

Original Article

The Analysis of Relationship Between Religiosity, Resilience and Burnout Among Nurses Working in Emergencies of Hospitals in Sialkot

Saira Abbas¹, Salbia Abbas², Amina Razzaq², Areej Tanveer², Sana Imnan²

¹Department of English, University of Management and technology,

²Department of Psychology, Govt. College Women University Sialkot

Abstract

Objective: We all are living in a society which is based on different religions, religious groups and organizations. In our society the paramedical staff experiences the highest level of burnout. It is very difficult to see people struggling for life. Aim of the current research study is to explore the relationship between religiosity, resilience and burnout among nurses working in emergencies of hospitals

Methods: Quantitative research design is used in the current study based on the random sampling technique. The sample was collected from 338 nurses from Govt. Allama Iqbal memorial Teaching Hospital Sialkot, Govt. Sardar Begum Memorial Hospital Sialkot and Basic Health Unit Bharath Near Cant Sialkot.

Results: Results of the current research examined a positive correlation between resilience and burnout while a negative significant relationship between religiosity and burnout.

Conclusion: To sum, it is concluded that Hospitals are places where many individuals lose their battle for life on regular basis. People, particularly nurses, recover from their stressful daily routines when working in hospital crises due to their resilient nature for humanity confront a comeback after adversity because they believe they may find satisfaction by helping others.

Keywords: Burnout, Resilience, Religiosity, Nurses.

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Corresponding Author: Salbia Abbas

Email : salbia.abbas1991@gmail.com

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Introduction

We all are living in a society which is based on different religions, religious groups and organizations. Word religion is a belief in worship of a super human controlling power, especially a personal God or gods. System Specifies for faith and worship is called and known as Religion. There are different religions according to the cultures of peoples living in different societies. Approximately there are 10,000 distinct Religions all over the world might possible more than of it but yet there is no defined figure is available for it. About 84% of the global population consists on five largest religions Christianity, Islam, Hinduism, Buddhism or forms of folk religion. These were five affiliated religions, bounding some are unaffiliated religions demographics which do not identified with any particular religion, atheists

and agnostics. These unaffiliated religions are growing very rapidly all over the world.¹

Emile Durkheim pioneer sociologist (1915) defined religion as things which surpass limits of our knowledge. In (1904) Max Weber worked as a protestant His studies shows that protestants are much reflective in their values of hard work and savings to ideology of capitalist than Catholics. Functionalists contend that religion serves many religious functions in the society. On which society exists. Religion defines spiritual world, forces including divine beings etc. Critical theorists having a view that religion is an institute which help to maintain patters social in equality.¹

While religiosity is referred to as excessive involvement of a person in religion or religious activity. Such involvement is much more than the norms of the person who

belongs to the same faith or religion. Both Christians and non-Christians use the term religiosity refers to those who have replaced their God with their Belief.²

It is observed that religion increase the involvement of people belonging to same religion to help each other and have sympathy for every need, commonly known as resilience. It is the process of well adaptation of adversity, trauma, tragedy threats or significant sources of stress such as family conflicts in peer relationships, Health hazards, occupational stressors. Psychological resilience is an ability how we can cope with a crisis and returned to its pre-state quickly. Resilience prevailed in an individual when he/she uses his/her cognitive process and behaviors to promote personal assets and protect the individual from negative effects of stressors.³

Ability to manage strong feelings and impulses. Despite religion and resilience, there are lots of stressors in our society which had strong influence on our lives. These stressful conditions are nominated as burn out. Burn out could be of both physical and psychological, physiological burn out is commonly known as job or occupational burn out is a result of long term and understandable stress of job.

Many researches have been conducted on resilience, religiosity and burnout among nurses. Basically the main purpose of our research is to explore the effects of resilience and religiosity among nurses working in emergency of hospitals. We also study the articles and old studies which indicates these factors. As a research conducted with fresh graduate nurses by Cho et al's revealed that 66% new graduate nurses experience severe burnout it is possible due to workplace conditions. Spooner-Lane and Patton found that in Australia fresh graduate nurses are at high risk of burnout.⁴

It was observed that the predictors of Taiwanese nurse burnout were age, physical/psychological symptoms, job satisfaction, work engagement, and work environment. The most significant predictors were physical/psychological symptoms and work engagement.⁵

Bernadett Kovács and Anikó Kézdy in 2008 found in their research that there was a significant linear negative relationship between religiosity and burnout. These findings suggest that religiosity may play an important role in preventing burnout among hospital nurses.⁶

In June 2018, Hyun Sook Kim and Hye-Ah Yeom revealed that in general, critical care unit nurses face a significant amount of burnout. Increased religiosity may minimise burnout among ICU nurses.⁷

It was also revealed that religious beliefs are prevalent and crucial methods to cope with the problems and stress induced by nursing care overload. Most of the studies show that Higher degrees of spiritual and religious beliefs are linked to lower levels of Burnout

Syndrome.⁸

It was discovered that there is a link between R/S, resilience, and burnout, suggesting that employees who are more religious and spiritualized have better resilience and, as a result, are less likely to experience burnout.⁹

A research on Burnout among healthcare workers at L'Aquila: its prevalence and associated factors was done. In which it was concluded that religiosity had a significant negative relationship with burnout.¹⁰

Methods

Quantitative research design is used in the current study based on the random sampling technique for data collection. The sample was comprised of 338 nurses from Govt. Allama Iqbal memorial Teaching Hospital Sialkot, Govt. Sardar Begum Memorial Hospital Sialkot and Basic Health Unit Bharath Near Cant Sialkot.

Mean, standard deviation, correlation and regression were administered through SPSS. The scales i-e BRS, MBI and MRPI were used as tools of research for finding the results. The scales were administered on the nurses with age range of 24 to 43 years form which 59 were unmarried and 279 were married.

Results

Results of Pearson product moment correlation predicts that there is a significant (two tailed) correlation between Resilience and burnout (p=<.000). But there is a negative significant relationship between religiosity and burnout (p=>.000, -.002).

The model summary of linear regression revealed that independent variables explain 19% variation of dependent variable. (R2 =.192, F(39.839)=5.243, p=<.000). The coefficients of the variable find out that p value is less than alpha i.e., 1% which means that Resilience has a significant impact on Burnout. While p value is greater than alpha so religiosity has no significant impact on burnout.

Table 1: Descriptive Analysis of nurses working in emergencies of hospitals (N=338)

Demographic	N	Mean	Std. Deviation
Age	338	32.6213	3.96331
Gender	338	1.0000	.00000
Female			
Marital Status	338	1.8254	.38015
Valid N (list wise)	338		

Demographics in table 1 shows Frequencies, Means, and standard deviations of Variable Age, Gender and marital status.

Table 2: Frequency table of Age Group distribution of participants N =338

Age Group	N
24-28	43
29-33	139
34-38	140
39-43	16

Table 2 shows the frequency description of age groups.

Table 3: Correlations

		MBI	BRS	MUSLIM RPI
MBI	Pearson Correlation	1	.438**	-.002
	Sig. (2-tailed)		.000	.966
	N	338	338	338
BRS	Pearson Correlation	.438**	1	.016
	Sig. (2-tailed)	.000		.776
	N	338	338	338
MUSLIM RPI	Pearson Correlation	-.002	.016	1
	Sig. (2-tailed)	.966	.776	
	N	338	338	338

****.** Correlation is significant at the 0.01 level (2-tailed).

The table shows the outcomes of the Pearson Product Correlation testing the first hypothesis of the study i.e., “There is a relationship between resilience religiosity and burnout among nurses working in emergencies of hospitals. Results predict that there is a significant (two tailed) correlation between Resilience and burnout ($p < .000$). But there is a negative significant relationship between religiosity and burnout ($p > .000$, -0.002)

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	F	P	Df	Std. Error of the Estimate
1	.438a	.192	.187	39.839	.000a	2	5.24338

a. Predictors: (Constant), MUSLIMRPI, BRS
b. Dependent Variable: MBI

Table 4 shows the model summary of linear regression for the analysis of Hypothesis 2 finding Impact of Religiosity and Resilience as Independent variables on Burnout as dependent variable. Results revealed in table that independent variables explain 19% variation of dependent variable.

$$[R^2 = .192, F(39.839) = 5.243, p < .000]$$

Table shows that as p value is less than alpha i.e., 1% which means that Resilience has a significant impact

Table 5: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error			
1 (Constant)	36.072	12.572		2.869	.004
BRS	1.286	.144	.438	8.926	.000
MUSLIMRPI	-.024	.127	-.009	-1.186	.852

a. Dependent Variable: MBI

on Burnout. While p value is greater than alpha so religiosity has no significant impact on burnout.

Discussion

Results of this study reveals that there is a relationship between Resilience religiosity and burnouts. It's shown by the Pearson product correlation results that as much as people become resilient they will have reduced level of burnout while on the other hand for bouncing back it's not necessary to have higher level of religiosity. Bernadett Kovács and Anikó Kézdy in 2008 found in their research that there was a significant linear negative relationship between religiosity and burnout.¹ These findings suggest that religiosity may play an important role in preventing burnout among hospital nurses. For testing Impact of independent variables on dependant variable linear regression was applied results have shown 19% variation of Resilience on Burnout with significant value of $p < .000$. So, it can be assumed people should be resilient to reduce their level of burnout on the other hand results of linear regression for religiosity says that when people have religiosity there is no effect on reduction of occupational burnout. Overall results from both models find a significant relationship between resilience and burnout which means that as much as nurses are resilient they will have less level of burnout in them. There is no impact of religiosity on occupational burnout.

Conclusion

Current research is much useful to understand the burnout of the people who work for the welfare of human beings. They have devoted their lives for the Nobel cause of human welfare. Much research is needed in this area to find out the remedies to cope with this stress for the better health of the people who are responsible for the good health of us. Current study provides a gateway to all upcoming researches in this field.

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References

1. Atkinson M, Rankin PACRJ. (2009). Resilience revisited. *Psychiatric and Mental Health Nursing*. 2009;16(2):137-45.
2. Holdcroft BB. What is religiosity. *Catholic Education. J Inq Pract*. 2006;10(1):89-103.
3. Fletcher D, Sarkar M. Psychological resilience: A review and critique of definitions, concepts, and theory. *Eu Psychol*. 2013;18(1):12.
4. Duchscher JB. A process of becoming: The stages of new nursing graduate professional role transition. *J Cont Edu Nur*. 2008;39(10):441-50.
5. Lee HF, Yen M, Fetzler S, Chien TW. Predictors of burnout among nurses in Taiwan. *Comm Mental Health J*. 2015;51(6):733-7.
6. Kovács B, Kézdy A. Religious belief and burnout. *Eu J Mental Health*. 2008;3(2):253.
7. Kim HS, Yeom HA. The association between spiritual well-being and burnout in intensive care unit nurses: A descriptive study. *Inten Crit Care Nur*. 2018;46(1):92-7.
8. Jackson J, Vandall-Walker V, Vanderspank-Wright B, Wishart P, Moore SL. Burnout and resilience in critical care nurses: A grounded theory of managing exposure. *Intens Crit Care Nurs*. 2018; 48(1): 28(1)-35.
9. Carneiro ÉM, Navinchandra SA, Vento L, Timóteo RP, de Fátima Borges M. Religiousness/ spirituality, resilience and burnout in employees of a public hospital in Brazil. *J Rel Health*. 2019;58(2):677-85.
10. Mattei A, Fiasca F, Mazzei M, Necozone S, Bianchini V. Stress and burnout in health-care workers after the 2009 L'Aquila earthquake: a cross-sectional observational study. *Frontiers in psychiatry*. 2017;8:98.