



The Relationship Between Meaning in Life, Life Satisfaction and Job Satisfaction with Religious Experience in the Life of Polish Nurses

Stanisław Głaz¹

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Abstract

This article examines the relationship between mental health dimensions such as meaning in life, life satisfaction, and job satisfaction, and the religious experience of God's presence and God's absence in the lives of Polish nurses with a bachelor and master's degree. The research was carried out in the city of Kraków, Poland. All nurses were brought up in Catholic families and declared themselves believing and practicing. The following research tools were used: the Meaning in Life Questionnaire, the Satisfaction with Life Scale, the Satisfaction with Job Scale, and the Intensity of Religious Experience Scale. Data analysis showed that the education level of Polish nurses does not significantly differentiate the analyzed variables. The correlation analysis showed that the strongest relationship was between satisfaction with life and satisfaction with job in the group of nurses with a bachelor's degree and nurses with a master's degree. The regression analysis showed that the strongest predictor of God's presence in the group of nurses with a bachelor's degree was satisfaction with job, and in the group of nurses with a master's degree it was satisfaction with life. The structural equation analysis revealed that the satisfaction with life plays an important and positive mediation role between the presence of the meaning in life and the search for the meaning in life, and the experience of God's presence and the experience of God's absence in the life of nurses.

Keywords Meaning in life · Life satisfaction · Job satisfaction · Religious experience · Education · COVID-19 · Polish nurses

✉ Stanisław Głaz
zjglaz@cyf-kr.edu.pl

¹ Department of Philosophy, Institute of Psychology in Kraków, Jesuit University Ignatianum in Krakow, Ul. Kopernika 26, 31-501, Kraków, Poland

Introduction

Up to date, there has been a great deal of interest among scientists with the meaning in life, satisfaction with life, satisfaction with job, and the relationship with religiousness in the lives of nurses. Swedish nurses from the oncology ward believe that religiousness plays a positive role in their lives, especially when making difficult decisions at work (Ekedahl & Wengström, 2010), while nurses from Uganda believe that religious values are conducive to a better understanding of the sense of work (Bakibinga et al., 2014).

The results showed that in the lives of nurses from Talesh, the relationship of religious well-being with meaning in life is positive and significant, but its relationship with anxiety, depression and social withdrawal is negatively significant. Moreover, the relationship of existential well-being with meaning in life is positive and significant (Jafari, 2015). The life and religious attitudes of nurses working in the Qom government hospital had a significantly positive relationship with their mental well-being (Habibian et al., 2015). The mean score of spiritual health and caring behaviors of nurses working in academic hospitals of Tehran has a significant positive correlation (Atashzadeh-Shoorideh et al., 2017).

Studies conducted in Imam Khomeini and Aras Hospital in Parsabad city prove that nurses' job satisfaction is predictable by the spiritual well-being and coping strategies with stress (Jafary et al., 2015). The effect of job stress on well-being is significant for Muslim nurses and that prayer of nurses contributed to alleviating job stress and enhancing well-being (Achour et al., 2021). It was found that the spiritual orientation of Muslim nurses has a positive effect on their empathetic behaviors. Moreover, there was a significant difference between the spirituality of single and married nurses, suggesting that married nurses were more spiritual (Bouzanjani et al., 2021).

Correlation analysis indicated a positive relationship between life coherency aspects of spirituality and spiritual values with job satisfaction in the lives of Jewish nurses. Hierarchical regression analysis indicated the particular importance of an idealistic spiritual orientation (positive contribution) and a transcendent spiritual orientation (negative contribution) to the prediction of nurses' job satisfaction (Lazar, 2009).

Research has shown that Turkish (Serinkan & Kaymakçi, 2013) and Chinese (Meng et al., 2015) nurses present an average level of quality of life. This applies to caring for one's own health, friendly relations with others, and positive emotions. The study shows that there is a positive relationship between communication and job satisfaction among the surveyed group of nurses (Lindfors et al., 2007; Vermeir et al., 2017). Satisfaction with job has been identified as a major determinant of nurse retention and performance (Hayes et al., 2006). In units with few employees, nurses are more likely to be satisfied with their work compared with units with many employees (van Beek et al., 2011). Patient satisfaction is also influenced by nurses' job satisfaction. Specifically, high job satisfaction is associated with higher motivation, which in turn is associated with higher patient satisfaction with care received (Tzeng, 2002).

Polish nursing staff of private health care facilities is more satisfied and motivated to perform their work than nursing staff of public health care facilities (Ostrowicka et al., 2013). The analysis of the data shows that 38% of nurses working in a psychiatric institution had a low sense of life satisfaction, 45% average, and 17% high. The level of satisfaction with life felt depended on the assessment of the financial situation. High-earning nurses felt a higher sense of life satisfaction than those with lower earnings (Kupcewicz et al., 2018). Nurses experienced a higher level of job satisfaction than life satisfaction (Kliszcz et al., 2004).

For 63% of nurses from the intensive care unit examined, the most stressful situation is resuscitation, for 47% of nurses working in outpatient clinics—conflicts with supervisors or doctors, while for 55% of respondents from the neurology ward—the patient's death (Wzorek, 2008). Most nurses (78%) did not respond effectively to stress in difficult stress situations. Most often they became angry, depressed, and had a feeling of fear. Only 1/5 of nurses used an effective, task-oriented style of coping with stress (Nyklewicz & Krajewska-Kułak, 2008). Nurses from the psychiatric ward more often used strategies focused on the problem than avoidance, and less often on emotions (Wilczek-Rużyczka & Król, 2003).

According to researchers, 97.75% of patients rated their hospital stay very well and well (Kondracka & Łukaszuk, 2014a). 76.42% of patients in the Cardiac Surgery Clinic believe that nurses devoted enough time to talk to them, 16.98% of patients thought they did not have such a need, and only 6.60% said that nurses did not always devote enough time (Kapała et al., 2008). The friendliness of the nursing staff was rated very good by 81.79% of the patients surveyed and well by 16.43%. Carefulness of performed procedures/dressings was rated very well by 82.37% of patients, good by 15.11% and rather good by 2.16% of people. The availability of nursing staff was rated very good by 82.14% of patients by 16.07% of people and rather good by 1.79% of people. The speed of nursing staff's response to the call was rated very good by 81.36% of patients, good by 16.49% and rather good by 2.15% (Kondracka & Łukaszuk, 2014b). Nurses' patients most valued such traits as respect for patients' dignity and privacy, preservation of the patient's intimacy while performing activities, discretion, as well as the ability to cooperate in a team and ease of making contacts (Młynarska, 2014).

The Problem of the Work

Research shows that many factors can differentiate the personality structure and religiosity of nurses and that is conditioned by the level of education and continuous training (Wysokiński et al., 2009; Jafari, 2015; Achour et al., 2021). With the increase in nurses' education, there is an increase in competence in providing effective care for patients and their ability to make important decisions (Alavi & Fateh-meh Hosseini, 2019), as well as an increase in life satisfaction (Wysokiński et al., 2009), and compassion (Arkan et al., 2020). The vast majority of Malaysian nurses believed that they require more education and training in the spiritual aspects of care, conducted in an appropriate cultural context (Atarhim et al., 2019).

It was also noted that Muslim nurses in intensive care did not have sufficient knowledge about spirituality and spiritual care, only those with sufficient knowledge provided effective spiritual care to their patients (Bakir et al., 2017). American nurses more often participated in religious training courses and showed a higher level of religious practices and religious affiliation than social workers and psychologists of this country, which ensured that they had a good workplace spiritual climate (Oxhandler et al., 2017).

Pursuant to the provisions of the current Act of 15th of July 2011 on the professions of nurse and midwife in Poland: “The nurse and midwife are obliged to constantly update their knowledge and professional skills and that they have a right to professional development in various types of postgraduate education” The implementation of this obligation may be carried out by participating in various forms of education: specialized training and courses, as well as by attending in scientific conferences.

Almost 38% of surveyed nurses believe that the management staff of the health service in Poland is constantly striving for their further training (Belowska et al., 2014). Nurses participating in training in the field of coping with stress are less likely to report complaints about somatic and anxiety complaints, sleep problems and disorders in social functioning (Andruszkiewicz et al., 2014).

Perfectionism in professional work was rated the highest in the group of nurses with seniority up to 15 years of primary or secondary education. Openness to innovative solutions was rated the lowest in the group of nurses with the longest seniority (over 20 years) with higher education or a bachelor’s degree (Młynarska, 2014). Nurses with post-secondary education had a lower level of the average domain related to functioning in social relations and the environment (Waszczak & Kupcewicz, 2014), and also showed less concern for the development of their own religiosity (Lankau et al., 2015) than nurses with higher education. On the other hand, nurses with a master’s degree more often followed the strategy of coping actively with stress than nurses with post-secondary education (Zwoźniak & Kupcewicz, 2014).

According to many researchers, the patient’s care should be holistic (Affeldt & MacDonald, 2010; Pfeiffer, 2018). Patients often show the need to take up topics related to religion and spirituality and to include them in the treatment process (Albaqawi et al., 2019; Oxhandler et al., 2017; Selanders, 2010). Development of the mental and spiritual sphere of people providing medical services and their integration create some potential that positively and effectively affects various aspects of the life of nurses, as well as the clinical results of patients (Reig-Ferrer et al., 2019; Selanders, 2010).

Furthermore Żołnierz and Sak (2017) reported that the level of knowledge and preparation of nurses for the profession in Poland is insufficient. There is also a visible lack of quantitative research related to the mental and spiritual sphere of nurses. As some studies indicate, both spheres of nurses’ life are conditioned by the level of education and constant updating of knowledge and continuous development of professional skills (Młynarska, 2014; Zwoźniak & Kupcewicz, 2014).

The work and life of nurses in the individual and social aspects suddenly changed when in November 2019 an epidemic outbreak of COVID-19 was identified in

Wuhan, the capital city of Hubei Province in central China. Scientists started research concerning the virus, its characteristics, deadliness, and origin. The pandemic became a common experience of intensive long-lasting distress for many people and societies. According to the current state of knowledge, transmission of the virus occurs mainly by droplets during direct contact and indirectly through contact with the contaminated virus in the environment. The new SARS-CoV-2 coronavirus is the seventh type of coronavirus belonging to the β -coronaviruses that cause human infections (Cheng & Shan, 2020; LoGiudice & Bartos, 2021).

The COVID-19 pandemic is a major threat to public health both physically and mentally (Thrysoe et al., 2021). Tens of millions of people around the world have already been affected with COVID-19, of which several million have died. Many people are exposed to the psychological consequences of the pandemic, which manifests itself in the form of increased fear and anxiety. In addition to health problems, the pandemic has also brought changes in many areas of economic, religious, and social life mainly by the closure of schools, workplaces, places of worship, as well as isolation from loved ones and limitation of social contacts. That all caused stress as well as the need to stay in quarantine and long-term isolation (Jupowicz-Ginalska et al., 2021; Rigoli, 2021; Zagórska, 2021).

Many countries have also forced to reconsider social protection and health care with COVID-19. Workers who were underestimated prior to the pandemic, such as health workers, could gain prestige and greater power and higher salaries. For the first time in the history, issues related to the individual religiosity, like Eucharist and prayer, appeared on the Internet (Dein, 2021).

The meaning of the word “COVID-19” originally went hand in hand with the word “panic” because none of the health care professionals knew what they would face in the future. In the face of this situation, nurses were often helpless (LoGiudice & Bartos, 2021). Researchers believe that many of the problems in the pandemic situation resulted from the lack of proper publications or research that can reveal safety procedures for medical personnel (Dudzinski et al., 2020; Kotowska & Gawlik, 2020).

Nursing staff is a group of professionals whose activities are aimed at meeting the biopsychosocial needs of sick people (Fawaz et al., 2020). Nurses in practice were faced with difficult and complex ethical challenges like moral conflicts, high ratio of patient deaths, and long working hours. What is more, the tradition of nurse–patient interaction was negatively impacted by the COVID-19 pandemic. Nurses are those who support patients in the peaceful process of dying and their relatives in mourning. In this difficult situation many nurses expect support counting on the help of their colleagues and the chaplain (Galehdar et al., 2021; Liberman et al., 2020).

Research by Kotowska and Gawlik (2020) show that the daily work of nurses in conditions of chronic stress, many hours spent on case studies, information provided in the media may cause a feeling of anxiety, depressed mood, symptoms of burnout, mental health disorders, and a crisis in social relations. Risks taken on a daily basis and the inability to express emotions and freeing oneself from fears require ensuring the availability of psychological help and learning strategies for coping with stress. Other researchers show that many health care professionals have faced situations of stigma or rejection, even among family

and friends. This phenomenon was especially true of personnel working in social care homes and infectious diseases treatment units. Psychological assistance to nurses was provided by experienced psychologists and therapists, often also on the phone (Gniadek et al., 2020).

Many studies show that nurses should and also want to actively support the spiritual needs of health care patients so they can provide better spiritual care (Hawthorne & Gordon, 2020). In order to do so, their continued education and training is necessary. COVID-19 has not only changed the way nurses care for patients, but also the way professional development of nursing staff is educated and supported (Minission et al., 2021). Hence, there has been an increased awareness of the need for more pastoral and spiritual support for nurses and patients in hospital settings (Carey, 2021). This has also resulted in an increase in the demand for and quality of pastoral care services among health care providers. (Giffen & Macdonald, 2020).

Nurses' increased awareness of the usefulness of spirituality for health through training and experience in caring for patients who express their spiritual needs (Timmins et al., 2022) mobilizes them to provide spiritual and pastoral care to patients and is now becoming more common and timely. However, a good understanding of spirituality and spiritual care is needed to provide effective support.

Researchers indicate that religiosity can play a positive cognitive, emotional, and behavioral role in human life (Anczyk, 2021; Głaz, 2013, 2021b; Prusak & Wasiewicz, 2021; Prusak et al., 2021). The stress of the pandemic has prompted many people to seek support through spiritual and religious resources (Rigoli, 2021). In the life of nurses, religiosity can help in discovering the meaning in life, organize a system of values (Jafari, 2015), which can play an important role in the process of coping with stress, anxiety, suffering, and which can also be a way of coping with difficult and problematic life situations that may become a source of mental disorders (Oxhandeler et al., 2017; Albaqawi et al., 2019).

According to the literature and earlier research (Krok et al., 2021; Lankau et al., 2015; Zwoźniak & Kupcewicz, 2014), it is suggested that Polish nurses brought up in a Catholic family, who are believers and practitioners, despite of the pandemic COVID-19, should have a high level of mental health like the presence of the meaning in life and the search for the meaning in life, satisfaction with life and satisfaction with job, as well as the religious experience of God's presence and God's absence. According to Popielski (2008), the realized meaning in life is a factor that motivates human behavior. A person, realizing the meaning of their own life and at the same time deriving satisfaction from life and job, is constantly looking for their deeper meaning. This process can be facilitated by the constant acquisition of professional knowledge.

It is supposed that with the nurses' level of education there is an increase of the presence of the meaning in life and the search for the meaning in life, the satisfaction with life and job. Wysokiński et al. (2009) and Jafari (2015) also suggested that in the pandemic period, it should be stronger relationship between the presence of the meaning in life and the search for the meaning in life, satisfaction with life, satisfaction with job, and the religious experience of God's presence and God's absence in the life of nurses with a master's degree than nurses with a bachelor's degree. Hence, the presented research suggests the following hypotheses.

Hypothesis 1 Nurses with a bachelor's degree and those with a master's degree have a high level of presence of meaning in life and search for meaning in life, life satisfaction, job satisfaction, as well as a high level of religious experience of God's presence and God's absence.

Hypothesis 2 Nurses with master's degree manifest a higher level of presence of meaning in life and search for meaning in life, life satisfaction, job satisfaction, as well as a higher level of religious experience of God's presence and God's absence than nurses with bachelor's degree.

Hypothesis 3 In the life of nurses with a master's degree, there is a significant and stronger connection between the presence of meaning in life and search for meaning in life, satisfaction with life, job satisfaction and the religious experience of God's presence and God's absence than in nurses with a bachelor's degree.

Hypothesis 4 In the life of nurses, job satisfaction and life satisfaction play a mediating role between the search for the meaning in life and the presence of the meaning in life, and the religious experience of God's presence and God's absence.

Methods

Procedure and Participants

In order to gather empirical material that can be used to solve the problem described in the paper, research was conducted among nurses. At the beginning, short information on the research was given, after which the nurses received an envelope with a set of tests and finally they completed them. The instruction attached inside informed the person about the anonymity and scientific nature of the research. It also encouraged to honestly complete the proposed tests and the opportunity to get acquainted with the results of the research.

All nurses were born in Poland and raised in a Catholic family. They declared themselves believers and practitioners. When the COVID-19 virus appeared, they work in the wards of Ludwik Rydygier Specialist Hospital and in the wards of the University Hospital in Kraków. During their work, they were often accompanied by fear and helplessness, most often they sought help from their parents, colleagues, and sometimes in prayer. The time to complete the test set was unlimited. The persons who found this type of task too difficult, gave up on their own or were asked to give up participation in the study. Several test sets have only been partially filled in. Therefore, those who did not respond to all test items were excluded from further analyses. The results obtained on the basis of correctly completed 73 sets of questionnaires were used. Baseline characteristics of nurses are presented in Table 1.

The age of women ranged from 23 to 60 years. The examined group of nurses consists of nurses with a bachelor's degree (35 people, $M=43.7$; $SD=11.50$) and nurses with a master's degree (38 people, $M=31.5$; $SD=10.63$) with a

Table 1 Basic characteristics of nurses

Variables	Nurses with a bachelor's degree		Nurses with a master's degree	
	Distribution (<i>n</i> = 35)	Percentage (%)	Distribution (<i>n</i> = 38)	Percentage (%)
<i>Age (years)</i>				
<i>M</i>	43.7	–	31.5	–
<i>SD</i>	11.5	–	10.63	–
Sex (female)	35	100	38	100
<i>Current place of living</i>				
Village	7	20	6	16
City	28	80	32	84
<i>Civil status</i>				
Married/in marital-like relationship	26	74.3	25	65.8
Single	2	5.7	6	15.8
Separated	3	8.6	2	5.3
Divorced/currently single	3	8.6	4	10.5
Widowed	1	2.8	1	2.6
<i>Discipline</i>				
Anesthesiology	10	29	8	21
Cardiology	5	14	13	34.2
Intensive care	7	20	6	15.8
Nephrology	6	17	8	21
Surgery	7	20	3	7.9
Religion catholic	35	100	38	100

specialization in anesthesiology, intensive care, cardiology, surgery, and nephrology. The sample of nurses was homogenous concerning the age ($t = 1.82 < t_{.05; 71} = 1.99$). A large group of married nurses live in the city. Most nurses work as anesthesiologists and intensive care nurses.

Measures

The following measures were used in the study: the Meaning in Life Questionnaire (MLQ), the Satisfaction with Job Scale (SWJS), the Satisfaction with Life Scale (SWLS), as well as the Intensity of Religious Experience Scale (IRES).

The Meaning in Life Questionnaire (MLQ) is a questionnaire developed by Steger and his colleagues (Steger et al., 2006). The content of the questionnaire implies that every person uses his own sense in meaning in life and the significance of the goal in two time perspectives: present and future. A person may have a sense of the presence of the meaning in life, which means that he has a good understanding of what makes his life more meaningful and creative, he may also be accompanied by a sense of searching for the meaning in life, i.e., trying to discover what would make his life more meaningful and important. The first subscale measures the declared

meaning obtained in life and understanding of the meaning in life in the present time (presence—MLQ-P), while the second subscale measures the declared need to search and constantly discover the meaning and purpose in life of a person in the future (search—MLQ-S). The questionnaire contains 10 questions to be answered on a Likert 7-point scale (from absolute untruth = 1) to absolute truth = 7). The tool was adapted to Polish conditions by Kossakowska, Kwiatek and Stefaniak (2013). Cronbach's alpha coefficient as an indicator of reliability of the questionnaire for 10 test items was 0.79. For subscale presence of meaning in life, Cronbach's alpha coefficient was 0.86, and for subscale search for meaning in life was 0.72.

The Satisfaction with Life Scale (SWLS) was constructed by Diener, Emmons, Larson, and Griffin (1985). This scale is used to measure the sense of satisfaction with life. Satisfaction with life means the degree to which a person positively assesses his own life as a whole as the result of a conscious, cognitive comparison of his own life situation with the standards he sets. If the result of the comparison is satisfactory, it results in a feeling of satisfaction. This tool consists of five statements. The respondent assesses on a seven-point Likert scale to what extent each statement relates to his or her current life: from 1 = *strongly disagree* to 7 = *strongly agree*. The obtained result is the general degree of satisfaction with one's own life. The higher the score, the higher the sense of satisfaction with a person's life. The study can be carried out individually or in groups. The scale was adapted to Polish conditions by Juczyński (2001). The tool in the Polish version has satisfactory psychometric indicators. Cronbach's alpha reliability coefficient is 0.81, and the theoretical validity of the tool was checked by factor analysis, which confirmed the existence of one factor.

The Satisfaction with Job Scale (SWJS) was used to assess overall job satisfaction. This scale was constructed by Zalewska (2003). The developed tool is inspired on the Satisfaction with Life Scale (SWLS) by Diener and his colleagues (1985). The Satisfaction with Job Scale (SWJS) measures the cognitive aspect of job satisfaction, which involves the formulation of value judgments not an emotional state, based on conscious reflection and various comparisons (e.g., with others, with the situation). This technique is based on 5 value judgments regarding the assessment of life as a whole. The scale is one-dimensional and consists of five items. Each statement was assigned a 7-point scale: from 1 = *strongly disagree* to 7 = *strongly agree*. In the Polish adaptation the scale indicates high internal consistency, where Cronbach's alpha is 0.88, and also validity, where scale correlation coefficients with other tools measured work satisfaction were high.

The Intensity of Religious Experience Scale (IRES) by Głaz (2021a) was used to study the measurement of the religious experience of God's presence and God's absence. It consists of 18 statements that relate to the Christian religion. Factor I concerns the experience of the presence of God (PG), which contained ten statements. A high score suggests that a person has confidence in God and seeks to establish a relationship with Him. He/she knows himself and is open to the needs of others, he sees his life as meaningful and valuable, accompanied by joy and peace. Factor II relates to the experience of the absence of God (AG), which consists of eight statements. A high result suggests that a person strives for greater trust in God, sees Him as the one who causes creative anxiety and encourages the discovery of

the meaning of life. He/she strives to get to know himself/herself better and to be more open to others, as well as to gain more knowledge about others. Each statement contains seven possible answers. The answer is placed on a Likert type scale (from 1 to 7). 7—means *definitely yes* (I strongly agree), 1—means *definitely no* (I strongly disagree). The acquired factors are correlated with each other. The obtained correlation coefficient between the extracted factors is: $r=0.32$. The reliability of the scale was estimated using the internal consistency method, where Cronbach's alpha coefficient for God's presence subscale was 0.93, and for the subscale of God's absence Cronbach's alpha was 0.86.

Statistical Analysis

The analysis of variance (ANOVA), and regression were applied. In order to determine the strength of the relationship and its character between the variables taken into account in this study, the Pearson r correlation coefficient was calculated. Structural equation techniques were used to show more complex relationships between variables.

Results

In order to verify the research hypotheses the questionnaires of the Meaning in Life Questionnaire (MLQ), the Satisfaction with Life Scale (SWLS), the Satisfaction with Job Scale (SWJS), and the Intensity of Religious Experiences Scale (IRES) were used. The results obtained among nurses raised in Catholic families, believing and practicing with a bachelor's and master's degree were used in the statistical analyses.

Arithmetic means (M), standard deviation (SD), and significance level obtained in the Meaning in Life Questionnaire (MLQ), the Satisfaction with Life Scale (SWLS), the Satisfaction with Job Scale (SWJS), and the Intensity of Religious Experience Scale (IRES) for nurses with bachelor's and master's degrees are listed in Table 2.

All analyzed factors show statistically insignificant differences between the results of nurses with a bachelor's degree and nurses with a master's degree (Table 2). Nurses with a bachelor's degree received higher results in the factors of presence of meaning in life (MLQ-P) ($M=5.3$) and search for meaning in life (MLQ-S) ($M=4.9$) and in the factor of satisfaction with life SWLS) ($M=4.5$) as well as in the satisfaction with job factor (SWJS) ($M=4.4$) than nurses with a master's degree. Nurses with a master's degree, on the other hand, obtained higher results in the factor of God's presence (PG) ($M=4.9$) and the absence of God (AG) ($M=3.9$) than nurses with a master's degree.

Correlational Analysis

Relationship between the analyzed variables obtained in the Meaning in Life Questionnaire (MLQ), the Satisfaction with Life Scale (SWLS), the Satisfaction with Job

Table 2 Descriptive statistics and Student's *t*-results for variables obtained in the Meaning in Life Questionnaire (MLQ), the Satisfaction with Life Scale (SWLS), the Satisfaction with Job Scale (SWJS), and the Intensity of Religious Experience Scale (IRES) by nurses with bachelor's and master's degree

Variables	Nurses with a bachelor's degree		Nurses with a master's degree		Test <i>t</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
MLQ-P	5.3	0.77	5.1	1.07	0.16	0.24
MLQ-S	4.9	0.59	4.7	0.69	0.26	0.83
SWSL	4.5	1.12	4.4	1.34	0.07	0.94
SWJS	4.4	1.16	4.2	1.47	0.66	0.52
PG	4.6	1.67	4.9	1.79	-0.07	0.53
AG	3.5	1.17	3.9	1.27	-1.34	0.18

MLQ-P Presence of meaning in life, *MLQ-S* Search for meaning in life, *SWSL* Satisfaction with life, *SWJS* Satisfaction with job, *PG* God's presence, *AG* God's absence

Scale (SWJS), and variables obtained on the Intensity of Religious Experience Scale (IRES) in the group of nurses with a bachelor's degree and master's degree were shown on the basis of the correlation analysis. The magnitude of the relationship between the analyzed variables and their direction were also presented. The results of the correlation analysis are presented in Tables 3 and 4.

In the life of nurses with a bachelor's degree (Table 3), the experience of God's presence (PG) positively correlates with the experience of God's absence (AG) ($r=0.44$), life satisfaction (SWLS) ($r=0.43$) and job satisfaction (SWJS) ($r=0.55$). The experience of God's absence (AG) is positively correlated with job satisfaction (SWJS) ($r=0.34$). However, satisfaction with job (SWJS) ($r=0.38$) and life satisfaction (SWLS) ($r=0.40$) positively correlates with the presence of meaning in life (MLQ-P), also life satisfaction (SWLS) positively correlates with job satisfaction (SWJS) ($r=0.60$).

In the life of nurses with a master's degree (Table 4), the experience of God's presence (PG) positively correlates with the experience of God's absence (AG)

Table 3 *r*-Pearson correlation coefficients obtained between variables from the Meaning in Life Questionnaire (MLQ), the Satisfaction with Life Scale (SWLS), the Satisfaction with Job Scale (SWJS), and the Intensity of Religious Experience Scale (IRES) for nurses with a bachelor's degree

Variables	MLQ-S	SWLS	SWJS	PG	AG
MLQ-P	0.13	0.40*	0.38*	0.28	-0.03
MLQ-S	-	0.2	0.21	0.22	0.12
SWLS	-	-	0.60**	0.43*	0.19
SWJS	-	-	-	0.55**	0.34*
PG	-	-	-	-	0.44**

MLQ-P Presence of meaning in life, *MLQ-S* Search for meaning in life, *SWSL* Satisfaction with life, *SWJS* Satisfaction with job, *PG* God's presence, *AG* God's absence

** $p < .01$; * $p < .05$

Table 4 *r*-Pearson correlation coefficients obtained between variables from the Meaning in Life Questionnaire (MLQ), the Satisfaction with Life Scale (SWLS), the Satisfaction with Job Scale (SWJS), and the Intensity of Religious Experience Scale (IRES) for nurses with a master's degree

Variables	MLQ-S	SWLS	SWJS	PG	AG
MLQ-P	0.36*	0.54**	0.25	0.26	0.12
MLQ-S	–	0.26	0.14	0.44**	0.19
SWLS	–	–	0.59**	0.56**	0.35*
SWJS	–	–	–	0.11	0.15
PG	–	–	–	–	0.52**

MLQ-P Presence of meaning in life, *MLQ-S* Search for meaning in life, *SWSL* Satisfaction with life, *SWJS* Satisfaction with job, *PG* God's presence, *AG* God's absence

** $p < .01$; * $p < .05$

($r=0.52$), search for meaning in life (MLQ-S) ($r=0.44$) and satisfaction with life (SWLS) ($r=0.56$). The experience of God's absence (AG) positively correlates with life satisfaction (SWLS) ($r=0.35$). In addition, the presence of meaning in life (MLQ-P) positively correlates with the search for meaning in life (MLQ-S) ($r=0.36$) and satisfaction with life (SWLS) ($r=0.54$), also life satisfaction (SWLS) correlates positively with satisfaction with job (SWJS) ($r=0.59$).

Regression Analysis

In order to show the relationship between variables obtained in the Meaning in Life Questionnaire (MLQ), the Satisfaction with Life Scale (SWLS), the Satisfaction with Job Scale (SWJS) as independent variables, and variables obtained on the Intensity of Religious Experience Scale (IRES), which are dependent variables, as well as determining the percentage of explained variance of the dependent variable, a regression analyses was performed. The analyses were performed in a group of nurses with bachelor's and master's degrees. The obtained regression analysis results are presented in Tables 5 and 6.

In the group of nurses with a bachelor's degree (Table 5), life satisfaction (SWLS) has a significant and positive relationship with the experiencing God's presence (PG). It explains 18% of the variance of this experience. While job satisfaction (SWJS) has a significant positive relationship with the experience of

Table 5 Regression analyses results. Influence of satisfaction with life (SWLS) and Satisfaction with job (SWJS) on God's presence (PG), and God's absence (AG) for nurses with a bachelor's degree

Variables		<i>b</i>	β	<i>t</i>	<i>p</i>	r^2
Dependent	Independent					
PG	SWLS	1.25	.43	2.61	.014	.18
PG	SWJS	1.59	.55	3.76	.001	.30
AG	SWJS	.55	.34	2.04	.05	.12

Table 6 Regression analyses results. Influence of satisfaction with life (SWLS) and searching for meaning in life (MLQ-S) on God's presence (PG), and God's absence (AG) for nurses with a master's degree

Variables		<i>b</i>	β	<i>t</i>	<i>p</i>	<i>r</i> ²
Dependent	Independent					
PG	MLQ-S	1.01	.46	2.45	.020	.21
PG	SWLS	1.47	.56	3.96	.001	.31
AG	SWLS	.55	.35	2.23	.033	.13

God's presence (PG) and the experience of God's absence (AG). It explains 30% of the variance of God's presence and 12% of the variance of experiencing God's absence (AG).

In the group of nurses with a master's degree (Table 6), the search for meaning in life (MLQ-S) has a significant and positive relationship with experiencing the presence of God (PG). It explains 21% of the variance of this experience. While satisfaction with life (SWLS) has a significant positive relationship with the experience of God's presence (PG) and God's absence (AG). It explains 31% of the variance of God's presence experience (PG) and 13% of the variance of God's absence (AG).

Structural Equation Analysis

Interpretation of the results obtained among nurses with a bachelor's and master's degree using correlation and regression analysis carried out on variables regarding the meaning in life, satisfaction with life and satisfaction with job, as well as religious experience provided many interesting remarks. However, there is no clear answer to the question about the mediation role of the variables analyzed with religious experience of God's presence and God's absence. Hence, the method of structural equations was used, which allows considering the correlations that takes place between the analyzed variables, also taking into account the share of intermediate variables in a given model. To assess the goodness of matching data to the hypothetical model, the following indicators were used: CMIN/*df*, GFI, CFI, AGFI, and RAMSEA. Referring to theoretical assumptions (Lankau et al., 2015; Oxhandler et al., 2017), previously study (Jafari, 2015; Achour et al., 2021) and current results using correlation and regression analysis, a suitable model was built.

The model includes all the analyzed variables obtained among nurses. The independent variables were the presence of meaning in life (MLQ-P) and search for meaning in life (MLQ-S), while the mediation variables were satisfaction with job (SWJS) and satisfaction with life (SWLS), and the dependent variables were religious experience of God's presence (PG) and God's absence (AG). In the initial model, global measures of goodness-of-fit did not confirm the proposed model of analyzed variables (CMIN/*df*=3.49; GFI=0.80; AGFI=0.81; CFI=0.54; RMSEA=0.13). Taking into account the fit indicators, it was decided to abandon the initial model. Decisions were made to modify it. During the modification of the initial model, the job satisfaction (SWJS) was removed. The obtained final model proved to be more satisfactory (Fig. 1). Model fit rates were found to be within acceptable limits (CMIN/*df*=1.85; GFI=0.98; AGFI=0.92; CFI=0.95;

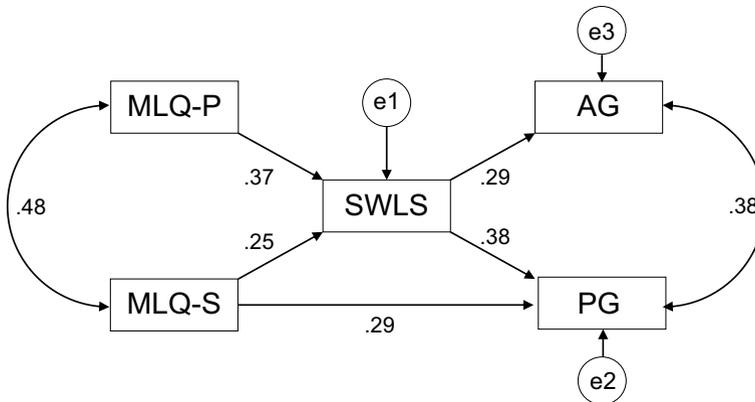


Fig. 1 The relationship's path diagram of search for meaning in life (MLQ-S), presence of meaning in life (MLQ-P), satisfaction with life (SWLS) with God's presence (PG), and God's absence (AG)

RMSEA=0.07). It was decided to adopt this model as explaining the relationships between the analyzed variables.

The analysis shows (Fig. 1) that the satisfaction with life plays an important and positive mediation role between the presence of the meaning in life and the search for the meaning in life, and the experience of God's presence and the experience of God's absence in the life of nurses. This suggests that the presence of the meaning in life ($\beta=0.37$; $p=0.01$) and the search for the meaning in life ($\beta=0.25$; $p=0.05$) have a significant and direct impact on the life satisfaction, which is a mediation variable, and they have indirect impact on the experience of God's presence and God's absence. While the satisfaction with life, as a mediation variable, has a direct and significant impact on the experience of God's presence ($\beta=0.38$; $p=0.01$) and God's absence ($\beta=0.29$; $p=0.01$). Furthermore, the search for meaning in life has a significant and direct influence on the experience of God's presence ($\beta=0.29$; $p=0.01$).

Discussion

The purpose of this article is to show how dimensions of mental health like the meaning in life, life satisfaction, job satisfaction influence on the religious experience of God's presence and God's absence in the life of Polish nurses working at the time of the COVID-19 pandemic with bachelor's and master's degrees who grew up in Catholic families and declared themselves to be believers and practitioners. Research hypotheses have been verified. Several conclusions resulting from the analysis were indicated.

The first hypothesis, which suggests that nurses with a bachelor's degree as well as those with a master's degree are accompanied by a high level of presence of meaning in life and search for meaning in life, life satisfaction, job satisfaction, as well as a high level of religious experience of God's presence and God's absence has

not been fully confirmed. Nurses with bachelor's and master's degrees are accompanied by a high level of only the presence of meaning in life. This indicates that both groups of nurses have discovered the meaning of their own lives and are implementing it. In other factors, both groups of nurses show an average level of search for meaning in life, satisfaction with life, satisfaction with job and experience of God's presence and God's absence. This, in turn, suggests that nurses with bachelor's and master's degrees are not completely satisfied with their lives, work, as well as their own religious experiences. This may also indicate, as other studies show, that there are unfavorable relationships with colleagues and superiors in the workplace (Wysokiński et al., 2009), and the lack of acquiring knowledge and the pandemic situation can cause life dissatisfaction, reluctance and demotivation to work, as well as frustration in the life of nurses (Kowalczyk et al., 2011). It was expected that nurses raised in a Catholic family who consider themselves believers and practitioners have a high level of the religious experience of God's presence and God's absence, as well as a high level of life satisfaction and job satisfaction.

The second hypothesis, which supposes that nurses with master's degree exhibit a high level of presence of meaning in life and search for meaning in life, satisfaction with life, job satisfaction, as well as a higher level of religious experience of God's presence and absence of God than nurses with a bachelor's degree have only been confirmed to some extent. In all the analyzed factors, statistically insignificant differences are visible between the results of nurses with a bachelor's degree and nurses with a master's degree. This suggests that the education of nurses in this case does not statistically significantly differentiate the analyzed variables. Earlier studies conducted in Poland have shown, however, that with the increase in nurses' education, there is an increase in competence and their ability to make decisions, as well as an increase in life satisfaction (Wysokiński et al., 2009). At the same time, nurses with bachelor's degree received higher results in the presence of meaning in life and search for meaning in life factors and in the factor of life satisfaction and job satisfaction than nurses with a master's degree. Nurses with a master's degree, on the other hand, obtained higher results in the factor of God's presence and God's absence than nurses with a bachelor's degree.

The third hypothesis suggests that in the life of nurses with master's degree there is a significant and stronger connection between the presence of meaning in life and search for meaning in life, satisfaction with life and job satisfaction as well as the religious experience of God's presence and God's absence than in nurses with a bachelor's degree has only been partially confirmed. Correlation analysis reveals that in the life of nurses with a bachelor's degree, along with the increase in life satisfaction and work satisfaction, there is an increase in the experience of God's presence, and with the increase in job satisfaction, there is an increase in the experience of God's absence. On the other hand, in the life of nurses with a master's degree, as the search for meaning in life and satisfaction with life increases, the experience of God's presence increases, and as the satisfaction with life increases, the experience of God's absence increases. Regression analysis shows that in the life of nurses with a bachelor's degree, important predictors of the experience of God's presence are life satisfaction and job satisfaction, and for God's absence, it is only work satisfaction. However, in the life of nurses with a master's degree, predictors of the

presence of God are the search for meaning in life and satisfaction with life, and for the absence of God it is satisfaction with life. Independent variables relevant in both groups of nurses explain the variability of dependent variables equally. According to the literature on the issue (Achour et al., 2021; Habibian et al., 2015), a stronger relationship between the meaning in life, satisfaction with life and job, and religion took place among nurses who sought to update their knowledge and gain professional skills than those who did not, hence, were expected to have a stronger relationship between the above-mentioned aspects and the religious experience of God's presence and God's absence in nurses with a master's degree than in those with bachelor's degree.

The fourth hypothesis suggesting that job satisfaction and life satisfaction play a mediating role between the search for the meaning in life and the presence of the meaning in life and the religious experience of the presence of God and the absence of God has only been confirmed to a certain extent. Only satisfaction with life plays a mediating role between the presence of meaning in life and the search for meaning in life and the religious experience of God's presence and God's absence. It was expected, as shown in the correlation and regression analysis, that job satisfaction, which has a significant and direct relationship with the experience of God's presence and God's absence, was also indirectly related to this type of religious experience.

In addition, the analysis of correlation shows that in the life of nurses with a bachelor's degree, along with the increase in the presence of meaning in life, there is an increase in life satisfaction and job satisfaction. As the work satisfaction increases, so does life satisfaction. In contrast, in the life of nurses with master's degree, the increase in the presence of meaning in life and the increase in life satisfaction occur with the increase in the search for meaning in life, and with the increase in job satisfaction there is an increase in life satisfaction. The relationships shown have been largely confirmed by previous studies (Kliszcz et al., 2004). It should also be added that the experience of God's absence increases as the experience of God's presence increases. This relationship is stronger in the life of nurses with master's degree than with bachelor's degree. This would suggest that with the increase in education, there is an increase in religious experience.

The conducted research showed that in the life of American nurses, who more often participated in religious education and vocational training courses, there is a significant and positive relationship between the meaning of life, satisfaction with life and religiosity (Oxhandler et al., 2017). Hence, it was expected that in the life of Polish nurses, who are believers and practitioners with a bachelor's degree, a significant relationship also occurs between the presence of meaning in life and the search for meaning in life and the experience of the presence of God and the absence of God, while in the life of nurses with a master's degree such a relationship was expected between the presence of meaning in life and the presence of God and the absence of God. The significance of such correlations in this case has not been confirmed.

Earlier studies have shown that Polish nurses have experienced greater job satisfaction than life satisfaction (Kliszcz et al., 2004). Current research has not confirmed this relationship at the time of the COVID-19 pandemic. The both groups of nurses with bachelor's and master's degrees had the same level of job satisfaction as

well as life satisfaction. It can therefore be assumed that with the prolonged epidemiological situation, job satisfaction and reluctance to daily duties as well as absenteeism will decrease.

It should be noted that both groups of nurses are convinced that they have discovered the meaning of their lives and implement it, at the same time they manifest the need to constantly search for it and rediscover it. They are accompanied by a positive attitude to life, satisfaction with their own achievements and living conditions. They show a positive attitude to the duties assigned to them, functions and social roles entrusted to them, they also trust God and wish to establish a deeper relationship with Him. They perceive Him as the one that causes creative anxiety and promotes the discovery and search for the meaning in life.

Study Limitations

The analysis of the undertaken problem has some limitations. The research was conducted among nurses working only in one city with bachelor's and master's degrees. The research sample concerned one religious denomination, Catholic. The lack of other studies among nurses claiming to be believers and practitioners, working during the COVID-19 pandemic, hinders in-depth analysis of the results obtained and does not allow clear conclusions to be drawn.

Conclusion

The pandemic has changed our everyday life, and at the same time it forced the use of new measures in medical practice (Dudzinski et al., 2020; Galehdar et al., 2021). The contemporary challenges of nursing, both in terms of its opportunities and threats caused by the pandemic, forces an interdisciplinary approach to knowledge about nurse's profession and fulfilling this profession taking into account the religious factor. Religion in difficult life situations can fulfill many positive functions. According to many researchers, it can give people hope in the face of suffering, guidelines for understanding experience and action, and cognitive-emotional support (Krok et al., 2021; Pargament, 1997). It seems justified to conduct stationary training for nurses, which would acquire current knowledge in the field of their profession, also taking into account the religious factor, which in turn may have a direct impact on increasing their professional responsibility and interpersonal relations.

Despite the limitations, the results of these studies have several important implications. The nurses participating in this study were recruited from one city and all grew up in a Catholic families. This is one of the first empirical studies that concerned the relationship between the meaning in life, life satisfaction, job satisfaction and the religious experience of God's presence and God's absence in the lives of practicing and believing nurses in Poland. Research has shown a significant and positive relationship between the above-mentioned aspects as well as their cognitive, emotional and behavioral role in the life of nurses. Testing shows a multiple approach to the nursing profession and the problems associated with it (Jafari, 2015;

Gniadek et al., 2020; Galehdar et al., 2021). The presented results may constitute an introduction to further research concerning the COVID-19 pandemic. They can help in developing a coherent system and training programs to improve the quality of work in dangerous situations. Research findings can strengthen the structure of comprehensive nursing services, which could also have a positive impact on the quality of patient care during the pandemic. They can also help to improve the quality of medical services and the level of patient satisfaction. The obtained results can constitute the contribution to further detailed scientific research. The degree of satisfaction with nurses' working lives should be taken into account as they are a work group at risk of burnout with constant stress.

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