

Impact of Spiritual Intelligence and Resilience on Self-Efficacy of Nurses in the Pervaiz Ilahi Institute of Cardiology

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Abstract: The Aim of the research work is to find the Impact of Spiritual Intelligence and Resilience on Self-Efficacy among Nurses in the Pervaiz Ilahi Institute of Cardiology Hospital Multan. A quantitative research design used in survey method by using questionnaire to obtain data. The sample was calculated through G* Power and consisted of N = 184 nurses, data is collected from Pervaiz Ilahi Institute of Cardiology Hospital Multan. Researcher used convenient sampling techniques to collect data according to the age, income, marital status and the job level along with three scales. First scale was Karadeniz and Aydin's (2016) Spiritual Intelligence Questionnaire (SI), higher level of score shows higher spiritual intelligence and the second scale was Wagnild & Young's (1993) The Resilience Scale (RS) and higher scores indicate higher resilience. Third scale used was Paulhus's (1997) personal efficacy scale. The results show that there is significant impact of spiritual intelligence on nurses' resilience. In other words, spiritual intelligence predicts resilience. The results also showed that there is no significant difference, between unmarried and married nurses on the scale of spiritual intelligence, and resilience and there are no "significant differences" find in term of experiencing among nurses.

Keywords: Spiritual Intelligence and Resilience, Quantitative research, Karadeniz and Aydin's, Wagnild & Young's, Paulhus's.

1. Introduction

A composition of two words is the moral wisdom, the spiritual intelligence. The word spiritual has its origins in Latin spiritual meaning, that gives a system life or vitality. Intelligence is entirely dependent on mental exercises, which are in fact able to improve the mind and beliefs, while devaluing the spirit, many social scientists, PSOs, PSO's, Thinkers, educators, educators and educational issues are considering. The link between intellect and spirituality comes about as spiritual intelligence, which is the aspect of a person's wellbeing and of a complete existence. Spiritual intelligence is one function of helping a person to gain an understanding of himself by learning to control and regulate his emotions. With the aid of the hierarchy of requirements of Maslow, a growing pattern of considerable attention to spirituality can be understood. As people don't worry about necessities like security or survival any more, they are now gravely meeting higher levels of necessities such as self-refurbishment and spiritual self-transcendence.

Spiritual wisdom requires a mixture of spiritual and intellectual structures in order to achieve a new building, but not a single combination of spirituality & intelligence. Robert Emmons explains the Spiritual Intelligence; whereas spirituality referred as the science, experiences of divine elements, which mean high-

est conscious level and transcendence, implies the ability to foresee and adapt operations, and to generate useful products or results on these spiritual topics.

Srivastava described the intelligence that promotes the individual's capacities, abilities, skills and abilities to address the daily issues in innovative and constructive ways in the social environment to achieve the ultimate educational aims is Srivastava, In the new sense of a social psycho-typical environment to achieve the ultimate objectives of education and work with paper, Spiritual Intelligence, further described as intelligence which had solved problems of the everyday life. Coined and introduced the word Spiritual Intelligence It is the wisdom that gives us our dignity as a whole. So, fundamental questions were asked by us and revisit the intelligence by which every individual react. Spiritual intelligence as the intelligence in which we deal with or resolve meaning and rectify issues, through which we may put our acts and lives into broader sense that is wealthier and gives a meaning, the intelligence that allows us to evaluate the meaning of one course or way of life.

"Spiritual Intelligence" is capability to rely on our spirits and tools to better understand and find a meaning in existential, spiritual and practical problems and to solve them. Whether it be prayer or 225 insight or transcendence, such tools and ability should be important in order to allow an individual to find meaning in experience, to promote problem solving, and to enhance the capacity of an individual to take adaptive decisions. Spiritual understanding as an intellect, which addresses and solves meaning and value issues.

Spiritual intelligence also includes cognitive mechanisms, which contributes both to social changes and a transformation of consciousness. Spiritual mind considered as series of mental adaptability focused on non-materialistic and surpassing aspects of the truth, particularly related to the essence of One's being, personal significant, transcendence and elevated consciousness levels. She set up "4 quadrants" of intelligence as highest self-consciousness, higher consciousness, higher self-supremacy, and spiritual impression of social domain. Spiritual intellect is shown as we experience spirituality in our everyday lives.

SI as a collection of adapting mental capacities focused on non-materialistic and surpassing realities, in particular, which contribute to the consciousness of the non-material and transcendence feature of individual's life, leads to the results, such as a profound existential contemplation, improved meaning, the awareness of the transcendent and transcendent self. Spiritual intelligence is devoted to people who are the most essential and valuable intelligence. Spiritual intelligence means to find a purpose for life and prevent needless activities that mean time for transcendental goals irrespective of people's opinions.

1.1. Importance of spiritual intelligence

In general, it is possible to interpret growth of the framework of spiritually intelligent as using realistic skills and spiritual tools. It seems that without knowing the wide spectrum of spiritual experience any type of speech of spiritual intelligence would not be completed. In contrast, the intelligence of Spirit is linked to relationships between man and universe, realm of life and existence in this world, as opposed to "logical intelligence" which computer had have and emotional intelligence that primates had. Spiritual wisdom refers to the capacity to grasp the highest degree of intelligence in profound spiritual problems and inner insight. The attitude of self-awareness and friendship with God, one another, and all creature are the spiritual understanding. The ability to see something other than individual aspects and the knowledge of the relationship between thought, faith and action depends on spiritual intelligence

1.2. Principle of Spiritual Intelligence

1. The spiritual wisdom recognition or affirmation. It means that we (in this world) are a transient spiritual being and physical being.
2. Recognizing and giving confidence into a more divine being.
3. Should be a guide if there is a maker and we are animals.
4. The need to detect the goal of life (what is called humanity) and to recognize the fact that certain abilities are encoded genetically.
5. To know our position towards God.

6. Knowing and recognizing the values of life that creating lifestyles and decisions in accordance with them requires good life (Santos, 2006).

1.3. Seven Factors of Spiritual Intelligence

1. Take care of yourself.
2. Illumination.
3. Godhead.
4. Children's spirituality.
5. Ultra-Sensory vision, perceptual experience.
6. Trauma in psychology.
7. Pay Community attention. (W. I. S., 2002).

1.4. Dimensions of Spiritual Intelligence

1. Intrinsic knowledge.
2. Deep belief.
3. Problems solving power.
4. Internal guidance.
5. Love & acceptance of truth, living with balance.
6. Self-recognition or integration with nature(universe).
7. Holistic views to see the link in between arti-facts etc.

1.5. Skills of Spiritual Intelligence

1. Spiritually observed Experiences.
2. Cope with Stress.
3. Be Purposeful.
4. Places of Worship.
5. Coming Out of Principals.
6. Focusing on Believes.
7. Religion based Rules.
8. Pleading.
9. Temperament.
10. Religion based Thought. (Smith, 2004).

1.6. Seven Major Themes of Spiritual Intelligence

1. Awareness. Developing the gross consciousness of oneself.
2. Thank you. Peace with the divine being, compassion and confidence in creation.
3. Significance. To experience importance in everyday tasks, including time of pain and suffering through a sense of duty and a call for service.
4. Transcendence. To see ourselves not as an egotistically isolated self in connection.
5. Reality. Truth. To live openly, curiously and with passion for all life (all that is).
6. Pacific acceptance. Who is to be accepted?
7. Directness inside. Internal liberty in line with accountable wisdom (Amram, 2007).

1.7. Components of Spiritual Intelligence

1. Transcend the physical and material
2. Experience heightened states of consciousness
3. Sanctify everyday experience

4. Utilize spiritual resources to solve problems
5. Be virtuous (Emmons et al., 2000).

1.8. Problems with Spiritual intelligence and Its Importance

Gardner's approach includes three fundamental assumptions about spiritual intelligence. 1. Spirituality is not the same as religion, but both have a certain characteristic that is shared, depending on the proportion of the two components, as spiritual religiosity or religious spirituality (Strzeminski, 2016).

Therefore, a considerable number of phenomena, but not all, relating to religiosity can be used to explain the spiritual activity of the field, as the spiritual realm of one person's life is the fundamental base for applying religious rituals, beliefs and customs. The quest for the meaning of life is the greatest reason to be-have in the spiritual world (thus the use of instruments facilitating this process). Religion stimulates religion and all the related effects (e.g., religious behaviors: rites). With all these assumptions, it is appropriate to analyze SI as a functional intelligence model, in line with the criterion of Gardner (Strzeminski, 2016).

1.9. Relationship Between Self Efficacy in Nursing Staff

The workplace stress of nurses and especially of intensive health care units can be reduced, and nurses' professional output using an internal energy source can be peaceful and efficient. High spiritual understanding will enhance adaptability and adaptability under unfavorable circumstances and stress. This superior spiritual knowledge will give them the skills to equate, maintain equilibrium and compose in critical circumstances (Sahebazzamani et al., 2009), altruism and wisdom, patience and tolerance (Moradnezhad et al., 2013). Fairborn et al. (2010) difficulties and discomfort experienced and endured (Hasandost et al., 2016). Research results from numerous studies carried out throughout the world about the spiritual intelligence of nurses have only demonstrated moderate spiritual intelligence among nurses and a good connection of spiritual intelligence with self-effectiveness and caring behaviors (Kaur et al. 2015).

1.10. Benefiting from high spiritual intelligence

According to George (2004) the result is to enjoy a tranquil mind that would increase the efficiency and performance of the person (Daniel, 2010). A calmness and inner tranquility are essential for working in stressful conditions in intensive care units, since evidence has shown that calm nurses with nerve management in urgent, emergency, and stressful circumstances have been more effective and can save many more patients' lives (Acebedo-Urdiales et al., 2014). Taking advantage of the high spiritual intelligence will contribute to mutual understanding, one of the essential pillars of healthy interaction and harmony (George, 2006). It could help nurses increase the effectiveness and quality of treatment of critically ill patients in intensive care hospitals on the brink of living and death (Moradnezhad et al., 2017).

Spiritual intelligence could provide a person with a unique ability to understand the meaning of life and to achieve greater spiritual abilities. From the King's point of view, spiritual intelligence is the following: the ability to give meaning through consciousness based on a profound awareness of the problems of life, the ability to transcendental factors in self-existence, others and the cosmos. State extension for consciousness: the capacity for deep thought, prayer, meditation and departure into a greater spiritual position (King & Hildebrant, 2011).

1.11. Impacts of Higher Spiritual Intelligence on Nursing Staff

That people of higher spiritual understanding are more tolerant of life challenges and adaptable to their environment. Therefore, it is very important to pay attention to the degree of intelligence among nurses, to use many intellectual layers to solve problems, and to have the ability to think critically about metaphysical issues of nature, including reality, life and death. High levels of spiritual intelligence will allow people to deal with the changes, to solve the challenges and to realize their errors. If people recognize their own failures, they can never replicate them and are liberated from the fear of change and uncertainty, and this is the highest degree of spiritual wisdom (George, 2006).

This skill may be applied for the management of challenging situations and the climate of intensive care units with high moral intelligence and compatibility with chief conditions. Facilities such as balance

and flexibility in critical circumstances, cohesion and calmness (Sahebazzamani et al., 2009). We tend to be intelligent and conductus when spiritual intelligence is high. Strong spiritual intelligence individuals have shown higher satisfaction and success measures (Zohar & Marshall, 2000). In daily activities, the spiritual understanding will deepen the relationship with a person and others. You should also perform your duties with high precision, dignity and work ethics, and you are required to deal more efficiently with patients. Moreover, patients, coaches, managers and other people in hospitals should have better re-relationships (Sisk & Torrance, 2001).

1.12. Resilience

It is necessary to determine whether resilience is regarded as a function, process or output and it is often tempting to adopt a binary approach to consider whether resilience is present or not. However, a spectrum of different levels of resilience is more likely to occur in various fields of life (Pietrzak & Southwick, 2011). Resilience basically refers to progressive adaptation, or the ability to sustain or recover, through adversity (Wald et al., 2006).

1.13. Determinants of Resilience

Includes a host of biological, psychological, social and cultural variables that interact to dictate how traumatic situations are addressed. Definitions have changed with expanded scientific understanding. Resilience is investigated by researchers from different fields, including psychology, psychiatry, sociology and later, from genetics, epigenetics, endocrinology and neuroscience. Resilience There is nevertheless no agreement on a practical description. The first discrepancies in meanings focus on designing resiliency in relation to a complex process as a personal feature. A narrow meaning regards resilience as a personal feature following only a short-lived trauma.

The concept of resilience and resilience interventions therefore grew to become forces of security and vulnerability at multiple influences—culture, society, the family and the person. Together, these concepts recognize 2 points: numerous factors and systems contribute to an interconnected dynamic process which increases the resilience of adversity; resilience may be context-specific and time-specific and not present in every life region. Consequently, there are many origins and mechanisms of resilience that also connect, including biological, psychological and dispositional characteristically characteristics and so-cial supports (Luthar et al., 2003).

1.14. Strategies for Nurse Resilience

Development of nurse resilience strategies is a patient safety policy as burnout affects the physical and emotional wellbeing of the employees and helps to increase expense (Magtibay et al.,2017). The effect on patient satisfaction, patient results or increased safety rates have also been shown to have a negative impact and mortality increased (Magtibay et al.,2017).

1.15. Nursing Staff Responsibilities on Resilient Base

Direct treatment in an incredibly difficult setting, continuing personal growth and being mindful of changing practice and emerging know-How. Monitor and organize care and treatment rendered by others to patients, educators, patients and families, assistance to patients and families at crucial and changing time. Management of personal needs and harmony between work and life (Robertson et al., 2016).

1.16. Safety Actions to Consider

Care should play an active role in creating and promoting robust cultures and individuals in healthcare organizations. The following safety initiatives are targeted at nurses: Inform your company about the factors that promote resilience (Magtibay et al.,2017) , A technical appreciation, Assistance from colleagues, use of mentors/role model, sense of transition, encouragement from employees, organizational support, use of debriefings, competence to meet job needs, Positive reassessment, Performance, Sensation of achievement Research shows that the resistance of labor tends to be more than just the prevention of burnout; (Robertson et al., 2016).

1.17. Eight Themes of Nursing Resilient

A Study by Cameron and Brownie (2010), eight themes were identified that affect child resilience. Experience, happiness, positive behavior or sense of confidence, a sense of distinction, Leader tactics, such as debriefing, validation and self-reflection, co-workers and mentors support, Awareness of stress recognition, preservation of work-life balance (Cameron et al., 2010).

1.18. Sources of Resilience and Biological Factors of Resilient

Personal features (opening, extroversion and consistency), an internal control locus, mastery, self-efficacy, self-esteem, cognitive assessment and a coherent self-narration of the disadvantaged, as well as optimism all lead obviously to resilience. Pioneering researchers show that intellectual functioning, cognitive resilience, social attachment, positive self-conceptions, emotional control, positive emotions, faith, successful coping, toughness, motivation, hope and resourcefulness are related to resiliency and adaptability (Joseph et al., 2006).

Research in biological and genetic resilience factors (Luthar et al., 2007) shows that harsh early environments could impact brain structure, neurobiological systems and function development (Cicchetti & Curtis, 2006). Changes in brain size, neural networks, receptor sensitivity and neuro-transmitter synthesis and re-start (Curtis et al., 2003). These changes in the brain will make subsequent psychopathology more vulnerable or dramatically more acute. The ability to regulate negative emotions and thus affect the resistance to adversities can affect brain changes and other biological processes. An EEG study²⁰ showed substantial association between resilience, mistreatment status and gender in mistreated and normally treated children aged 6 to 12 years in pattern of EEG operation.

1.19. The Relationship of Spiritual Intelligence with Resilience among nurses

Nurses play an important role in improving public health, as the central part of the care team. They have a significant proportion of health staff around the world and cover more than 80 percent of health services. The self-efficacy of an individual as a factor in the interpretation or judgment of his ability to perform certain tasks plays a major role in the actions and work of a person. Human beings are biological, psychological, social and spiritual beings according to the World Health Organization, with spirituality among their most essential component. Spiritual intelligence is defined as an individual ability to solve existential problems and find meaning and intent in daily life. In the cognitive, ethical, emotional, and interpersonal fields, spiritual intelligence includes the highest level of development which makes the individual completely achieve the internal and external integrity. Have shown, for example, that the high level of spiritual intelligence in nurses can enhance environmental adaptation and increase the quality of patient care. These concepts demonstrate that resilience depends on person and social factors and is recognized as a significant challenge in health care efficiency. Here, nurses can develop the resilient skills to deal with their professional and practical challenges, taking possible capacities of resilience into account, namely overcoming and converting negative experiences into positive experiences. Individuals with great resilience generally feel strongly that they can overcome resilience related to success in other hospitals.

1.20. Effect of Spiritual Intelligence on the Caring Behavior of Nurses

One of the blessings that every person need is to live in health and that is why the thinkers of all times have defined health as riches. Health. The dream of every person is to have a safe and happy life. Staying safe is a must and people are trying to achieve this aim with their best efforts. It is found that 60% of a person's health depends on his or her spiritual understanding or healthy lifestyle (WHO, 2004). Good health needs good diet and positive health approach (Eneizan, 2017).

Fortunately, in some regions of the world this constructive approach is very successful, but much is lacking. WHO and its associate bodies have left no stone left unturned in this respect, as mentioned in Article 25 of the UN Declaration of Human Rights, that no one is left unattended for medical care irrespective of his/her nationality, faith, ethnicity or any other demographic identity? This effort to build and improve better healthcare services in developed countries is very satisfied, but the poor in developed countries are still an enormous problem for the world as a whole (Eneizan, 2017).

1.21. Effect of Spiritual Intelligence Training on Spiritual Care among Nurses

While spiritual needs are the individual's most profound needs, and if nurses devote more time in resolving their patients' spiritual issues, they help to overcome their physical and psychological problems. Spiritual attention is also often provided to fulfill the patient's spiritual needs. It should be noted that nurses need particular skills like auto knowledge, communication, confidence, hope and are a driving force for spiritual growth to provide spiritual support and achieve optimal health outcomes for patients. The puzzle of nursing spirituality: a practical guide According to Pell ebon and Anderson, attitudes, hab-its and individual decisions have a significant effect on spirituality. Spiritual intelligence is the mecha-nism for defining and organizing capability and performance compatibility necessary for the use of spir-itality. An alternative to a system in today's dynamic global business climate is an evolutionary model in decision making, culture and leadership, with an emphasis on increased employee spiritual intelli-gence and enhanced job spirituality. The owner has a more diversified career by selecting the competent management team of nurses of varied spiritual faith backgrounds, by putting the spiritual core value as a guideline for nursing care stressing the application of spiritual intelligence within the organization; Be-cause developer health institutes are now increasing and growing, with thousands of nursing workers from different spir-ital backgrounds and diversified in the field of health, this health care career will face many challenges in order to sustain its strong nursing skills. As all religions have taught approximately 3 of the universal spiritual value of goodness and good relations with God, the Almighty and others, the Institute of Health must pay attention to maintaining these spiritual values laid down by its owners so as to improve the success of the organization, dependent on worker satisfaction.

For decades, research on Spiritual Intelligence or Spirituality in the areas of nursing management & or-ganizational conduct has been conducted for limited purposes. The objectives of this current study were: In order to improve managerial science with the spiritual intelligence principle in order to increase em-ployee satisfaction, more study would concentrate further on the facets of spirituality in the company to ensure a strong job satisfaction for employees.

1.22. Self-Efficacy

According to Bandura (1977) theory, self-efficacy is defined as the belief in one's capacity to or-ganize or execute to the courses of action that is required to manage difficult situations. It is a person's be-lief in her or his ability to promote in a particular given situation. Bandura described that these beliefs act as a determinant of how people behave, think, and how to feel. Self-efficacy is also one of the perspectives that determines what types of goals we choose to follow, how we think that about accomplishing these goals, and how we think over upon our self-performance skills capabilities.

1.23. How self-Efficacy develops?

In our advanced childhood periods by dealing with broad varieties of experiences (tasks and situa-tion), We begin to develop our sense of self Efficacy. Even so, evolution of self-Efficacy doesn't last during young age, but it keeps on evolving throughout life as individuals take on new skills (experience & un-derstanding) (Bandura, 1977) There are 4 leading points of self-Efficacy, accordant to Bandura (1977)

1.24. Skillfulness experience, Social/Cultural Modelling and Response (Psychological)

Bandura (1977) explicated to the highest degree of effectiveness for development of strongest sense of efficacy, It's by skillfulness experience. While successful performance of an assigned task, tone up our sense of self Efficacy. Yet, failure to deal with tasks adequately/ challenge may subvert & lessen self-Efficacy.

Witnessing that other people have successfully completed their tasks, is other key factor of self-Effi-cacy, in views of Bandura (1977). Looking that people got success through uninterrupted strug-gles, raised the observers believes. That's they also possessing the qualities to master correspond-ing ac-tion to be suc-ceeded.

Self -Efficacy has affected by our own outcomes and emotions towards situation. It also plays key role in moods, physical reaction, emotional conditions, or stress level. All these may affect 'How an indi-vidual feels about their personal capabilities within given situation.' Those people who lose confidence while speaking in the public, may acquire a weak sense of self Efficacy in such situation (Bandura, 1977). Even

so, it's not absolute intensity of emotions or physical response i.e., crucial but instead how these are detected and understood, according to Bandura (1977).

1.25. Role of self-Efficacy to Promote Resilience

Bandura (1981, 1983, 1999) is an innovator of self-Efficacy researches. Bandura has also abstracted self-Efficacy as individual's notion in their capableness. Thus, to mobilize psychological features, motivations, or concern to employ control on a conferred event. It's belief of one's ability to create a definite outcomes/goal. These are seen as the base on human agency (Bandura et al., 1999). Human functioning and emotional well-being are regulated by Efficacy belief (cognitive, effective, motivational & exclusive). While dealing with adverse circumstances, those people who continue to believe that they all would be able to employ control upon their thinking, are likely to persevere into their effort. People those are self-impelling are more liable to turn down pessimistic thoughts, not only about themselves but also their abilities than individuals having sense of personal ineffectiveness (Ozer & Bandura, 1990).

Hence, to a lesser extent people have believe that they may produce "desired goals" by their actions. They would have very small inducement to uphold themselves to face difficulties. Presumptively, self-Efficacy could be important attribute in developing competency while encountering adversities (Bandura et al. 2001). It is applicable to adult evolution, because in order to negotiate the danger & situations related to this transmutational period, adolescent's prosperity is partially relied onto the capableness of perceived self-Efficacy (Bandura et al., 1999). If an adolescent received "constructive response" from those very closer to them, and are specifically regarded well by other people, they are more promising to conceive that they are efficient enough for activities crucial for them (Saarni, 1999).

1.26. Literature Review

In medical, nursing and spirituality, the idea of spiritual intelligence is the most important, as this gives great impact to individuals in the field. There is a possible research gap in this area and a need to improve the performance of the nursing staff by increasing their level of Spiritual Intelligence and Resilience. Mora Nezhad et al carried out a study at hospitals associated with Tehran University in which nurses were working to improve the victims. The goal of this study was to expose people and their role in the success and resilience of healthcare workers to the level of spiritual understanding. Workers were chosen as a study sample by means of probability sampling to obtain successful results. The findings of this Spiritual Intelligence inventory showed that Spiritual Intelligence has an important function and effect on the resilience and success of the hospitals' nursing staff.

The main purpose of the study was to explore spiritual intelligence and resilience in nursing workers and their significance. The researchers use the census sampling method to collect the data and to pick the correct sample to analyze the relationship between resilience and spiritual intelligence. For data collection the best results were used to forecast a demographic data sheet, Spiritual Intelligence Self-Report inventory and resilience scale.

Spiritual intelligence has a major effect on spiritual treatment during the workings of the healthcare personnel in critical care units, according to Somayeh et al. They claimed that the Spiritual Intelligence practice in the treatment of hospital-related activities would contribute to the efficacy of the Spiritual Intelligence and Spiritual Care personnel if adequate training is performed. They also studied the efficiency of training in spiritual intelligence for nurses employed in critical care units.

1.27. Theoretical framework

Gardner (1993, 1995, 1996) Walters and Gardner (1986) characterized "Intelligence" as set of ability which is exploited to figure out: Troubles and Fashion products, which is valued with in particular culture or in community. He proposed number of comparatively autonomous intellectual capacity, i.e., 8 in numbers. These are existed as potency inherited for each one (person). Although, genetically induced variations in regards to competencies (individual) & developmental potentials present. The "8 well-defined Intelligences" are given;

1. Linguistic.
2. Spatial.

3. Logical/Mathematical.
4. Bodily kinesthetic.
5. Inter-Personnel.
6. Musical.
7. Intra-Personal.
8. Naturalism.

He did arguments that existence of all such intelligences lies upon base of significant cultural & corresponding neural constitution. Gardner conferred "Evidences" for existence of such discrete procedure /information's. Eight criteria had laid out for identifying intelligence (independent) by Gardner:

1. Identifying Set of operation / Core process.
2. Evolutionary history.
3. Pattern characterizing developments.
4. Potentials of "isolation" by damage to brain.
5. Existence of personnel separated by "exceptional present & absent" ability.
6. Susceptible to encoding into Symbolic System.
7. Experimental or psychologically investigated Supports.
8. Psycho-metric findings.

1.27.1 Spirituality in "Theory of Multiple Intelligences"

This might be useful to think about "spirituality" As consisted upon Set of Particular capacity/ ability. It might be conceptualized into following terms; Adaptive and Cognitive –motivational

It may under lies varieties of trouble-Solving power i.e., related to every-day life conditions. This approach (pragmatical) to spiritualism turned a visual aspect upon spirituality which may encounter wrong(mistaken) believes that "the spiritual state of minds-set is somehow on another plan of existence— a state of someone that is phenomenon-logically sound, but have bit relevant to problem-solving and goals attainment in toughest life situations (Emmons, 2000)."

1.27.2 Theory Of Resilience

"Resilience theory" argued that it wasn't nature (of adversity) which is very significant, simply how it is handled by us. When frustrations, misfortune, adversity or calamity faced by us, resilience aids by bouncing us back. This makes survival, recovery easy for us. Although it's not everything enough for us (Reid, 2019).

1.27.3 Self-Efficacy Theory

"Sector Self-Efficacy Theory" is a sub-set of theory (social cognitive) proposed by Bandura (1986). Two key-determinants of behaviors have perceived self-efficacy & outcomes expectancy, accordingly to these approaches.

In accordance to Bandura's statement (1977), Perception of Self efficacy (by performance) success is dependent upon multiple personal and situational parameters, e.g.

1. Arduous Task.
2. Amount of effort expended by subjects,
3. Temporary- patterns of successes & failure.

This model performs a (central) role to process data. It stated that; Weight & integral information relevant to their capability is majorly processed by subjects. Their behaviors or efforts are regulated by them. According to situation. Powerful relation has developed in between "Perception of Self Efficacy" & "Change occurs into phobia" by alternative treatment plan. Few researches concluded, however "self-efficacy" have predicted self reportedly alterations, that didn't even had a significant (relationship) into behavior or physio-logical changings.

1.28. Problem Statement

Taking into account the importance of Spiritual Intelligence, Resilience and self-efficacies within practice(clinical) & key role of health professionals. There is lack in researches of relation-ships and im-pact of these variables researched in this study. Aim of current working is to assess impact and the rela-tionships of "Spiritual Intelligence, resilience & Self efficacy on performance (clinical) into work of nurs-ing staff.

This subject needs to be addressed more by nurses. There were not any studies on the relationship and function of "Spiritual-Intelligence and resilience" on Self Efficacy in the working progress of nursing personnel. The outcomes of these relation need further research, because their relationship is not 100% clear.

1.29. Research gap

The literature review and history have made cleared value to spiritual intelligence, spiritual intelligence preparation and nursing resilience, particularly for the incentive and emergency services. However, there is a great gap in this period, as this was due to all the factors hindering inefficient work and rising health care staff's strength and spiritual intelligence. In the field of research there is also a void in introducing successful instruments and factors that can enhance moral awareness and resilience in healthcare workers to boost their performance. The health department of South Punjab has an enormous void in conducting efficacy and resilience studies. This study was carried out to fill this void and achieve the objectives of filling out the research gap, and providing efficient instruments for nursing workers in Multan Cardiac Hospital to minimize spiritual intelligence problems and resilience in their work.

1.30. Significance of study

This study has the aims to fill the Research Gap that is presented to the field of nursing-related working atmosphere and factors that can increase the performance and mental health of nurses. This study will help the nursing staff to make effective use of Spiritual Intelligence and resilience to the care of patients that are seriously sick, & it will help them to reduce depressive symptoms and anxiety through effective practice of Spiritual Intelligence, Resilience and Self-Efficacy. This study will establish tools that will reduce obstacles that negatively affect the treatment process like occupational stress, lack of motivation, and resiliency due to any health or professional issues. This study will help the health professionals especially the nursing staff of Multan to increase the Spiritual Intelligence, resilience level and self-efficacy through the outcomes and findings of this study.

1.31. Conceptual framework

The conceptual framework is shown in figure 01.

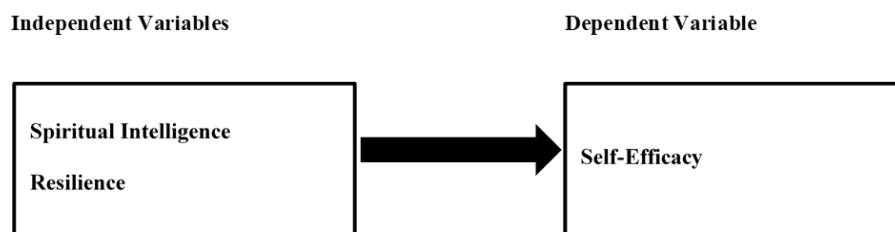


Figure 1: Conceptual framework

2. Research design

Research design of quantitative was used by survey method, using questionnaire to obtain data.

2.1 Sample

The sample consist of 184 nurses (N=184), data is collected from Ch Pervaiz Elahi Institute of Cardiology Hospital Multan. Researcher used non-probability sampling techniques to collect data under the survey method of research along with study instruments, inform consent and Demographic variables (Age, Experience, Income and Marital Status) sheet is be attached.

2.2 Population

According to analysis of G* Power, the minimum requirements sample size of this study should be 89 respondents, However, I was able to data collect from 184 nurses sample size that exceeded to the minimum requirements of sample size (Hair et al., 2014). The current study was recruited 184 participants (N=184). The sample was collected from Ch Pervaiz Elahi Institute of Cardiology Hospital Multan. Convenient sampling techniques were used for data collect under the method of survey of research on with

study instruments, inform consent and Demographic variables (Age, Experience, Income and Marital Status) sheet is attached.

2.3 Research instruments

The research instruments are given:

1. Spiritual Intelligence Questionnaire (SI)
2. The Resilience Scale (RS)
3. Personal Efficacy Scale (PES)

2.4 Spiritual Intelligence Questionnaire and Resilience Scale

Karadeniz and Aydin (2016) developed scale to assess Spiritual Intelligence. It consisted of five factors. It is consisted of 5-point Likert scale. Items were scored from one to five. One score is indicated to completely disagree while five score is indicated to completely agree. Higher level of spiritual intelligence reveals higher scoring of scale.

Wang & Young (1993) developed scale to assess Resilience. It is consisted of a 7-point Likert scale. Items were scored according from 1 to 7. It is consisted of 25 items. Higher score indicates higher level of resilience. 0.93 shows the value of Cronbach's alpha of the Resilience Scale. It represents the strong internal consistency of this scale.

2.5 Personal Efficacy Scale

Paulus (1997) developed scale to assess personal efficacy. Personal efficacy scale consisted of 10 items. This scale measurement is based on term Locus of Control. It is consisted of a seven-point Likert scale. Items were scored according from 1 to 7. Internal locus of control depends on the higher scoring. While an external locus of control depends upon the lower score of Self Efficacy scale. 3, 6, 7, 8, 10 are reversed scoring them.

2.6 Operational definition

Spiritual intelligence: An ability to differentiate from right or wrong. It shows the interest and capabilities of an individual to examine their feelings, joy, happiness, wisdom, and human services.

Resilience: It is an ability of an individual to recover back from difficult situation (family issues, traumas) quickly.

Self-Efficacy: It is an ability of an individual to perform a behavior, to employ control over one's or self-motivation, behaviors, judgment, perception that all helpful to solve a problem etc.

2.7 Procedure

Topic of the research is Role of Spiritual Intelligence, Resilience among Nurses working in Cardiology Hospital Multan. Researcher took permission from HOD of Psychology department in Institute of Southern Punjab, Multan and from the Ch Pervaiz Elahi Institute of cardiology hospital Multan. Participants were ensured to keep their information as confidential and used it only for research objectives. All protocols of quantitative research, statistical analysis, and ethical consideration were followed in the research to make it free from errors and objections.

2.8 Statistical analysis

SPSS version 23 was used for the analysis of data; regression analysis was used to measure the impact and t-test was used to find out the mean score difference b/w two groups and Correlational was used to find out the relationship.

2.9 Ethical consideration

All the protocols and ethics of research according to the standards of APA were followed in this research. First of all, permission was granted by the psychology department of the university to work on this topic that is free from any ethnicity and religious hate. After this permission was received from the MS cardiac hospital of Multan to collect the data from nursing staff for the research purpose. All the personal information was kept confidential and the names of the individuals including personal information were

not included in the public results. Informed consent was used in the survey and only willing participants were asked to take part in the research by motivating them with the aim and objective of the research. Credit was given to all the participants, scholars, teachers, friends, and family who have assist-ed in this research. Especially credit was given to all researchers and scholars by putting their names in the citation as their reference in this study to meet the ethical standards of research (Chenneville & Ke-mesha, 2020).

3. Results

Description of demography variables of sample N=184 is shown in table 01.

Table 1. Results

Demographic variable	Characteristic	F	%	Cumulative %
Age	24-34	130	70.7	70.7
	35-45	54	29.3	100.7
	Total	184	100.0	
Experience	1-10y	129	70.1	70.1
	11-20y	54	29.4	99.5
	21-30y	1	0.5	100.0
Income	50-60	92	50.0	50.0
	61-70	55	29.9	79.9
	71-80	28	15.2	95.1
	81-90	9	4.9	100.0
	Total	184	100.0	
Marital Status	Unmarried	60	32.6	32.6
	Married	124	67.4	100.0
	Total	184	100.0	

Table 1 shows frequency and percentage division respondent to Age, Experience, income Status and Marital Status. In statistics “N stands for population”. The F-statistic is to indicate a simply ratio of Two variances. Variances are enabled to measure of dispersion, or how distant the data are distributed from the mean value. Larger values intend greater dispersion. Cumulative frequency (C.F) is one that is used to determine the number of observations that position above (or below) at a particular value accordance in a data set. It is calculated by sum of each frequency from the table of frequency distribution to adding of its pre-decessors.

Table 02. Correlation b/w Spiritual Intelligence, Resilience & Self-Efficacy

Variables	1	2	3
Spiritual Intelligence	1	.318**	.396**
Resilience		1	.131
Self-Efficacy			1

Table 2 shows correlation between spiritual Intelligence, Resilience and Self-Efficacy. Correlation is de-fined as a statistical measurement that explicit the extent to which 2 variables are linearly relate to one an-other its means that they change together at a constant rate. It is a common tool that for describe a simple relationship about cause & effect without making any statement. Spiritual Intelligence and Resilience are significantly correlated with Self-Efficacy among nurses.

Table 3. Regression Analysis shows the Impact of Spiritual Intelligence & Resilience on Self-Efficacy

Predictor	B	Std. Error	Beta	t	P
(constant)	25.666	5.634		4.556	.000**

SI & Resilience F(1, 182)=20.48	0188	.042	.138	4.526	.000**
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Table 3 shows that Regression Analysis showing the “Impact of Spiritual Intelligence & Resilience on Self-Efficacy”. The predictor variable is one that provides an information on an associated (D.V) dependent variable that respect to a particular outcome. (B) beta value represents the slope of the line b/w the dependent variable & the predictor variable. The Standard Error is a statistical statement that is measure to the accuracy in which a sample distribution by using standard deviation represents a population. In a statistical hypothesis test, the value of Beta (β) refers to the probability of Type II error. Often, the power of this test is equal to $1-\beta$ instead of β itself, is used to measure a quality for the test of hypothesis.

Hypothesis of T test is based on a small sample, directing to a t-score & to measure the critical value of the t-distribution. A hypothesis test of P-value that is used to find out the significance results from a study. The range of P-value from 0 to 1 with a p-value of $<.05$ being statistically is more significant. Results shows that there is a significant “Impact of Spiritual Intelligence and Resilience level on Self-Efficacy” among nurses of the hospital.

Table 4. Mean, Standard Deviation (N=184)

Variable	Marital Status	N	Mean	Std. Deviation	T-Value
Spiritual	Unmarried	60	131.8167	19.94271	13.76
	Married	124	135.8468	15.55376	
Resilience	Unmarried	60	48.6833	10.21380	-2.122
	Married	124	52.0645	9.96314	
Self-Efficiency	Unmarried	60	119.8333	14.00141	-1.401
	Married	124	122.9597	14.57941	

Table 4 shows Mean, Standard Deviation t & p value of spiritual intelligence, self-efficacy and Resilience with respect to marital status. N represents the population. In statistics terms, the mean is defined as the mathematical average value of a set of numbers. The average value is calculated by sum of two or more scoring values and dividing by the total number of scores. Standard deviation (S.D) is a measure of the variability of a set of values and scores within a group or indicating how from broadly & narrowly, they vary from the mean value. The statistical test of a t-test that is in use to determine, if there is existence of a significant difference b/w the mean score or to average scores of the two groups. A p-value is a test hypothesis that is utilized to find out the significance results from a study population. The results of the above-mentioned table shows that there is no significant difference exist between married and unmarried nurses on “The scale of Spiritual Intelligence, Self-efficacy and Resilience.

Table 5. Mean Standard Deviation T value & P value

Variables	Experience	N	Mean	Std. Deviation	T-Value	P-Value
Spiritual intelligence	1-10y	130	135.0692	18.64819	-0.94	
	11-20y	54	133.2407	12.95119		
Resilience	1-10y	130	51.5692	10.70459	1.251	.214
	11-20y	54	49.5000	8.77559		

Self-effi-	1-10y	130	121.9385	14.41562	-1.69
ciency	11-20y	54	121.9444	14.60087	

In above Table 5 shows Mean Standard Deviation t value and P value of spiritual intelligence, Self-Efficacy and Resilience with respect to job experience. N represents the population. In statistics terms, the mean is defined as the mathematical average value of a set of numbers. The average value is calculated by sum of two or more scoring values and dividing by the total number of scores. Standard deviation (S.D) is a measure of the variability of a set of values and scores within a group or indicating how from broadly & narrowly, they vary from the mean value. The statistical test of a t-test that is in use to determine, if there is existence of a significant difference b/w the mean score or to average scores of the two groups. A P-value (also other name as calculated probability) is a test hypothesis that is utilized to find out the significance results from a study population. The range of p-value is from 0 to 1 that is with a p-value of < .05 being statistically more significant. The above table shows that there are no significant differences find in term of experiencing among nurses. There are no significant differences on SI, Self-Efficacy and Resilience.

4. Discussion

The capacity of a strained body to recover its shape and size after deformation that caused by compressive stress, in other words an ability to adjust or recover from easily to trouble or change (Merriam, 2000). The term Spiritual intelligence is a higher dimension of intelligence level which activates the capabilities and qualities and of the reliable self or the soul in the form of wisdom, integrity, compassion, joy, creativity, love and peace of mind.

The results of Spiritual intelligence in a sense of deeper purpose & meaning of life combined with the improvements level in a wide variety of important work skills and life skills (Richard, 2020)

The first hypothesis was that 'there would be a positive relationship among resilience, self-efficacy and Spiritual Intelligence'. The second table indicated that relationship between spiritual intelligence, self-efficacy and resilience among individuals is substantially positive. The second hypothesis was there would be an impact of Spiritual Intelligence and Resilience on Self-Efficacy of nurses. The findings in the third table indicated that spiritual intelligence and resilience has an important effect on self-efficacy among nurses. The third hypothesis was that there would be significant difference in term of marital status and job experience on resilience, self-efficacy and spiritual intelligence. The result in fourth table showed no substantial difference in the scale of spiritual intelligence, self-efficacy and resilience among non-married and married nurses. The fourth hypothesis was there would be significant difference in term of job experience on the Resilience (R.S), Self-Efficacy (S.E) and Spiritual Intelligence (S.I). The findings in fifth table shown that the experience between nurses does not vary significantly. Spiritual intelligence, self-efficacy and resilience do not vary significantly. Keshtegar and Jenaabadi (2015) did research on the topic of Relationship among Spiritual Intelligence, Emotional Intelligence and Resilience of Students at University of Zabool and Result from their research shows that there was a more significant relationship between resilience and spiritual intelligence, the results from their research support current study.

5. Conclusion

The study was designed to examine "The impact of Spiritual Intelligence and Resilience on Self-Efficacy" among Nurses working in Cardiology Hospital Multan. Spiritual Intelligence (S.I) and Resilience are significantly co-related with Self-Efficacy among nurses. There is significant "The Impact of spiritual intelligence and resilience on Self-efficacy" among nurses' resilience. In other words, "Spiritual intelligence and resilience" predicts Self-efficacy. The results revealed that there is no Significant difference between unmarried and married nurses on scale of Spiritual Intelligence, self-efficacy and resilience. The results showed that, there are no significant differences find in term of experiencing among nurses.

6. Limitations

Study was only done on nurses it could have been done on employees of all sorts like college employees and bank employees etc. More variables could have been added to the study like family background, residency and environmental differences.

7. Suggestions

Sample size should be large for better generalization of results. More variables should be added to the study like family background, residency and environmental differences. Future research can be planned with subject to exploring some mediators or moderators between study variables of this study such as organizational impact and cultural influences.

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