

The Impact of Nurses' Personal Religious and Spiritual Beliefs on Their Well-Being in Balancing Work-Family Conflict

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Abstract

Nursing is a sensitive and stressful profession and employment of religious and spiritual coping strategies is necessary to mitigate work-family conflict. Nurses frequently navigate the tension between demanding professional responsibility and familial obligations, often leading to work-family conflict and emotional strain. This review explores how personal religious and spiritual beliefs serve as internal resources that enhance nurses' well-being. Drawing from empirical studies, and theoretical perspectives, the paper highlights the protective role of spirituality in mitigating burnout and fostering resilience. These beliefs can provide a sense of purpose, support and reliance which can help mitigate work-family conflict. Moreover, the beliefs act as coping mechanisms, helping nurses manage the demands at work and at home. The paper presents an overview of how these beliefs foster a sense of inner peace and providing a framework for understanding and dealing with stressors due to their role in conflict resilience and emotional regulation. This enhances overall mental well-being and improve the ability to balance work and family demands. The paper demonstrates the need to have a clear policy and awareness for the healthcare staff to ensure that nurses make use of the services. The paper is important in informing healthcare facilities, churches, and Christian organizations to help nurses who are involved in this sensitive profession for better outcomes of not only quick recovery to the patients but for the well-being of the nurse's family.

Keywords: Religion, spirituality, work-family conflict, psychological well-being, coping strategies

1.0 Introduction

Nursing profession is confronted with a variety of stressors in managing work-family conflict. Employment of religious beliefs and spiritual coping strategies can provide a source of emotional resilience and mental well-being. This helps nurses cope with the stressors of their demanding roles. Spirituality and religion are internal resources that may buffer stress. Personal religious and spiritual beliefs of nurses can significantly influence their well-being, especially when managing the challenges of work-family conflict. This could be due to demanding work schedule, and work shift which can affect nurses' professional quality and mental health (Dilmaghani et al., 2022). This is because nursing is a profession that requires emotional labor, ethical decision-making and sustained compassion. The dual burden of caregiving at work and home often results in work-family conflict, contributing to burnout and reduced well-being. Religion and spirituality play a significant role as coping resources under stressful circumstances (Perera et al., 2018). These can also reduce emotional exhaustion and increased personal accomplishment among nurses.

For instance, spirituality and religion can foster a sense of purpose, reduce emotional exhaustion, and enhance personal accomplishment (Harris & Tao, 2022). When it comes to Work-family conflict (WFC) these beliefs may act as a buffer, offering strategies for managing competing demands and maintaining a sense of balance (Dilmaghani, et al., 2022; Raffenaud et al., 2020). Therefore, nurses' personal religious and spiritual beliefs may offer a source of strength, identity, and balance. This paper reviews current literature on how spirituality

influences nurses' well-being in the context of work-family conflict, with attention to gendered dynamics and faith-based coping mechanisms.

2.1 Defining Key Constructs

Spirituality: A personal quest for meaning, connection, and transcendence, often expressed through prayer and reflection.

Religion: Organized belief systems that shape moral values, rituals, and communal identity.

Work-family conflict: (WFC) A form of inter-role conflict where demands from work and family are mutually incompatible.

Well-being: A multidimensional construct encompassing emotional, psychological, and spiritual health.

3.0 Literature Review

3.1 Spirituality and Stress

The nursing profession is often associated with high levels of stress due to long working hours, emotional demands, and the responsibility of patient care. However, many nurses turn to their spiritual beliefs as a way to cope and find resilience in the face of these challenges. A study conducted by Perea et al. (2018) highlighted that religious and spiritual coping strategies are commonly used by nurses to manage work-related stress. It emphasized the need for culturally sensitive measures to better understand the role of spirituality in stress resilience and emotional regulation. Harris & Tao (2021) found that nurses' personal religious or spiritual beliefs were positively associated with mental well-being and negatively associated with emotional exhaustion.

Spirituality can provide a sense of purpose, emotional support, and a framework for understanding and managing stress. A systematic review on workplace spirituality in nursing

revealed that spirituality is strongly linked to reduced job stress, emotional exhaustion, and turnover intention. Furthermore, it also enhances job satisfaction and organizational commitment (Wen Wei et al., 2020).

According to Harris & Tao (2021), nurses who engaged in spiritual practices reported higher levels of personal accomplishment and lower emotional exhaustion. Practices such as prayer, meditation, connecting with spiritual community, or reflecting on one's beliefs can help nurses maintain their mental and emotional well-being. Spiritual beliefs provide a framework for interpreting burnout and any other conflict and sustained hope. These practices not only assist in stress reduction but also enhance empathy and compassion, which are important in nursing. Stable mental and emotional conditions are of great importance for nurses to provide safe and quality services to their patients.

3.2 Role of Religion in Mitigating Work-family Conflict

Religious and spiritual beliefs serve as powerful coping mechanisms for nurses in dealing with work-family conflict. The strategies applied provide emotional resilience, stress relief, and a sense of purpose. Religion can play a significant role in mitigating work-family conflict among nurses by providing them with coping mechanisms and support systems. Religion has long been recognized as a powerful force in shaping individuals' beliefs, values, and behaviors (Van Buren et al., 2020).

Understanding the roles of religion in nursing practice is essential for nurses to provide holistic and faith-based care. It can influence various aspects of nursing practice, including spiritual decision-making and personal reflection. (LeDoux et al., 2019). Religion has a multifaceted role in nursing practice, which can either positively or negatively impact nurses'

efforts to provide patient care (Lee, 2020). Nurse often describes their faith as a compass guiding decision about time, priorities, and caregiving roles.

3.2.1 Emotional Support

Spirituality often fosters a sense of community and belonging, offering nurses emotional support through their faith-based networks (Perera et al., 2018). Religious beliefs offer a sense of comfort and hope, helping nurses manage stress and emotional challenges associated with balancing work and family responsibilities. Female nurse, particularly those with caregiving responsibilities at home, experience heightened work-family conflict. Spirituality may serve as a meaningful tool, helping women reconcile professional and familial identities. A faith narrative around sacrifice, service, and divine calling often shape their understanding of vocation.

3.2.2 Spiritual Practices

Engaging in spiritual practices such as prayer, meditation and attending religious services can help nurses find inner peace and resilience, which can reduce the impact of WFC. Collaboration with religious leaders or spiritual care providers can ensure that religious considerations are integrated into the care plan, and effective communication is important to understanding patients' needs and preferences (Olorunfemi et al., 2024). Furthermore, nurses often face intense work-family conflict due to long shifts, emotional labor, and caregiving demands both at work and at home. Therefore, spiritual practices can offer grounding, resilience and clarity. The spiritual practices may include: Mindfulness and meditation as it helps nurses stay present and reduce anxiety.

Meditation fosters emotional regulation and detachment from work stressors. Reflective prayers and journaling offer spiritual anchoring, especially for nurses who view their work as a calling. Journaling helps process difficult experiences and clarify values. These practices help in

building self-compassion and deepen spiritual identity. Gratitude and intentionality help to cultivate gratitude, shifting focus from being overwhelmed to meaningful existence. Spiritual leadership and peer support among nurses enhance passion and altruism, hence nurses stay motivated and connected hence fostering community and reducing isolation.

3.2.3 Community and Social Support

Community and social support play a great role in helping nurses navigate demands of work-family conflict. Being part of a religious community can provide a network of support, where nurses can share their experiences and receive encouragement from others facing similar challenges. Nursing burnout is an increasingly prevalent problem that has personal as well as patient safety implications (Medicine, National Academics of Sciences & Medicine, 2019). Therefore, support from family, friends and colleagues reduces stress and emotional exhaustion, helping nurses cope with dual caregiving conflict.

Furthermore, when nurses feel understood and supported, they are better able to harmonize professional and personal identities, reducing internal conflict. Social support and self-compassion together significantly predict lower levels of work-family conflict among nurse mothers (Putri et al., 2024). Key supporters that make a difference include family support as it encourages shared responsibilities and emotional resilience, supervisor support which enables flexible scheduling, empathy, and workload adjustments, peer or colleague support builds camaraderie, shared coping strategies and informal relief and lastly community networks like faith groups, caregiver circles, and local organizations offer spiritual and practical aid.

3.2.4. Meaning and Purpose

Religion can provide a sense of meaning and purpose, helping nurses to see their work and family roles as part of a larger plan, which can reduce feelings of conflict and stress. Nurses

experience tremendous stress in their jobs in direct care as evidenced by escalating reports of depression, compassion fatigue, and secondary trauma (Kelly, 2020). In a study conducted in China by Yao et al. (2024) on work-family conflict categories and support strategies for married female nurses, it identified three types of conflict profiles which are low, work-dominant, and high-conflict, the findings showed that nurses with multiple children, nurses who do night shifts and where there is low family harmony experienced high conflict. Therefore, colleague support and nurse-patient relationships are protective factors. Nurses' personal spirituality is often only considered as it affects the ability to comfortably and competently provide whole-person care to patients and families (Taylor et al., 2019). While few studies directly link spirituality to work-family balance, qualitative research suggests that prayer, meditation, and faith communities offer emotional regulation and boundary-setting tools (Shields et al., 2015).

3.2.5. Mental and Physical Well-being

Addressing work-family conflict is crucial for improving nurses' well-being and ensuring high-quality patient care. While many interventions focus on reducing stressors and building resilience (Sarazine et al., 2020), few focus on improving overall and mental well-being. This may include spiritual anchoring like daily prayer reflection, sabbath hymns, purpose reminders. Mental clarity and emotional resilience, physical exercises and lastly relational and communal support. Burnout is a major driver of poor well-being and is widespread in the nursing workforce, with conservative estimates of 30% of nurses experiencing one or more aspects of burnout (Canada-De la Fuente et al., 2018). The nurses' experiences emotional exhaustion, depersonalization and reduced sense of accomplishment leading to depletion of energy and connection. Additionally, a report from National Academy of Medicine reports burnout rates of between 35%-54% among nurses and physicians (National Academy of Medicine, 2019). Nurses

have been reported to rely on religion and spirituality when coping with death and dying (Palmer Kelly et al., 2019). Therefore, there is need for mental renewal and physical restoration by seeking counseling, rest, and good nutrition and hydration.

3.3. Policies and Awareness

Work-family conflict is a common challenge for nurses due to demanding schedules and emotional labor. Research highlights the role of positive traits like gratitude and self-compassion in mitigating the negative effects of such conflicts (El Keshky & Sarour, 2024)). Positive traits are powerful and psychological tools that buffer against the corrosive effects of burnout, chronic stress, and internal conflict. They have neurological, spiritual and practical impact. Gratitude journaling or daily thank you prayers can reduce rumination and increase emotional resilience. For example, “Give thanks in all circumstances” (1 Thessalonians 5:18). Organizational support, such as flexible scheduling and family-friendly policies, can help nurses balance their professional and personal lives (Raffenaud et al., 2020). Organizational support safeguard against emotional exhaustion and role strain. This is because nurses often navigate high emotional labor. Shift unpredictability and family responsibilities. Therefore, without supportive policies, these demands can lead to burnout, compassion fatigue and work-family conflict especially for women in caregiving roles.

Many healthcare organizations recognize the importance of spirituality in nursing and have policies that can encourage holistic care. This includes addressing spiritual needs. Nurses are trained to respect diverse spiritual beliefs and how to integrate them into client's care (Southard et al., 2020). This principle is foundational to holistic nursing. This implies that nurses need to show respect for diversity. Most institutions in Kenya provide chaplaincy services and

spiritual care training to ensure nurses can support patients while maintaining their own spiritual well-being.

Nurses' faith and spirituality can significantly impact their ability to provide holistic care. A study on moral distress in nurses found that workplace spirituality and spiritual sensitivity significantly reduced moral distress. Additionally, the findings suggested that fostering a spiritual environment and providing spiritual education can positively impact nurses' well-being (Tavakol et al., 2025). This implies the need for spiritual awareness and fostering spiritual environment for nurses to promote a spiritual environment in healthcare settings. These are also transformative strategies for enhancing nurses' well-being especially in high stress, emotionally demanding settings like hospitals.

3.4 Role of Hospital Chaplain and Churches

When nurses and other medical staff are faced with emotional challenges that come with work-family conflict, they themselves need compassionate, emotional and spiritual support. These services are provided by the hospital chaplains and religious leaders in churches. Spiritual support matters for nurses because they offer mental and emotional benefits such as reduce burnout through prayer, help enhance coping, and promote self-worth. Similarly, nurses experience improved sleep and stress regulations, they encourage healthy boundaries and this boosts nurses' retention and morale. Nurses who feel spiritually supported are more likely to stay engaged and committed.

3.5 The Hospital Chaplain

The hospital chaplains are trained to listen empathetically and offer a safe space for nurses to express their concerns and frustration. (Brady, 2020). This helps nurses process their emotions and reduce stress, because by encouraging reflection on personal values and priorities,

the chaplain can help nurses find ways to balance their professional responsibilities with family commitments and be able to cope with challenges.

The chaplain acts as a mediator or advocate, working with healthcare teams to address systematic issues that contribute to work-family conflict, such as scheduling challenges and workload. The hospital chaplain organizes support groups where nurses and other medical staff can share experiences and strategies for managing work-family conflict, fostering a sense of community and mutual understanding. The chaplain promotes nurses mind-body -spirit wellness, contributing to a workplace atmosphere where nurses feel valued and supported.

In a survey conducted on knowledge, attitudes, and interactions with chaplains and nursing staff by Liberman et al. (2020), the findings showed that the majority (98.1%) of participants indicated that they were aware that there are chaplain services in the hospital, but only 56.6% reported knowing what services chaplains provided. When asked which services hospital chaplains offer, most indicated spiritual support to patients (96.1%), family members (92.2%), and hospital staff (80.4%). Approximately half (52.9%) reported that the chaplain often walks in the hospital to connect with people who might need spiritual support. Also, roughly half (47.1%) of the members of staff indicated that the chaplain assists those who may be struggling with religious issues. The majority (88.2%) disagreed that the chaplain only provides spiritual assistance to patients and family members and never to hospital staff.

The hospital chaplains require skills and knowledge that enable them to be a source of strength and guidance for nurses, helping them navigate the challenges of their demanding roles. These skills include: active listening skills, empathy, compassion, cultural and religious sensitivity, conflict resolution skills, resilience building, spiritual guidance, interdisciplinary collaboration, communication skills, adaptability and a good education background.

3.6 The Religious Leaders in Churches

The church plays a significant role in supporting nurses as they navigate work-family conflict. These include spiritual counseling and teachings for nurses to find inner peace and resilience to manage the stress of balancing work and family responsibilities. The churches can organize events focused on stress management, time management, and work-life balance tailored to the unique challenges faced by healthcare professionals. The church leaders also do advocacy and awareness to the community about the challenges healthcare workers face, especially nurses and encourage the community to support them. Lastly, by hosting family-friendly trips and activities, the church can help nurses spend quality time with their families in a supportive environment.

3.7 Theological and Cultural Perspective

3.7. 1 Theological Perspective

Nurses' personal religious and spiritual beliefs are shaped not only by individual faith traditions but also by broader theological frameworks and cultural contexts. Theologically, nurses may draw from different doctrines and spiritual worldviews that influence how they understand suffering, healing and vocation. The theological views as discussed below shape nurses not only personal resilience but also how nurses approach spiritual care for others.

Christian Theology: Nursing is often seen as a calling or ministry of compassion. Concepts like *imago Dei* (the image of God) affirm the dignity of every patient, while servant leadership and bearing one another's burdens (Galatians 6: 2) shape caregiving as spiritual service.

Islamic perspective: Caring for the sick is considered a form of worship (*ibadah*) and intentions (*niyyah*) matter deeply. Nurses may view their work as fulfilling a moral and religious duty,

Hindu Beliefs: Karma and dharma influence how nurses interpret their role. Serving others may be part of fulfilling one's spiritual path.

Indigenous and African Theologies: Healing is often holistic, involving ancestors, community, and spiritual rituals. Nurses from these backgrounds may integrate communal and spiritual dimensions into care.

3.7.2 Cultural Perspective

Culture deeply influences how nurses express and integrate their beliefs.

Cultural Diversity in Nursing: Nurses' own cultural backgrounds affect how they perceive health, and spirituality. For example, some cultures emphasize communal prayer, while others value silent meditation.

Barriers to integration: Nurses may face challenges like role ambiguity, burnout, inadequate training, or institutional discomfort with religious expression.

3.8 Theoretical Models

The models illuminate the relationship between nurses' well-being and spiritual care.

These include the following theoretical models:

3.8.1 Spiritual Coping Theory

Spiritual coping is defined as the use of spiritual resources such as prayer and faith to navigate difficult life situations. This can be positive such as seeking comfort in God or negative such as feeling punished by a higher power. Spiritual coping theory originated from Pargament's (2001) theoretical work and was developed within the framework of Folkman and Lazarus (1986) transactional model of stress, which considers stress in terms of the interaction between the individual and the environment, and how the individual evaluates their ability to respond to the threat.

Pargament's (2001) theory expands the transactional model of stress by defining religious/spiritual coping as seeking meaning in the sacred during stress. The positive or negative nature of this

coping depends on how individuals interpret stressful events about God or the divine figure (Láng, 2013; Pargament, 2011). Pargament (1997) identified five fundamental functions of religious/spiritual coping: attributing meaning to events, feeling in control of challenges, finding comfort, connecting with peers, and supporting life transitions. These include behaviors, cognitions, and emotions that can change based on personal, situational, or sociocultural contexts, leading to either adaptive or maladaptive coping (Stein et al., 2013).

Religious/spiritual coping can be characterized as the cognitive, behavioral, and interpersonal approaches associated with religious or spiritual beliefs and practices that assist individuals in problem-solving and addressing the adverse impacts of difficult life circumstances (Pargament, 2001; Tomás & Rosa, 2021). These strategies can be either positive or negative. Positive religious/spiritual coping entails a constructive orientation toward problem-solving within a religious context (e.g., seeking spiritual support, a sense of spiritual connection with a higher power, or spiritual connection with others). On the contrary, negative religious/spiritual coping entails religious dissatisfaction and a lack of support from a religious community (e.g., perceptions of a punishing, interpretations of life events as divine retribution) (Pargament, 2000, 2011; Tomás & Rosa, 2021). Pargament (1997) posits that individuals use religious beliefs and practices to manage stress and find meaning. This theory focuses on how nurses can use religious or spiritual resources to cope with stress.

In application, nurses may rely on prayer, faith, or spiritual meaning, making to buffer the emotional toll of work-family conflict. Additionally, positive coping such as seeking spiritual support, and negative religious coping like feeling abandoned by God, interpreting suffering as divine punishment are different ways nurses try to cope with work-family conflict. These helps provide meaning and purpose during suffering, offers emotional regulation and social support and lastly it enhances resilience and well-being, especially in health crises, bereavement or trauma.

3.8.2 Work-Family Border Theory

Work-Family Border Theory, developed by Clark (2000), offers a powerful lens for understanding how individuals manage the boundaries between their work and family lives. It is especially relevant for ministry families, caregivers, and those navigating complex vocational and relational roles. Border theory is a work-family balance theory. It explains employees' movements from work domain to home/family domain. According to Clark (2000), employees are border crossers who travel between work and home domains.

This article, however, takes Clark's study further by introducing the work-life border control model, although Clark (2000) has argued that employees' movements depend on borders' strength and permeability. However, aside that Clark's (2000) border theory portrayed home/family as the only 'life' domain activity, the factors that determine the strength and weakness of the borders are also limited to spatial, temporal and psychological. Focuses on how nurses manage boundaries between work and family domains. Borders are the lines such as the physical, temporal, emotional and psychological factors that separate work and family domains. They can be flexible, which means easily adjusted like working from home or permeable meaning allowing elements on one domain to enter another one for example answering work emails during family dinner. In application nurses with strong spiritual beliefs may use rituals, prayer, or faith communities to navigate transitions between roles. The key concepts are border strength, permeability, and role integration.

3.8.2 Conservation of Resource (COR) Theory

Conservation of Resources (COR) Theory, developed by Stevan Hobfoll (1989), is a foundational framework in stress research which is used to understand the processes involved in experiencing, coping with, and becoming resilient to chronic and traumatic stress. Resources help nurses achieve goals, reduce stress or maintain well-being. This may include personal

resources such as self-esteem, energy and faith, and condition resources like employment, and social support. It is an ecological and multileveled theory that seeks to understand individuals nested within their families, communities, and cultures (Hobfoll, 2001). COR theory begins with the basic tenet that people are motivated to acquire, protect, and foster the acquisition of those things which they value, their resources (Hobfoll, 1988; 1998). Stress occurs as a response to any set of circumstances that results in the threatened or actual depletion of resources. The stress response, then, comprises an attempt primarily to limit losses and secondarily to maximize gains, with the loss aspect of the equation disproportionately dominant. As such, behaviors exhibited in stressful contexts may vary markedly in form, yet serve the common function of resource conservation.

The model highlights that stress arises from loss or threat to personal resources. Therefore, in application, spiritual beliefs may act as protective resources that help nurses preserve emotional energy and resilience. The key concepts include resource gain/loss, resilience, and burnout.

3.9 Implication for Practice

Healthcare organizations should recognize and support nurses' spiritual needs through reflective spaces for prayer or meditation, peer support groups rooted in shared values, training on spiritual care and emotional resilience. Faith-informed interventions are also necessary, especially in the development of resources such as devotionals, guided prayers, and spiritual care workshops in empowering nurses to integrate faith into their self-care routines.

3.10 Future Research

Studies are needed, especially longitudinal studies, to assess how spiritual beliefs evolve and impact well-being over time. Intersectional analysis can explore how gender, ethnicity, and

religious background shape experiences of work-family conflict. Qualitative narratives capturing lived experiences of nurses through interviews, focus group, storytelling and journal are also recommended.

4.0 Conclusion

Nurses' personal religious and spiritual beliefs are increasingly recognized as very important. This is not just how they care for others, but in how they care for themselves so that they can balance and remain productive both at work and at home. Nurses' personal religious and spiritual beliefs help foster meaning, resilience, and emotional regulation; spirituality contributes to holistic well-being. Faith informed support systems and inclusive institutional policies are essential for sustaining those who care for others. Nurturing one's own spiritual life is not just personally meaningful, it is professionally protective.

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