



Relationship between spiritual well-being and quality of life among the nurses of selected tertiary care centre of western Maharashtra

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ABSTRACT:

Background: Spirituality can encompass the meaning and purpose of work, particularly in professions that are driven by a deep sense of calling to serve others. When people engage in service-oriented professions such as healthcare, education, social work, or community service—they frequently experience a profound sense of purpose that aligns with their values and beliefs. This alignment can foster a sense of inner peace and satisfaction, as they contribute positively to the lives of others. *Aim:* To assess the relationship between spiritual well-being and quality of life among the Nurses of selected tertiary care centre of Western Maharashtra. *Method:* A quantitative survey approach was employed in this study to explore the relationship between spiritual well-being and quality of life among nurses. Descriptive correlational design was used for this study. *Results:* Most nurses exhibited moderate overall spiritual well-being (SWB) and reported a good quality of life (QOL). Furthermore, there is a significant relationship between spiritual well-being and quality of life among nurses at a selected tertiary care center in Western Maharashtra. Spiritual well-being parameters such as religious well-being (RWB) showed statistically significant positive correlation with Domain 3 (Social relationship) of Quality of life (P-value<0.05). Existential well-being score (EWB) and total Spiritual well-being score (SWB) showed statistically significant positive correlation with Domain 1 (Physical health), Domain 2 (Psychological), Domain 3 (Social relationship) and Domain 4 (Environmental) (P-value<0.05 for all). Additionally, the findings indicated a statistically significant association between nurses' educational status and their religious well-being scores (RWB), with a p-value of 0.002. *Conclusion:* There is a relationship between spiritual well-being and quality of life among the nurses the nurses of selected tertiary care centre of Western Maharashtra.

INTRODUCTION

India, the cradle of spirituality, boasts an intricate tapestry of ancient wisdom, diverse practices, and profound philosophies that have woven the fabric of its culture for millennia. From the sacred verses of the Vedas to the tranquil teachings of meditation and yoga, India's spiritual heritage is a timeless journey into the depths of human consciousness.^[1] Spiritual legacy of India has transcended its borders, captivating the hearts and minds of people worldwide. The practice of yoga and meditation has become a universal phenomenon, embraced by millions for its profound impact on mental, emotional, and physical well-being. Ayurveda, India's ancient system of natural healing, has also gained international recognition for its holistic approach to health. With advances in scientific knowledge around the 17th century, religion fell out of favor as it was considered "unscientific". This led to a division of roles between religious leaders for healing the soul and physicians for healing the body. The World Health Organization (WHO) defines health as a complete state of physical, mental, and social well-being, yet many argue that the spiritual dimension is missing from this definition. In 1984, the WHO recognized the importance of spirituality in health, designating it as the "Fourth Dimension." However, medical practitioners often remain hesitant to incorporate spiritual aspects into care due to a perceived lack of empirical evidence.^[2]

Most studies on spiritual aspects are conducted in regions with religious homogeneity, such as the Middle East, which can lead to a shared understanding of spirituality. In India, however, the true concept of spirituality is often overshadowed by religious fanaticism. This study seeks to provide a clearer understanding of spirituality in India, emphasizing its importance for overall well-being, particularly among nurses, a group that has been underrepresented in existing research. The goal is to incorporate suggestions for various spiritual self-care practices that can enhance their personal well-being, ultimately helping them meet their own needs for consolation as they navigate the challenges of a demanding work environment.

Spiritual Well Being "Spiritual Well-being" is person's ability and desire to live and feel linked with other persons, with nature and the environment or with God or a higher power and deal better with situational challenges and find ways to overcome them.

Quality of life "Quality of life" is satisfaction of a person with their physical health, psychological health, social relationship and environmental conditions.

Primary Objectives

1. To assess the Spiritual well-being among the nurses
2. To assess the Quality of life among the nurses
3. To find the relationship between Spiritual well-being and Quality of life among the Nurses.

Secondary Objectives

To assess the relationship of spiritual well-being with selected sociodemographic variables among the nurses of the selected tertiary centre of Western Maharashtra.

METHODOLOGY

A quantitative survey approach with a descriptive correlational design was adopted for this study, which was carried out at a tertiary care center in Western Maharashtra. The study sample included 120 nurses, selected through convenience sampling. Data collection tools comprised a self-structured questionnaire, the Spiritual Well-Being Scale (SWB), and the WHOQOL-BREF scale.

The sample size was estimated based on findings from a reference study [3], using the suitable formula. Allowing for a 10% non-response rate, the calculated sample size was 122. However, due to two dropouts, data were finally collected from 120 participants. Nurses working in the wards during the data collection period were enrolled using the convenience sampling technique.

Data were gathered using both self-structured and standardized tools, consisting of:

- Part A: Socio-demographic variables.
- Part B: Spiritual Well-Being Scale (SWB, 1982) by Craig W. Ellison and Raymond F. Paloutzian.
- Part C: WHOQOL-BREF Scale (1995) by the World Health Organization.

A pilot study was conducted on October 7, 2024, with 12 nurses from a selected hospital in Western Maharashtra, after obtaining ethical clearance. The tool was modified based on the pilot, and written informed consent was secured from participants.

The reliability of the instruments was confirmed: Cronbach's alpha values for the SWB scale were 0.83 (SWBS), 0.65 (RWBS), and 0.70 (EWBS) in the Indian population [4]. For the WHOQOL-BREF scale, the Cronbach's alpha was 0.87, indicating high internal consistency [5]. For analysis, both descriptive and inferential statistics were applied. Pearson's correlation was used to determine the relationship between the study variables.

RESULTS

Among the 120 nurses who participated in the study, none were found to have low levels of overall spiritual well-being (SWB). A majority, 82.5%, demonstrated a moderate level of SWB, while 17.5% showed a higher level of SWB. With respect to quality of life (QOL), 1.7% of the participants had poor QOL, 15.8% reported fair QOL, and the remaining 82.5% experienced good QOL.

The analysis further revealed that spiritual well-being parameters, particularly the Existential Well-

Being Score (EWB) and the Total Spiritual Well-Being Score (SWB), exhibited a statistically significant positive correlation with all four domains of QOL. Specifically, significant associations were observed with Domain 1: Physical Health ($p = 0.012$), Domain 2: Psychological ($p = 0.011$), Domain 3: Social ($p = 0.001$), and Domain 4: Environmental ($p = 0.001$), all of which had p-values less than 0.05, confirming their significance.

Additionally, the Religious Well-Being Score (RWB) was found to have a significant positive correlation with Domain 3: Social relationships ($p = 0.047$) of QOL. This also indicates that higher religious well-being is associated with better social quality of life among the participants.

With respect to sociodemographic characteristics, a significant difference was observed in the mean Religious Well-Being Score (RWB) across nurses with varying levels of education. The variation was statistically significant with a p-value of 0.003, suggesting that educational qualification influences religious well-being.

Table No: - 1 Description of sociodemographic and baseline data of the nurses of selected tertiary care center

| Demographic variables | | No. of subjects | % of subjects |
|--------------------------|-----------------|-----------------|---------------|
| Age group | <30 years | 56 | 46.7 |
| | ≥30 years | 64 | 53.3 |
| Marital status | Married | 72 | 60.0 |
| | Unmarried | 45 | 37.5 |
| | Separated/Widow | 3 | 2.5 |
| No. of children | None | 59 | 49.2 |
| | 1 – 2 | 61 | 50.8 |
| Work experience | <10 years | 66 | 55.0 |
| | ≥10 years | 54 | 45.0 |
| Working hours | 8 Hrs | 28 | 23.3 |
| | 9 – 10 Hrs | 65 | 54.2 |
| | >10 Hrs | 27 | 22.5 |
| Religion | Hindu | 89 | 74.2 |
| | Christian | 26 | 21.7 |
| | Other | 5 | 4.2 |
| Educational status | Pre-bachelor | 15 | 12.5 |
| | Bachelor | 71 | 59.2 |
| | Post-graduation | 10 | 8.3 |
| | Other | 24 | 20.0 |
| Medical/Surgical history | Absent | 100 | 83.3 |
| | Present | 20 | 16.7 |

Figure No: -1 Description of status of overall Spiritual well-being (SWB) of the nurses of selected tertiary care center.

n=120

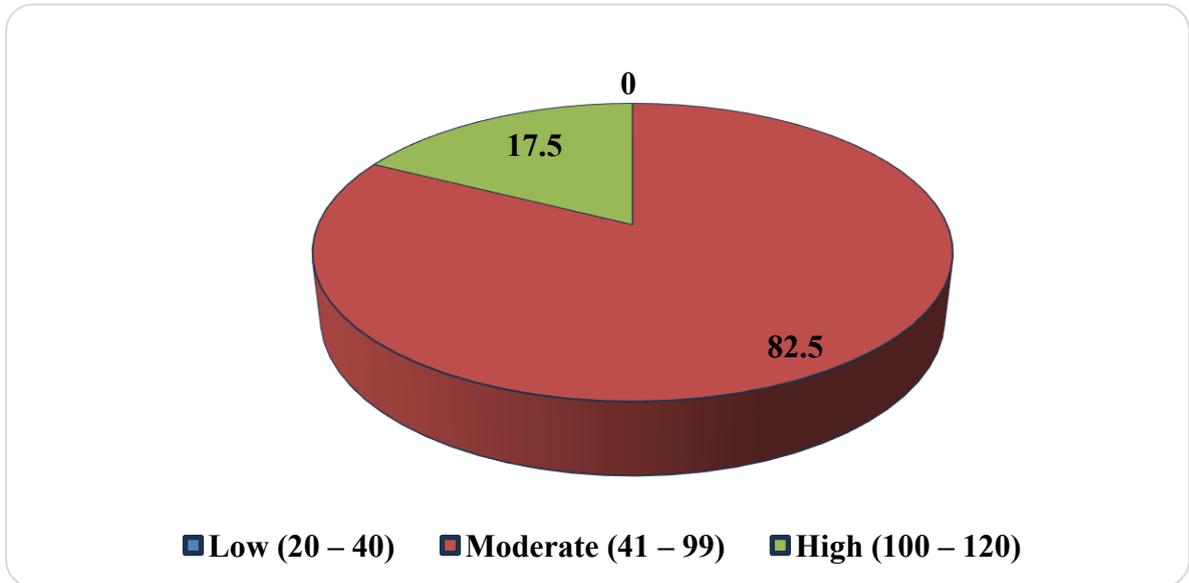


Figure No: -2 Description of status of overall QOL scores (WHOQOL- BREF) of the nurses of selected tertiary care center.

n=120

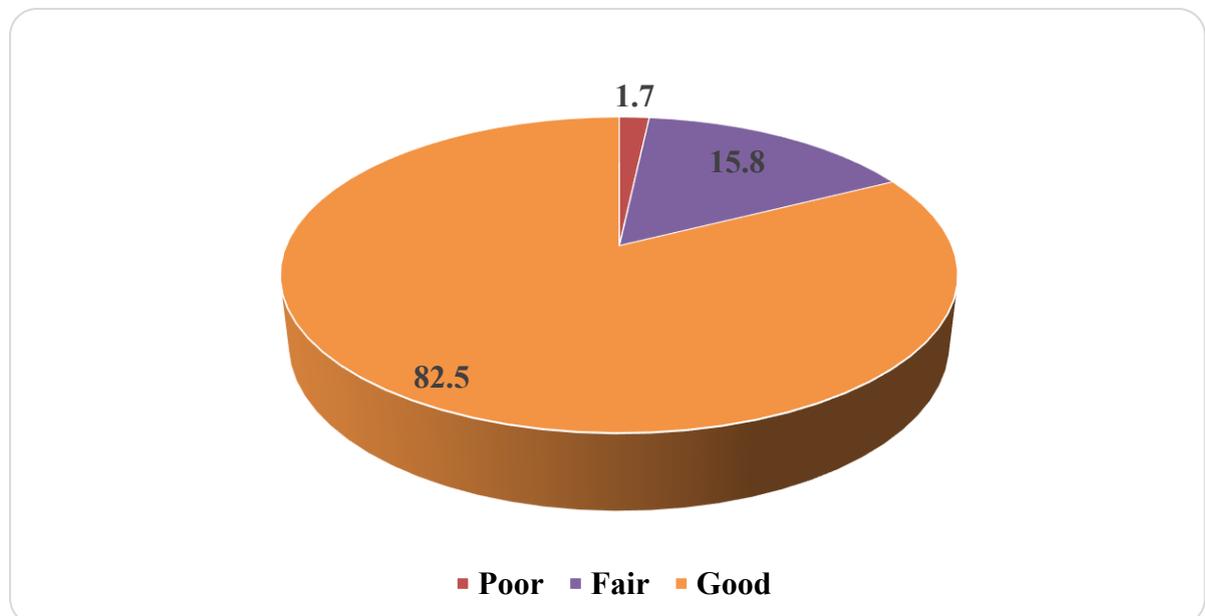


Table No: -3 Descriptive statistics measures of QOL scores (WHOQOL BREF) of the nurses of selected tertiary care center

n=120

| Descriptive statistics measures | | | |
|------------------------------------|-------|------|--------|
| Score | Mean | SD | Median |
| Domain 1 (Physical health) | 12.61 | 1.88 | 12.57 |
| Domain 2 (Psychological health) | 13.52 | 1.65 | 13.33 |
| Domain 3 (Social relationship) | 15.31 | 2.81 | 16.00 |
| Domain 4 (Environment) | 14.69 | 2.23 | 14.75 |

Table No: -4 Correlation between spiritual well-being (SWB score) and quality of life (QOL score) among the nurses of selected tertiary care center.

n=120

| Quality of life scores | | | | | | | | |
|-------------------------------|-----------------------------|---------------------|----------------------------------|---------------------|---------------------------------|---------------|-------------------------|---------------------|
| Score | Domain 1 Physical health | | Domain 2 Psychological health | | Domain 3 Social relationship | | Domain 4 Environment | |
| | r-value | P-value | r-value | P-value | r-value | P-value | r-value | P-value |
| RWB Religious well-being | 0.057 | 0.533 ^{NS} | 0.030 | 0.742 ^{NS} | 0.181 | 0.047* | 0.073 | 0.430 ^{NS} |
| EWB Existential well-being | 0.395 | 0.001* | 0.423 | 0.001* | 0.399 | 0.001* | 0.493 | 0.001* |
| SWB Spiritual well-being | 0.230 | 0.012* | 0.230 | 0.011* | 0.331 | 0.001* | 0.298 | 0.001* |

Correlation analysis using Pearson's method. P-value<0.05 is statistically significant, NS – Statistically non-significant.

Association between spiritual well-being (SWB score) and some selected demographic characteristics of the nurses of selected tertiary care center

The association between spiritual well-being (SWB) scores and selected demographic variables of the 120 nurses was examined. With respect to age, nurses below 30 years had a mean Religious Well-Being (RWB) score of 44.18 ± 9.69 , while those aged 30 years and above had a mean score of 47.08 ± 9.07 . The difference was not statistically significant ($t = 1.693$, $p = 0.093$). Similarly, the mean Existential Well-Being (EWB) scores (44.37 ± 7.02 vs. 45.34 ± 6.40 ; $p = 0.431$) and total SWB scores (83.75 ± 12.19 vs. 87.70 ± 12.93 ; $p = 0.089$) showed no significant association with age.

Regarding marital status, married nurses recorded mean RWB, EWB, and SWB scores of 46.76 ± 8.45 , 45.00 ± 6.59 , and 87.15 ± 12.73 , respectively, while unmarried nurses scored slightly lower (43.89 ± 10.76 , 44.42 ± 6.96 , and 83.36 ± 12.63 , respectively). Separated or widowed nurses scored highest across domains, but overall, marital status did not show a statistically significant association with SWB ($p > 0.05$).

For work experience, nurses with less than 10 years of experience had RWB, EWB, and SWB mean scores of 45.06 ± 9.51 , 44.27 ± 6.44 , and 84.53 ± 11.67 , respectively, compared to those with ≥ 10 years (46.54 ± 9.37 , 45.65 ± 6.96 , and 87.48 ± 13.78). These differences were not statistically significant.

In terms of religion, Hindu participants had a mean RWB score of 44.76 ± 9.57 , Christians had higher scores (49.23 ± 8.54), and those from other religions had 44.60 ± 8.73 . Similar patterns were seen for EWB and SWB, but no statistically significant differences were observed ($p > 0.05$).

A significant association was found with educational status. Nurses with pre-bachelor qualifications had the lowest RWB score (39.07 ± 16.09), while those with bachelor's, postgraduate, and doctoral degrees scored higher (45.32 ± 7.66 , 47.20 ± 7.49 , and 50.46 ± 6.98 , respectively). This association between education and RWB was statistically significant ($F = 5.107$, $p = 0.002$). However, EWB ($p = 0.121$) and SWB ($p = 0.216$) did not show significant associations with educational level.

Overall, the findings indicate that educational status was the only demographic factor significantly associated with religious well-being, while other factors such as age, marital status, work experience, and religion did not show statistically significant relationships with spiritual well-being.

DISCUSSION

A study conducted by Beant Kaur et al. (2023) on undergraduate students revealed that 60.7% demonstrated moderate spiritual well-being, while 39.2% reported high levels [6]. These results are consistent with the present study, indicating that workplace stress and limited personal time may reduce opportunities for spiritual practices, thereby leading to moderate levels of spiritual well-being among nurses.

Similarly, findings by Husam Malibary et al. (2019) showed that 33.6% of medical students perceived their quality of life as very good and 39.7% as good [7]. Our findings resonate with this, as

the structured organizational environment and supportive systems within the workplace appear to positively influence nurses' job satisfaction and overall quality of life.

Research by R. David Hayward and Neal Krause (2013) highlighted the critical role of community and social support within religious contexts in enhancing individual well-being [8]. This holds relevance for the current study, as nurses often form close relationships within their professional and social communities, which provide emotional support and help mitigate workplace stress through participation in informal institutional groups.

Furthermore, Dr. Shaikh Hajimalang Akabar (2024) reported a positive relationship between higher education and intrinsic religious orientation [9]. This suggests that advanced education nurtures critical thinking, self-awareness, and reflective practices, which, in turn, foster spiritual growth. In nursing education, exposure to disciplines such as sociology and psychology deepens understanding of the connection between spirituality, personal identity, and mental health, thereby reinforcing the influence of educational attainment on spiritual development.

Strengthening one's spiritual well-being through activities such as meditation, prayer, physical exercise, participation in religious functions, making time for self-care, and building positive relationships contributes to deepening empathy and compassion. This, in turn, enhances nurses' interactions with patients and colleagues, cultivating a healthier and more supportive work environment.

Conclusion

The study concludes that spiritual well-being is closely linked to the quality of life among nurses. Promoting spiritual practices as part of everyday life can enhance overall well-being, highlighting the need for interventions that integrate spiritual health into nursing education, clinical practice, administration, and research.

Conflict of Interest

The authors declare no conflict of interest.

Funding

The study did not receive any funding support.

Ethical Considerations

This study adhered to the **National Ethical Guidelines for Biomedical and Health Research Involving Human Participants (ICMR, 2017)**. Approval was obtained from the Institutional Ethical Committee, and the research proposal was reviewed and approved by the university.



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