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Association Between Length of Work Experience and Spiritual Intelligence Among Adult Medical–Surgical Nurses: A Cross-Sectional Study

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ABSTRACT

Background: Spiritual Intelligence (SI) is essential for nurses caring for critically ill surgical patients. Previous studies suggest work experience may influence SI, but the extent and specific dimensions affected remain unclear. This study addresses this gap by analyzing the relationship between work experience and four SI dimensions: Critical Existential Thinking (CET), Personal Meaning Production (PMP), Transcendental Awareness (TA), and Conscious State Expansion (CSE)

Methods: A cross-sectional study was conducted among 35 nurses working in adult surgical wards at two public hospitals in Kediri, Indonesia. Inclusion criteria were registered nurses with at least six months of experience in surgical wards; exclusion criteria were nurses on leave or with incomplete data. Purposive sampling was used. Independent variable: work experience (years); dependent variable: spiritual intelligence measured using the Spiritual Intelligence Self-Report Inventory (SISRI-24). Data analysis followed the STROBE guideline and was performed using Lambda tests with $\alpha < 0.05$. Descriptive statistics were reported for key variables, including mean work experience

Result: The mean work experience of participants was 7.3 ± 4.1 years. Work experience was significantly associated with Personal Meaning Production (PMP) ($p = 0.034$) and Conscious State Expansion (CSE) ($p = 0.007$), indicating that nurses with longer experience are better able to find life meaning and expand spiritual awareness. No significant relationships

were observed for Critical Existential Thinking (CET) and Transcendental Awareness (TA).
Conclusion: Work experience positively influences certain SI dimensions (PMP and CSE) but not others (CET and TA). These findings suggest that additional factors, such as education, personal experiences, and workplace environment, contribute to SI development. Practical implications: Healthcare institutions should implement spiritual reflection and mindfulness training to support nurses' well-being. Future research should include larger samples and explore cultural and intervention-based influences on SI development.
Keywords: Spiritual Intelligence; Nurses; Work Experience; Surgical Nursing

Implications for Research, Practice, or Policy

- Integrating structured spiritual reflection, mindfulness programs, and spiritual intelligence components into continuing nursing education can enhance nurses' spiritual awareness, emotional resilience, clinical decision-making, coping strategies, and holistic quality of patient care.
- Recognizing work experience as an important contributor to the development of spiritual intelligence can inform targeted mentoring and support programs, particularly for junior nurses in medical-surgical units.
- Healthcare institutions should establish policies and work environments that support spiritual well-being to promote nurse well-being and sustain high-quality, patient-centered nursing care.Prome GPT

INTRODUCTION

The length of a nurse's work can affect the level of Spiritual Intelligence (SI) in treating medically surgical patients who have complex and often critical conditions. In a hospital setting, nurses with longer work experience tend to develop critical existential thinking skills (Critical Existential Thinking / CET), finds meaning in his work (Personal Meaning Production / PMP), having Transcendental Awareness (TA), as well as expanding his spiritual consciousness (Conscious State Expansionn/CSE). However, there is still a research gap in understanding the extent to which length of work contributes to the level of Spiritual Intelligence, especially in the context of adult surgical medical care. Previous studies have highlighted more on the technical and emotional aspects of nurses' work experiences (Cohen et al., 2023; Hancock, 2020; Maleki et al., 2022), while the influence of spiritual aspects has not been studied in depth (Ausar et al., 2021; Barbosa de Oliveira & Muhith, 2024; Batstone et al., 2020; Mascio et al., 2022; Ningsih et al., 2024).

This problem becomes relevant because nurses who care for medically surgical patients are often faced with challenging situations, both physically and psychologically (D'Ettorre et al., 2020; Rachmawati Musslifah et al., 2024; Shah et al., 2021) In these conditions, Spiritual Intelligence play an important role in helping nurses cope with work pressure, make ethical decisions, and provide more holistic care (Mordekai Rangkoratat et al., 2024; Niskala et al., 2020; Pinto et al., 2024; Puspita et al., 2024; Sharifnia et al., 2022a). Some research suggests that the spiritual aspect can improve nurses'

resilience in the face of job challenges, but there have been no studies exploring the relationship between length of work and the level of Spiritual Intelligence in nurses in surgical medical units (Celano et al., 2022; Fadlilah et al., 2024; Yılmaz, 2017). Therefore, a stronger justification is needed to understand how work experience contributes to the development of spiritual intelligence in the hospital setting.

The increasing complexity of surgical medical cases in general hospitals, which demands nurses to not only have high clinical skills, but also reflective and spiritual abilities in providing nursing care. In practice, nurses with longer working hours may have richer experience in dealing with ethical challenges, building deeper relationships with patients, and developing meaning in their work. However, without a clear understanding of the relationship between work experience and Spiritual Intelligence, it is difficult to design interventions that can improve nurse well-being and the quality of nursing care (Sharifnia et al., 2022b).

As the primary healthcare worker in the surgical medical unit, nurses play a central role in providing comprehensive care to patients with critical conditions. Spiritual Intelligence helps nurses maintain emotional balance, increase empathy, and support patients and their families in dealing with difficult situations. By understanding the relationship between length of employment and the level of Spiritual Intelligence, health institutions can develop better strategies in improving the mental and spiritual well-being of nurses, thus positively impacting the quality of nursing services. Therefore, this study aims to explore the relationship between length of employment and the dimension of Spiritual Intelligence (CET, PMP, TA, CSE) in adult surgical medical nurses in general hospitals, using a cross-sectional study design as the methodological approach.

METHODS

Study Design

This study employed a cross-sectional correlational design to examine the relationship between length of work and spiritual intelligence among nurses working in adult medical-surgical inpatient units. The study followed the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) reporting guidelines, which allowed for the systematic assessment of associations between variables at a single point in time without manipulating the study environment.

Participants

A purposive sampling strategy was used to recruit participants who met the specific purpose of the study, namely nurses with direct experience in adult medical-surgical care. The population of eligible nurses consisted of 42 registered nurses working in adult medical-surgical inpatient wards at two public hospitals in Kediri, Indonesia.

The inclusion criteria were registered nurses with at least six months of experience in adult medical-surgical inpatient care. Exclusion criteria included nurses who had been transferred to the unit for less than six months, as they were considered to have insufficient exposure to the work environment.

Participants were recruited from Kediri Baptist Hospital and Gambiran Kediri Hospital after obtaining institutional permission and ethical approval. Nurses who met the criteria were informed about the study and voluntarily agreed to participate. The final sample consisted of 35 nurses, representing approximately 83% of the eligible population, which supports the representativeness of the sample. No formal power analysis was conducted due to the limited population size; the sample size was justified based on the total number of eligible nurses available during the data collection period and

aligns with similar exploratory studies in nursing research.

Instrument

Spiritual intelligence in this study was measured using the Spiritual Intelligence Self-Report Inventory–24 (SISRI-24) developed by King & DeCicco (2009). Previous studies have demonstrated that the SISRI-24 possesses good validity and reliability, with high internal consistency (Cronbach's $\alpha \approx 0.92$) and strong construct validity supporting its four-factor structure. The instrument consists of 24 self-report items rated on a 5-point Likert scale ranging from 0 (strongly disagree) to 4 (strongly agree), yielding total scores from 0 to 96. The SISRI-24 measures four dimensions of spiritual intelligence: Critical Existential Thinking (CET), Personal Meaning Production (PMP), Transcendental Awareness (TA), and Conscious State Expansion (CSE), with higher scores indicating higher levels of spiritual intelligence. In this study, the SISRI-24 was administered as a structured questionnaire and completed independently by participants.

Data Collection

Data were collected in adult medical-surgical inpatient wards at Kediri Baptist Hospital and Gambiran Kediri Hospital, Kediri, Indonesia, between June and July 2025. Data collection took place during a predefined study period following the receipt of institutional permission and ethical approval. The process was conducted exclusively by the principal researcher, who directly distributed the questionnaires and supervised their completion. No research assistants or external enumerators were involved. Participants completed the questionnaires independently during working hours, and all returned questionnaires were reviewed for completeness prior to data analysis.

Data Analysis

Data were analyzed using Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarize demographic characteristics and spiritual intelligence scores. To examine the relationship between length of work and spiritual intelligence dimensions, the Lambda test was applied, considering the ordinal nature of spiritual intelligence variables and the ratio scale of working time. A significance level of $\alpha < 0.05$ was used to determine statistical significance.

Ethical Consideration

This study adhered to key ethical principles, including voluntary participation, confidentiality, anonymity, and the right to withdraw at any time without penalty. Ethical approval was obtained from the Institutional Ethics Committee of the Chakra Brahmanda Lentera Institute (No. 004/12/III/EC/KEPK/Lemb.Candle/2025). Additional permission was obtained from the management of Kediri Baptist Hospital and Gambiran Kediri Hospital prior to data collection. Written informed consent was obtained from all participants before enrollment in the study.

RESULTS

Table 1. Demographic Characteristics of Respondents

Yes	Demographic Data	Frequency	Percentage
1	Gender		
	Male	9	25.7
	Women	26	74.3
	Total	35	100.0
2	Age (Mean ± SD, Min-Max)	24.7 ±4.9 (21-46)	
3	Long Time Working	2.2 ±4.1 (0-20)	

From **table 1**, it was found that of the total 35 nurses, the majority were female (74.3%), while men were only 25.7%. This shows that the nursing profession in the surgical medical inpatient room is still dominated by female nurses, which is in line with the general trend in the field of nursing

In terms of age, the average age of nurses was 24.7 years with an age range of 21 to 46 years, indicating that the majority of participating nurses were still relatively young. In addition, the average length of service is 2.2 years with a range of 0 to 20 years. This suggests that most of the nurses in the study are still in the early to intermediate stages of their work experience

Table 2. The Relationship Between Long Work and Spiritual *Intelligence* in Nurses

Yes	Intelligent Spiritual *Question Items* on Nurses	Mean	SD	ρ
1	I recognize the deeper aspects of myself than my physical body.	2.37	0.65	0.046
2	I have spent time pondering the purpose or reason for my existence.	2.80	0.76	0.654
3	I can enter a state of consciousness or higher consciousness.	2.54	0.85	0.248
4	I can reflect deeply on what happens after death.	2.60	0.77	0.310
5	It was hard for me to feel anything other than physical and material.	2.06	0.91	0.023
6	My ability to find meaning and purpose in life helped me adapt to stressful situations.	2.17	0.86	0.034
7	I can control when I enter a state of consciousness or higher consciousness.	2.89	0.87	0.070
8	I have developed my own theories about things like life, death, reality, and existence.	2.71	0.83	0.248
9	I realized a deeper connection between myself and others.	2.46	0.95	0.023
10	I can determine my purpose or reason for life.	2.77	0.73	0.310
11	I can move freely between levels of consciousness or consciousness.	3.03	0.62	0.310
12	I often ponder the meaning of events in my life.	2.57	0.70	0.248
13	I define myself with my deeper, non-physical self.	2.97	0.71	0.248
14	When I experience failure, I can still find meaning in it.	2.51	0.82	0.046
15	I often see problems and choices more clearly when I am in a state of higher consciousness/awareness.	2.94	0.68	0.034
16	I often reflect on the relationship between man and the entire universe.	2.54	0.85	0.045
17	I am very aware of the nonmaterial aspects of life.	2.17	0.98	0.168
18	I can make decisions according to my life goals.	2.49	0.70	0.034
19	I recognize qualities in people that are more meaningful than their bodies, personalities, or emotions.	2.97	0.62	0.145
20	I have pondered deeply whether or not there is a greater power or power (e.g., gods, goddesses, divine beings, higher energies, etc.).	2.63	0.73	0.082
21	Recognizing the nonmaterial aspects of life helps me feel centered.	1.29	1.23	0.082
22	I can find meaning and purpose in my daily experiences.	2.03	0.86	0.410
23	I have developed my own technique to enter a state of consciousness or higher consciousness.	2.80	0.72	0.168

Yes	Intelligent Spiritual *Question Items* on Nurses	Mean	SD	ρ
24	I recognize the deeper aspects of myself than my physical body.	2.49	0.92	0.410

Description: ρ value Lambda (α <0.05) (Independent (Spiritual Intelligent, Ordinal), dependent: working time, Ratio), SD (Standard Deviation), Mean (0-4), SD (<1)

Table 2 shows that In the analysis of the relationship between working time and spiritual *intelligence*, it was found that several aspects have a significant relationship. Nurses with longer work experience showed a deeper level of self-awareness (p = 0.046), a better ability to find meaning in life and adapt to stress (p = 0.034), and the ability to see problems and choices more clearly when in a higher state of consciousness (p = 0.034). In addition, there was a significant relationship between length of work and nurses' awareness of a deeper relationship between themselves and others (p = 0.023). These results show that the longer a nurse works, the higher their level of reflection and understanding of the meaning of life and decision-making based on spiritual awareness.

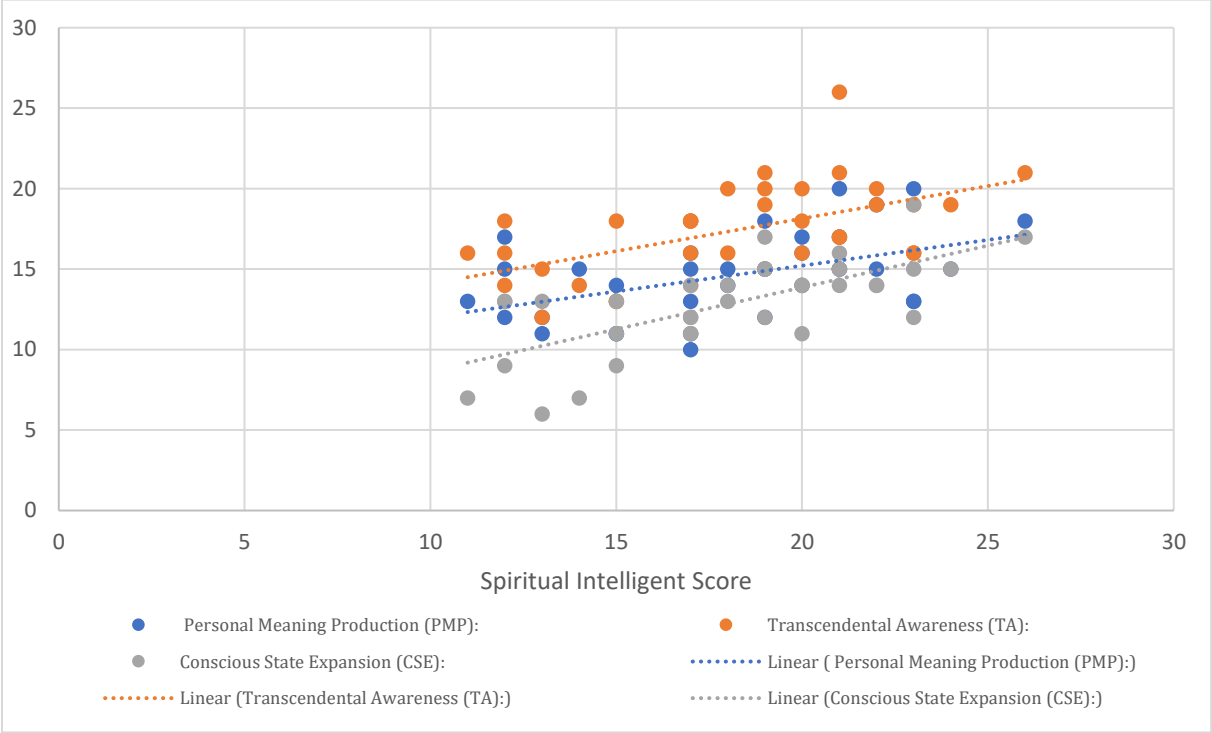

Figure 1. Chatter Spiritual Intelligent Score

Figure 1 illustrates the distribution of nurses' spiritual intelligence scores across the four measured dimensions. Overall, the figure shows that nurses demonstrated moderate to high levels of spiritual intelligence, with variation across dimensions. Critical Existential Thinking and Transcendental Awareness appeared relatively higher compared to other domains, indicating a tendency among nurses to reflect on existential issues and non-material

aspects of life. In contrast, Conscious State Expansion showed comparatively lower scores, suggesting that the ability to intentionally access higher states of consciousness may be less developed among some participants. This distribution highlights differences in the development of spiritual intelligence dimensions among medical-surgical nurses.

Table 3. Spiritual Intelligence *Subscale Score* in Nurses

Yes	*Sub Scales*	Red	SD	Min	Max	ρ
1	Critical Existential Thinking (CET) (0-28)	18.17	3.88	11.00	26.00	0.119
2	Personal Meaning Production (PMP) (0-20)	14.63	2.59	10.00	20.00	0.034
3	Transcendental Awareness (TA) (0-28)	17.06	3.19	10.00	25.00	0.154
4	Conscious State Expansion (CSE) (0-20)	12.91	2.87	6.00	19.00	0.007

ρ value Lambda (α <0.05)

Table 3 presents the mean scores, ranges, and associations between length of work and each spiritual intelligence subscale. Critical Existential Thinking (CET) showed the highest mean score (18.17 ± 3.88), indicating that nurses frequently engage in reflection on life, reality, and existence; however, no significant association with length of work was observed (ρ = 0.119). Personal Meaning Production (PMP) demonstrated a moderate mean score (14.63 ± 2.59) and showed a statistically significant relationship with length of work (ρ = 0.034), suggesting that nurses with longer work experience are better able to derive meaning and purpose from their professional and personal experiences. Transcendental Awareness (TA) also showed relatively high mean values (17.06 ± 3.19), but its association with length of work was not significant (ρ = 0.154). In contrast, Conscious State Expansion (CSE) had the lowest mean score (12.91 ± 2.87) yet demonstrated a significant association with length of work (ρ = 0.007), indicating that longer work experience is related to greater capacity for expanded spiritual awareness.

DISCUSSION

The results of this study show that the length of work has an influence on several aspects of nurses' spiritual intelligence, especially in the dimensions *of Personal Meaning Production* (PMP) and *Conscious State Expansion* (CSE). Nurses with longer work experience tend to have a better ability to find meaning in their lives and work, as shown by the significant relationship between length of work and PMP (ρ = 0.034). In addition, nurses who have worked longer also have higher awareness of expanding their spiritual experience through the CSE dimension (ρ = 0.007). This indicates that longer clinical experiences provide an opportunity for nurses to experience deeper reflection on the meaning of life and spirituality in their nursing practice.

On the other hand, although C*ritical Existential Thinking* (CET) and *Transcendental Awareness* (TA) have high average scores, the results of the analysis show that there is no significant relationship between these two dimensions with length of work. The average CET score of 18.17 indicates that the nurses in this study tend to reflect on the reality and existence of life frequently, but this tendency is

not directly influenced by the length of work. Similarly, TA, which has an average score of 17.06, indicates that nurses have a fairly high transcendental awareness, but other factors outside of working hours may also influence the development of this aspect, such as education, culture, or personal spiritual experiences.

The results of this study are in line with several previous studies that showed that work experience can improve the emotional resilience and spiritual reflection of nurses (Yılmaz, 2017; Zarrin et al., 2023), especially in the face of job pressures in a surgical medical care environment. More experienced nurses tend to have better coping strategies in dealing with clinical challenges, including in the spiritual and meaning aspects of life. However, since not all dimensions of spiritual intelligence correlate with length of work, further research is needed to explore other factors that may contribute to the development of nurses' spiritual intelligence. Factors such as work environment, organizational culture, social support, and spiritual reflection training can be important elements in shaping nurses' spiritual intelligence more comprehensively.

The implication of this study is that health institutions should develop spiritual reflection and mindfulness training programs for nurses (Cohen et al., 2023; Green & Kinchen, 2021; Pérez et al., 2022), especially to improve aspects that have a significant relationship with working hours, such as *Personal Meaning Production and Conscious State Expansion*. These programs can be meditation sessions, discussions of ethics in nursing, or spiritually-based training to help nurses find deeper meaning in their work. Thus, nurses not only gain better clinical skills but also have higher spiritual well-being, which will ultimately have a positive impact on the quality of nursing care and their relationship with patients and patients' families.

Based on the results of the analysis in Table 3 (Figure 1), the *Critical Existential Thinking* (CET) dimension had the highest average score, which was 18.17 (from the range of 0-28), which shows that the nurses in this study tend to reflect on the reality and existence of life frequently. The *Personal Meaning Production* (PMP) dimension had an average score of 14.63 (range 0-20) and showed a significant relationship with length of work ($\rho = 0.034$). This indicates that nurses who have longer work experience tend to be more able to find meaning in their work. Meanwhile, the *Transcendental Awareness* (TA) dimension had an average score of 17.06 (range 0-28), which indicates a fairly high level of awareness of the spiritual aspects of life, although no significant relationship was found with length of work. The *Conscious State Expansion* (CSE) dimension had the lowest average score of 12.91 (range 0-20), but it had a significant relationship with length of work ($\rho = 0.007$), suggesting that the longer a nurse worked, the more their ability to expand their spiritual consciousness developed. Overall, this study shows that long working has an effect on several aspects of spiritual intelligence, especially in the search for meaning in life and spiritual awareness. However, not all dimensions of spiritual intelligence show a significant relationship with length of work, indicating that other factors such as education, personal experience, and work environment also play a role in the development of nurses' spiritual intelligence.

Practical Applications of the Findings

The findings suggest that nurses' length of work is meaningfully associated with specific dimensions of spiritual intelligence, particularly personal meaning production and conscious state expansion. In practice, this indicates that accumulated clinical experience may support nurses' reflective capacity and spiritual awareness when coping with demanding medical-surgical environments. These insights may inform hospital management in designing

supportive workplace strategies, such as reflective practice opportunities or structured mentoring, to foster nurses' spiritual well-being. Such approaches may contribute to sustaining nurses' engagement and supporting holistic nursing care within clinical settings.

Limitations

This study may be limited by its cross-sectional design, which restricts the ability to examine changes in spiritual intelligence over time and precludes causal interpretation. The relatively small sample size drawn from two hospitals in a single geographic area may limit the generalizability of the findings. In addition, the use of self-reported measures may introduce response bias, as participants' perceptions may not fully reflect their actual spiritual intelligence or clinical behaviors.

CONCLUSION

The results of this study show that the length of work has an effect on several aspects of the spiritual intelligence of nurses, especially in the search for the meaning of life (Personal Meaning Production (PMP) and the expansion of spiritual awareness (Conscious State Expansion (CSE), while the aspects of Critical Existential Thinking (CET) and Transcendental Awareness (TA) did not show a significant relationship. These findings indicate that work experience contributes to the reflection of the nurse's life meaning and spiritual awareness, but other factors such as education, work environment, and personal experience also play a role in the development of spiritual intelligence. The practical implications of this study are the need for health institutions to develop spiritual reflection and mindfulness training programs to help nurses manage stress, improve mental well-being, and provide more holistic nursing care. For further research, it is recommended that studies be conducted with a larger sample and consider cultural, work environment, and spiritual-based interventions to gain a more comprehensive understanding of the role of work experience in the development of nurses' spiritual intelligence.

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Contributors

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Conflicts of interest

Not declared.

Appendix

The full instrument is presented in Appendix.

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