



Religiousness/Spirituality, Resilience and Burnout in Employees of a Public Hospital in Brazil

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Abstract

The present study aimed to determine the relation between religiousness/spirituality (R/S), resilience and burnout in employees of a public hospital. A total of 57 participants were evaluated, and the R/S Brief Multidimensional Measure, Pesce and collaborators' resilience scale and Maslach Burnout Inventory were used. Most employees (91.2%) were females. It was observed that the burnout and resilience variables showed statistically significant differences in relation to R/S dimensions. The results identified an association between R/S, resilience and burnout, demonstrating that employees who are more religious and spiritualized have greater resilience and consequently are less often affected by burnout.

Keywords Religion · Spirituality · Resilience · Burnout

Introduction

Currently, a lifestyle filled with stress, restlessness and worries has become a constant source of disturbances. The persistence of the imbalance between health and well-being results in psychosocial disorders (Jodas and Haddad 2009).

Burnout is a common syndrome observed in healthcare workers, defined as the combination of emotional exhaustion, depersonalization and a reduction in personal

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achievement, caused by chronic occupational stress (Bianchi et al. 2015). The term “Staff Burnout” was created by the psychoanalysts (Freudenberg 1974) and literally means becoming exhausted by multiple demands for energy, strength or resources. Characteristics such as irritability, fatigue and inflexibility play an important role in the composition of this syndrome, and in severe cases, it can lead to total loss of work capacity (Freudenberger 1974; França et al. 2014).

Several factors such as moral, emotional suffering and spiritual demands can contribute to the perception of an excessive workload and stressors associated with physical and psychological environments (Rushton et al. 2015). The human being has sought protective resources to promote the balance between health and well-being.

Resilience helps individuals mitigate moral distress and burnout (Connor 2006). According to the American Psychological Association, it is defined as the process of adapting well in the face of adversity, trauma, tragedies, threats or significant sources of stress, such as family and relationships, severe health or workplace problems and financial stress. It means recovering from difficult experiences, and it is seen as a construct that is both biological and psychological (de la Rosa et al. 2016; Tuck and Anderson 2014).

The Religiousness and Spirituality (R/S) constructs have been used by individuals at times of chronic illness and incapacity aimed at coping with and adapting to the disease (Jones et al. 2016). Spirituality can be understood as a personal quest to understand issues related to the meaning and the end of life, as well as relationships with the sacred or transcendent (Koenig et al. 2001).

Many studies have shown a greater association between spirituality and mental health, including lower prevalence of anxiety and suicide rates, lower prevalence of depression and a shorter time to depression remission after treatment (Boscaglia et al. 2005; Koenig et al. 1998; Smith et al. 2003). Moreover, a recent review showed a strong protective association between religious participation and health of the population (VanderWeele et al. 2017).

However, the literature shows a scarcity of studies that analyzed the association between religiousness, resilience and burnout in outpatient clinics’ employees. Nevertheless, the identification and modification of factors may reduce the incidence of this syndrome.

The study hypothesis was that religiousness/spirituality is associated with greater resilience capacity and consequently less burnout, in employees working at Outpatient Clinic Units of Clinics Hospital of Federal University of Triângulo Mineiro (HC/UFTM). The objective of this study was to determine the relation between religiousness and spirituality, resilience and burnout in employees working at these Outpatient Clinic Units of HC/UFTM.

Methods

Participants

This is an observational, cross-sectional study with a quantitative approach. This study is part of a larger work entitled “Evaluation of the Effects of Complementary Therapy on Servers and Patients” developed from September 2015 to December 2017. Data was collected during September–December 2015. Sampling was done for convenience, including 57 employees working at the Outpatient Clinic Units of the HC/UFTM. It is noteworthy that the municipality where the hospital is located is a reference in the South

Triangle Health Macro-region, meeting the high complexity demand of the 27 municipalities assigned to the Regional Health Superintendence of the city of Uberaba, state of Minas Gerais, Brazil. The number of employees working in the Maria Gloria Ambulatory Unit and Specialty Unit totaled 91, being 66 and 25, respectively. A total of 14.940 individuals are treated in outpatient clinics monthly, with 11.918 individuals being treated in the Maria Gloria Ambulatory and 3.032 in the Ambulatory of Medical Specialties.

The inclusion criteria were employees that worked at the Maria Gloria and Medical Specialties Ambulatory Units, aged 18 years or over. Of the total population, 34 subjects were excluded from the sample calculation as they were not working at the moment, on vacation or because they refused to participate in the study.

Procedure

First, the employees were invited to participate in the study at a meeting convened for this purpose, during which they were informed about the study objectives, their voluntary participation and anonymity, to obtain their authorization and, subsequently, to apply the tools. When the subjects were absent, they were later located in their working units and invited to answer individually aiming to maintain a higher proportion of employees.

The study was approved according to opinion N. 1.144.646 by the Research Ethics Committee of Federal University of Triângulo Mineiro. All participants signed the free and informed consent form.

Measures

Brief Multidimensional Measure of Religiousness

To assess issues related to Religiousness/Spirituality (R/S), the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), developed by the Fetzer Institute (2003 [1999]), was translated and culturally adapted and validated into its Brazilian version. The dimensions of spirituality and religiousness included in this tool are intended for use in studies aimed at assessing the association between religiousness, spirituality and health. The BMMRS has 38 items and measures 11 dimensions: (1) Daily spiritual experiences; (2) Values/beliefs; (3) Forgiveness; (4) Private religious practices; (5) Religious overcoming; (6) Religious support; (7) Spiritual-Religious history; (8) Commitment; (9) Organizational religiousness; (10) Religious preferences; and (11) R/S global self-assessment. The response options are arranged as a Likert-type scale, for which some items vary from 1 to 8 response options and, in others, from 1 to 6 options. The validation process of the Brazilian Portuguese version of the BMMRS considered the scale as a brief and multidimensional tool to measure religiousness and spirituality and showed to be valid and reliable for use in the study of R/S in Brazil in clinical and non-clinical populations (Curcio et al. 2015).

Resilience Scale

To evaluate resilience, the Resilience Scale (RS) validated by Pesce et al. (2005) was used to measure levels of positive psychosocial adaptation when facing important life events, which define the potential for resilience, encompassing five topics: serenity, perseverance, self-confidence, the sense of life and self-sufficiency. It is a scale with 25 Likert-type

items, with seven points ranging from totally disagree (1 point) to fully agree (7 points). The score ranges from 25 to 175 points, and the higher the score, the higher the subject's resilience. Wagnild and Young, in a factorial analysis including 810 adults, identified two main domains, the first one related to self-confidence, determination, perseverance, independence and self-efficacy, which was called Personal competence. The second domain included features such as serenity, flexibility, existential meaning and pacification, despite adversities, which was called Acceptance of self and life (Wagnild and Young 1993).

Maslach Burnout Inventory

The Maslach Burnout Inventory (MBI) by Maslach and Jackson (1986) was used to evaluate burnout. The inventory, translated and adapted by Benevides-Pereira (2001), is self-applied and includes 22 items that evaluate the three dimensions of burnout: emotional exhaustion, depersonalization and low professional accomplishment. Therefore, Tamayo (1997) adapted the MBI using a reduced Likert-type scale: a score of 1 is used for "never," 2 for "rarely," 3 for "sometimes," 4 for "quite often" and 5 for "always." A study carried out by Carlotto and Camara (2004) indicates that the Brazilian version of MBI shows the necessary requirements in terms of internal consistency, factorial validity to be used in the evaluation of burnout in teachers in our country. The alpha obtained in the dimensions ranged from 0.58 to 0.88. The MBI manual has as one principle for the diagnosis of burnout the attainment of high level for emotional exhaustion and depersonalization and low level for professional accomplishment. Gil-Monte et al. (2010) considered high level for emotional exhaustion when the sum of the scores was greater than or equal to 27, moderate level between 19 and 26 and low level when it was less than 19. For depersonalization, the sum greater than or equal to 10 meant a high level, the level was considered moderate between 06 and 09 and low level for scores lower than 06 and for professional achievement, the high level was less than or equal to 33, among 34 and 39 were considered moderate level and low level greater than or equal to 40. High scores on emotional exhaustion and depersonalization and low scores on professional achievement indicate a high level of burnout. Therefore, the inclusion of the professional in these three dimension criteria indicates the manifestation of burnout. The risk of developing this syndrome will be determined after the analysis of all dimensions, aiming to measure the possibility of the researcher to manifest the disease.

Analyses

The software Statistical Package for Social Science (SPSS), version 20.0, was used for data analysis. Data analysis was performed including absolute and relative frequency tables, whereas measures of central tendency (mean or median) and variability (standard deviation and range) were used for the quantitative variables. Subsequently, Mann-Whitney U test and Spearman's correlation coefficient was used to analyze the magnitude and direction of the association between the dimensions of burnout syndrome, resilience and the BMMRS domains. The magnitude of these correlations was classified as: weak ($0 < |r| < 0.3$), moderate ($0.3 \leq |r| < 0.5$), strong ($0.5 \leq |r| \leq 1.0$). The level of significance was set at $\alpha = 0.05$.

Results

Many of the employees are females (91.2%), married (47.4%), have children (68.4%), and the mean age of the sample was 39 ± 10.49 years. As for professional training, most have completed college/university (56.1%), have an individual income between 1 and 3 minimum wages (33.3%), between 3.1 and 5 (33.3%), between 5.1 and 10 (22.8%) and above 10.1 minimum wages (10.6%). The majority (86%) did not smoke and did not drink (71.9%) at the institution's various outpatient clinics.

Regarding the type of employment, the majority (61.4%) did not have a permanent contract with the institution, whereas 38.6% did. Regarding the time working at the institution, 43.9% had been working for a period of 7.1 to 15 years, 24.6% between 2.1 and 7 years, 12.3% had been working for more than 15.1 years and only 6.9% for less than 2 years.

Concerning the profession, 87.7% were nursing technicians and 5.3% were nurses, while 7.0% were archivists.

The values of the responses to the BMMRS items were inverted when entered into the database, so that the more religious/spiritualized ones had higher scores in the BMMRS, except in the negative items of the Religious/Spiritual Overcoming dimension, in the last question on Religious Support and in the question about loss of faith in the Religious/Spiritual History dimension.

Regarding religious preferences, 38.6% of the sample declared they were Spiritists; 22.8% were Catholics; 14% practiced *Umbanda*; 8.8% were Evangelical Protestants, in addition to 5.3% who said they had no religion, whereas 3.5% said they had 2 religious options and 3.5% who called themselves members of other religions, and 3.5% did not report.

Referent the Spiritual-Religious history dimension, the majority (54.9%) reported that they had a religious or spiritual experience that changed their lives. The ages ranged from 10 to 41 years; others employees said it occurred when they were “an adolescent,” “an adult,” “when she became a mother” and “various experiences.” Regarding the question of being rewarded by their faith, 77.1% reported that yes, the ages ranged from 10 to 43 years, others reported “when they were adolescents,” “all possible,” “several” and “always.” The analyses of the scores of the study variables are shown in Table 1.

The association between the BMMRS dimensions, resilience and burnout was assessed using Spearman's correlation analysis (Table 2).

When analyzing the burnout domains, the dimensions Daily spiritual experiences and R/S global self-assessment of the BMMRS correlated negatively, strongly and significantly, with emotional exhaustion ($r =$ between 0.100 and 0.50, $p < 0.001$), showing moderate and significant negative correlations with Values/beliefs, Forgiveness, Private religious practices, Religious support, Commitment, Organizational religiousness, Personal competence, Adaptation/flexibility and Total resilience ($r =$ between 0.50 and 0.30, $p < 0.05$).

The correlational study of the R/S dimensions of Daily spiritual experiences, Values/beliefs and Private religious practices and Resilience (Personal Competence, Adaptation/Flexibility and Total Resilience) is negatively and moderately associated with depersonalization ($r =$ between 0.50 and 0.30, $p < 0.05$).

Significant positive and moderate correlations were found between the BMMRS dimension Daily Spiritual Experiences, Forgiveness, Private religious practices and R/S global self-assessment and highest professional accomplishment. As for the correlation

Table 1 Distribution of the scores of each dimension of the BMMRS, resilience and burnout of the employees, Uberaba, Brazil, 2018. *Source* Research data, 2018

Variables	Minimum	Mean	Median	Maximum	Standard deviation
Daily spiritual experiences	8	26.63	27	36	6.80
Values/beliefs	5	6.75	7	8	0.98
Forgiveness	4	9.30	9	12	1.66
Private religious practices	5	21.77	23	35	7.62
Religious and spiritual coping	10	23.26	24	28	3.80
Religious support	2	10.54	11	16	2.90
Commitment	1	4.75	5	9	2.08
Organizational religiosity	2	5.81	6	12	2.66
R/S global self-assessment	4	8.21	9	16	1.98
Personal competence	32	87.48	90	117	19.51
Adaptation/flexibility	19	37.05	36.50	53	8.00
Total resilience	55	121.12	118	181	26.55
Emotional exhaustion	13	27.10	27	44	7.40
Depersonalization	6	11.24	11	23	3.92
Personal accomplishment	10	26.98	27	42	5.96
Burnout	17	64.63	65	90	9.27

BMMRS brief multidimensional measure of religiousness/spirituality; *R/S* religiousness/spirituality

analyses with the total burnout scores, a moderate and negative correlation was observed in the dimensions Daily spiritual experiences, Values/beliefs, Private religious practices, Religious support, Commitment, Organizational religiousness, and R/S global self-assessment. Significant negative, moderate correlations were obtained for the variables Personal competence, Adaptation/flexibility and total resilience score. Mann Whitney test showed statistical significance between burnout and domains and total score of resilience, Daily Spiritual Experiences, Values/Beliefs, Private Religious Practices and Organizational Religiosity.

The variable Personal competence is positively, moderately and significantly associated with Daily spiritual experiences, Forgiveness, Private religious practices, Religious overcoming, Commitment and Organizational religiousness. Adaptation/flexibility and total resilience are significantly and moderately, positively associated with Forgiveness and Daily spiritual experiences, respectively.

Discussion

In this study, the sample consisted mostly of women, as well as in most of the studies in the literature (Fombuena et al. 2016; Rushton et al., 2015; de la Rosa et al. 2016; Ozawa et al. 2017; Tuck and Anderson 2014). A high percentage of Spiritists was observed in this study, when compared to the Brazilian population (Censo Demográfico 2010 2012). This fact can be explained by the work and studies of Francisco Cândido Xavier in this city.

It was observed that the variables of the burnout and resilience domains showed statistically significant differences in relation to R/S dimensions, and most of the R/S dimensions of the BMMRS scale were associated with burnout. Ozawa et al. (2017) in a

Table 2 Correlation coefficients of the BMMRS domains according to the burnout and resilience indexes. Source Research data, 2018

Variables	EE	DE	PA	Burnout	Personal comm	Adapt / flex	Resilience
DSE	– 515** ^b	– 340** ^b	485** ^a	– 387** ^b	340* ^a	259	304* ^a
V/B	– 396** ^b	– 346** ^b	399** ^a	– 304	291* ^a	235	291* ^a
Forgiveness	– 367** ^b	– 184	315* ^a	– 163	332* ^a	311* ^a	261
PRP	– 448** ^b	– 305* ^b	374** ^a	– 418** ^b	318* ^a	011	158
R/S coping	– 238	– 126	232	– 228	304* ^a	211	278* ^a
R sup	– 321* ^b	– 051	077	– 307* ^b	222	071	179
Comm	– 460** ^b	– 199	205	– 427** ^b	357** ^a	192	225
OR	– 408** ^b	– 243	169	– 471** ^b	347** ^a	067	190
Self-assessment R/S	– 553** ^b	– 296* ^b	455** ^a	– 493** ^b	166	216	166
EE	–	–	–	–	– 428** ^b	– 405** ^b	– 407** ^b
DE	–	–	–	–	– 333* ^b	– 388** ^b	– 371** ^b
PA	–	–	–	–	270* ^a	068	211
Burnout	–	–	–	–	– 352** ^b	– 468** ^b	– 374** ^b
Personal comp	– 428** ^b	– 333* ^b	254* ^a	– 352** ^b	–	–	–
Adapt/flex	– 405** ^b	– 388** ^b	068	– 468** ^b	–	–	–
Resilience total	– 407** ^b	– 371** ^b	211	– 374** ^b	–	–	–

EE emotional exhaustion; DE depersonalization; PA professional accomplishment; *Personal Comp* personal competence; *Adapt/flex* adaptation and flexibility; DSE daily spiritual experiences; V/B values/beliefs; PRP private religious practices; R/S religiousness/spirituality; R Sup religious support; Comm commitment; OR organizational religiousness

*Statistically significant differences ($p < 0.05$) are marked with * or ($p < 0.001$) **

^acorrelation positive

^bcorrelation negative

cross-sectional study carried out in Japan showed that patients who assiduously attend religious/spiritual services associated with psychological interventions and pharmacotherapy show an increase in the resilience status, as well as improvement in depression symptoms.

In our study, the Daily spiritual experiences associated negatively with syndrome burnout. This dimension demonstrates how often the employees have had experiences such as feeling God's presence, finding comfort in religion or spirituality, love of others, admiration for nature, inner peace and a desire for closeness to God (Underwood and Teresi 2002; Silva et al. 2016).

In this study, the R/S dimensions that more often showed an association with resilience were Daily spiritual experiences and Forgiveness. Resilience involves internal stability, awareness and flexibility, which allow an individual to cope with stressful situations. A study has confirmed the association between the variables involved in burnout, including modulating factors such as resilience and hope, which help the development of strategies to reduce vulnerability to emotional exhaustion. It also showed that high levels of resilience were associated with increased hope and reduced stress (Rushton et al. 2015).

In the present study, the Personal competence domain was associated with most of BMMRS dimensions. R/S has indirect and direct health effects. Indirect effects occur through positive emotions (well-being, meaning and purpose, optimism, hope, among others), negative emotions (mental disorders such as depression, suicidal ideation, anxiety and substance abuse) and social relationships, such as social support. R/S always operates by encouraging better health behaviors and human virtues (Lucchese and Koenig 2013).

There is increasing evidence that religiousness is associated with mental health (VanderWeele et al. 2017; Rocha and Fleck 2004). A review that included 200 articles showed that in 50% of cases this construct is associated with positive factors and, in 25% of cases, with negative factors. In this review, religiousness seemed to be a protective factor for suicidal ideation, drug and alcohol abuse, delinquent behaviors, marital satisfaction, psychological suffering and some diagnoses of functional psychoses (Rocha and Fleck 2004).

Study Limitations

This study has some limitations. First, it used a convenience sample, although it was attempted to include nursing workers, classified by the Health Education Authority as the fourth most stressful profession; a cross-sectional design, in which the data collection is performed at a single moment, not allowing the establishment of an association with the causal inferences and the sample number. We suggest that further studies be carried out with larger and different samples.

Conclusions

This study suggests a relation between R/S, resilience and burnout. Our findings demonstrate that employees who are more religious and spiritualized have greater resilience and consequently are less often affected by burnout syndrome.

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