THE EUROPEAN SOCIETY OF MEDICINE
Medical Research Archives, Volume 13 Issue 2

RESEARCH ARTICLE

Peer Specialists in Psychiatric Hospitals: Leveraging Spirituality and Emotional Intelligence During the COVID-19 Era

Batel Hazan-Liran [1], **Ofra Walter** [1]

[1] Tel Hai Academic College Israel

PUBLISHED
28 February 2025

CITATION
Hazan-Liran, B., and Walter, O., 2025. Peer Specialists in Psychiatric Hospitals: Leveraging Spirituality and Emotional Intelligence During the COVID-19 Era. Medical Research Archives, [online] 13(2).
https://doi.org/10.18103/mra.v13i2.6267

COPYRIGHT
© 2025 European Society of Medicine. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

DOI
https://doi.org/10.18103/mra.v13i2.6267

ISSN
2375-1924

ABSTRACT

This study explored how peer specialists utilized spirituality and emotional intelligence in their work with psychiatric patients during the COVID-19 pandemic. Seven peer specialists participated in semi-structured interviews. Findings revealed that, despite the unprecedented challenges posed by the pandemic, they drew on spirituality and emotional intelligence to support both patients and staff. These qualities were found to be crucial for coping with emotional difficulties, addressing heightened stress, and promoting recovery in a time of global crisis. However, the study underscores the need for targeted training to enhance peer specialists' capacity in these areas, particularly during periods of heightened strain. The results suggest that integrating spirituality and emotional intelligence into practice can significantly improve the quality of support in psychiatric settings, especially in times of crisis.

Keywords: peer specialists, spirituality, emotional intelligence, recovery, psychiatric facilities, COVID-19 pandemic

Introduction

The position of peer specialist, relatively new within the last two decades, underscores the evolution of mental health support systems. Peer specialists are individuals with extensive lived experience navigating psychiatric disorders, substance use treatment, and hospitalization in psychiatric facilities.[1,2] Their role within psychiatric hospitals is to facilitate patient adjustment during hospitalization, support rehabilitation, and assist in community reintegration upon discharge.[3]

By integrating spirituality and emotional intelligence into their practice, peer support specialists may enhance patient recovery and well-being. Spirituality offers a non-judgmental space for patients to explore their beliefs, fostering acknowledgment, meaning-making, and coping skills essential for recovery[4] and improving treatment engagement and therapeutic outcomes.[5] Emotional intelligence enables peer specialists to navigate complex interactions with clinical teams, improving discharge planning and care transitions,[6] while at the same time, allowing them to form a strong connection with patients, a critical component in trust and recovery.[7]

This study was conducted during the COVID-19 pandemic, a time when the need for innovative and empathetic approaches to mental health care was particularly acute. Inspired by recent literature, we explored the use of spirituality and emotional intelligence by seven peer specialists working in a psychiatric hospital through a series of semi-structured interviews.

PEER SPECIALISTS

Peer specialist is a professional title for someone who has recovered from mental illness and has developed into a peer able to support others dealing with the burden of mental illness. The experience of peer specialists includes dealing with medical staff and a long rehabilitation process.[1,2] During the COVID-19 pandemic, their role became even more critical, as they adapted their methodologies to address heightened patient needs stemming from increased isolation and the suspension of in-person therapies.[8]

Their extensive knowledge, including their coping methods, means they are well-suited to take on a professional and defined role within a mental health facility, alongside the existing professional and medical staff. While peer specialists have an abundance of personal experience, it is important to remember that they do not possess medical knowledge and are not allowed to provide medical treatment of any kind.

The service of peer specialists is diverse and complex, largely because they are required to adapt the service to the patient. They make use of several distinctive treatment methods; these include formulating and documenting goals in writing, imparting conversational and relaxation skills, building self-confidence, building relationships, and creating an inclusive space that allows the sharing of a difficult experience.[9,10] Keyes and colleagues[11] argued these methods allow patients renewed access to abilities and social skills that were lost or eroded while they were burdened with psychiatric disorders and prescribed medication. The use of these techniques enhances the ability of peer specialists to initiate a change in the lives of many patients and can positively influence the long and frustrating recovery process many patients experience as they may make their way back to the community.[12,13]

CHALLENGES IN THE WORK OF PEER SPECIALISTS

Peer specialists have said the ambiguity of their role definition creates difficulties at work and hampers their professional development, as well as their ability to provide help to patients who need specialized professional care.[14,15] The COVID-19 pandemic further complicated this ambiguity by adding new responsibilities, such as adapting to telehealth platforms and addressing heightened patient needs without adequate training or support.[8] In a review of the reports of peer specialists, Walker and Bryant[16] found negative feelings in the work environment stem from ambiguity in the definition of their role. Peer specialists cited feelings of stress, decreased sense of self-efficacy, decreased motivation, and negative thoughts during and after work. During the pandemic, many peer specialists reported an overwhelming sense of responsibility to support patients amidst a global crisis.[17] Furthermore, deficiencies and failures in the management of their training and education processes,[15] the stigma of coping with mental illness and being considered non-professional by medical and professional teams,[10] and apprehension about whether their lived experience was correctly communicated to the patient.[18]

EMOTIONAL INTELLIGENCE

The concept of emotional intelligence is a relatively new one[19] and has been variously defined, but all definitions assume different people perceive and interpret their own emotions and the emotions of others differently.[20] Mayer et al.[21] divided emotional intelligence into four broad categories: perceiving and identifying emotions in oneself and others; assimilating emotions into thinking; understanding and analyzing emotions while using knowledge about emotions; controlling and regulating emotions in oneself and in others. Emotional intelligence became especially relevant during the COVID-19 pandemic, as it enabled peer specialists to navigate heightened patient emotions and complex interactions with clinical teams.[22]

Studies have shown people with higher emotional intelligence have an improved ability to deal with stressful situations and therefore a higher chance of developing more effective coping strategies from emotional learning.[23] In doing so, they may expand their abilities and deal with significant challenges in their lives. Research on doctors, therapists, nurses, and other care professionals has linked higher emotional intelligence to their increased ability to understand, empathize, and respond to patients according to their emotional state.[22] Emotional intelligence enables peer specialists to listen actively, validating patients' feelings and promoting a sense of belonging.[24] Walter and Hazan-Liran[7] found support peers in hospitals also need the ability to create relationships and to cope with challenges that occur with the professional staff. In other words, they need to have emotional abilities and skills.

Although studies have been conducted on emotional intelligence among therapists,[25,26] no work has examined emotional intelligence among peer specialists in the field of psychiatric treatment.

SPIRITUALITY

Spirituality refers to a connection with a greater reality which lends meaning to life. It is sometimes experienced within the framework of belief in organized religion, but in secular Western culture, spirituality also encompasses the practice of meditation or a deep connection to art or nature.[27] During the COVID-19 pandemic, spirituality emerged as a vital resource for coping with isolation and uncertainty.[28] Spirituality refers to a search for meaning, unity, connection, transcendence, and higher human potential. It is the internal, dynamic experience of an individual's self.[29] Spiritual and mystical experiences can be characterized as moments that enable individuals to experience selflessness, meaning, and an enhanced connection to their feelings,[30] helping many cope with loneliness.[31]

The professional literature indicates a positive effect of spirituality[32] on certain populations who face significant difficulty, including addiction and drug use,[33] psychosis,[34] and dual diagnosis.[35] According to Salzer et al.,[36] some peer specialists would like to support patients through personal spiritual example. Walter et al.[37] found peer specialists used spirituality as a tool to manage their own struggles with psychiatric disorders, medication, and hospitalization. Spirituality was part of their personal journey towards recovery, even if they were not religious believers. However, the use of spirituality by peer specialists remains largely experimental, underscoring the need for further research, especially in the context of global crises such as the COVID-19 pandemic.

Method

STUDY PARTICIPANTS

Seven peer specialists working at a psychiatric hospital, three men and four women, aged 35-55, participated in the study. The participants were recruited based on the following inclusion criteria: (1) they had been employed as a peer specialist for at least two years; (2) they worked at least 15 hours per week at the hospital; (3) they self-identified as a person suffering from schizophrenia, bipolar disorder, or major depression.

RESEARCH PROCEDURE

We took a qualitative and phenomenological approach to examine the personal experience of peer specialists and to identify their thoughts and perceptions of their use of the emotional intelligence and spirituality.[38] We used semi-structured interviews to enable a uniform interview structure and to ensure reliability, but at the same time to allow the interviewees to share their experiences.

This study was conducted during the COVID-19 pandemic, between January and March 2021, with interviews taking place at the end of February 2021, a period characterized by significant challenges in mental health care due to increased isolation, stress, and uncertainty. These circumstances provided a unique context for examining the role of peer specialists, as their work took on heightened importance during this global crisis.

After reaching out to a psychiatric hospital with a request for research collaboration, our team began the process of locating peer specialists who met the criteria for the study. The study received the approval of the Helsinki Committee of the Hospital and the college and of the Ministry of Health for a research study that involves human beings. Seven peer specialists gave their permission to participate in the study and signed an informed consent document allowing the researchers to record, transcribe, and analyze the interviews. It was explained to all participants that at any stage they could refuse to answer any question, take a break from and/or end the interview and withdraw from the study for any reason they saw fit with no consequences at all. The privacy of the participants was maintained throughout the study and any identifying information including name, psychiatric diagnosis, or any other detail was removed and is not included in the paper.

Six personal interviews were conducted at the psychiatric hospital on a given day by the research team, adhering to strict COVID-19 safety protocols to ensure the health and safety of both the participants and researchers. One interview was conducted at the peer specialist's home. Interviews were recorded and transcribed with great precision; the editing and proofreading were minimal so as not to disturb the sequence of the sentences as they were written, and additionally to prevent external interpretations by the researchers. After the transcription process, the data were analyzed and meaningful units that repeated themselves were identified and arranged into themes and sub-themes.

Research Tool

An interview guide was developed with input from peer specialist volunteers, who provided valuable feedback on the study procedures and the questions posed. The interviews included questions on how peer specialists relate to emotional intelligence and spirituality and how they manifest these capabilities in their work with their patients during Covid 19. The participants were asked to give detailed examples, if possible, of the capabilities tested.

SPIRITUALITY

The interview questions on spirituality included the following:

1. Participants' understanding of spirituality, conceptualized as: "Spirituality involves one or more of faith in self, belief in God, and practices such as meditation, yoga, and mindfulness."
2. The perceived role of spirituality in their recovery journeys.
3. How spirituality is expressed within peer support relationships.
4. The facilitators and barriers to the integration of spirituality in the work of peer specialists.

Whenever possible, participants were encouraged to provide examples with as much detail as possible.

EMOTIONAL INTELLIGENCE

Emotional intelligence is typically defined as comprising

three core components: the ability to identify emotions, self-regulate emotions, and manage emotions effectively. The following questions were included to explore how participants experienced and used these elements in their work:

Expression of Emotions: Emotional intelligence is often characterized by the ability to express emotions accurately, such as recognizing and articulating feelings based on facial expressions, images, and tone of voice. Do you believe this is a skill you possess? Can you provide an example of the last time you utilized this ability?

Application in Peer Support: If you believe you possess this skill, do you use it in your role as a peer support specialist? If so, could you provide several examples of how you apply this skill in your work?

Self-Regulation of Emotions: This involves harnessing emotions, reasoning, and problem-solving skills to successfully complete tasks. Do you consider this a skill you possess? Can you provide an example of the last time you utilized this ability?

Utilization in Service: If you possess this self-regulation ability, do you think you utilize it in your role as a peer support specialist? If so, could you share some concrete examples of how you make use of this skill?

Management of Emotions: The ability to control and adjust emotions according to the situation is essential. Do you believe this is a capability you have? Can you provide an example of the last time you were able to manage your emotions effectively in a peer support context?

Implementation in Your Role: If you have this capability, do you think you apply it in your services as a peer support specialist? If so, please provide examples of how you employ this skill in your interactions with service recipients.

Qualitative Thematic Analysis

The interviews were conducted in person and subsequently transcribed verbatim. The data were then analyzed using thematic analysis, with a focus on identifying prominent or significant codes. These codes were grouped into broader categories to capture meaningful patterns across the dataset. The researchers reviewed and discussed the coding process iteratively to ensure consistency and accuracy. Finally, the emerging themes were reviewed and validated by an advisory committee composed of peer specialists who were not involved in the study, ensuring external verification and enhancing the credibility of the findings.

Results

The purpose of the study was to clarify how peer specialists relate to spirituality and emotional intelligence and whether and how they use these tools for themselves and their patients during their work in a psychiatric hospital. Conducted during the COVID-19 pandemic, the study yielded unique insights into how peer specialists adapted their practices in a time of heightened emotional and spiritual need.

SPIRITUALITY

We divided references to spirituality into three subthemes: belief in a higher power, the application of spirituality as a therapeutic tool, and the challenges involved in using spirituality.

Belief in a Higher Power

Participants' responses revealed that belief in a higher power accompanied them in their own personal recovery process and also in the relationships they create with their patients. For example, L said:

When no one in the world listens to you anymore, there is always the Creator who is above and beyond everyone. Even if you are the most rooted in realism, if you believe in some kind of values, let's say the value of Man - God is strength. If you have faith you will win. I can say that in the end, even at the time of my greatest distress at the height of the crisis, I said: “God, I only trust you, I am talking to you and you will help me.”

The peer specialists mentioned a belief in a higher power greater than themselves, one connecting them to spirituality and providing spiritual support in the midst of adversity. As E put it, “It's some kind of faith, some kind of spirituality, of something that you really feel is bigger than you, some kind of power that you can really surrender to.” Others saw spirituality as a way to derive meaning and purpose, especially in challenging times, such as the COVID-19 pandemic, which heightened personal and professional struggles. N remarked: “I think that maybe this place that is really a connection to something bigger than you, somehow not within your control.”

Application of Spirituality as a Therapeutic Tool

Most peer specialists agreed on the existence of a superior power and said they used this belief when providing care to their patients. It also seemed that if a peer specialist’s belief did not match a patient’s belief, the peer specialist adapted to the patient’s beliefs, so this tool could be used to establish a positive relationship and provide help through shared language and concepts. For example, G said: “My inpatients who lean more to being religious, I, as a secular person, will talk to them about this higher power that actually gives us the tools.” B highlighted how recognizing patients' spiritual needs was vital during COVID-19: “We had a Christian patient who needed Sunday Mass (Christian worship). So we arranged a video of the Mass for her and it did her good. I knew it would do her good, but not from a place of religiosity, but from a place where it just does her good.” Y emphasized peer specialists’ caution when using spirituality with their patients: “I think spirituality is the kind of thing that should be used sparingly, in moderation, because I don't want to lose the connection with the people whose faith occupies a place that is less strong, I want to give everyone an option.”

Challenges Encountered When Using Spirituality

The peer specialists acknowledged challenges in integrating spirituality, particularly in times of heightened emotional vulnerability, such as during the pandemic. Y said, “It can also be very scary. Spirituality can be scary, as it has scared me many times. So I also have this experience, and it's very tricky. I just have to sense, to see where the person is, and if he is in a place where he cannot contain the spirituality right now, then I won't talk to him about these things.” B pointed to the danger of breaking the mental balance: “The patient can fall apart from it or be afraid of it or it may confuse him,

which is what happened to me. Things like this happened to me too that just destroyed me, scared me, left me psychotic. It can take you to bad places if you are not mentally prepared for it."

Overall, while the peer specialists used spirituality cautiously, the pandemic's pressures required a heightened sensitivity to patients' mental states.

EMOTIONAL INTELLIGENCE

We divided peer specialists' references to emotional intelligence into three sub-themes: the ability to identify emotions, the ability to understand and analyze emotions, and the control and regulation of emotions. The pandemic context amplified the importance of these skills as emotional distress surged among both patients and staff.

Ability to Recognize Emotions

The initial step in emotional intelligence is the ability to recognize emotions through facial expressions, intonation and body gestures and language. B said, "In my morning reports, I often report to the doctor or department head that I detected that something had changed in him [the patient], in his facial expression, he looks more depressed." L added an example of the ability to identify a patient's emotion by listening to intonation:

I was talking to an inpatient and we were talking about something completely different and suddenly I realized that he had said a relatively minor sentence like "I'm not like everyone else," but the way he said it made me think that there was some meaning beyond it because this sentence was said in a different way from the rest of the things that were said before and after this sentence.

G referred to identifying emotions through the identification of physical gestures: "Her [the patient's] body language is something that is very, very noticeable. It's something that, as soon as I recognize it, then my listening is also different….I recognize her inability to look me in the eye and in the moments when this happens, I notice that her sitting position is also very closed, her hands and feet are very closed."

Ability to Understand and Analyze Emotions

G admitted that she needed self-awareness to manage intense situations, which were frequent during the pandemic: "I think it's really important to learn in every difficult situation... how do I behave in the new situation and what do I do to make it easier for myself. Sometimes in extreme cases I do have to take a break to understand myself and what I feel there, what is activating me so much at that moment, so that I can manage [the situation]."

Control and Regulation of Emotions

Self-regulation were essential in maintaining composure and navigating the challenges of the pandemic. B said adaptation to a new situation required her to regulate and think about the way she would like to conduct herself: "I was very angry. I was angry all the time. I was angry at the team, at the system, at the way things seemed, at the very paternalistic perception.... After something like a year and a half, I began to understand more and more that I was actually alienating the people and that I was missing the goal."

The peer specialists also used the skills of control and regulation with their patients, as evident in O's comment: "In most cases, I can take a deep breath, remind myself where I am and what my role is here….I know that this patient really annoys me terribly, I have to be there, take a deep breath, say the right things, not get into a confrontation." G suggested peer specialists must use emotional regulation even with the hospital staff: "I have to conduct myself in a very, very delicate manner, especially with the team, for what is called 'leading to change'. If I come on too strongly in my conduct, then I will not get anywhere and I [will not] be able to change things, and the change is very, very slow." G said there was a constant need to control her emotions in front of the treatment team, even if this involved concessions, to maintain a personal agenda in improving the patient's condition:

Sometimes it also means absorbing things that are not the most pleasant, [which] I am against. I try very hard to balance, to maintain a balance because it really is difficult to accommodate, four days a week and five and a half hours [per day], just to accommodate the patients and not only them but also the staff. As peer specialists, we bring some kind of point of view that the staff has a hard time with, this agenda of the peer specialists, not everyone knows how to deal with this thing called a peer support specialist, so sometimes we go through the difficulties with the staff as well, and not only with the patients.

Overall, the pandemic heightened the need for emotional intelligence, as peer specialists faced increased emotional strain and required greater adaptability in their roles

Discussion

Previous studies have found peer specialists have great value for patients in psychiatric facilities.[9,11,12,39,40] We added to the literature by examining how peer specialists perceive spirituality and emotional intelligence and asking whether they use these tools not only for their own benefit but also that of their patients. Findings indicated the peer specialists we interviewed used spirituality and emotional intelligence during their work as part of their treatment method. Their reporting suggested these tools can provide the infrastructure for creating and maintaining a good relationship with the patient. They contended the creation and maintenance of that relationship is fundamental to the patient's rehabilitation and return to the community.

In the interviews, the peer specialists discussed their belief in a higher power, the way they applied spirituality as a therapeutic tool and the challenges they encountered when using spirituality in their work with patients. They referred to spirituality in different ways because of differences in their faith, background, and life histories. They were aware that their patients also may relate to spirituality differently; therefore, they said they tried to use language that enabled them to find common ground with their patients, all the while recognizing spirituality as a tool in their work.[41,42]

Our findings for spirituality confirm those of Walter et al.[37] and Walter and Hazan-Liran.[7] These studies found peer specialists identify and utilize spirituality as a tool to establish a connection with patients. In turn, this helps patients progress towards recovery. Our study highlights the uniqueness of peer specialists; other professionals

© 2025 European Society of Medicine

and therapists may fear or not dare to use spirituality in the therapeutic process. In contrast, peer specialists' personal experience may allow them to understand the emotional place of spirituality in the lives of patients and to provide a path suited to the way their patients perceive spirituality.[41-44]

The challenges related to spirituality were magnified during the COVID-19 pandemic. Peer specialists had to navigate heightened emotional vulnerability in patients who were experiencing isolation, fear, and loss. This required an even greater sensitivity to how spirituality was introduced and discussed in therapeutic contexts. For instance, peer specialists described being cautious about addressing spiritual topics to avoid overwhelming patients already burdened by the stressors of the pandemic. However, they also noted that spirituality became an important source of strength for some patients, offering a sense of stability and purpose during uncertain times. These findings suggest that spirituality, when used thoughtfully, can be a vital tool for fostering resilience in both patients and peer specialists during crises.[45]

The peer specialists also mentioned the challenges involved in using spirituality as a therapeutic tool, noting that answering or discussing questions related to spirituality can involve two different types of struggles. The first they noted was the strain on peer specialists themselves, as delving into spiritual experiences may uncover complicated aspects of their own psychiatric disorders. The second was the difficulty they had speaking about a spiritual experience. According to Salzer et al.,[36] peer specialists would like to support patients through a personal spiritual example, but some may simply not have the words to express their very complex spiritual experiences.[7,37]

Our findings for emotional intelligence indicated the peer specialists could identify emotions in themselves and others, were able to understand and analyze them, and had the skills to control and regulate them. Their reporting suggested they were able to perceive and identify patients' emotions based on body language, posture, tone of voice, and other physical characteristics, a finding also reported elsewhere.[21] Based on the identification of the patient's physical and emotional state, the peer specialist could form or alter the strategy to approach a certain patient at a given time. Learning and utilizing this tool helped create a good relationship with the patient, something the peer specialists repeatedly mentioned as important to their work.

The literature shows that people with high emotional intelligence may develop more effective coping strategies in emotionally complicated situations.[23] Our interviewees reported being able to regulate and manage their emotions according to the situation, even if it caused them emotional struggle either with the patients or with the treatment staff. They mentioned situations when their worldview and that of the medical staff were not compatible, often in matters related to the treatment of patients. Three stated that in these situations, they employed emotion management to avoid confrontation and provide an answer based on their personal experience to the patients. This conflict corresponds with findings of stigma attached to peer specialists and their role in their workplace[10] and the disregard for the knowledge and experience they wish to impart to patients.[18] We found the participating peer specialists took extra caution when interacting with the medical staff and other professional people in the hospital. This aligns with Walter et al.'s[37] recommendation to provide more structured guidelines for peer specialists and to offer professional encouragement.

The COVID-19 pandemic significantly impacted the dynamics of emotional intelligence in therapeutic settings. Peer specialists reported that the heightened emotional distress among patients during the pandemic required them to develop even greater emotional sensitivity and adaptability. For example, patients exhibited increased levels of fear and anxiety due to isolation and uncertainty, requiring peer specialists to adjust their strategies to manage these heightened emotional states. The pandemic also intensified the emotional strain on peer specialists themselves, as they had to balance their professional roles with their own experiences of the crisis. Despite these challenges, emotional intelligence proved to be a critical asset, enabling peer specialists to maintain constructive relationships with patients and navigate conflicts with medical staff in a highly charged environment.[45,46]

At the same time, the peer specialists were aware of the uniqueness of their position. This finding is not surprising, as peer specialist is a relatively new position in Israel. Therefore, the caution they reported when dealing with the professionals in their workplace may also have been intended to protect their role; if they do not regulate and manage their emotions, how they are viewed as therapists may have negative consequences for the position of peer specialist in the future.

The findings must also be considered in light of the COVID-19 pandemic, the period when the study was conducted. The pandemic heightened emotional strain for both patients and peer specialists, amplifying the importance of the tools explored in this research. Peer specialists faced increased challenges as they navigated heightened patient vulnerability, isolation, and fear of infection. Their use of spirituality as a therapeutic tool provided patients with a sense of meaning and connection during a time of collective trauma, while emotional intelligence allowed peer specialists to adapt to rapidly changing circumstances and maintain their professional roles despite the intensified pressures. These findings emphasize the resilience and adaptability of peer specialists in unprecedented contexts and highlight the necessity of equipping them with additional support and resources during crises.[47]

Conclusion

This study contributes to the growing body of knowledge on the role of spirituality and emotional intelligence in psychiatric care, with a particular focus on the experiences of peer specialists. Conducted during the COVID-19 pandemic, it highlights how these professionals adapted their practices to support patients in a time of collective trauma and uncertainty. The findings suggest that spirituality can provide a sense of

meaning and connection during crises, but it must be applied judiciously to avoid overwhelming vulnerable patients. Similarly, emotional intelligence remains a cornerstone of effective care, requiring practitioners to balance empathy with professional boundaries.

The findings emphasize the importance of integrating training on spirituality and emotional intelligence into professional development programs for peer specialists. Such training could enhance their ability to navigate complex therapeutic relationships, particularly during crises. Furthermore, institutions should recognize the value of peer specialists and ensure that they have access to supervision and support systems that address their own emotional and spiritual needs.

Limitations and Future Research

The study has several limitations. First, it was conducted during a specific historical period (the COVID-19 pandemic), which may have influenced participants' perspectives and behaviors in ways that are not generalizable to other times. The unique stressors of the pandemic, such as social isolation, fear of infection, and heightened emotional vulnerability, may have shaped the use of spirituality and emotional intelligence in ways that differ from non-pandemic contexts. Second, the reliance on self-reported data introduces potential biases, as participants may have overemphasized positive aspects of their practices or underreported challenges. Third, while the sample size was appropriate for qualitative research, the findings may not fully capture the diversity of experiences among peer specialists in different cultural or institutional settings.

Future research could explore how the lessons learned during the pandemic might inform practices in post-pandemic contexts or other crises. Comparative studies could examine whether the pandemic's impact on the use of spirituality and emotional intelligence was consistent across different cultural or institutional environments. Additionally, longitudinal studies could provide insights into how the experiences of peer specialists during the pandemic influence their professional development and long-term practices.

Declarations

FUNDING: No funding was received for this study.

CONFLICTS OF INTEREST: The authors have no conflicts of interest to declare.

ETHICAL STANDARDS AND INFORMED CONSENT: All procedures followed were in accordance with the ethical standards of standards IRB of the Tel Hai College institutional and national committee and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients included in the study.

References

1. Mead S. About peer support. In: *Intentional Peer Support: An Alternative Approach*. IPS;2003:5-9.
2. Solomon P. Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatr Rehabil J*. 2004;27(4):392. https://psycnet-apa-org.ezproxy.haifa.ac.il/doi/10.2975/27.2004.392.401
3. Halperin H, Bandas-Yaakov A, Arye Y. Peer specialists in psychiatric hospitals. National Insurance Institute;2021. https://www.btl.gov.il/Publications/Special_Activities_publications/Documents/mifal_176.pdf
4. Gangi L. A lifetime of recovery: Spirituality groups on an acute inpatient psychiatry unit. *J Pastoral Care* Counsel. 2014;68(2):1-10. http://dx.doi.org/10.1177/154230501406800203
5. Post BC, Wade NG. Religion and spirituality in psychotherapy: A practice-friendly review of research. *J Clin* Psychol. 2009;65(2):131-146. http://dx.doi.org/10.1002/jclp.20563
6. Smith TE, Abraham M, Bivona M, Brakman MJ, Brown IS, Enders G, Goodman S, McNabb L, Swinford JW. 'Just be a light': Experiences of peers working on acute inpatient psychiatric units. *Psychiatr Rehabil J*. 2017;40(4):387. https://psycnet.apa.org/doi/10.1037/prj0000224
7. Walter O, Hazan-Liran B. Personal well-being and recovery in peer support specialists working at psychiatric hospitals. *Am J Health Behav*. 2023;47(3):539-548. https://doi.org/10.5993/ajhb.47.3.11
8. Moreno C, Wykes T, Galderisi S, et al. How mental health care should change as a consequence of the COVID-19 pandemic. *Lancet Psychiatry*. 2020;7(9):813-824. https://doi.org/10.1016/s2215-0366(20)30307-2
9. Daniels AS, Bergeson S, Myrick KJ. Defining peer roles and status among community health workers and peer support specialists in integrated systems of care. *Psychiatr Serv*. 2017;68(12):1296-1298. https://doi-org.ezproxy.haifa.ac.il/10.1176/appi.ps.201600378
10. Jacobson N, Trojanowski L, Dewa CS. What do peer support workers do? A job description. *BMC Health Serv Res*. 2012;12(1):1-11. https://doi-org.ezproxy.haifa.ac.il/10.1186/1472-6963-12-205
11. Keyes SE, Clarke CL, Wilkinson H, et al. 'We're all thrown in the same boat': A qualitative analysis of peer support in dementia care. *Dementia*. 2016;15(4):560-577. https://doi.org/10.1177/1471301214529575
12. Fuhr DC, Salisbury TT, De Silva MJ, et al. Effectiveness of peer-delivered interventions for severe mental illness and depression on clinical and psychosocial outcomes: a systematic review and meta-analysis. *Soc Psychiatry Psychiatr Epidemiol*. 2014;49(11):1691-1702. https://doi.org /10.1007/s00127-014-0857-5
13. Repper J, Carter T. A review of the literature on peer support in mental health services. *J Ment Health*. 2011;20(4):392-411. https://doi-org.ezproxy.haifa.ac.il/10.3109/09638237.2011.583947
14. Gillard S, Holley J, Gibson S, et al. Introducing new peer worker roles into mental health services in England: Comparative case study research across a range of organisational contexts. *Adm Policy Ment Health*. 2015;42(6):682-694. https://doi.org/10.1007/s10488-014-0603-z
15. Gillard S, Foster R, Gibson S, Goldsmith L, Marks J, White S. Describing a principles-based approach to developing and evaluating peer worker roles as peer support moves into mainstream mental health services. *Ment Health Soc Incl*. 2017;21(3):133-143. https://doi.org /10.1108/MHSI-03-2017-0016
16. Walker G, Bryant W. Peer support in adult mental health services: A metasynthesis of qualitative findings. *Psychiatr Rehabil J*. 2013;36(1):28. https://psycnet-apa-org.ezproxy.haifa.ac.il/doi/10.1037/h0094744
17. Wogrin C, Willis N, Mutsinze A, et al. It helps to talk: A guiding framework (TRUST) for peer support in delivering mental health care for adolescents living with HIV. *PloS One*. 2021;16(3). https://doi.org/10.1371/journal.pone.0248018
18. Adams WE. Unintended consequences of institutionalizing peer support work in mental healthcare. *Soc Sci Med*. 2020;262:113-249. https://doi-org.ezproxy.haifa.ac.il/10.1016/j.socscimed.2020.113249
19. Mayer JD, Salovey P, Caruso DR. Emotional intelligence: New ability or eclectic traits? *Am Psychol*. 2008;63(6):503. https://psycnet-apa-org.ezproxy.haifa.ac.il/doi/10.1037/0003-066X.63.6.503
20. Cherniss C. Emotional intelligence: Toward clarification of a concept. *Ind Organ Psychol*. 2010;3(2):110-126. https://doi.org/10.1111/j.1754-9434.2010.01231.x
21. Mayer JD, Caruso DR, Salovey P. The ability model of emotional intelligence: Principles and updates. *Emot Rev*. 2016;8(4):290-300. https://doi-org.ezproxy.haifa.ac.il/10.1177/1754073916639
22. Sanchez-Gomez M, Sadovyy M, Breso E. Health-care professionals amid the COVID-19 pandemic: How emotional intelligence may enhance work performance Traversing the mediating role of work engagement. *J Clin Med*. 2021;10(18):4077. https://doi.org/10.3390/jcm10184077
23. Limonero JT, Fernández-Castro J, Soler-Oritja J, Álvarez-Moleiro M. Emotional intelligence and recovering from induced negative emotional state. *Front Psychol*. 2015;6:816. https://doi.org/10.3389/fpsyg.2015.00816
24. Gray B, Sisto M. Peer support work in hospital: A first person and lived experience guide. *Schizophr Bull Open*. 2023;5(1):sgad035. doi:10.1093/schizbullopen/sgad035
25. Christianson KL. Emotional intelligence and critical thinking in nursing students: Integrative review of literature. *Nurse Educ*. 2020;45(6):62-65.

https://doi.org/10.1097/nne.0000000000000801

26. Michelangelo L. The overall impact of emotional intelligence on nursing students and nursing. *Asia-Pac J Oncol Nurs*. 2015;2(2):118. https://doi-org.ezproxy.haifa.ac.il/10.4103/2347-5625.157596
27. Gall TL, Malette J, Guirguis-Younger M. Spirituality and religiousness: A diversity of definitions. *J Spirit Ment Health*.2011;13(3):158-181. https://doi-org.ezproxy.haifa.ac.il/10.1080/19349637.2011.593404
28. Upenieks L. Religious/spiritual struggles and well-being during the COVID-19 pandemic: Does 'talking religion' help or hurt? *Rev Relig Res*. 2022;64(2):249-278. https://doi.org/10.1007/s13644-022-00487-0
29. Elias S, Cole B, Wilson-Jones L. Leadership and spirituality: conceptualization, definition and future directions in higher education. *J Res Initiat*. 2018;3(3):1-11. https://digitalcommons.uncfsu.edu/jri/vol3/iss3/3
30. Harris S. *The End of Faith: Religion, Terror, and the Future of Reason*. WW Norton & Company;2005.
31. Mayseless O, ed. *Parenting Representations: Theory, Research, and Clinical Implications*. Cambridge University Press;2006.
32. Ten Kate J, de Koster W, van der Waal J. The effect of religiosity on life satisfaction in a secularized context: Assessing the relevance of believing and belonging. *Rev Relig Res*. 2017;59(2):135-155. https://doi-org.ezproxy.haifa.ac.il/10.1007/s13644-016-0282-1
33. Galanter M, Hansen H, Potenza MN. The role of spirituality in addiction medicine: A position statement from the spirituality interest group of the international society of addiction medicine. *Subst Abuse*. 2021;42(3):269-271. https://doi-org.ezproxy.haifa.ac.il/10.1080/08897077.2021.1941514
34. Wood L, Alsawy S. Recovery in psychosis from a service user perspective: a systematic review and thematic synthesis of current qualitative evidence. *Community Ment Health J*. 2018;54(6):793-804. https://doi-org.ezproxy.haifa.ac.il/10.1007/s10597-017-0185-9
35. De Ruysscher C, Vandevelde S, Vanderplasschen W, De Maeyer J, Vanheule S. The concept of recovery as experienced by persons with dual diagnosis: A systematic review of qualitative research from a first-person perspective. *J Dual Diagn*. 2017;13(4):264-279. https://doi-org.ezproxy.haifa.ac.il/10.1080/15504263.2017.1349977
36. Salzer MS, Rogers J, Salandra N, et al. Effectiveness of peer-delivered Center for Independent Living supports for individuals with psychiatric disabilities: A randomized, controlled trial. *Psychiatr Rehabil J*. 2016;39(3):239-247. https://doi.org/10.1037/prj0000220
37. Walter O, Thomas EC, Salzer MS. Exploring peer specialists' experiences with spirituality in their work: Recommendations for future directions. *Psychiatr Rehabil J*. 2021;45(1):95-102. http://dx.doi.org/10.1037/prj0000495
38. Smith JA. Interpretative phenomenological analysis: Getting at lived experience. *The J Posit Psychol*. 2017;12(3):303-304.
39. Mead S, MacNeil C. Peer support: What makes it unique. *Int J Psychosoc Rehabil*. 2006;10(2): 29-37.
40. Thoits PA. Motivations for peer-support volunteering: Social identities and role-identities as sources of motivation. *Nonprofit Volunt Sect Q*. 2021;50(4):797-815.
41. Baetz M, Griffin R, Bowen R, Koenig HG, Marcoux E. The association between spiritual and religious involvement and depressive symptoms in a Canadian population. *J Nerv Ment Dis*. 2004;192(12):818-822.
42. Curlin FA, Sellergren SA, Lantos JD, Chin MH. Physicians' observations and interpretations of the influence of religion and spirituality on health. *Arch Intern Med*. 2007;167(7):649-654.
43. Jawaid H. Assessing perception of patients and physicians regarding spirituality in Karachi, Pakistan: A pilot study. *Perm J*. 2020;24(19):214. https://doi.org/10.7812/tpp/19.214
44. Longo DA, Peterson SM. The role of spirituality in psychosocial rehabilitation. *Psychiatr Rehabil J*. 2002;25(4):333-340. https://psycnet.apa.org/doi/10.1037/h0095004
45. Wright AC, Kritikos K, Bhiku K, et al. The impact of the COVID-19 pandemic on peer specialists. *Psychiatr Rehabil J*. 2022;45(3):201–211. https://doi.org/10.1037/prj0000517
46. Suresh R, Alam A, Karkossa Z. Using peer support to strengthen mental health during the COVID-19 pandemic: A review. *Front Psychiatry*, 2021;12:714181. https://doi.org/10.3389/fpsyt.2021.714181
47. Persich MR, Smith R, Cloonan S, Woods-Lubbert R, Strong M, Killgore WDS. Emotional intelligence training as a protective factor for mental health during the COVID-19 pandemic. *Depress Anxiety*. 2021;38(10):1018–1025. https://doi.org/10.1002/da.23202