



Healing the Healers: Spirituality, Gratitude, and Well-Being in the Healthcare Workforce

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Abstract: The healthcare profession is known for its demanding nature, high levels of stress, and emotional burden, all of which can significantly affect the overall well-being and job satisfaction of health professionals. Previous research has suggested that spirituality and gratitude may promote psychological well-being, resilience, and coping strategies. The intersection of spirituality and gratitude has increasingly attracted scholarly attention as researchers seek to understand the psychological mechanisms that sustain mental health across diverse populations. However, there is a need for more focused research on these variables within the healthcare professional community. This study aims to explore the relationships among spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress among health professionals, including physicians, nurses, allied health workers, and support staff. A correlational study design was employed, utilising validated self-report measures to assess the variables of interest. A diverse sample of health professionals from various healthcare settings was recruited. Data was collected through online or paper-based surveys, ensuring anonymity and confidentiality. The results revealed significant positive correlations between spirituality and gratitude with subjective well-being and life satisfaction, and significant negative correlations with perceived stress among healthcare professionals. This

study will contribute to the growing body of knowledge on the roles of spirituality and gratitude in promoting well-being and resilience within the healthcare context.

Keywords: *Spirituality, Gratitude, PWB, Health Professional*

1. Introduction

Healthcare professionals operate in highly and frequent exposure to critical health situations. Persistent occupational stress in this population has been associated with burnout, emotional exhaustion, reduced job satisfaction, and compromised patient care. Consequently, identifying psychological resources that promote well-being and buffer stress among healthcare professionals has become an important research priority. Positive psychology emphasises internal strengths and resources that enhance resilience and psychological functioning. Among these, spirituality and gratitude have received increasing attention as protective factors associated with improved well-being and reduced stress. The present study examines the relationships among spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress in healthcare professionals.

Spirituality, Gratitude and Psychological Well-Being

Spirituality is broadly defined as an individual's search for meaning, purpose, and connection to something greater than oneself. Although often associated with religion, spirituality is conceptually distinct, reflecting a personal and subjective experience that may or may not involve organised religious practices. The Spiritual Well-Being Theory proposed by Paloutzian and Ellison (1982) conceptualises spirituality as comprising religious well-being (a relationship with a higher power) and existential well-being (a sense of meaning and life purpose). Empirical studies have consistently reported positive associations between spirituality and psychological outcomes such as life satisfaction, positive affect, and resilience. In healthcare settings, spirituality has been identified as a protective factor against burnout and occupational stress. Professionals with higher spirituality often demonstrate greater coping capacity, emotional regulation, and job satisfaction, possibly because spirituality provides meaning-making frameworks that help them navigate emotionally demanding situations. (Timmins and Caldeira 2017)

Gratitude is defined as a disposition or emotional response characterised by appreciation for the positive aspects of life. Within positive psychology, gratitude is considered a core character strength linked to enhanced well-being. The Broaden-and-Build Theory of Positive Emotions (Fredrickson, 1998, 2001) proposes that positive emotions such as gratitude broaden cognitive processes and build enduring psychological resources. Similarly, Gratitude

Disposition Theory (McCullough et al., 2002) conceptualises gratitude as a trait-like tendency that influences individuals' recognition and response to positive experiences. Research indicates that gratitude is associated with higher life satisfaction, greater positive affect, and lower levels of depression and stress. In healthcare contexts, gratitude has been linked to reduced burnout, increased resilience, and improved professional functioning. By promoting positive reframing and strengthening social bonds, gratitude may act as a psychological buffer against occupational stress (Sacco et al., 2021; Huffman et al., 2019). Subjective well-being refers to an individual's overall evaluation of life quality. According to Diener's (1984) Tripartite Model, subjective well-being includes life satisfaction (cognitive evaluation), positive affect, and low negative affect. Life satisfaction specifically represents the cognitive judgment of one's life circumstances in relation to personal standards and expectations.

Self-Determination Theory (Deci & Ryan, 1985, 2000) suggests that fulfilment of the basic psychological needs of autonomy, competence, and relatedness contributes to well-being and life satisfaction. Higher levels of subjective well-being have been associated with improved physical health, job performance, and interpersonal relationships. Among healthcare professionals, greater well-being and life satisfaction are associated with reduced burnout, greater professional engagement, and better patient outcomes (Shanafelt et al., 2005). Perceived stress refers to an individual's appraisal of life situations as overwhelming or exceeding coping resources. The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) emphasises that stress arises from cognitive appraisal processes that involve perceived demands and available coping resources. Healthcare professionals frequently encounter high job demands, emotional strain, and time pressures. Chronic perceived stress in this population has been associated with burnout, psychological distress, and reduced job effectiveness. Identifying internal resources that mitigate perceived stress is therefore essential for sustaining professional functioning and well-being (Afulani et al., 2021).

Spirituality, broadly understood as an individual's sense of connectedness to something greater than the self — encompassing meaning, transcendence, and purpose — has been associated with a wide range of positive mental health outcomes. In parallel, gratitude, defined as the recognition and appreciation of benefits received from external sources, is robustly associated with subjective well-being. Emerging evidence suggests that, rather than operating independently, these two constructs interact in meaningful, mutually reinforcing ways, producing psychological benefits that neither alone can fully account for. A substantial body of research has established spirituality as a significant predictor of psychological well-being. Koenig (2009) reviewed evidence across several psychiatric domains and concluded that

spiritual and religious engagement frequently functions as a psychological resource during periods of stress, offering comfort, a sense of hope, and a framework for meaning-making. More recently, Moreira-Almeida et al. (2021) conducted an updated review of the scientific evidence linking spirituality and religiousness (S/R) to mental health, finding consistent associations between S/R and reduced rates of depression, suicidality, and substance use disorders, while also noting emerging evidence in areas such as post-traumatic stress disorder and psychosis. A *Frontiers in Psychiatry* study (2024) further posited spirituality as a protective factor that enhances psychological resilience and buffers against psychiatric symptoms by providing individuals with a coherent framework of meaning, moral guidance, and social belonging. These findings collectively underscore that spiritual involvement is not merely a peripheral coping strategy but a foundational resource that shapes how individuals interpret and respond to adversity.

The independent contributions of gratitude to psychological well-being are equally well-documented. In a landmark experimental investigation, Emmons and McCullough (2003) demonstrated that participants who maintained weekly gratitude journals reported significantly higher levels of positive affect, greater optimism, fewer physical complaints, and an elevated sense of overall life quality in comparison to those who recorded daily hassles or neutral events. This foundational study established gratitude not merely as a transient emotional state but as a cognitive-affective orientation that yields enduring benefits across multiple dimensions of functioning. Bryan and Hamilton (2024) further elaborated on these mechanisms, noting that gratitude practices demonstrably influence stress management capacity, mood regulation, and immune functioning, with the psychological, physical, and spiritual components of well-being being inextricably linked. A meta-analysis by Boggiss et al. (2020) found that gratitude interventions were of moderate but consistent benefit across indices of mental well-being, indicating their potential utility in clinical and subclinical populations.

The most compelling evidence, however, lies in studies examining the combined and interactive effects of spirituality and gratitude on psychological well-being. Deshpande and Bhatt (2022) investigated this relationship among a sample of 413 emerging adults using structural equation modeling. They found that gratitude exerted both direct and indirect effects on psychological well-being, with spirituality serving as a significant mediating variable. Specifically, gratitude influenced well-being directly ($\beta = 0.34, p < .001$) and indirectly through spiritual dimensions ($\beta = 0.20, p < .001$), suggesting that spiritual growth may represent a key mechanism through which gratitude translates into lasting improvements in mental health. Corroborating this, Srivastava (2023) employed a mixed-method design and found that

individuals with higher baseline levels of spirituality derived the greatest psychological benefit from structured gratitude exercises, reporting significant increases in life satisfaction and positive affect alongside reductions in negative affect. The qualitative component of this study further revealed that spiritually oriented individuals interpreted gratitude exercises through a lens of transcendence and interconnectedness, enriching the subjective experience of appreciation beyond a purely cognitive acknowledgement of received benefit.

2. Theoretical Background

Several theoretical perspectives help explain the relationships among spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress. The Broaden-and-Build Theory (Fredrickson, 1998, 2001) proposes that positive emotions broaden cognitive and behavioural repertoires and build enduring psychological resources, thereby contributing to resilience and life satisfaction. Self-Determination Theory (Deci & Ryan, 1985, 2000) suggests that spirituality and gratitude may promote well-being by fulfilling the needs for meaning, competence, and relatedness. The Meaning-Making Model (Park & Folkman, 1997) further explains how spirituality helps individuals cope with stressful situations by restoring a sense of purpose. The PERMA model (Seligman, 2011) conceptualises well-being as comprising positive emotion, engagement, relationships, meaning, and accomplishment; spirituality and gratitude contribute to several of these components. From a stress perspective, the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) and the Job Demands–Resources model (Bakker & Demerouti, 2007) suggest that personal resources such as spirituality and gratitude can buffer the negative effects of occupational stress.

Research has consistently demonstrated positive associations between spirituality and psychological well-being. A meta-analysis by Sawatzky et al. (2005) reported a significant positive relationship between spirituality and indicators of well-being. Similarly, Visser et al. (2010) found that higher spirituality was associated with better mental health outcomes. In healthcare settings, spirituality has been linked to lower burnout and greater job satisfaction (Timmins & Caldeira, 2017). Gratitude has also been widely studied as a predictor of well-being. Emmons and McCullough (2003) found that gratitude interventions significantly improved subjective well-being and life satisfaction. Wood et al. (2010) reported that higher dispositional gratitude was associated with greater positive affect and lower negative affect. Among healthcare professionals, higher gratitude has been linked to reduced burnout and emotional exhaustion (Millstein et al., 2020). Some studies have examined the combined effects of spirituality and gratitude. Rosmarin et al. (2011) found that gratitude mediated the relationship between spirituality and well-being. Similarly, Trine et al. (2022) reported that

both spirituality and gratitude were positively associated with subjective well-being and negatively associated with perceived stress among healthcare professionals.

Based on the theoretical and empirical literature, the present study aims to examine the relationships among spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress among healthcare professionals. By identifying these psychological resources, the study seeks to contribute to the understanding of factors that promote resilience and well-being in high-stress healthcare environments. Healthcare professionals work in environments characterised by high emotional demands, heavy workloads, long working hours, and frequent exposure to human suffering. Such occupational stressors place them at heightened risk for burnout, emotional exhaustion, reduced job satisfaction, and compromised psychological well-being. Given the critical role healthcare professionals play in patient outcomes, identifying protective psychological resources that enhance resilience and reduce stress is of substantial importance. Previous research has highlighted spirituality and gratitude as significant contributors to psychological well-being. Spirituality, defined as the search for meaning, purpose, and connection beyond oneself, has been associated with greater life satisfaction, improved coping, and lower levels of stress and burnout (Sawatzky et al., 2005; Timmins & Caldeira, 2017). Gratitude, conceptualised as the disposition to recognise and appreciate positive aspects of life, has similarly been linked to enhanced subjective well-being, increased positive affect, and reduced stress (Emmons & McCullough, 2003; Wood et al., 2010). Although substantial research has examined these constructs in general populations, relatively few studies have examined their combined relationships among healthcare professionals—a group uniquely vulnerable to occupational stress. The demanding healthcare environment may influence how spirituality and gratitude function as coping resources, making it essential to examine these relationships in this specific context.

The present correlational study seeks to investigate the relationships among spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress among healthcare professionals. Understanding these associations may provide insight into the psychological mechanisms that promote resilience and protect against stress in healthcare settings. Findings from this study may have practical implications for healthcare institutions and policymakers. If spirituality and gratitude are found to be positively associated with well-being and negatively associated with perceived stress, these constructs could be incorporated into wellness programs, stress management initiatives, and resilience-building interventions tailored for healthcare professionals. Furthermore, this research may lay the foundation for future longitudinal and experimental studies to evaluate the effectiveness of interventions aimed at

cultivating spirituality and gratitude. By identifying key psychological resources that enhance well-being, this study contributes to efforts to foster a more sustainable, resilient, and psychologically healthy healthcare workforce.

3. Methodology

The present study employed a quantitative, cross-sectional correlational research design to examine the relationships among spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress among healthcare professionals.

3.1 Objectives

The study aimed to:

1. Examine the relationship between spirituality and subjective well-being, life satisfaction, and perceived stress.
2. Investigate the relationship between gratitude and subjective well-being, life satisfaction, and perceived stress among healthcare professionals.

3.2 Hypotheses

Based on our objectives and review of literature, the following hypotheses were proposed:

- H1:** Spirituality will be positively associated with subjective well-being.
- H2:** Spirituality will be positively associated with life satisfaction.
- H3:** Spirituality will be negatively associated with perceived stress.
- H4:** Gratitude will be positively associated with subjective well-being.
- H5:** Gratitude will be positively associated with life satisfaction.
- H6:** Gratitude will be negatively associated with perceived stress.

3.3 Participants

The sample comprised 100 healthcare professionals, including physicians, nurses, allied health professionals, and support staff, recruited from the CHCs in District Auraiya and Mainpuri. Participants were selected using convenience and purposive sampling to ensure representation from diverse healthcare settings and roles.

3.4 Inclusion Criteria

1. Minimum age of 25 years.
2. At least 3 years of professional experience in the healthcare field.

3.5 Procedure

Data were collected using standardised self-report questionnaires administered to healthcare professionals. Demographic information, including age, gender, years of experience, profession, and work setting, was also collected.

3.6 Measures

Satisfaction With Life Scale (SWLS): Life satisfaction was measured using the Satisfaction With Life Scale (Diener et al., 1985). The scale consists of 5 items rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Total scores range from 5 to 35, with higher scores indicating greater life satisfaction. The SWLS demonstrates good internal consistency ($\alpha = .87$) and strong test–retest reliability ($r = .82$).

Subjective Well-Being Inventory (SUBI): Subjective well-being was assessed using the Subjective Well-Being Inventory (Sell & Nagpal, 1992). The inventory consists of 40 items measuring 11 dimensions of well-being. Scores range from 40 to 120, with higher scores indicating higher well-being. The scale demonstrates satisfactory construct validity and acceptable reliability coefficients.

Daily Spiritual Experience Scale (DSES): Spirituality was measured using the Daily Spiritual Experience Scale (Underwood & Teresi, 2002). The 16-item self-report measure assesses ordinary spiritual experiences and awareness of the transcendent in daily life. Responses are rated on a Likert-type scale. The DSES demonstrates high internal consistency ($\alpha = .88-.95$) and good test–retest reliability.

Perceived Stress Scale (PSS-10): Perceived stress was measured using the 10-item Perceived Stress Scale (Cohen et al., 1983). Participants rate items on a 5-point scale ranging from 0 (never) to 4 (very often). After reversing positively worded items, total scores are computed by summing all items. Higher scores indicate higher perceived stress. The PSS-10 demonstrates good reliability and validity across populations.

Gratitude Questionnaire (GQ-6): Gratitude was assessed using the Gratitude Questionnaire–Six Item Form (McCullough et al., 2002). The GQ-6 measures dispositional gratitude using a 7-point Likert scale ranging from strongly disagree to agree strongly. The scale shows good internal consistency ($\alpha = .82-.87$). Data were analysed using IBM SPSS (Version 16). Descriptive statistics (means, standard deviations, and frequencies) were calculated for all study variables. Pearson’s correlation analysis was conducted to examine the relationships among spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress.

4. Results and Discussion

Table 1: Means, Standard Deviations, and Cronbach's alpha reliability

Variables	N	Mean	SD	Cronbach's alpha (α)
Spirituality	100	54.2	12.8	0.92
Gratitude	100	32.6	5.9	0.79
Subjective Well-Being	100	68.4	14.5	0.91
Satisfaction with life	100	23.7	6.1	0.87
Perceived Stress	100	19.8	7.2	0.85

This research aims to study the correlational relationships between spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress among health professionals. Table 1 shows the Means, Standard Deviations, and Cronbach's alpha reliability coefficients of the different variables.

Table 2: Correlation Matrix showing the relationships between Spirituality, Subjective Well-Being, Life Satisfaction and Perceived Stress

Variables	Spirituality	Subjective Well-Being	Satisfaction with life	Perceived Stress
Spirituality	1.00			
Subjective Well-Being	0.47 **	1.00		
Satisfaction with life	0.39**	0.62**	1.00	
Perceived Stress	- 0.32**	- 0.48**	- 0.55**	1.00

(* $p < 0.05$; ** $p < 0.01$)

As shown in Table 2, there is a moderate positive correlation ($r = .47$, $p < .01$) between spirituality (DSES) and subjective well-being (SUBI), indicating that higher spirituality is associated with higher subjective well-being. The table also represents a moderate positive correlation ($r = .39$, $p < .01$) between spirituality (DSES) and life satisfaction (SWLS), indicating that higher levels of spirituality are associated with higher levels of life satisfaction, as well as a moderate negative correlation ($r = -.31$, $p < .01$) between spirituality (DSES) and perceived stress (PSS), suggesting that higher levels of spirituality are associated with lower levels of perceived stress. Subjective well-being (SUBI) and life satisfaction (SWLS) are strongly positively correlated ($r = .62$, $p < .01$), indicating that higher subjective well-being is associated with higher life satisfaction. Both subjective well-being (SUBI) and life satisfaction (SWLS) have moderate negative correlations with perceived stress (PSS), with $r = -.48$ and $r = -.55$, respectively ($p < .01$). This suggests that higher levels of subjective well-being and life satisfaction are associated with lower levels of perceived stress. These correlation coefficients provide an overview of the relationships among spirituality, subjective well-being, life

satisfaction, and perceived stress in the sample of 100 health professionals. The positive correlations between spirituality and well-being measures, as well as the negative correlations with perceived stress, are consistent with previous research findings.

Table 3: *Correlation matrix showing the relationships between Gratitude with Subjective Well-Being, Life Satisfaction and Perceived Stress*

Variables	Gratitude	Subjective Well-Being	Satisfaction with life	Perceived Stress
Gratitude	1.00			
Subjective Well-Being	0.54**	1.00		
Satisfaction with life	0.49**	0.62**	1.00	
Perceived Stress	- 0.41**	- 0.48**	- 0.55*	1.00

As observed in Table 3, there is a moderate positive correlation ($r = .54$, $p < .01$) between gratitude (GQ-6) and subjective well-being (SUBI), suggesting that higher levels of gratitude are associated with higher levels of subjective well-being. There is also moderate positive correlation ($r = .49$, $p < .01$) between gratitude (GQ-6) and life satisfaction (SWLS), indicating that higher levels of gratitude are associated with higher levels of life satisfaction, as well as a moderate negative correlation ($r = -.41$, $p < .01$) between gratitude (GQ-6) and perceived stress (PSS), suggesting that higher levels of gratitude are associated with lower levels of perceived stress. Subjective well-being (SUBI) and life satisfaction (SWLS) are strongly positively correlated ($r = .62$, $p < .01$), indicating that higher subjective well-being is associated with higher life satisfaction. Both subjective well-being (SUBI) and life satisfaction (SWLS) have moderate negative correlations with perceived stress (PSS), with $r = -.48$ and $r = -.55$, respectively ($p < .01$). This suggests that higher levels of subjective well-being and life satisfaction are associated with lower levels of perceived stress.

These correlation coefficients provide an overview of the relationships among gratitude, subjective well-being, life satisfaction, and perceived stress in the sample of 100 health professionals. The positive correlations between gratitude and well-being measures, as well as the negative correlation with perceived stress, are consistent with previous research findings. Similar to the previous correlation matrix, these correlations do not imply causation, and further analyses (e.g., regression) would be necessary to explore potential predictive relationships and the influence of other factors. It is worth noting that the correlation coefficients between gratitude and the well-being measures (SUBI and SWLS) are slightly stronger than those observed for spirituality, suggesting that gratitude may be more strongly

associated with subjective well-being and life satisfaction in this sample. The present study examined the relationships among spirituality, gratitude, subjective well-being, life satisfaction, and perceived stress among adults. The findings revealed significant correlations among all variables. Spirituality was positively associated with subjective well-being and life satisfaction, and negatively associated with perceived stress. Similarly, gratitude showed positive correlations with subjective well-being and life satisfaction, and a negative correlation with perceived stress. These results suggest that both spirituality and gratitude serve as important psychological resources that contribute to well-being and reduce stress.

Spirituality, Well-Being, and Stress

The positive association between spirituality and well-being aligns with Self-Determination Theory (Deci & Ryan, 1985, 2000), which emphasises the role of meaning, purpose, and connectedness in psychological health. Spirituality may foster these psychological needs by offering a sense of direction and existential understanding, thereby enhancing life satisfaction and overall well-being. The negative relationship between spirituality and perceived stress is also consistent with the Meaning-Making Model (Park & Folkman, 1997). According to this perspective, spirituality provides cognitive and emotional frameworks that help individuals interpret stressful experiences more meaningfully and more manageably, thereby reducing perceived stress.

Gratitude as a Psychological Resource

Gratitude demonstrated strong positive associations with subjective well-being and life satisfaction, consistent with the Broaden-and-Build Theory of positive emotions (Fredrickson, 1998, 2001). Positive emotions such as gratitude broaden individuals' cognitive and behavioural repertoires and help build long-term psychological resources. The findings are also supported by Gratitude Disposition Theory (McCullough et al., 2002), which proposes that individuals with higher levels of dispositional gratitude are more likely to experience positive emotions and greater life satisfaction. Previous research has similarly shown that gratitude practices are linked to improved well-being (Emmons & McCullough, 2003; Wood et al., 2010). The negative association between gratitude and perceived stress suggests that gratitude may act as a coping resource. By encouraging positive reframing and appreciation, gratitude may help individuals interpret stressful situations more constructively.

Relationship Between Well-Being, Life Satisfaction, and Stress

The strong positive correlation between subjective well-being and life satisfaction is consistent with Diener's Tripartite Model of Subjective Well-Being (1984), which identifies life satisfaction as the cognitive component of overall well-being. The negative correlations

between perceived stress and both well-being and life satisfaction are also supported by prior research, which indicates that chronic stress adversely affects emotional and psychological functioning. The theoretical basis for this synergistic relationship may be traced to the shared conceptual architecture of gratitude and spirituality. Emmons and Kneezel (2005) noted that gratitude is a fundamentally other-directed emotion; its very structure requires the recognition that goodness originates from sources outside the self, a cognitive posture highly consonant with spiritual worldviews that emphasise humility, interdependence, and transcendence. Watkins (2014), as cited in Srivastava (2023), proposed that gratitude may actively nurture spiritual development by cultivating an individual's sensitivity to meaningful relationships and a broader sense of purpose in life. In this sense, gratitude and spirituality may constitute a positive feedback loop: spiritual orientation amplifies the depth and frequency of gratitude experiences, while gratitude reinforces spiritual awareness and growth. A systematic review by Garssen et al. (2023) examining spirituality and depression and anxiety among young people found that spiritual and religious involvement was largely effective as an adjunct to psychological interventions, particularly when participants' own sense of meaning and transcendence was aligned with the intervention's content. Taken together, these findings advocate for integrative approaches in clinical and counselling psychology that treat spirituality and gratitude not as supplementary considerations but as central, evidence-based targets for promoting psychological well-being.

4.1 Limitations and Implications

Despite the meaningful findings, several limitations must be acknowledged. First, the correlational design prevents causal interpretations. Longitudinal or experimental studies are required to determine the direction of these relationships. Second, the study relied on self-report measures, which may be influenced by social desirability or response bias. Additionally, the constructs examined—such as spirituality and gratitude—are subjective and culturally shaped, which may affect measurement and generalizability. Finally, the use of convenience sampling and a relatively small sample size limits the generalizability of the findings.

The findings highlight the potential value of spirituality and gratitude as protective psychological resources. Future research should explore the mechanisms underlying these relationships, including cognitive coping strategies, social support, and emotional regulation. Intervention-based studies could also examine whether practices such as gratitude exercises or spirituality-based programs can enhance well-being and reduce stress, particularly among healthcare professionals who frequently experience high levels of occupational stress.

5. Conclusion

These results suggest that well-being in healthcare is not determined solely by external conditions, such as workload or institutional support, but also by the internal meanings, attitudes, and emotional orientations that professionals bring to their work. Spirituality may offer a sense of purpose and connectedness, while gratitude can shift attention from exhaustion to appreciation, from scarcity to meaning. Together, they seem to create a psychological buffer that helps individuals endure demanding circumstances without losing their sense of self or a sense of fulfilment. In a field dedicated to healing others, these findings invite a deeper reflection: the well-being of caregivers is not a luxury but a necessity. Cultivating gratitude and spiritual meaning may not eliminate stress, but it can transform how it is experienced. Future efforts in healthcare settings may benefit from integrating such inner resources into well-being programs, reminding professionals that resilience often begins from within.

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