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ORIGINAL ARTICLE

Examining the Interplay of Spirit at Work, Rigid Maternal Beliefs, and Resilience on Working Mothers' Mental Health: A Moderated Mediation Model

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Abstract

Returning to work after maternity leave requires a great management of time and resources and could be a risk factor for women's mental health. In addition, rigid maternal beliefs could create a cycle of negative thinking that undermines mothers' resources. This paper aims to test the role of rigid maternal beliefs in the relationship between spirit at work, resilience, and poor mental health. A self-report questionnaire was administered to 200 Italian working mothers. A structural equation model with observed variables was implemented to investigate the relationship between spirit at work and poor mental health and test the mediator role of resilience and the moderator role of rigid maternal beliefs. Results show a significant negative effect of spirit at work on poor mental health mediated by resilience. Rigid maternal beliefs moderate the relationship between spirit at work and resilience, and the mediated effect decreases to non-significance with the increase of rigid maternal beliefs. Findings suggest that action can be taken on multiple fronts to improve working mothers' mental health. Organizations can promote interventions to strengthen employees' resources (e.g., spirit at work, resilience) and improve the management of rigid maternal beliefs. Integrating different psychological strategies can help women better manage adversity while supporting them in coping with working mothers' challenges.

Keywords Rigid maternal beliefs · Workplace spirituality · Psychological capital · Well-being · Motherhood · Maternity · Back to work

Introduction

Over the past century, women have increasingly participated in the labor market. However, in Italy's last trimester of 2024, the employment rate of people aged 15–64 was higher in men (71.3%) than in women (53.3%). Similarly, the inactivity rate was 24.4% for men and 42.8% for women. The main reasons for men include study reasons, while for women, family reasons (ISTAT, 2025). The rise in female employment rates has driven Italy towards a growing implementation of policies to support women's employment and to improve work-life balance. Many high-income nations, including Italy, introduced national legislation providing paid maternity leave by the late 20th and early 21st centuries, among the most significant measures. In Italy, parental leave is regulated by the legislative decree of 26 March 2001, No. 151, which provides for five months of compulsory maternal leave that may be followed by an additional

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parental leave of six months. Recent reviews (Franzoi et al., 2024; Hidalgo-Padilla et al., 2023) suggest that extended periods of paid maternity leave and greater perceived support from colleagues and supervisors enhance the mental health of women in high-income countries (including Italy).

Nevertheless, the transition to parenthood marks a period of reorganization of the family life cycle associated with significant changes in their relationships, responsibilities, and concerns. Working mothers (WMs) are asked to make an additional effort to integrate the challenges and responsibilities of motherhood into their work roles (Ladge et al., 2012; Ladge & Greenberg, 2015). When the WM decides to re-enter the labor market – a choice not taken for granted since the new responsibilities typical of parenthood can often lead the woman to devote herself solely to her family, leaving her job (Manna et al., 2021) – she enters a new phase of life characterized by challenges, opportunities, and difficulties. On the one hand, returning to work (RTW) after maternity leave allows for the integration of the two roles (mother and worker) and for continuing one's professional career; on the other hand, it requires more effective management of time and the investment of greater resources (e.g., physical, cognitive) for a better work-family balance. Such experiences can be a risk factor for women's mental health and job satisfaction (Powell & Karraker, 2019; Wiens et al., 2022).

Recent studies have focused on the RTW after maternity leave experience. This includes the experience of Italian WMs. This transition is identified as a complex period that leads to mixed emotions and requires adaptation. WMs often experienced ambivalent feelings during this period, characterized by a simultaneous desire to resume their professional activities, the challenges associated with separation from their child, and the management of new responsibilities. A main theme from the studies is balancing work and family demands. For some, re-entry represented an opportunity for personal and professional growth, allowing them to feel fulfilled as mothers and workers. The integration of these roles fosters a sense of competence, thereby facilitating the reconciliation of the demands of both roles. Acknowledging their competence in both contexts can strengthen self-efficacy, foster a sense of control over their lives, and may contribute to a greater appreciation of the role of mothers in the work context (Rapisarda et al., 2024b; Stadler, 2025). However, RTW is frequently accompanied by fatigue due to the need to concurrently manage the demands of child, family, and work. In particular, the postpartum period is often characterized by physical and mental fatigue, exacerbated by the challenge of maintaining clear boundaries between professional and private life. This phenomenon was particularly evident during the Covid-19 pandemic, when many WMs worked from home, experiencing an overlap between the two spheres that generated stress and misunderstandings with colleagues and supervisors. Some WMs experienced RTW as a process of adaptation, in which they acquired new strategies to handle professional demands without sacrificing personal and family well-being. In this regard, the opportunity to benefit from work flexibility (e.g., remote work) can be an important tool to ease the transition. The absence of such tools may lead to a sense of loss of control and engender challenges in dealing with daily demands (Jones et al. 2022; Rapisarda et al. 2024a). Another recurrent experience that emerged from the studies concerns a sense of disorientation and insecurity, particularly in the early stages of RTW. Some WMs reported a feeling of inexperience in their work role as if they had to start over. This phenomenon is especially prevalent among nurses, who often reported feelings of alienation from the work environment and professional dynamics, mainly if they worked part-time or if there had been a ward change. Additionally, anxiety about returning to work emerges, along with the perception that one must readjust to the work pace and rebuild technical skills. However, when the work environment is welcoming and supportive, the challenges associated with reintegration are less pronounced. Social, supervisor, and organizational support emerged as pivotal elements in the facilitation of a positive RTW. WMs who could count on a support network (e.g., family, colleagues, supervisor) addressed this phase more confidently (Costantini et al., 2022; Li et al., 2025).

Theoretical Background

A relevant theory that explores the role of resources is the Conservation of Resources theory (COR; Hobfoll, 1998; Hobfoll et al., 2018). At the heart of the theory is the principle that people strive to acquire, conserve, improve, and protect resources that they consider valuable. According to COR theory, stress arises under three key conditions: when there is a threat of losing essential resources (e.g., rigid maternal beliefs may influence the WM's evaluation of the event, leading to a cycle of negative thinking), when such resources are lost, or when key resources are not gained despite substantial effort. Moreover, people use their resources (e.g., spirit at work, resilience) to cope with stressful situations, acquire new resources, and build a reservoir for future challenges. Individuals and organizations, therefore, acquire and strive to maintain their resources (personal, social, and material) to cope with stressful situations. In addition, COR theory highlights the importance of the environment in resource acquisition, maintenance, and loss. This perspective includes the concept of a 'caravan of resources', according to which people and organizations tend to have interconnected groups of resources rather than experiencing them in isolation.

Spirit at Work

In recent years, spirit at work (SAW) has emerged as a notable area of interest in organizational contexts. A universal definition of SAW is lacking – many authors have defined it from different perspectives. However, a unifying concept across all definitions relates to meaningful work, inner life, values or experiences, self-transcendence, a sense of belonging among co-workers, and shared ideals among individuals and organizations (Barik & Nayak, 2024; Munjal et al., 2025). In our study, we refer to SAW as the worker's individual experience. From this perspective, Kinjerski and Skrypnek (2006a, b, 2008) define SAW as a multidimensional personal construct. Specifically, they describe a cognitive dimension (e.g., a deep sense of well-being, a belief that one is doing meaningful work with a higher mission, to the alignment between one's values, beliefs, and professional activities), an interpersonal dimension (e.g., a sense of connection with others, a shared purpose), a spiritual dimension (e.g., a sense of connection with something greater than oneself), and a mystical dimension (e.g., increased energy, vitality, and moments of deep joy and bliss). In line with the authors, within the Italian context, Dal Corso and colleagues (2025) emphasize the dimensions of SAW related to a higher mission (i.e., a sense of connection to something greater than oneself, which inspires and guides the individual in their work, the perception of having a mission in life, a greater purpose, which the work helps to pursue), an optimal functioning (i.e., a positive state of energy or vitality, experiences of joy and bliss, a strong passion for one's work), and a joint meaning (i.e., feelings of connectedness and trust with colleagues, a sense of belonging to a community, the perception of being in just the right place).

Rigid Maternal Beliefs

Rigid and irrational beliefs are defined by their illogical nature and their incongruence with empirical reality. They represent a cognitive unwillingness to accept aversive or unwanted circumstances, thereby constraining individuals' attempts to achieve desired outcomes or prevent adverse ones. These beliefs are commonly expressed as absolutistic demands imposed on oneself, on others, or on the surrounding world (DiGiuseppe et al., 2014). Rigid social expectations of women, especially mothers, must also be considered in this perspective. These rigid maternal beliefs (RMBs) – including being perfect mothers in all situations, reacting instantly to every problem, and having unconditional love for their children – are steeped in cultural norms that continue to shape the experiences of WMs today in Italy. Many authors (Rapisarda et al., 2024a; Thomason et al. 2015) have highlighted several rigid beliefs that can impact women's mental health, particularly regarding societal expectations of motherhood and self-efficacy as mothers. Regarding societal expectations, many women hold beliefs about what makes a 'good' mother (e.g., always cheerful, never needing help) versus a 'bad' mother (e.g., struggling with the parental role and asking for assistance). When women perceive a gap between these unrealistic and rigid beliefs and their reality – where parenting can be complex and demanding – this mismatch may contribute to mental health challenges. The second rigid belief relates to perceived maternal competence. While flexible and positive beliefs about parenting skills can be protective, rigid comparisons with others (e.g., 'She takes better care of her child than I do; I'll never be a good mother like her') can risk mental well-being. These inflexible maternal expectations can create a cycle of negative thinking that undermines mothers' resources, mental health, and overall well-being. Therefore, RMBs may be considered an internalized cognitive schema, perpetuated by a maladaptive information-processing style. Such beliefs can both consume mothers' resources and undermine their acquisition of new ones and lead, for example, to feelings of inadequacy, worthlessness, guilt, sadness, and anger, as well as withdrawal and/or avoidance behaviors (Beck, 2020).

Resilience

Within the theoretical framework of positive psychology, which focuses on people's strengths rather than on mental illness and pathology, Luthans and Youssef (2004) introduce the concept of psychological capital (PsyCap). PsyCap is a positive psychological state that enables individuals to adapt to organizational settings, fostering personal development and enhancing individual characteristics. PsyCap comprises the psychological resources that best correspond to positive organizational behavior: optimism (i.e., a positive attribution regarding current and future success), hope (i.e., the presence of goals and the conviction and energy to pursue them, as well as the capacity to redirect paths towards these goals when necessary to ensure success), self-efficacy (i.e., a positive belief in one's ability to utilize the required resources and exert the requisite actions to achieve success in challenging environments), and resilience (i.e., a person's capacity to recover from challenges and achieve success) (Luthans, 2002; Luthans et al., 2007; Nolzen, 2018). From this perspective, challenges can be interpreted by people as opportunities for change and improvement rather than barriers. Specifically, resilience is the ability to recover from adversity, uncertainty, and failure. It also enables people to cope better with even the most favorable but overwhelming changes (e.g., acquisitions of new responsibilities). Resilience is thus a resource of PsyCap that enables one to respond promptly to adverse situations or sudden changes and to withstand negative life events, turning them into opportunities for personal growth (Luthans et al., 2006).

In the organizational context, resilience refers to an individual's or group's capacity to recover from adversity, conflict, and failure and to assume increased responsibilities. Workers who demonstrate resilience are better equipped to manage stress, handle conflict, learn from failure, face new challenges, maintain high performance, and even exceed previous levels of success in the face of difficulty. Therefore, it appears to be an important resource for organizational contexts, which increasingly demand adaptability and flexibility (Luthans et al., 2006; Setioningtyas et al., 2024).

Working Mother's Mental Health

The perinatal period, which ranges from one year before conception to one year after birth (Buultjens et al., 2013; Opara et al., 2026) and returning to work after maternity leave during the early years of the child's life can sometimes present new mothers with stressful challenges that can undermine the mother's physical and mental health. Approximately 10–20% of women experience psychological distress, including symptoms of depression and anxiety, which can increase the likelihood of an unhealthy mother-child attachment (Maulina et al., 2023). Working mothers, who currently constitute a more substantial segment of the workforce compared to previous generations, are particularly vulnerable to postpartum depression. This may be related to sleep deprivation, the demands of caring for their child, and difficulty engaging in health-promoting activities due to a challenging work-life balance (Hidalgo-Padilla et al., 2023).

The social expectations associated with motherhood, rooted in culturally shared norms, have been shown to lead to rigid beliefs about how to fulfill the role of mother. These expectations and related beliefs can have a detrimental effect on the mother's mental health. This can influence the mother's perception of her role, leading her to perceive it as demanding and unsatisfying, to question her parenting abilities, and, in some cases, can result in dysfunctional behaviors in her relationship with her child (Wills & Petrakis, 2019). Moreover, the well-being of the mother and child is intertwined; as such, research indicates that maternal distress negatively impacts the child's emotional and behavioral development and the mother's sense of parental warmth (Giallo et al., 2014).

Spirit at Work, Resilience, and Mental Health

SAW and resilience positively affect organizational well-being and mental health. Several authors have found that SAW may be a protective factor in preventing organizational distress and may also promote workers' well-being and mental health. McKee and colleagues (2011) suggest positive associations between SAW and both mental health and spiritual well-being. They also highlight how these outcomes are promoted by transformative leadership through SAW. Pawar (2016) finds that SAW is positively associated with emotional, psychological, social, and spiritual well-being. Garg (2017) suggests that SAW promotes workers' organizational well-being in terms of commitment, job satisfaction, and work-life balance satisfaction. Sharma and Kumra (2020) find that SAW and organizational justice promote mental health both directly and indirectly through the mediation of work engagement. In a recent review, Barik and Nayak (2024) found that SAW has a positive impact on psychological well-being and mental health. These studies confirm SAW's protective role in preventing poor mental health. In the present study, we hypothesize that:

H1. SAW is negatively associated with poor mental health.

According to the COR theory, resilience is defined as a cognitive resource. Individuals who demonstrate resilience and persevere through adversity are less likely to experience stress and depression. Their capacity to swiftly recover from adversity augments their well-being. The effects of PsyCap – specifically resilience – in fostering individual and organizational well-being and mental health are well-known. Several reviews find that resilience is negatively associated with mental distress and positively associated with well-being and mental health among adolescents and young adults (Abulfaraj et al., 2024; Luo et al., 2025), mothers – especially in the perinatal period (Hajure et al., 2024) – and people in high-risk occupations (e.g., military, police, psychology, education) (Brassington & Lomas, 2021).

Several empirical studies also confirm the positive effects of resilience on mental health (Popova et al., 2022). Brym and colleagues (2022) find negative associations between resilience and depressive symptoms; moreover, they show that high levels of resilience weaken the relationship between effort-reward imbalance and depressive symptoms. Castro Silva and colleagues (2024) find that resilience is negatively correlated with physical and psychological distress and positively correlated with work well-being (in terms of vigor and dedication); in addition, the authors find an indirect effect of psychological distress on work well-being through resilience. Similarly, Ditchburn and Koh (2024) note that resilience is positively associated with mental health; moreover, the authors point out that resilience mediates the relationship between stress and mental health, playing a protective role. In a longitudinal study with psychological and biological measurements, Girardi and colleagues (2024) found that resilience and supervisor support have a positive effect on hair DHEA(S) (hair dehydroepiandrosterone sulphate, a biomarker of employees' well-being) through work engagement.

More generally, Schelleman-Offermans and colleagues (2024) find that PsyCap mediates the relationship between relative socioeconomic position and well-being (in terms of mental health and multidimensional well-being). In line with these findings, it is hypothesized that:

H2. Resilience is negatively associated with poor mental health.

The Mediating Role of Resilience

In line with the COR theory, according to which individuals use their resources to acquire new ones, several studies have found that SAW is often associated with PsyCap and its dimensions (e.g., resilience). SAW provides social, emotional, and cognitive resources to help people experience greater well-being. It has the potential to influence PsyCap, thereby promoting coping mechanisms in the face of adversity (Sarkar et al., 2022). Several studies highlight the mediating role of resilience in organizational contexts (Kumari & Vasantha, 2019) and the relationship between SAW and resilience. For example, Kim Quy and colleagues (2023) indicate that SAW fosters enhanced frontline employee service recovery performance through the mediation of resilience. This mediation mechanism not only helps to explain how SAW is related to resilience using COR theory but also provides further evidence for the mediating role of resilience at the individual level. Referring to resilience as one of the PsyCap resources, Garg and Sharma (2024) suggest that SAW promotes positive emotions and helps replenish the resources that workers expend to meet various job demands, suggesting that SAW may promote PsyCap. The authors indeed find that SAW promotes work-family enrichment through the mediation of PsyCap and social capital. According to Jung's findings (2023), SAW promotes team trust and self-esteem through the mediation of PsyCap, suggesting that workers can use transcendental mindsets such as SAW to overcome fears about the future that arise from the uncertainty of their professional life cycle. Similarly, Paul and Jena (2022) note that SAW influences organizational well-being (in an educational context) both directly and indirectly through the mediation of PsyCap. Authors underscore the importance of promoting SAW and positive resources (e.g., resilience) to promote enthusiasm, fulfillment, good social bonding with others, a positive outlook, and the ability to overcome challenges. Therefore, we hypothesize that:

H3. SAW is positively associated with resilience.

H4. Resilience mediates the relationship between SAW and poor mental health.

The Moderating Role of Rigid Maternal Beliefs

What is the role of RMBs in this perspective? As already pointed out, such beliefs are a risk factor for the mother's well-being and mental health (Delgado-Herrera et al., 2024; Thorsteinsen et al., 2022). Therefore, coping with such rigid beliefs requires employing one's resources. However, according to COR theory, if a person is repeatedly exposed to stressful situations, resources tend to be reduced, and the gain of new resources occurs more slowly (Hobfoll et al., 2018). Several studies highlight the moderating role of cognitive factors, such as beliefs (Farber et al., 2021; Laferton et al., 2024; Yang et al., 2021; Zoupanou & Rydstedt, 2017). When these beliefs are rigid and irrational, they can represent a factor of vulnerability that contributes to the maintenance of psychological stress. The influence of an event on an individual's emotions and behavior is not inherent to the event itself; instead, it is determined by the individual's evaluation of the event. In this regard, rigid beliefs can potentially yield dysfunctional outcomes, particularly in the context of activating events (e.g., the intrinsic changes associated with motherhood) (David et al., 2010). For example, Duru and Balkis (2025) found that irrational beliefs moderate the relationship between emotional abuse suffered during childhood and psychological stress.

Concerning RMBs, there is little evidence in the literature about their role in the organizational context. Rigid beliefs can lead to gender ideologies according to which mothers are instinctively and innately better than fathers at caring for children. Such beliefs can lead to a stereotypical division of caregiving roles in the family, with an overload of responsibility for the mother (Gaunt, 2006). Thorsteinsen and colleagues (2022), in a study conducted during the Covid-19 pandemic, found that rigid beliefs about parenting roles moderated the association between mothers' perceived responsibility for childcare and housework during lockdown and their well-being upon reopening. The authors suggest that such beliefs represent a vulnerability factor because mothers who strongly support these beliefs tend to set high standards in parenting, which becomes increasingly difficult to achieve, especially in challenging moments (e.g., returning to work after maternity leave, seeking a work-life balance), resulting in a reduction in well-being. In consideration of these findings, we hypothesize that:

H5. RMBs negatively moderate the relationship between SAW and resilience.

H6. RMBs negatively moderates the mediated effect of resilience in the relationship between SAW and poor mental health.

Aims

In accordance with the principles of COR theory, the present study aims to explore the function of RMBs by proposing the hypothesis that they may signify a potential threat to resource loss. These beliefs appear to play a significant role in the lives of WMs, but there is a paucity of evidence exploring their role in organizational contexts. Therefore, it is hypothesized that SAW promotes mental health (i.e., H1) and that this relationship is mediated by resilience (i.e., H2, H3, H4). In other words, acquiring resources allows WMs to perceive greater well-being. Furthermore, it is hypothesized that RMBs moderate the relationship between SAW and resilience, reducing resource acquisition (i.e., H5). As RMBs increase, the relationship between SAW and resilience becomes non-significant (thereby hindering the acquisition of new resources), as does the indirect effect of SAW on mental health through resilience (i.e., H6).

Materials and Methods

Participants and Procedure

The study was grounded in a cross-sectional research design, under which data were collected concurrently.

Participation in the research was authorized by the head of each organization involved in the study, who was contacted via email by researchers. Following the receipt of approval, the questionnaire was administered. Participants were 200 WMs with preschool-aged children living in an urban area of northern Italy. Table 1 shows the participants' socio-demographics. Over half of the WMs were between 31 and 40 years old (62%); 26% were over 41 years old; 11% were between 18 and 30 years old; two missing data (1%). More than half of the participants held a university degree (66%); 25% had a high school diploma; 3% had a middle school diploma; 3% 'Other'; six missing data (3%). Most WMs were employed in paid work (84.5%); 10% were freelance; 2% were unemployed; 2.5% 'Other'; two missing data (1%). The majority had an open-ended contract (76.5%); 10.5% did not respond; 10% had a fixed-term contract; 3% 'Other'. About half of the participants reported working full-time (40 h/week; 59%), whereas 33.5% worked part-time (between 20 and 36 h/week); 5% did not respond; 2.5% 'Other'.

Participants were administered a self-report questionnaire to measure their feelings about SAW, RMBs, resilience, and mental health. A cover letter provided information regarding the study's aim and the procedures for completing the questionnaire. Once the participants provided their written informed consent (providing information such as the assurance of anonymity for participants and the data's treatment), they filled out the questionnaire.

Table 1 Working mothers' socio-demographics

Socio-demographics	Percentage
Age	
Between 31 and 40 years	62%
41 and over	26%
Between 18 and 30 years	11%
Missing data	1%
Education	
University degree	66%
High school diploma	25%
Middle school diploma	3%
Other	3%
Missing data	3%
Occupation	
Employed in paid work	84.5%
Freelance	10%
Unemployed	2%
Other	2.5%
Missing data	1%
Work contract	
Open-ended contract	76.5%
Fixed-ended contract	10%
Other	3%
Missing data	10.5%
Work time	
Full-time	59%
Part-time	33.5%
Other	2.5%
Missing data	5%

Measures

SAW was assessed with the Italian Spirit at Work Scale-9 (I-SAWS-9; Dal Corso et al., 2025). The scale is composed of nine items and comprises three dimensions: higher mission (e.g., "I receive inspiration or guidance from a Higher Power about my work"), optimal functioning (e.g., "At times, I experience an energy or vitality at work that is difficult to describe"), and joint meaning (e.g., "I experience a real sense of trust and personal connection with my coworkers"). The response scale ranged from 1 (completely disagree) to 6 (completely agree). Cronbach's alpha was 0.81 for higher mission, 0.86 for optimal functioning, and 0.81 for joint meaning, while Cronbach's alpha for the overall scale was 0.88. McDonald's omega was 0.82 for higher mission, 0.86 for optimal functioning, and 0.81 for joint meaning, while McDonald's omega for the overall scale was 0.88.

Resilience was assessed using a specific scale for organizational contexts. The scale comprises ten items (e.g., "I tend to quickly bounce back after work hardships"). The response scale ranged from 1 (strongly disagree) to 6

(strongly agree). The Cronbach's alpha for the scale is 0.89; the McDonald's omega for the scale is 0.90.

WM's mental health was evaluated using the General Health Questionnaire (GHQ), an instrument initially developed in the 1970s to diagnose psychiatric disorders. We used the Italian version provided by Piccinelli and colleagues (1993). The scale is composed of 12 items (e.g., "In the last weeks, have you felt constantly under strain?"), used to identify general (nonpsychotic) psychiatric distress. The four-point response scale ranged from "less than usual" to "much more than usual". The scoring can be done using a bi-modal system (0-0-1-1) or the Likert scale (0-1-2-3). For our study, we adopted the Likert scale as recommended by Banks and colleagues (1980), resulting in total scores ranging from 0 to 36. Higher scores reflect greater psychological distress. We determined that a score of 13/14 serves as the best cut-off point for indicating psychological distress, as suggested by Piccinelli and colleagues (1993). The Cronbach's alpha for the scale is 0.83; the McDonald's omega for the scale is 0.83.

RMBs were assessed with the Rigid Maternal Beliefs Brief Scale (RMBBS). The scale is composed of six items and comprises three dimensions: perceptions and societal expectations of mothers (i.e., "I feel guilty when I put my needs before the needs of my baby"), maternal confidence (i.e.," Other mothers have fewer parenting difficulties than I do"), and maternal dichotomy (i.e., "If I can't calm my baby when s/he cries, then I am not a good parent"). The response scale ranged from 1 (completely disagree) to 7 (completely agree). Cronbach's alpha was 0.66 for perceptions and societal expectations of mothers, 0.63 for maternal confidence, and 0.65 for maternal dichotomy, while Cronbach's alpha for the overall scale was 0.62. McDonald's omega was 0.66 for perceptions and societal expectations of mothers, 0.63 for maternal confidence, and 0.65 for maternal dichotomy, while McDonald's omega for the overall scale was 0.64.

Finally, socio-demographic information (age, education, occupation, work contract, and work time) was assessed.

Data Analysis

Composite scores were computed as mean scores of the items belonging to each scale. Prior to score computation, internal consistency was assessed using Cronbach's alpha and McDonald's omega. A confirmatory factor analysis (CFA) using the maximum likelihood method (ML) was carried out to evaluate the psychometric properties of the self-report instruments administered in the study. In this model, each dimension of SAW, in terms of higher mission, optimal functioning, and joint meaning, and each dimension of RMBs, in terms of perceptions and societal expectations of mothers, maternal confidence, and maternal dichotomy, were measured by the respective items. To estimate fewer parameters and improve the reliability of observed indicators, three parcels of scale items measured resilience, and two parcels of scale items measured WM's mental health (Little et al., 2002). We used the chi-square (χ^2) test to assess the adequacy of the model. However, because the χ^2 is affected by sample size, we considered additional fit indices: the comparative fit index (CFI), the Tucker-Lewis Index (TLI), the root-mean-square error of approximation (RMSEA), and the standardized root-mean-square residual (SRMR). A non-significant χ^2 indicated an acceptable model fit, as did values ≥ 0.90 for CFI and TLI and ≤ 0.08 for RMSEA and SRMR (Brown, 2015). We also assessed the composite reliability (CR) and the average variance extracted (AVE) indices, whose values ≥ 0.70 and ≥ 0.50, respectively, are considered satisfactory (Bagozzi & Yi, 2012). The Harman's single-factor test was used to test the common method bias (CMB). There is a risk of CMB if only one factor emerges from the factor analysis or one factor will account for most of the variance among the variables (i.e., more than 50% variance) (Podsakoff et al., 2003, 2024). Next, descriptive statistics and Pearson's correlation were assessed to preliminarily investigate the relationships between the study variables. A moderated mediation model was then estimated to investigate the relationship between SAW and poor mental health and to test the role of resilience as mediator and rigid maternal beliefs as moderator. Bootstrap methods at 95% confidence intervals were used. A statistically significant effect is supported if a confidence interval does not contain zero. Variables used for the moderation (i.e., SAW and RMBs) were mean-centred. Finally, the missing data were handled by applying the item-mean imputation method. The missing values on an item were replaced with the mean for that item calculated using the scores of all study respondents who completed that item (Bono et al., 2007; Downey & King, 1998). Overall, 1.42% of missing data were imputed for the sample. All the analyses were performed using jamovi software (The jamovi project, 2024), built on top of the R statistical language (R Core Team, 2023).

Results

Psychometric Properties and Common Method Bias Assessment

The hypothesized CFA model showed a good fit to data: $\chi^2(158) = 277.90$, $p < .001$; CFI = 0.93; TLI = 0.92; RMSEA = 0.06; SRMR = 0.06. Furthermore, the CR and AVE values for SAW are, respectively, 0.81 and 0.59 for higher mission, 0.86 and 0.67 for optimal functioning, and 0.81 and 0.60

for joint meaning. For RMBs, the CR and AVE values are 0.66 and 0.49 for societal expectations of mothers, 0.63 and 0.46 for maternal confidence, and 0.67 and 0.50 for maternal dichotomy. Finally, the CR and AVE values for resilience are, respectively, 0.90 and 0.76, and for WM's mental health, they are 0.89 and 0.79. Overall, the self-report questionnaires used in this study showed good psychometric properties.

Harman's single-factor test was used to explore the CMB of the data. All RMBs, SAW, resilience, and general mental health items were put into the un-rotated exploratory factor analysis. The number of factors with an eigenvalue greater than 1 is four, and the explained variance of the first factor is 19.16%, lower than the critical criterion of 50%. In addition, the results of a CFA combining all the items also exhibit a poor fit to the data (χ^2 (629) = 2570, $p < .001$; CFI = 0.36; TLI = 0.33; RMSEA = 0.12; SRMR = 0.14). Therefore, there was no apparent CMB in the data of this study.

Descriptive Statistical and Correlational Analysis

Table 2 presents the descriptive statistics and correlations among the study variables. The general mental health status of WMs is considered good, as the mean value (M = 11.18; SD = 5.20) falls below the 13/14 cut-off threshold (Piccinelli et al., 1993). SAW is positively and significantly correlated with resilience. SAW and resilience negatively and significantly correlated with poor mental health. RMBs are only positively and significantly correlated with poor mental health.

Hypotheses Testing

A structural equation model with observed variables was implemented to investigate the relationship between SAW and poor mental health and to test the mediator role of resilience and the moderator role of RMBs (Fig. 1).

As shown in Table 3, SAW is positively associated with resilience (β = 0.29, $p < .001$) (H1 supported) and negatively with poor mental health (β = −0.25, $p < .001$) (H2 supported). Resilience is negatively associated with poor mental health (β = −0.17, $p < .01$) (H3 supported). When Bootstrap = 5,000, the indirect effect of SAW on poor mental health through resilience (β = −0.05, 95% CI = −0.5440, −0.0308) is significant (H4 supported).

Furthermore, for the moderating effect of RMBs, the results show that the interaction term was negative and significant (β = −0.14, $p < .05$), indicating that RMBs weakened the positive association between SAW and resilience (Fig. 2). Specifically, for mothers with high levels of RMBs, the positive relationship between SAW and resilience is virtually null, suggesting that these beliefs may function as a cognitive barrier that neutralizes the potential of SAW to foster this key psychological resource (H5 supported).

Table 2 Means, standard deviations, and correlations among the study variables

Variables	*M*	*SD*	1	2	3	4
1. Spirit at work	3.65	1.03	—			
2. Rigid maternal beliefs	2.95	0.90	−0.08	—		
3. Resilience	4.41	0.82	0.28***	0.02	—	
4. Poor mental health	11.18	5.20	−0.30***	0.20**	−0.24***	—

Note. *M* mean, *SD* standard deviation

** $p < .01$; *** $p < .001$

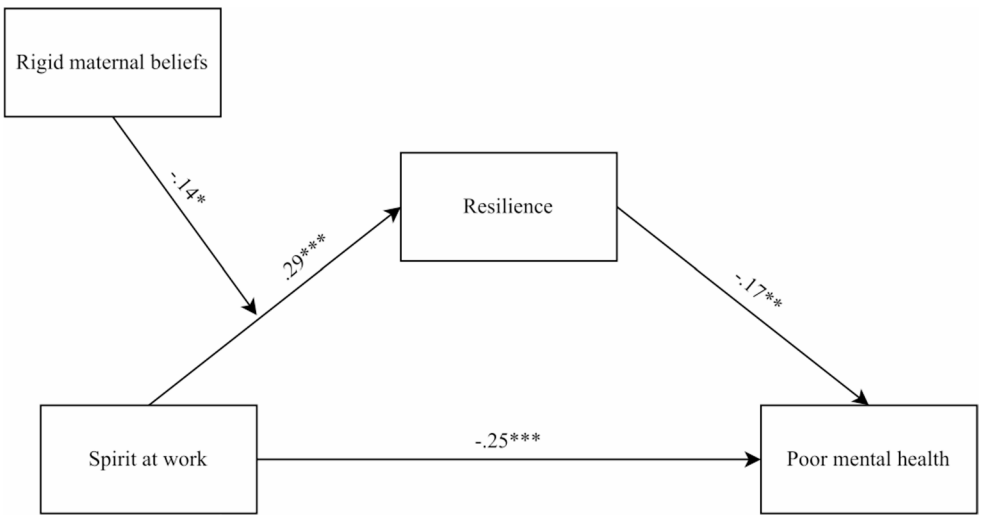

Fig. 1 The path analysis model. Note. Standardized coefficients are reported. * $p < .05$; ** $p < .01$; *** $p < .001$

Table 3 Coefficients of the moderated mediation model

Antecedents	Outcomes									
	Resilience					Poor mental health				
	B	*SE*	β	*pp*	95% CI	*B*	*SE*	β	*pp*	95% CI
Spirit at work	0.23	0.05	0.29	< 0.001	[0.1275; 0.3416]	-1.28	0.35	−0.25	< 0.001	[-1.980; −0.5872]
Rigid maternal beliefs	−0.02	0.06	−0.02	0.793	[-0.1062; 0.1388]					
Rigid maternal beliefs X Spirit at work	−0.13	0.06	−0.14	< 0.05	[-0.2490; −0.0063]					
Resilience						-1.10	0.44	−0.17	< 0.01	[-1.971; −0.2186]

Note. *B* unstandardized coefficient, *SE* standard error, β standardized coefficient, CI confidence interval

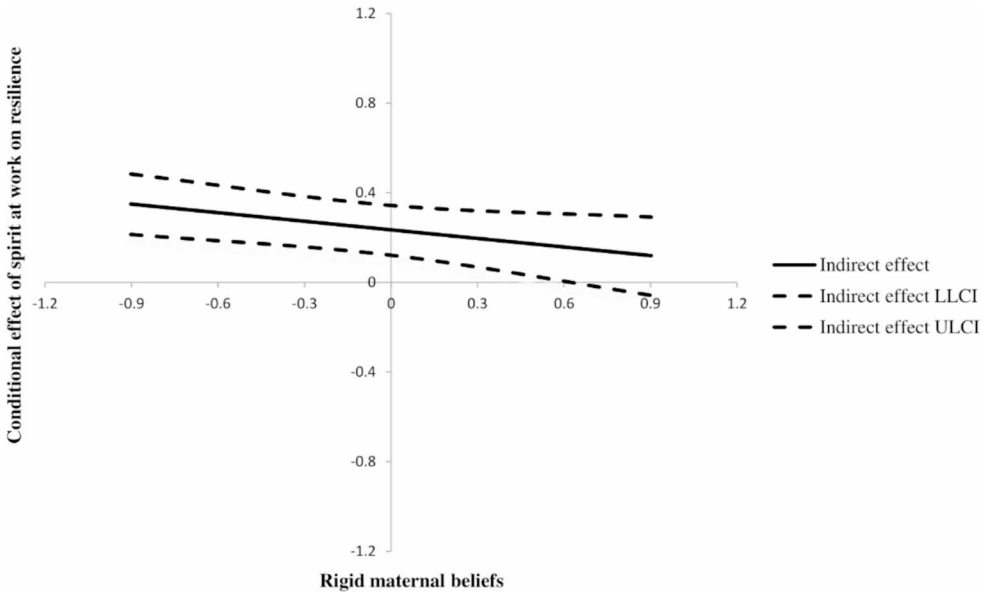

Fig. 2 Conditional effect of rigid maternal beliefs in the relationship between spirit at work and resilience

Finally, results suggest that RMBs moderate the indirect effect of SAW on poor mental health through resilience (Fig. 3).

Specifically, the overall moderated indirect effect is significant at the mean value less one standard deviation (CI = −0.7726, −0.0572). For high levels of RMBs (one standard deviation above the mean), the overall moderated indirect effect is non-significant, as the 95% CI contains zero (CI = −0.4089, 0.0586) (Table 4). Therefore, as RMBs increase, the mediating effect of resilience in the relationship between SAW and poor mental health becomes weaker, eventually becoming non-significant (H6 supported).

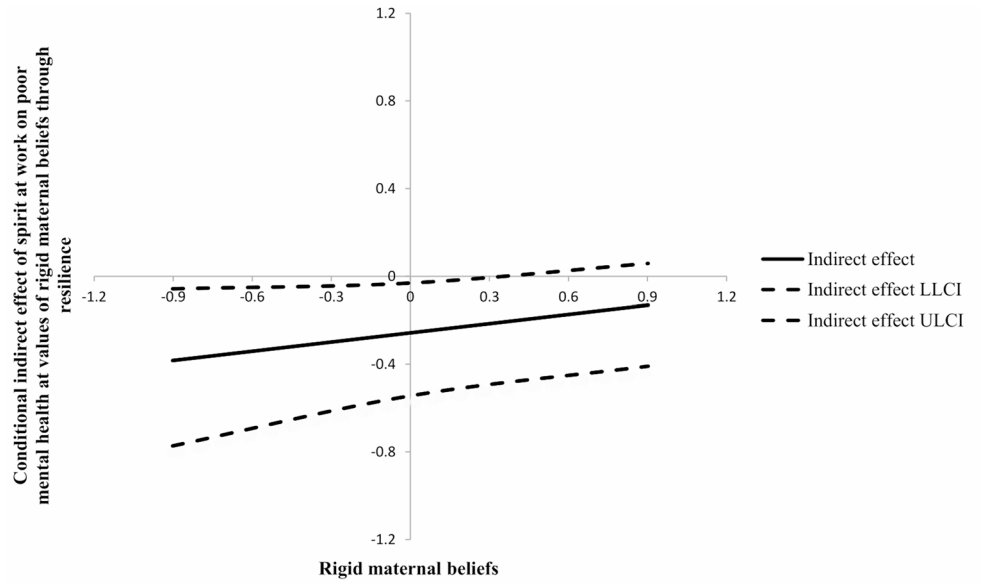

Fig. 3 Conditional indirect effect of spirit at work on poor mental health through resilience at values of rigid maternal beliefs

Table 4 Conditional indirect effect of spirit at work on poor mental health status through resilience at three values of rigid maternal beliefs

Rigid maternal beliefs	Indirect effect	Standardized indirect effect	Bootstrap 5000 Times 95% CI	
			CI Lower	CI Upper
Mean – 1*SD*	−0.38	−0.08	−0.7726	−0.0572
Mean	−0.26	−0.05	−0.5440	−0.0308
Mean + 1*SD*	−0.13	−0.03	−0.4089	0.0586

Note. *SD* standard deviation, CI confidence intervals

Discussion

The present study aimed to test the mediating role of resilience in the relationship between SAW and poor mental health. In addition, the moderating role of RMBs in this relationship was investigated. All the hypotheses were supported, and the results indicate that as RMBs increase, the indirect effect of resilience in the relationship between SAW and poor mental health becomes less intense until it becomes non-significant. The results are in line with the COR theory (Hobfoll, 1998; Hobfoll et al., 2018). WMs with high levels of SAW tend to have higher levels of resilience, confirming the results of other recent studies reported above (e.g., Sarkar et al., 2022). In RTW after maternity leave, acquiring new resources and competencies seems to be an opportunity for professional and personal growth that allows WMs to better balance work and family demands (Rapisarda et al., 2024a). This is particularly salient when a woman returns to work after prolonged maternity leave and feels like a novice, needing to rebuild the expertise required to perform her job (Costantini et al., 2022). However, high levels of RMBs may pose a threat of loss of essential resources, as they can lead WMs to negatively evaluate events, inducing a cycle of negative thinking. These beliefs are socially shared and continue to shape the experiences of WMs in Italy today. In some cases, the prevailing societal expectations of maternal perfection can engender feelings of guilt in women who return to their professional activities following a period of maternity leave. This guilt often stems from the perception that they have neglected their children, and it can manifest as an internal conflict between their professional aspirations and the perceived duties imposed by these rigid societal norms (Rapisarda et al., 2024b). This can lead to a slowdown in the acquisition of new resources and, therefore, to greater exposure to risk factors for WM's mental health (Hobfoll et al., 2018).

Despite the study's significant contributions to theory and practice, it has some limitations. First, the study presents a cross-sectional approach that may not allow for establishing a cause-effect relationship between the dimensions examined. Consequently, the relationships examined could be confirmed by studies that utilize a longitudinal approach, which allows for causal inferences to be made by collecting data at different times. Second, the study derives inferences from a homogeneous group of WMs within the Italian cultural context, so findings may not generalize outside the specific socio-demographic characteristics of the group involved (e.g., women with lower educational attainment and precarious employment may experience the interaction between SAW, RMBs, and resilience differently). Furthermore, increasing the sample size could enhance the study's worth. However, it should be noted that this specific type of participant (i.e., working mothers with preschool children) can be challenging to engage in research initiatives. Third, the internal consistency of the scale used to assess RMBs was relatively low in the present sample. Although a reliability measure between 0.60 and 0.70 is considered the lower limit of acceptability (Hair et al., 2018), findings involving this construct, particularly the moderation effects, should be interpreted with caution and warrant replication. Future studies could undertake analogous explorations in various cultural contexts, where the experience of motherhood varies, and the impact of RMBs on organizational contexts might differ. Furthermore, for a better understanding of the relationships between the variables analyzed in the present study, other variables strongly associated with maternal mental health could be considered, such as perceived support from the partner or other figures (e.g., parents, friends), or caregiving responsibilities for other family members (e.g., parents). Additionally, it would be worth investigating the rigid beliefs held by working fathers regarding parenthood to ascertain any potential disparities in the impact of these beliefs on parents' professional lives. For a more comprehensive examination of new perspectives on fatherhood, see Volling and Palkovitz (2021).

Finally, the present study investigated the role of resilience at work as a resource. Future research could explore the role of PsyCap (also in terms of self-efficacy, hope, optimism) and specifically the role of maternal resilience, as suggested Makinde and colleagues (2025). They proposed a definition of resilience in maternal, newborn, and child health that primarily emphasizes the capacity of women to prevent or adapt to significant and demanding circumstances during pregnancy, childbirth, or in their children. This definition also highlights the dynamic process of women's recovery from significant adversities, including reintegration into their households, communities, and professional lives.

Theoretical Contribution

To the best of our knowledge, the present study is among the first to explore the role of RMBs as a risk factor in organizational contexts. Within the Italian cultural context, there is a

pervasive societal belief that WMs must successfully juggle their roles as both 'good mothers' and 'good workers' (Rapisarda et al., 2024a). The former refers to the expectation that mothers should prioritize the care of their families and children. At the same time, the latter emphasizes the need to demonstrate high levels of productivity and performance in one's professional endeavors. This study acknowledges these challenges and aims to contribute to a more nuanced understanding of the role of specific psychological dimensions in these contexts. Following the COR theory (Hobfoll, 1998; Hobfoll et al., 2018), this study suggests that SAW is associated with higher levels of novel resources, in terms of resilience. In addition, the findings indicate that RMBs may be related to processes of resource depletion and may be associated with reduced acquisition of new resources. Considering these theoretical implications, specific interventions to promote resources and manage risk factors can be hypothesized.

Implications for Practice

The results of the present study suggest that it is possible to act on multiple fronts to improve the mental health and well-being of WMs. Acting only on resource promotion while leaving out RMBs management may not effectively promote mental health. Organizations can implement different interventions (primary, secondary, and tertiary) to strengthen employee resources, especially those related to SAW and resilience, and improve RMBs management. However, when aiming to promote SAW, some aspects must be considered (Mhatre & Mehta, 2023). First, it is important to clarify that SAW is a psychological dimension, distinct from religiosity, and has a scientific basis. Otherwise, some workers may not accept this type of intervention, with potentially negative results. Second, a good level of self-awareness can promote SAW. Therefore, mindfulness-based organizational interventions could promote such awareness, helping workers feel more connected to their work and increasing their sense of purpose and satisfaction (Lin et al., 2024; Petchsawang & McLean, 2017), promoting a positive working mothers' return to work. Third, SAW can also be promoted through management. Indeed, the spiritual leader promotes a meaningful mission and vision among employees and fosters an organizational culture that respects and values the principles of SAW and encourages others to pursue them. It is essential that the workplace enables employees to find purpose in their roles and supports continuous learning, development, and engagement to achieve positive spiritual outcomes (Luu, 2022; Mohammed & Elashram, 2022; Sapta et al., 2021). The role of spiritual leadership could be analyzed in future research. To mitigate RMBs, which pose a risk to maternal mental health both pre- and postpartum (Sockol et al., 2014), organizations can design interventions aimed at reducing these rigid beliefs and improving their management. Since cognitive biases are involved, cognitive-behavioral therapy is a particularly effective intervention, but not always feasible in organizations. Other types of intervention could help decrease anxiety and stress, promote greater autonomy in managing RMBs, and facilitate the recovery of WMs. Potential interventions could also effectively apply new technologies (such as online interventions) to support mothers (Danaher et al., 2013; Milgrom et al., 2015). Rapisarda et al. (2024a) proposed a structured online psychological intervention, grounded in the COR theory (Hobfoll, 1998; Hobfoll et al., 2018) and in the Effort–Recovery Model (Meijman & Mulder, 1998), aimed at supporting mothers' RTW after maternity leave by reducing RMBs and associated anxiety and stress. The intervention comprised four weekly sessions of approximately 50 min each, combining recovery-oriented practices, reflective exercises, and future-oriented cognitive techniques. The first session focused on relaxation and recovery through the introduction of diaphragmatic breathing, an easily applicable technique that promotes physiological relaxation and stress reduction. The second session was centered on recalling achievements in both personal and work-related domains. A structured reflective exercise (i.e., Three Good Things) was used to guide participants to focus on the positive aspects of these experiences, their emotional responses, and perceived consequences. The aim was to activate positive affect and reinforce coping resources in stressful situations. The third session addressed the physical components of stress through a mindfulness-based body scan exercise. This technique involved intentionally and non-judgmentally directing attention to bodily sensations to enhance emotional regulation and foster more adaptive responses to anxiety and stress. The fourth session emphasized future-oriented positive thinking through the Best Possible Self exercise. Participants were asked to reflect on their desired future in personal and professional domains. They specified their aspirations, defined concrete goals, and identified the necessary competencies to achieve them. This phase was intended to encourage goal-directed planning and the development of resources relevant to managing the RTW.

Thus, in-person and technology-mediated interventions can effectively support women during the perinatal and postnatal periods.

Conclusion

In conclusion, addressing RMBs is crucial for improving the mental health of WMs, particularly during the perinatal and postnatal periods. Organizations can create a more

supportive work environment that enhances mental health and promotes a positive return to work after maternity leave by implementing targeted interventions to promote SAW and resilience and reduce rigid maternal beliefs. Integrating psychological strategies with SAW offers a holistic approach, empowering women to manage stress and anxiety while facilitating a healthier work-life balance. These combined efforts contribute to long-term resilience and recovery, benefiting individuals and organizations.

Author Contribution Sebastiano Rapisarda: Conceptualization, methodology, investigation, formal analysis, data curation, visualization, writing—original draft, writing—review & editing. Damiano Girardi: Formal analysis, visualization, writing—review & editing. Alessandra Falco: Methodology, writing—review & editing. Naval Garg: Visualization, writing—review & editing. Laura Dal Corso: Conceptualization, methodology, investigation, visualization, supervision, project administration, writing—review & editing. All authors contributed to the article and approved the submitted version.

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Declarations

Ethical statement The study was performed according to the Institutional and National Research Commission and the ethical standards laid down in the 1964 Declaration of Helsinki and later amendments or comparable ethical standards. The study was conducted following the recommendations of the Ethic Committee of Psychology Research of the University of Padua. The head of the organizations involved in the study preliminarily approved it, following the ethical code of the Italian Association of Psychology.

Consent to participate Informed consent was obtained from all individual participants included in the study.

Conflict of interest The authors declare that they have no conflict of interest.

References

Abulfaraj, G. G., Upsher, R., Zavos, H. M. S., & Dommett, E. J. (2024). The Impact of Resilience Interventions on University Students' Mental Health and Well-Being: A Systematic Review. *Education Sciences*, *14*(5), 510. https://doi.org/10.3390/educsci14050510

Bagozzi, R. P., & Yi, Y. (2012). Specification, evaluation, and interpretation of structural equation models. *Journal of the Academy of Marketing Science*, *40*(1), 8–34. https://doi.org/10.1007/s11747-011-0278-x

Banks, M. H., Clegg, C. W., Jackson, P. R., Kemp, N. J., Stafford, E. M., & Wall, T. D. (1980). The use of the General Health Questionnaire as an indicator of mental health in occupational studies. *Journal of Occupational Psychology*, *53*, 187–194.

Barik, S., & Nayak, T. (2024). The Exploration of Workplace Spirituality Research: A Scoping Review. *Vision: The Journal of Business Perspective*, *0*(0), 1–17. https://doi.org/10.1177/09722629231225534

Beck, J. S. (2020). *Cognitive Behavior Therapy. Basics and Beyond* (3rd ed.). The Guilford Press.

Bono, C., Ried, L. D., Kimberlin, C., & Vogel, B. (2007). Missing data on the Center for Epidemiologic Studies Depression Scale: A comparison of 4 imputation techniques. *Research in Social and Administrative Pharmacy*, *3*(1), 1–27. https://doi.org/10.1016/j.sapharm.2006.04.001

Brassington, K., & Lomas, T. (2021). Can resilience training improve well-being for people in high-risk occupations? A systematic review through a multidimensional lens. *The Journal of Positive Psychology*, *16*(5), 573–592. https://doi.org/10.1080/17439760.2020.1752783

Brown, T. A. (2015). *Confirmatory factor analysis for applied research* (2nd ed.).). Guilford Press.

Brym, S., Mack, J. T., Weise, V., Kopp, M., Steudte-Schmiedgen, S., & Garthus-Niegel, S. (2022). Mental health of working parents during the COVID-19 pandemic: Can resilience buffer the impact of psychosocial work stress on depressive symptoms? *Bmc Public Health*, *22*(1), 2426. https://doi.org/10.1186/s12889-022-14582-y

Buultjens, M., Murphy, G., Robinson, P., & Milgrom, J. (2013). The perinatal period: A literature review from the biopsychosocial perspective. *Clinical Nursing Studies*, *1*(3), 19–31. https://doi.org/10.5430/cns.v1n3p19

Castro Silva, J., Almeida, A. P., Pacheco, P., & Ferreira, M. (2024). Resilience and purpose as predictors of Portuguese school leaders' work well-being. *Journal of Educational Administration*, *62*(4), 373–387. https://doi.org/10.1108/JEA-06-2023-0140

R Core Team (2023). *R: A Language and environment for statistical computing* (Version 4.3) [Computer software]. https://cran.r-project.org

Costantini, A., Warasin, R., Sartori, R., & Mantovan, F. (2022). Return to work after prolonged maternity leave. An interpretative description. *Women's Studies International Forum*, *90*, 102562. https://doi.org/10.1016/j.wsif.2022.102562

Dal Corso, L., Rapisarda, S., Ronconi, L., Girardi, D., & Falco, A. (2025). What is essential is invisible to the eyes: A short Italian version of the Spirit at Work Scale in healthcare. *International Journal of Public Health*, (70), 1607734. https://doi.org/10.3389/ijph.2025.1607734

Danaher, B. G., Milgrom, J., Seeley, J. R., Stuart, S., Schembri, C., Tyler, M. S., Ericksen, J., Lester, W., Gemmill, A. W., Kosty, D. B., & Lewinsohn, P. (2013). MomMoodBooster Web-Based Intervention for Postpartum Depression: Feasibility Trial Results. *Journal of Medical Internet Research*, *15*(11), e242. https://doi.org/10.2196/jmir.2876

David, D., Lynn, S. J., & Ellis, A. (2010). *The role of rational and irrational beliefs in human functioning and disturbances: Implications for research, theory, and clinical practice*. Oxford University Press.

Delgado-Herrera, M., Aceves-Gómez, A. C., & Reyes-Aguilar, A. (2024). Relationship between gender roles, motherhood beliefs

and mental health. *PLOS ONE*, *19*(3), e0298750. https://doi.org/10.1371/journal.pone.0298750

DiGiuseppe, R. A., Doyle, K. A., Dryden, W., & Backx, W. (2014). *A Practitioner's Guide to Rational Emotive Behavior Therapy* (3rd ed.). Oxford University Press.

Ditchburn, G., & Koh, R. E. (2024). Workplace pressure, employee stress, mental well-being and resilience in response to COVID-19 in Singapore. *Evidence-Based HRM: A Global Forum for Empirical Scholarship*, *12*(2), 441–457. https://doi.org/10.1108/EBHRM-10-2022-0252

Downey, R. G., & King, C. V. (1998). Missing Data in Likert Ratings: A Comparison of Replacement Methods. *The Journal of General Psychology*, *125*(2), 175–191. https://doi.org/10.1080/00221309809595542

Duru, E., & Balkis, M. (2025). Childhood Emotional Maltreatment and Adult Psychological Distress Symptoms: The Role of Irrational and Rational Beliefs. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *43*(1), 3. https://doi.org/10.1007/s10942-024-00570-1

Farber, R., Wedell, E., Herchenroeder, L., Dickter, C. L., Pearson, M. R., & Bravo, A. J. (2021). Microaggressions and Psychological Health Among College Students: A Moderated Mediation Model of Rumination and Social Structure Beliefs. *Journal of Racial and Ethnic Health Disparities*, *8*(1), 245–255. https://doi.org/10.1007/s40615-020-00778-8

Franzoi, I. G., Sauta, M. D., De Luca, A., & Granieri, A. (2024). Returning to work after maternity leave: A systematic literature review. *Archives of Women's Mental Health*, *27*(5), 737–749. https://doi.org/10.1007/s00737-024-01464-y

Garg, N. (2017). Workplace Spirituality and Employee Well-being: An Empirical Exploration. *Journal of Human Values*, *23*(2), 129–147. https://doi.org/10.1177/0971685816689741

Garg, N., & Sharma, N. (2024). Does spirituality at work promote work-to-family enrichment among Indian female employees? *International Journal of Organizational Analysis*. https://doi.org/10.1108/IJOA-04-2024-4434

Gaunt, R. (2006). Biological Essentialism, Gender Ideologies, and Role Attitudes: What Determines Parents' Involvement in Child Care. *Sex Roles*, *55*(7–8), 523–533. https://doi.org/10.1007/s11199-006-9105-0

Giallo, R., Cooklin, A., Wade, C., D'Esposito, F., & Nicholson, J. M. (2014). Maternal postnatal mental health and later emotional–behavioural development of children: The mediating role of parenting behaviour. *Child: Care Health and Development*, *40*(3), 327–336. https://doi.org/10.1111/cch.12028

Girardi, D., Dal Corso, L., Arcucci, E., Yıldırım, M., Pividori, I., Prandi, A., & Falco, A. (2024). Hair dehydroepiandrosterone sulfate as biomarker of employees' well-being? A longitudinal investigation of support, resilience, and work engagement during COVID-19 pandemic. *Frontiers in Psychology*, *15*, 1337839. https://doi.org/10.3389/fpsyg.2024.1337839

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2018). *Multivariate data analysis* (Eighth edition). Cengage.

Hajure, M., Alemu, S. S., Abdu, Z., Tesfaye, G. M., Workneh, Y. A., Dule, A., Adem Hussen, M., Wedajo, L. F., & Gezimu, W. (2024). Resilience and mental health among perinatal women: A systematic review. *Frontiers in Psychiatry*, *15*, 1373083. https://doi.org/10.3389/fpsyt.2024.1373083

Hidalgo-Padilla, L., Toyama, M., Zafra-Tanaka, J. H., Vives, A., & Diez-Canseco, F. (2023). Association between maternity leave policies and postpartum depression: A systematic review. *Archives of Women's Mental Health*, *26*(5), 571–580. https://doi.org/10.1007/s00737-023-01350-z

Hobfoll, S. E. (1998). *Stress, culture, and community: The psychology and physiology of stress*. Plenum.

Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2018). Conservation of Resources in the Organizational Context: The Reality of Resources and Their Consequences. *Annual Review of Organizational Psychology and Organizational Behavior*, *5*(1), 103–128. https://doi.org/10.1146/annurev-orgpsych-032117-104640

ISTAT. (2025). *Il mercato del lavoro. IV trimestre 2024. [Labor market. IV trimester 2024]*. ISTAT.

Jones, K., Harrison, V., Moulds, M. L., & Lazard, L. (2022). A qualitative analysis of feelings and experiences associated with perinatal distress during the COVID-19 pandemic. *BMC Pregnancy and Childbirth*, *22*(1), 572. https://doi.org/10.1186/s12884-022-04876-9

Jung, S. (2023). Does Workplace Spirituality Increase Self-Esteem in Female Professional Dancers? The Mediating Effect of Positive Psychological Capital and Team Trust. *Religions*, *14*(4), 445. https://doi.org/10.3390/rel14040445

Kim Quy, H. T., Tran, M. D., & Dinh, T. M. (2023). How transformational leadership, workplace spirituality and resilience enhance the service recovery performance of FLEs: A theoretical integration of COR theory and SDT. *Journal of Organizational Effectiveness: People and Performance*, *10*(4), 644–662. https://doi.org/10.1108/JOEPP-11-2022-0346

Kinjerski, V., & Skrypnek, B. J. (2006a). A Human Ecological Model of Spirit at Work. *Journal of Management Spirituality & Religion*, *3*(3), 231–241. https://doi.org/10.1080/14766080609518627

Kinjerski, V., & Skrypnek, B. J. (2006b). Measuring the intangible: Development of the Spirit at Work Scale. *Academy of Management Proceedings*. https://doi.org/10.5465/ambpp.2006.22898605

Kinjerski, V., & Skrypnek, B. J. (2008). The Promise of Spirit at Work. Increasing Job Satisfaction and Organizational Commitment and Reducing Turnover and Absenteeism in Long-Term Care. *Journal of Gerontological Nursing*, *34*(10), 17–27. https://doi.org/10.3928/00989134-20081001-03

Kumari, V., & Vasantha, S. (2019). Review on Mediating Effect of Resilience and Emotional Intelligence between Occupational Stress ond Job Performance. *International Journal of Recent Technology and Engineering (IJRTE)*, *7*(6S5), 1200–1206.

Ladge, J. J., & Greenberg, D. N. (2015). Becoming a Working Mother: Managing Identity and Efficacy Uncertainties During Resocialization. *Human Resource Management*, *54*(6), 977–998. https://doi.org/10.1002/hrm.21651

Ladge, J. J., Clair, J. A., & Greenberg, D. (2012). Cross-Domain Identity Transition during Liminal Periods: Constructing Multiple Selves as Professional and Mother during Pregnancy. *Academy of Management Journal*, *55*(6), 1449–1471. https://doi.org/10.5465/amj.2010.0538

Laferton, J. A. C., Schiller, S., Conrad, D., Fischer, D., & Zimmermann-Viehoff, F. (2024). Stress beliefs moderate the impact of COVID-19 related work stress on depressive, anxiety and distress symptoms in health care workers. *Stress and Health*, *40*(4), e3410. https://doi.org/10.1002/smi.3410

Li, Y., Zhou, Z., Fu, M. R., Tang, J., Peng, H., Zhu, L., Huang, C., Chen, Q., & Hu, Y. (2025). A Mother Makes a Better Nurse: A Phenomenological Study of Neonatal Nurses' Readiness Recalibration Following Postpartum Return to Work. *Journal of Nursing Management*, *2025*(1), 9095340. https://doi.org/10.1155/jonm/9095340

Lin, Y., Jiang, C., Pan, Y., & Xu, Z. (2024). The impact of mindfulness on nurses' perceived professional benefits: The mediating roles of workplace spirituality and work-life balance. *Frontiers in Psychology*, *15*, 1346326. https://doi.org/10.3389/fpsyg.2024.1346326

Little, T. D., Cunningham, W. A., Shahar, G., & Widaman, K. F. (2002). To Parcel or Not to Parcel: Exploring the Question, Weighing the Merits. *Structural Equation Modeling: A Multidisciplinary*

Journal, *9*(2), 151–173. https://doi.org/10.1207/S15328007SEM0902_1

Luo, S., Hu, J., Zhang, J., Mei, Z., Tang, Z., & Luo, S. (2025). The correlation between resilience and mental health of adolescents and young adults: A systematic review and meta-analysis. *Frontiers in Psychiatry*, *16*, 1536553. https://doi.org/10.3389/fpsyt.2025.1536553

Luthans, F. (2002). The need for and meaning of positive organizational behavior. *Journal of Organizational Behavior*, *23*(6), 695–706. https://doi.org/10.1002/job.165

Luthans, F., & Youssef, C. M. (2004). Human, Social, and Now Positive Psychological Capital Management. *Organizational Dynamics*, *33*(2), 143–160. https://doi.org/10.1016/j.orgdyn.2004.01.003

Luthans, F., Vogelgesang, G. R., & Lester, P. B. (2006). Developing the Psychological Capital of Resiliency. *Human Resource Development Review*, *5*(1), 25–44. https://doi.org/10.1177/1534484305285335

Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007). Positive Psychological Capital: Measurement and Relationship with Performance and Satisfaction. *Personnel Psychology*, *60*(3), 541–572. https://doi.org/10.1111/j.1744-6570.2007.00083.x

Luu, T. D. (2022). Spiritual leadership and corporate social entrepreneurial orientation: The mediating role of workplace spirituality. *Leadership & Organization Development Journal*, *43*(8), 1353–1375. https://doi.org/10.1108/LODJ-05-2022-0244

Makinde, O. A., Okusanya, B. O., Ichegbo, N. K., Mgbachi, I. C., Olamijuwon, E., Sule, F. A., & Uthman, O. A. (2025). Resilience in maternal, newborn, and child health in low- and middle-income countries: Findings from a scoping review. *Reproductive Health*, *22*(1), 4. https://doi.org/10.1186/s12978-025-01947-w

Manna, V., Procentese, F., Di Napoli, I., & Arcidiacono, C. (2021). Helpless Mothers Dropping Out of the Workplace: The Italian Case of Voluntary Resignation. *The Qualitative Report*, *26*(4), 1179–1199. https://doi.org/10.46743/2160-3715/2021.4490

Maulina, R., Argaheni, N. B., & Juwita, S. (2023). What are the mental health issues of postpartum mothers during a pandemic? A scoping review. *Journal of Public Health in Africa*, *14*(2), 7. https://doi.org/10.4081/jphia.2023.2621

McKee, M. C., Driscoll, C., Kelloway, E. K., & Kelley, E. (2011). Exploring linkages among transformational leadership, workplace spirituality and well-being in health care workers. *Journal of Management Spirituality & Religion*, *8*(3), 233–255. https://doi.org/10.1080/14766086.2011.599147

Meijman, T. F., & Mulder, G. (1998). Psychological aspects of workload. In P. J. D. Drenth, & H. Thierry (Eds.), *Handbook of work and organizational psychology* (pp. 5–33). Psychology.

Mhatre, S. G., & Mehta, N. K. (2023). A review of workplace spirituality: Identifying present development and future research agenda. *Management Research Review*, *46*(9), 1185–1206. https://doi.org/10.1108/MRR-11-2021-0800

Milgrom, J., Holt, C., Holt, C. J., Ross, J., Ericksen, J., & Gemmill, A. W. (2015). Feasibility study and pilot randomised trial of an antenatal depression treatment with infant follow-up. *Archives of Women's Mental Health*, *18*, 717–730. https://doi.org/10.1007/s00737-015-0512-5

Mohammed, S. M., & Elashram, R. E. (2022). The impact of spiritual leadership on workplace spirituality in the light the COVID-19 pandemic in the governmental health sector. *Leadership & Organization Development Journal*, *43*(4), 623–637. https://doi.org/10.1108/LODJ-11-2021-0515

Munjal, N., Sachdeva, G., & Garg, N. (2025). The empirical and managerial landscape of workplace spirituality: A systematic literature review of studies published in ABDC list journals. *International Journal of Organizational Analysis*. https://doi.org/10.1108/IJOA-08-2024-4778

Nolzen, N. (2018). The concept of psychological capital: A comprehensive review. *Management Review Quarterly*, *68*(3), 237–277. https://doi.org/10.1007/s11301-018-0138-6

Opara, J., Mehlich, K., & Szczygieł, J. (2026). Recommendations for Lifestyle Physical Activity and Exercise During the Perinatal Period: A Narrative Review. *Healthcare*, *14*(1), 122. https://doi.org/10.3390/healthcare14010122

Paul, M., & Jena, L. K. (2022). Workplace spirituality, teachers' professional well-being and mediating role of positive psychological capital: An empirical validation in the Indian context. *International Journal of Ethics and Systems*, *38*(4), 633–660. https://doi.org/10.1108/IJOES-08-2021-0163

Pawar, B. S. (2016). Workplace spirituality and employee well-being: An empirical examination. *Employee Relations*, *38*(6), 975–994. https://doi.org/10.1108/ER-11-2015-0215

Petchsawang, P., & McLean, G. N. (2017). Workplace spirituality, mindfulness meditation, and work engagement. *Journal of Management Spirituality & Religion*, *14*(3), 216–244. https://doi.org/10.1080/14766086.2017.1291360

Piccinelli, M., Bisoffi, G., Bon, M. G., Cunico, L., & Tansella, M. (1993). Validity and test-retest reliability of the Italian version of the 12-item General Health Questionnaire in general practice: A comparison between three scoring methods. *Comprehensive Psychiatry*, *34*(3), 198–205.

Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, *88*(5), 879–903. https://doi.org/10.1037/0021-9010.88.5.879

Podsakoff, P. M., Podsakoff, N. P., Williams, L. J., Huang, C., & Yang, J. (2024). Common Method Bias: It's Bad, It's Complex, It's Widespread, and It's Not Easy to Fix. *Annual Review of Organizational Psychology and Organizational Behavior*, *11*, 17–61. https://doi.org/10.1146/annurev-orgpsych-110721040030

Popova, E. S., Hahn, J., Morris, B., Loomis, H., Shy, K., Andrews, E., Iacullo, J., M., & Peters, A. (2022). Exploring Well-Being: Resilience, Stress, and Self-Care in Occupational Therapy Practitioners and Students. *OTJR: Occupation Participation and Health*, *43*(2), 159–169. https://doi.org/10.1177/15394492221091271

Powell, D. N., & Karraker, K. (2019). Expectations, experiences, and desires: Mothers' perceptions of the division of caregiving and their postnatal adaptation. *Journal of Family Psychology*, *33*(4), 401–411. https://doi.org/10.1037/fam0000526

Rapisarda, S., De Carlo, A., Pasqualetto, E., Volling, B. L., & Dal Corso, L. (2024a). Breaking the maternity mold: Navigating the return to work and challenging rigid maternal beliefs through an online psychological intervention. *Frontiers in Global Women's Health*, *5*, 1266162. https://doi.org/10.3389/fgwh.2024.1266162

Rapisarda, S., Santoro, V., & Dal Corso, L. (2024b). Unleashing the potential of metaphors: A categorization system for exploring return to work after maternity. *Archives of Women's Mental Health*. https://doi.org/10.1007/s00737-024-01446-0

Sapta, I. K. S., Rustiarini, N. W., Kusuma, I. G. A. E. T., & Astakoni, I. M. P. (2021). Spiritual leadership and organizational commitment: The mediation role of workplace spirituality. *Cogent Business & Management*, *8*(1), 1966865. https://doi.org/10.1080/23311975.2021.1966865

Sarkar, A., Garg, N., & Palo, S. (2022). Workplace Spirituality and Psychological Capital (PsyCap) of the Employees: A Cross-sectional Study. *Global Business Review*, *0*(0), 1–19. https://doi.org/10.1177/09721509221111445

Schelleman-Offermans, K., Dito, B. B., Gudeta, K. H., Fourie, E., Kebede, S. W., Mazzucato, V., & Jonas, K. J. (2024). Socio-economic inequities in mental health problems and wellbeing among women working in the apparel and floriculture sectors: Testing the mediating role of psychological capital, social support and

tangible assets. *Bmc Public Health*, *24*(1), 1157. https://doi.org/10.1186/s12889-024-18678-5

Setioningtyas, W. P., Fodor, Z. J., & Dunay, A. (2024). The potential of psychological capital: A review of its impact on social psychology in enhancing supply chain management in endemic era. *Cogent Business & Management*, *11*(1), 2396534. https://doi.org/10.1080/23311975.2024.2396534

Sharma, P. K., & Kumra, R. (2020). Relationship between workplace spirituality, organizational justice and mental health: Mediation role of employee engagement. *Journal of Advances in Management Research*, *17*(5), 627–650. https://doi.org/10.1108/JAMR-01-2020-0007

Sockol, L. E., Epperson, C. N., & Barber, J. P. (2014). The relationship between maternal attitudes and symptoms of depression and anxiety among pregnant and postpartum first-time mothers. *Archives of Women's Mental Health*, *17*(3), 199–212. https://doi.org/10.1007/s00737-014-0424-9

Stadler, B. (2025). I Couldn't Imagine Being Solely a Housewife—The Design of Women's Return to Work After Childbirth. In A. Wroblewski & A. Schmidt (Eds.), *Equality in progress* (pp. 101–116). Springer Fachmedien Wiesbaden. https://doi.org/10.1007/978-3-658-49266-3_7

The jamovi project (2024). *Jamovi* (Version 2.5) [Computer software]. https://www.jamovi.org

Thomason, E., Flynn, H. A., Himle, J. A., & Volling, B. L. (2015). Are Women's Parenting-Specific Beliefs Associated with Depressive Symptoms in the Perinatal Period? Development of the Rigidity of Maternal Beliefs Scale. *Depression and Anxiety*, *32*(2), 141–148. https://doi.org/10.1002/da.22280

Thorsteinsen, K., Parks-Stamm, E. J., Kvalø, M., Olsen, M., & Martiny, S. E. (2022). Mothers' Domestic Responsibilities and Well-Being During the COVID-19 Lockdown: The Moderating Role of Gender Essentialist Beliefs About Parenthood. *Sex Roles*, *87*(1–2), 85–98. https://doi.org/10.1007/s11199-022-01307-z

Volling, B. L., & Palkovitz, R. (2021). Fathering: New perspectives, paradigms, and possibilities. *Psychology of Men & Masculinities*, *22*(3), 427–432. https://doi.org/10.1037/men0000354

Wiens, D., Theule, J., Keates, J., Ward, M., & Yaholkoski, A. (2022). Work–family balance and job satisfaction: An analysis of Canadian psychologist mothers. *Canadian Psychology / Psychologie Canadienne*. https://doi.org/10.1037/cap0000321

Wills, L., & Petrakis, M. (2019). The self in motherhood: A systematised review of relational self-construal and wellbeing in mothers. *Advances in Mental Health*, *17*(1), 72–84. https://doi.org/10.1080/18387357.2018.1476066

Yang, B., Xiong, C., & Huang, J. (2021). Parental emotional neglect and left-behind children's externalizing problem behaviors: The mediating role of deviant peer affiliation and the moderating role of beliefs about adversity. *Children and Youth Services Review*, *120*, 105710. https://doi.org/10.1016/j.childyouth.2020.105710

Zoupanou, Z., & Rydstedt, L. W. (2017). Do work beliefs moderate the relationship between work interruptions, wellbeing and psychosomatic symptoms? *Europe's Journal of Psychology*, *13*(2), 214–230. https://doi.org/10.5964/ejop.v13i2.1169