar (Nursing), Vidhyadeep University, Anita, Kim, Highway, Olpad, Gujarat 394110, India

2: Research Guide, Professor cum I/C Principal, Vidhyadeep Institute of Nursing, Vidhyadeep University, Anita, Kim, Highway, Olpad, Gujarat 394110, India

***Corresponding Author: Ms. Aarohi John Fernandes: E Mail: aarohi.61291@gmail.com**

Received 26th June 2025; Revised 10th Aug. 2025; Accepted 12th Nov. 2025; Available online 1st Aug. 2026

https://doi.org/10.31032/IJBPAS/2026/15.8.10375

ABSTRACT

Nursing is an emotionally charged profession that demands compassion, ethical decision-making, and resilience in the face of heavy workloads and moral issues. With rising rates of burnout, emotional exhaustion, and job dissatisfaction among nurses, there is an increasing need to investigate internal characteristics that can enhance their mental health and caregiving abilities. Spiritual intelligence (SI), defined as the ability to integrate spiritual ideals and inner awareness in everyday life, has emerged as a possible resource for improving critical nursing characteristics such as empathy and resilience. This research investigates current evidence that links SI to enhanced emotional control, ethical clarity, and professional effectiveness among nurses. According to studies, nurses with a higher SI are more empathic, better prepared to deal with stress, and capable of providing compassionate care over time. SI encourages personal meaning-making, emotional balance, and moral sensitivity, all of which lead to more meaningful nurse-patient connections and better mental health outcomes for caregivers.

Despite its increasing importance, SI remains underrepresented in nursing education and practice. Structured therapies such as mindfulness training, reflective writing, and spiritual care education have shown promise in building SI and improving professional skills.

Integrating SI into nursing courses and workplace activities can contribute to a more emotionally resilient, ethically grounded, and patient-centered nursing staff.

Keywords: Spiritual intelligence, Nursing empathy, Resilience, Emotional well-being, Holistic care, Nursing education, Compassion fatigue, Moral distress

INTRODUCTION

One of the most emotionally taxing and morally challenging occupations is nursing, which calls for professionals to remain compassionate, make morally difficult choices, and deliver reliable care under pressure **[1]**. Due to rigorous workloads, personnel shortages, and moral quandaries, the worldwide healthcare workforce—especially nurses—continues to experience escalating levels of burnout, emotional weariness, and compassion fatigue **[2]**. Up to 70% of nurses worldwide experience burnout, according to studies, and emotional exhaustion lowers empathy and job satisfaction **[3]**. The development of internal resources that support mental health and the ability to provide care has drawn more attention in light of these difficulties **[4]**.

Spiritual intelligence (SI) is a valuable personal skill that allows individuals to integrate spiritual ideas, values, and existential insight to daily problem-solving and emotional management **[5]**. Emmons (2000) defined spiritual intelligence (SI) as the ability to use spiritual information to improve daily functioning and sustain inner peace under adversity **[6]**. SI encompasses critical existential reasoning, personal meaning-making, transcendental consciousness, and conscious state extension **[7]**. Unlike religion, which is culturally limited, SI is viewed as a larger, inclusive term accessible to persons of all spiritual or secular inclinations **[6]**. Recent empirical studies have shown a direct relationship between SI and professional competencies in nursing, especially empathy and resilience. In a descriptive-correlational study involving 338 nurses caring for COVID-19 patients in Iran, higher SI scores were significantly correlated with greater levels of empathy ($P < 0.05$), as measured by the Jefferson Scale of Empathy **[8]**. Empathy is a core element of effective nursing care, facilitating trust, therapeutic relationships, and patient satisfaction **[9]**. Nurses with high SI are better able to regulate their emotions and connect with patients on a deeper level, thereby enhancing empathic capacity **[10]**.

A cross-sectional study of 340 ICU nurses found a significant positive relationship between spiritual health, compassionate care, and resilience. Nurses with stronger spiritual resources were more capable of recovering from stress and adversity ($P < 0.001$) **[11]**. Research suggests that

resilience among nurses is linked to better mental health, retention, and job performance **[12]**. Shahcheragh *et al*. used path analysis to identify SI as a key protective factor among emergency department nurses. Higher SI was associated with reduced moral distress ($P = 0.01$) and lower caregiving fatigue ($P = 0.001$), whereas moral distress was shown to significantly increase fatigue levels **[13]**. SI provides nurses with ethical clarity and emotional endurance, enabling them to manage moral issues in clinical practice **[14]**.

SI has been linked to reduced work stress and improved general well-being. Research by Yadollahpour *et al*. (2022) indicated that SI was a negative predictor of occupational stress ($\beta = -0.517$, $P < 0.001$) and a positive predictor of quality of life among nurses during the COVID-19 pandemic **[11, 15]**. Nurses with higher SI reported increased job satisfaction, emotional stability, and spiritual well-being, all necessary for prolonged empathetic involvement **[15, 16]**. Spiritual intelligence is linked to better emotional competence, professional fulfillment, and psychological resilience **[17]**.

Despite mounting evidence, SI is underrepresented in traditional nursing courses and professional development frameworks **[18]**. Many programs prioritize clinical and technical skills above emotive and existential qualities, thereby overlooking crucial resources for long-term nursing sustainability **[19]**. Structured therapies, such as mindfulness training, reflective writing, values-based talks, and spiritual care education, have been shown to promote SI **[20]**. A recent systematic review and meta-analysis by Sharifnia *et al*. found that SI-enhancing interventions in nursing significantly improved communication skills (MD: 5.4), stress reduction (MD: 10.3), job satisfaction (MD: 11.3), and competence in spiritual care (MD: 28.6), with effects lasting one month after training **[20]**.

Integrating SI into nursing education and clinical support systems has the potential to improve nurses' emotional and ethical resilience, as well as promote a more humanistic and spiritually sensitive healthcare environment **[21]**. There is a pressing need for nurse educators, leaders, and policymakers to include SI as a core component of professional preparation and growth, given the well-established correlations between it and empathy and resilience **[22]**. This discussion paper aims to consolidate and evaluate recent findings on the function of SI in fostering empathy and resilience in nurses. It provides actionable suggestions for educators and healthcare administrators to empower a compassionate and emotionally durable nursing workforce **[23]**.

Spiritual Intelligence in Nursing

Spiritual intelligence (SI) is gaining popularity as a vital psychological and moral resource in nursing. It is defined as the ability to use spiritual resources, ideals, and attributes to improve daily functioning and discover purpose in both professional and personal life **[24]**. SI in nursing promotes compassionate care, ethical awareness, and emotional equilibrium, all of which are essential for providing high-quality, patient-centered care **[25, 32]**. Nurses with a high SI frequently exhibit more self-awareness, interpersonal comprehension, and resilience, helping them to better respond to the emotional demands of healthcare settings **[26]**.

King's Spiritual Intelligence Self-Report Inventory (SISRI-24) is one of the most commonly used frameworks for testing SI. It describes four dimensions: critical existential thinking, personal meaning development, transcendental consciousness, and conscious state expansion **[24]**. These factors promote the ability to reflect on deeper life concerns, produce personal meaning, identify transcendent experiences, and reach higher states of awareness—all of which are compatible with holistic nursing practice **[24, 5]**. Research indicates that these components have a positive impact on nurses' psychological well-being and professional performance **[5]**.

Spiritual intelligence is not limited to religious practices. It refers to a more general ability to act with empathy, purpose, and mindfulness in high-pressure situations **[27]**. Nurses with higher SI are frequently better prepared to deal with job-related stress, emotional exhaustion, and moral problems, especially in critical care and emergency situations **[13, 15]**. SI has also been linked to greater empathy in nurses care for vulnerable groups, such as patients during the COVID-19 pandemic **[8, 10]**.

SI education and training are increasingly being advised as a way to educate nurses for complex clinical conditions. Integrating SI into nursing courses might help students develop reflective thinking, ethical awareness, and resilience **[19, 20]**. Such training improves not just individual coping skills, but also professional identity and long-term job satisfaction **[18]**. Furthermore, SI is associated with compassionate care and spiritual support practices, which enhances the therapeutic nurse-patient interaction **[16, 21]**.

Spiritual intelligence helps to foster an organizational culture of ethical practice, emotional support, and meaningful care delivery. Nurses who have developed SI are more likely to stay dedicated to their work, lower the risk of burnout, and maintain human dignity in a variety of care settings **[20, 23]**. As healthcare becomes

more holistic, developing SI in nurses is critical for encouraging empathy, resilience, and moral bravery **[11, 14]**.

Spiritual intelligence provides an important framework for personal and professional development in nursing. Its potential to improve emotional stability, ethical reasoning, and compassionate care makes it an essential skill for modern nursing practice.

Spiritual Intelligence and Empathy

Empathy is essential for therapeutic communication, nurse-patient interactions, and overall patient satisfaction. It includes both affective and cognitive domains, allowing nurses to notice, analyze, and respond to the emotional experiences of others **[9]**. Spiritual intelligence (SI), which emphasizes self-awareness, transcendence, and meaning-making, is increasingly being connected to improved empathic capacity in nursing. Several empirical research support this connection. In a cross-sectional study of 200 Iranian nurses, found a strong positive association between SI and empathy ($r = 0.45$, $p < .01$), suggesting that spiritually intelligent nurses may be more responsive to patients' emotional and psychosocial needs **[28]**. Similarly, study conducted in India among nursing students found that higher levels of transcendental awareness and personal meaning formation were substantially associated with empathy scores as measured by the Toronto Empathy Questionnaire **[29]**. These findings lend credence to the theory that spiritual intelligence promotes empathy through mechanisms such as reflective capacity, emotional management, and moral sensitivity **[30]**. SI fosters a mindset that respects the dignity of human suffering and encourages an open-hearted, patient-centered approach to care—a crucial component of nursing professionalism **[8, 10, 20]**.

Integration of Spiritual intelligence and empathy Nursing Education and Practice

Spiritual intelligence is increasingly being acknowledged as a trainable skill that should be included in nursing education and clinical practice due to its benefits for empathy and resilience. Several studies recommend structured programs that incorporate mindfulness, reflective writing, value clarification, and spiritual conversation. These experiential tactics encourage self-awareness and professional growth **[19, 20]**. Rani and Bhattacharya's quasi-experimental study found that a five-day SI workshop for nursing students led to significant gains in empathy and resilience scores ($p < .05$) **[34]**. The findings highlight the effectiveness of SI-based interventions in developing emotionally aware and morally grounded nurses. On a broader level, healthcare organizations that have

implemented holistic training modules focused on spiritual care, self-regulation, and meaning-making have reported decreased staff turnover, higher job satisfaction, and better patient outcomes **[31, 33, 35]**. Integrating SI into professional socialization increases moral integrity, communication, and compassionate nursing practice in a variety of cultural and clinical settings **[18, 21, 23]**. As a result, both academic and clinical environments must stress spiritual intelligence as a fundamental ability in order to train nurses for the ethical, emotional, and existential issues that modern healthcare presents.

CONCLUSION

Spiritual intelligence is an important but frequently disregarded aspect of effective nursing practice. It helps nurses build empathy, manage stress, and respond to complicated emotional and ethical dilemmas with compassion and clarity. Nurses with stronger spiritual intelligence are better able to create meaningful patient connections and remain resilient in high-pressure situations. Despite its importance, SI is virtually missing from official nursing education and professional growth. Integrating SI into organized training, such as mindfulness, reflective writing, and spiritual care talks, can improve emotional well-being, ethical awareness, and long-term professional satisfaction. Strengthening SI among nurses is thus critical not just for personal development, but also for creating a more compassionate, resilient, and holistic healthcare system.

REFERENCES

[1] Sharma P, Davey A, Davey S, Shukla A, Shrivastava K, Bansal R. Occupational stress among staff nurses: Controlling the risk to health. Indian J Occup Environ Med. 2014;18(2):52-56. doi:10.4103/0019-5278.146890

[2] Gómez-Urquiza JL, De la Fuente-Solana EI, Albendín-García L, Vargas-Pecino C, Ortega-Campos EM, Cañadas-De la Fuente GA. Prevalence of Burnout Syndrome in Emergency Nurses: A Meta-Analysis. Crit Care Nurse. 2017; 37(5):e1-e9. doi:10.4037/ccn2017508

[3] Mudallal RH, Othman WM, Al Hassan NF. Nurses' Burnout: The Influence of Leader Empowering Behaviors, Work Conditions, and Demographic Traits. Inquiry. 2017;54:46958017724944. doi:10.1177/0046958017724944

[4] Krishnani H. Workplace spirituality: Exploring the meaning and purpose of life through work. J Adv Res Soc Sci. 2023;6(2):48–58. doi:10.33422/jarss.v6i2.939.

[5] Wigglesworth C. SQ21: The twenty-one skills of spiritual

intelligence. New York: SelectBooks; 2012.

[6] Emmons RA. Is spirituality an intelligence? Motivation, cognition, and the psychology of ultimate concern. Int J Psychol Relig. 2000;10(1):3–26.

[7] Amram Y, Dryer C. The Integrated Spiritual Intelligence Scale (ISIS): Development and preliminary validation. Palo Alto, CA: Institute of Transpersonal Psychology; 2008.

[8] Alrashidi N, Alreshidi M, Dator WL, Maestrado R, Villareal S, Buta J, Pangket P, Mostoles RJ, Gonzales A, Mina E, An E. The mediating role of spiritual intelligence on well-being and life satisfaction among nurses in the context of the COVID-19 pandemic: a path analysis. Behav Sci (Basel). 2022;12(12):515. doi:10.3390/bs12120515.

[9] Hojat M, Louis DZ, Markham FW, Wender R, Rabinowitz C, Gonnella JS. Physicians' empathy and clinical outcomes for diabetic patients. Acad Med. 2011;86(3):359-364. doi:10.1097/ACM.0b013e3182086fe1

[10] Korkut S, Çetin B. The Relationship Between Spiritual Intelligence and Compliance with Professional Values in Nursing Students in Türkiye. J Relig Health. 2025;64(3):1770-1782. doi:10.1007/s10943-025-0230

[11] Tavakoli N, Sadoughi M, Cheraghi F. Relationship between spiritual health, resilience, and compassionate care among ICU nurses: A cross-sectional study. Iran J Nurs Midwifery Res. 2023;28(1):15–21.

[12] Foster K, Roche M, Delgado C, Cuzzillo C, Giandinoto JA, Furness T. Resilience and mental health nursing: An integrative review of international literature. Int J Ment Health Nurs. 2019;28(1):71-85. doi:10.1111/inm.12548

[13] Shahcheragh SH, Fekri N, Rad M. The Relationship between Spiritual Intelligence and Fatigue and Moral Distress in Emergency Nurses: A Cross-Sectional Study. Iran J Nurs Midwifery Res. 2024;29(6):737-742. Published 2024 Nov 20. doi:10.4103/ijnmr.ijnmr_157_23

[14] Rushton CH, Batcheller J, Schroeder K, Donohue P. Burnout and Resilience Among Nurses Practicing in High-Intensity Settings. Am J Crit Care. 2015;24(5):412-420. doi:10.4037/ajcc2015291

[15] Yadollahpour MH, Nouriani M, Faramarzi M, Yaminfirooz M, Shams MA, Gholinia H. Role of spiritual intelligence and demographic factors as predictors of occupational stress, quality of life and coronavirus anxiety among nurses during the COVID-19

pandemic. Nurs Open. 2023;10(3):1449-1460. doi:10.1002/nop2.1395

[16] Sawatzky R, Pesut B. Attributes of spiritual care in nursing practice. J Holist Nurs. 2005;23(1):19-33. doi:10.1177/0898010104272010

[17] Koenig HG. Religion, spirituality, and health: the research and clinical implications. *ISRN Psychiatry*. 2012;2012:278730. Published 2012 Dec 16. doi:10.5402/2012/278730

[18] De Swardt HC, van Rensburg GH, Oosthuizen MJ. Supporting students in professional socialisation: Guidelines for professional nurses and educators. Int J Afr Nurs Sci. 2017;6:1-7. doi:10.1016/j.ijans.2016.11.002

[19] Marianti L, Saputra R, Suhardita K, Nuraini P. The need for integration of emotional intelligence and spirituality training in medical and nursing education curriculum. Palliat Support Care. 2024;22:1–2. doi:10.1017/S1478951524001019.

[20] Sharifnia AM, Fernandez R, Green H, Alananzeh I. Spiritual intelligence and professional nursing practice: A systematic review and meta-analysis. Int J Nurs Stud Adv. 2022;4:100096. doi:10.1016/j.ijnsa.2022.100096

[21] Delgado C. Nurses' spiritual care practices: becoming less religious?. J Christ Nurs. 2015;32(2):116-122.

[22] Gallison BS, Xu Y, Jurgens CY, Boyle SM. Acute care nurses' spiritual care practices. J Holist Nurs. 2013;31(2):95-103. doi:10.1177/0898010112464121

[23] Al-Shamaly HS. A focused ethnography of the culture of inclusive caring practice in the intensive care unit. *Nurs Open*. 2021;8(6):2973-2985. doi:10.1002/nop2.1009

[24] King DB. Rethinking claims of spiritual intelligence: A definition, model, and measure. Trent University; 2008.

[25] Karimi-Moonaghi H, Gazerani A, Vaghee S, Gholami H, Salehmoghaddam AR, Gharibnavaz R. Relation between spiritual intelligence and clinical competency of nurses in Iran. Iran J Nurs Midwifery Res. 2015;20(6):665-669. doi:10.4103/1735-9066.170002

[26] Karakas F. Spirituality and performance in organizations: a literature review. J Bus Ethics. 2010;94(1):89–106.

[27] Stiliya JK, Antony JM, Joseph J. Spiritual Intelligence and Spiritual Care in Nursing Practice: A Bibliometric Review. Indian J Palliat Care. 2024;30(4):304-314. doi:10.25259/IJPC_155_2024

[28] Hojat M, Badiyepeymaiejahromi Z. Relationship between Spiritual

Intelligence and Professional Self-concept among Iranian Nurses. Invest Educ Enferm. 2021;39(3):e12. doi:10.17533/udea.iee.v39n3e12

[29] Zaretsky TG, Jagodnik KM, Barsic R, *et al*. The Psychedelic Future of Post-Traumatic Stress Disorder Treatment. Curr Neuropharmacol. 2024;22(4):636-735. doi:10.2174/1570159X22666231027111147

[30] Javanmardifard S, Shirazi F, Jamalnia S, Sadeghi E. Relationship between caregiver burden and cognitive impairment in adult patients with type 2 diabetes. J Holist Nurs Midwifery. 2022;32(3):203–9. doi:10.32598/jhnm.32.3.2207.

[31] Mirzaei Dahka S, Maroufizadeh S, Pouralizadeh M, *et al*. Mental Health and Resilience among Nurses in the COVID-19 Pandemic: A Web-Based Cross-Sectional Study. Iran J Psychiatry. 2022;17(1):35-43. doi:10.18502/ijps.v17i1.8047

[32] Al-Osaimi DN, Al-Onazi AK, Al-Khammash NM, Al-Shakarah NF, Al-Rashidi MK, Al-Shamry HM. Spiritual well-being and burnout among Saudi nurses in intensive care units. Open Nurs J. 2023;17:1–9. doi:10.2174/18744346-v17-2305300-2022-160.

[33] Khodabakhshi-Koolaee A, Heidari S, Khoshkonesh A, Heidari M. Relationship between spiritual intelligence and resilience to stress in preference of delivery method in pregnant women. Iran J Obstet Gynecol Infertil. 2013;16(59):8–15.

[34] Bondre AP, Singh S, Singh A, *et al*. Evaluation of a Positive Psychological Intervention to Reduce Work Stress among Rural Community Health Workers in India: Results from a Randomized Pilot Study. J Happiness Stud. 2025;26(3):27. doi:10.1007/s10902-024-00852-6

[35] Kandemir A, Özer U. The effect of holistic training programs on nurses' professional satisfaction and turnover intention. Holist Nurs Pract. 2017;31(4):234–40.