

Original Article



The relationship between spiritual intelligence and religious orientation with interpersonal forgiveness in victims of bullying nurses

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Abstract

Background: Workplace bullying is recognized as a serious problem in the nursing profession, which can have significant negative effects on nurses' mental health and job performance. This study aimed to investigate the relationship between spiritual intelligence and religious orientation with interpersonal forgiveness among nurses who have been victims of bullying.

Methods: This descriptive-correlational study was conducted on a sample of 150 nurses working in hospitals in Tabriz. Data were collected using standardized questionnaires of spiritual intelligence, religious orientation, and interpersonal forgiveness, and analyzed using Pearson correlation and stepwise regression in SPSS-26.

Results: The results showed that there is a strong and significant relationship between "interpersonal forgiveness" and the overall score of spiritual intelligence ($P < 0.001$, $r = 0.624$). Also, there is a significant and positive correlation between "interpersonal forgiveness" and "understanding and connection with the source of existence," "spiritual life with the inner core," and "intrinsic religious orientation" ($P < 0.05$). However, no significant relationship was found between interpersonal forgiveness and extrinsic religious orientation ($P > 0.05$). Regression analysis indicated that the component of "spiritual life with the inner core" in the first step and "intrinsic religious orientation" in the second step could significantly predict interpersonal forgiveness. Thus, spiritual intelligence was a stronger predictor of forgiveness compared to religious orientation.

Conclusion: The findings suggest that fostering spiritual intelligence and strengthening intrinsic religious orientation can help nurses cope constructively with the psychological aftermath of bullying and develop forgiveness abilities. These results can serve as a basis for designing educational programs and organizational interventions to improve nurses' work environments.

Introduction

Workplace violence has recently emerged as a serious social problem worldwide. Healthcare workers in particular are highly vulnerable to workplace violence, with nurses reported to be the most vulnerable group.¹ Many studies indicate that nurses experience various types of bullying behaviors in the workplace, including: verbal abuse (65.4%), physical threats (46.8%), sexual harassment (43.9%), and physical violence (5.5%).^{1,2}

Bullying behaviors occur intentionally and repeatedly through physical, verbal, and relational forms in situations where there is a power imbalance. The prevalence of bullying behaviors has been reported between 5% to 65% in general environments and up to 75% in nursing settings.³ Persistent bullying leads to psychological stress and behavioral problems for victims, resulting in

numerous negative consequences for nurses including mental health issues, decreased job satisfaction, frequent absences or extended leaves, unemployment, sleep problems, concentration difficulties, and even suicide attempts.^{4,5} These consequences create deep feelings of resentment and injustice in individuals, with victims often seeking retaliatory justice and revenge, leading to high rates of recidivism.⁶

Therefore, shifting focus from retaliation to restorative responses to bullying behaviors is highly warranted and more effective in preventing future harm. In this context, interpersonal forgiveness serves as an adaptive and protective mechanism that can help mitigate these negative consequences.^{7,8} Various empirical studies have reported the benefits of forgiveness at both intrapersonal and interpersonal levels, including releasing negative

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feelings toward offenders and potentially increasing positive thinking and benevolence toward them, improving the psychological state of both victims and offenders, contributing to psychological and relational well-being, and being associated with various social tendencies such as empathy, tolerance, lower narcissism, and higher moral values.^{8,9} Furthermore, nurses who are capable of forgiveness establish better relationships with colleagues and patients, which directly enhances the quality of healthcare delivery.¹⁰

Studies indicate that until recent decades, psychologists had not paid attention to the role of forgiveness in treatment and mental health. In contrast, religions have always presented forgiveness as an act that brings spiritual and psychological freedom.^{11,12} Religion, as a meaning system, forms a structure through which religious individuals perceive, evaluate, and interpret the world, considering themselves and surrounding events as elements of something greater and more important than their own existence, thereby organizing and directing their behaviors.¹³ These religious behaviors, beliefs, and motivations are considered as two distinct factors in the form of intrinsic and extrinsic religious orientations.¹⁴

Based on Allport's theory, intrinsic religion is the ultimate goal itself, not a means to achieve personal objectives, while extrinsic religion is recognized as an external and instrumental matter with the function of satisfying individual needs such as status and security.¹⁵ Research results have shown that religion is a very important source of support and a coping approach that promotes positive feelings, experience of meaning in life, and healthy behaviors.^{9,16} Also, more religious individuals have greater forgiveness, and the person is influenced by their religious affiliation or beliefs to practice forgiveness. Although the relationship between religion and forgiveness is well documented, the direction of effects and the causal nature of this relationship remain unknown.¹⁷

Spiritual intelligence is another variable that includes a set of capacities and abilities that enable individuals to solve problems and achieve their daily life goals.¹⁸ This definition assumes that spirituality may be conceptualized in adaptive, cognitive-motivational forms.¹⁹ From the perspective of the Holy Quran, spirituality involves rectifying one's relationship with: God, oneself, others, and nature in the domains of thought and insight, emotions and inclinations, and behavior and performance.^{17,20} Thus, without spiritual health, other biological, psychological, and social dimensions cannot function properly or reach their maximum potential.^{9,19}

A review of research results regarding these variables indicates the association of multiple intra- and interpersonal spiritual factors with the experience of forgiveness, increased individual capacity for forgiveness through religious practices such as prayer, and significant correlations between high levels of faith/religious beliefs

and forgiveness, while some other studies have reported weak or no relationship between them.^{17,21,22} Therefore, the findings of the previous studies are still ambiguous.²²

Despite previous conflicting findings, it is of utmost importance to examine the role of spirituality and forgiveness in the context of bullying against nurses. Nurses who are victims of bullying face severe consequences such as burnout, turnover, and reduced quality of patient care.⁴⁻⁷ In this critical context, forgiveness as a coping mechanism that may be enhanced through religious and spiritual practices can be a vital strategy to reduce resentment, maintain mental health, and prevent professional attrition from the health system.^{12,23}

The present theoretical model is based on the assumption that these predictors operate within a hierarchy of inner agency. In this model, spiritual intelligence is considered a fundamental metacognitive ability that shapes an individual's overall capacity for understanding spirituality and spiritual experiences.¹² At the next level lies intrinsic religious orientation, which represents the internalization and integration of religious values (such as forgiveness) as an intrinsic value and part of one's identity. Finally, extrinsic religious orientation, serving as an instrumental and primarily social motivation, constitutes the outermost layer of this model.²⁴

This research seeks to test this hypothetical model to determine whether spiritual intelligence and religious orientation can support nurses who have experienced bullying in achieving forgiveness or not. Investigating this relationship is not only a necessary step to clarify existing contradictions in the literature but also represents an urgent and significant response to an organizational and human dilemma in the nursing profession. By focusing on this specific population, this study aims to fill this critical gap. The findings of this study can not only assist nurses in enhancing their ability to cope with the consequences of bullying but can also help healthcare administrators develop targeted training programs focused on cultivating spiritual intelligence and reinforcing constructive religious attitudes to foster healthier work environments.

Methods

The research method was descriptive-correlational. The statistical population of the study was all nurses working in hospitals in Tabriz in 2025. A sample of 150 female nurses was selected from them by random cluster sampling. In this way, first, 6 government hospitals were randomly selected, and 540 bullying victim questionnaires were distributed among the nurses. After discarding the distorted questionnaires, 217 nurses obtained scores above the average 78/6. Of these 241 nurses, 160 nurses, including about 5% attrition, were randomly selected and expressed their readiness to participate in the study with written consent. The research questionnaires were distributed among them, and finally, 150 questionnaires were selected for the final analysis.

Interpersonal Forgiveness Questionnaire

This questionnaire, developed by Ehteshamzadeh et al, consists of 25 items and aims to measure interpersonal forgiveness and its dimensions (Reconnection and Revenge Control - 12 items, Resentment Control - 6 items, Realistic Understanding - 7 items). The response scale is a 4-point Likert scale. In Ehteshamzadeh et al's study, concurrent validity was assessed by administering it alongside the Family Forgiveness Scale, resulting in a significant correlation ($r=0.30$), indicating good validity. Reliability was calculated using Cronbach's alpha, yielding values of 0.77 for Reconnection and Revenge Control, 0.66 for Resentment Control, 0.57 for Realistic Understanding, and 0.80 for the entire questionnaire.²⁵ In the current study, Cronbach's alpha was 0.76.

Spiritual Intelligence Scale

The Spiritual Intelligence Questionnaire, developed by Abdollahzadeh et al, contains 29 items scored on a Likert scale 1 to 5 ("Strongly Agree" to "Strongly Disagree"). Its reliability was reported as 0.89, and validity was confirmed through content and face validity (approved by experts) and factor analysis (item correlations >0.30). It has two factors: a) Perception and Connection with the Source of Existence (12 items). b) Spiritual Life with Inner Core (17 items).²⁶ In the present study, its reliability was 0.81.

Allport Religious Orientation Scale

The Allport and Ross scale measures intrinsic/extrinsic religious orientation with 21 items. Items 1 to 12 assess extrinsic orientation and the rest internal orientation. Responses are scored on a 5-point Likert scale (from "strongly agree" to "strongly disagree"). Ebrahimi⁹ reported its internal consistency as 0.71 and its test-retest reliability as 0.74. In this study, Cronbach's alpha was 0.79.

Negative Acts Questionnaire-Revised

This Questionnaire was developed by Hoel and Einarsen in 2001, to measure bullying and harassment behaviors in the workplace and was later revised that same year. This scale consists of 22 items, scored on a 5-point Likert scale (1=Never, 5=Daily). The total score ranges from 22 to 110, with higher scores indicating greater exposure to bullying. The questionnaire includes three subscales, identified through factor analysis: A) Work-related bullying (e.g., "Withholding information that affects your performance"). B) Person-related bullying (e.g., "Spreading rumors or false gossip about you"). C) Physical-intimidation bullying (e.g., "Yelling at you or behaving aggressively"). In the original study, exploratory factor analysis confirmed the three-factor structure, and reliability analysis yielded a Cronbach's alpha of 0.90 for the full scale.²⁷ In Iran, Salimi et al validated the questionnaire through exploratory and confirmatory factor analyses, confirming the three subscales, and reported a Cronbach's alpha of 0.91 for the Persian

version. The mean score (NAQ-R) in Nurses in this questionnaire was reported as 78.6.²⁸

Analysis method

The data collected were analyzed using SPSS software version 26. Descriptive statistics, encompassing the mean and standard deviation, were employed for data analysis, while Pearson's correlation test was utilized to examine the research hypothesis.

Results

The research sample consisted of 150 nurses working in hospitals in Tabriz city. To better describe the participants' situation, their demographic characteristics are presented in Table 1. The results of Table 1 show that most nurses are married, between the ages of 30 and 40, and have a bachelor's degree.

Table 2 shows the descriptive indices of the research variables. Accordingly, the means of interpersonal forgiveness (61.23), spiritual intelligence (67.58), extrinsic (34.71), and intrinsic (31.29) religious orientation are at an average level. The standard deviation of the interpersonal forgiveness variable (10.16) indicates the greatest dispersion of the data, in contrast to intrinsic religious orientation, which is considered the most homogeneous variable with a standard deviation of 4.03. In terms of normality, all skewness and kurtosis indices are within the acceptable range (+2 to -2), which allows the use of parametric tests.

Table 3 shows that there is a positive and significant relationship between interpersonal forgiveness with spiritual intelligence (0.624, $P<0.001$) and with introverted religious orientation (0.473, $P<0.001$). But there is no significant relationship between religious orientation and interpersonal forgiveness. In the following, to determine the effect of each of the variables of spiritual intelligence and the dimensions of religious observance on interpersonal forgiveness, standard multiple regression was used, the results of which are shown in Table 3.

Table 4 shows, in Model 1, that with the entry of the spiritual intelligence variable, this variable alone

Table 1. Sample Distribution by Education, Marital Status, and Age

Variables	Status	F (%)
Education	Bachelor's degree	116 (77.33)
	Master's degree	34 (22.67)
	Single	29 (19.33)
Marital	Married	108 (72)
	Widow	13 (8.67)
	[20-30]	36 (24)
Age	[30- 40]	61(40.67)
	[40-50]	53 (35.33)

F, frequency

Table 2. Mean, standard deviation, skewness, and kurtosis of research variables

Variables	Mean	SD	Skewness	Kurtosis
1. Interpersonal forgiveness	61.23	10.16	-0.32	-0.45
2. Spiritual intelligence	67.58	7.09	-0.21	-0.28
3. External religious orientation	34.71	5.27	0.18	-0.62
4. Intrinsic religious orientation	31.29	4.03	0.41	-0.35

Table 3. Correlation between research variables (N=150)

Variables	1	2	3	4
1. Interpersonal forgiveness	1.00			
2. Spiritual intelligence	0.624**	1.00		
3. External religious orientation	0.29	-0.37*	1.00	
4. Intrinsic religious orientation	0.473**	0.39*	-0.69**	1.00

* $P < 0.01$, ** $P < 0.001$ **Table 4.** Regression full model of the contribution of criterion variables in predicting forgiveness

Model	R	R ²	ΔR^2	Sig	B	β	SE	F change
1	0.52	0.27	0.27	0.001	0.59	0.61	1.23456	60.500
2	0.866	0.39	0.12	0.01	0.31	0.38	1.98765	15.250
3	0.951	0.397	0.007	0.19	0.08	0.081	1.98799	.085

explains 27% of the variance of the criterion variable, namely “interpersonal forgiveness.” According to the standardized beta coefficient, with a 1-point increase in spiritual intelligence, interpersonal forgiveness increases by 0.59.

In Model 2, with the entry of the intrinsic religious orientation variable, the model’s explanatory power increased to 39%. This means that adding “intrinsic orientation” to the model that already included “spiritual intelligence” added about 12% to its explanatory power. This additional share is the “unique share” of intrinsic orientation after removing the effect of spiritual intelligence. According to the standardized beta coefficient, it can be said that with a 1-point increase in intrinsic religious orientation, interpersonal forgiveness increases by 0.31.

In the third model, with the entry of the extrinsic orientation variable and controlling for the influence of the two previous variables, has not changed much ($R^2 = 0.397$). Therefore, the extrinsic religious orientation variable does not play a significant role in explaining interpersonal forgiveness and has no unique share in predicting this variable.

According to the table, it can be said that the final model only includes the two significant variables of spiritual intelligence and intrinsic orientation, which together have been able to significantly explain 39% of the variance of interpersonal forgiveness.

Discussion

The findings of this study indicate that spiritual intelligence and religious orientation play an important role in the interpersonal forgiveness ability of nurses who have been bullied in the workplace. These findings are consistent with the results of research by Ebrahimi,⁹ Bayrami and Mohammadi,¹⁷ Salimi et al (2019),²⁸ Mullen et al,¹⁰ Fincham & Maranges¹¹ and Mróz et al,¹² who showed that spirituality and religious orientation can facilitate interpersonal forgiveness. Nurses who had higher levels of spiritual intelligence showed a greater willingness to

forgive. This is likely because spiritual intelligence helps individuals interpret negative events in a broader and more meaningful context. In other words, these nurses can accept the suffering caused by bullying as part of a path of personal growth or even a test to strengthen their inner capacities, relying on deeper beliefs and values. This attitude frees them from the destructive cycle of anger and resentment and paves the way for forgiveness.²² The internal religious orientation was also associated with greater forgiveness. Nurses whose religious beliefs were shaped by concepts such as forgiveness, mercy, and forgiveness showed higher psychological resilience in the face of workplace harassment. This finding is consistent with previous research showing that religious beliefs can act as a resource for coping with stress and trauma.^{9,17} In fact, by providing a moral framework and emotional support, religion helps an individual to move away from being a victim and move towards rebuilding relationships by accepting the harms caused.

Furthermore, in explaining the findings of this study that spiritual intelligence was a stronger predictor of interpersonal forgiveness than intrinsic religious orientation, it seems that the metacognitive capacity of spiritual intelligence, with its emphasis on existential problem solving, transcendental awareness, and psychological flexibility as an internal and independent resource, enables more effective processing of bullying-related harms and the transition to forgiveness.^{12,29} In contrast, although intrinsic religious orientation is a valuable spiritual resource, it may be influenced to some extent by specific cultural norms, social expectations, and institutional contexts.³⁰ This culture and context dependency may reduce the effectiveness of religious orientation as a coping resource in diverse and multicultural professional settings such as hospitals. It is worth considering that the effect of spiritual intelligence and religious orientation may be enhanced in interaction with each other.^{22,31} For example, nurses who have both high spiritual intelligence and a positive religious orientation are better able to cope with the forgiveness

process, possibly because they can benefit from both internal resources (such as spiritual reflection) and external resources (such as support from the religious community).²⁴

The next point is the existence of a non-significant relationship between extrinsic religious orientation and interpersonal forgiveness. In line with Allport's theory, this finding confirms the conceptual distinction between intrinsic and extrinsic motivations. It seems that an instrumental approach to religion that focuses on social and personal gain lacks the capacity to facilitate the profound psychological transformation required for genuine forgiveness.²⁴ Forgiveness, as a cognitive, emotional, and behavioral process, requires an internal and sustainable source of motivation that is manifested in internal orientation and spiritual intelligence, not in external and egocentric motivations. On this basis, it can be said that mere formal religious affiliation is not enough to cultivate moral virtues such as forgiveness, and it is the quality and spiritual orientation of individuals that are the main determinants of spiritual values such as forgiveness.^{24,32}

This research has important implications for workplaces. Forgiveness not only benefits the victim but also improves the overall health of the workplace. Nurses who can resolve conflicts without holding grudges are likely to form more cooperative relationships with their colleagues, which in turn can prevent future bullying.³³ Therefore, healthcare organizations can take an effective step towards creating healthier workplaces by designing training programs that foster spiritual intelligence and constructive religious attitudes.

Conclusion

Overall, the findings of this study are important in several ways. First, the results clearly show that nurses with higher levels of spiritual intelligence are better able to cope with bullying situations in the workplace and display more forgiving behaviors. This suggests that developing spiritual intelligence can serve as an effective coping mechanism in stressful hospital environments. Nurses with high spiritual intelligence can draw on their inner resources to give deeper meaning to occupational suffering and interpret it in a broader context of personal and professional growth. On the other hand, a positive religious orientation also acts as a protective factor. Nurses whose religious beliefs are based on concepts such as forgiveness, tolerance, and kindness show greater psychological resilience when faced with unfair behavior from colleagues. Therefore, the results of this study emphasize the importance of strengthening spiritual and religious resources in helping nurses cope with the consequences of bullying.

Finally, the limitations of this study should also be mentioned. Since the data were collected through self-

report measures, there is a possibility of response bias. Furthermore, this cross-sectional study cannot establish causal relationships between the variables. Additionally, some subscales of the forgiveness measurement tool had relatively low reliability, which may have affected the accuracy of assessing this construct. Finally, all study participants were female nurses from Tabriz, which limits the generalizability of the results to other populations, professions, and gender groups. It is recommended that future research employ longitudinal or qualitative methods to investigate the process of forgiveness among nurses in greater depth. Moreover, examining the role of mediating variables, such as social support or personality traits, could provide a more comprehensive understanding of this phenomenon. On a practical level, it is suggested that training programs based on spiritual intelligence and mindfulness exercises be designed and implemented to enhance nurses' spiritual awareness and develop their metacognitive skills.

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Authors' Contribution

Conceptualization: Omid Ebrahimi, Delaram Mohammadi.

Data curation: Delaram Mohammadi.

Investigation: Omid Ebrahimi.

Methodology: Omid Ebrahimi, Delaram Mohammadi.

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Competing Interests

The authors declared no conflict of interest.

Ethical Approval

This research adhered to ethical principles, which included obtaining informed consent from participants, ensuring the confidentiality of information, maintaining respectful behavior, allowing participants free entry and exit, and ensuring the integrity of data. And because this study did not involve human intervention and was a cross-sectional study with a questionnaire, there is no need for approval of the study by an ethics committee.

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