

The Relationship between Religious Beliefs and Job Burnout among Nurses Working in Hospitals in Gonabad City in 2017

Running Title: Religious beliefs and job burnout...

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Abstract

Introduction and Aims: Job burnout such as occupational hazards that have been considered in recent years. This research aimed to investigate the relationship between religious beliefs and job burnout among nurses working in hospitals in Gonabad city in 2017.

Materials and Methods: This study is cross-sectional and correlational study. The sample consisted of 100 nurses in Gonabad city who were selected using stratified randomized method. Using the Maslach job burnout and Alport religious beliefs Inventories, data were collected and were analyzed with SPSS version 16 and Pearson, Spearman and independent sample T tests were analyzed. Significant level was considered less than 0.05.

Results: Average job burnout in nurses working in hospitals in the Gonabad city 45.53 ± 30.10 and religious beliefs of nurses 39.51 ± 6.02 the mean internal religious orientation 23.37 ± 2.27 and external religious orientation 27.96 ± 5.28 reported. According to the findings, there was inverse and negative association between job burnout and religious beliefs. Among the demographic variables, only age and experience showed a statistically significant relationship with job burnout ($P < 0.05$).

Conclusion: Regarding the role of religious beliefs in reducing job burnout and stress and pressures of work, job burnout consequently involves many jobs such as nursing job, then it is possible to reduce the job burnout of spirituality as a painkiller or at least to decrease demanding and negative impact due to it.

Keywords: job burnout, religious beliefs, nurse.

Introduction

Job burnout is one of the occupational hazards that has been considered in recent years. In addition to adverse physical effects, this dilemma also has many psychological effects, especially in care professions due to increased stress and burnout (1). Occupational burnout Psychiatric syndrome includes emotional exhaustion (feelings of mental discharges), depersonalization (negative reaction, lack of feeling, coupled with excessive neglect of service recipients), and reduction of the feeling of individual position (reduced sense of competence and position in the profession), which is common among professional care personnel, including nurses (2). There is a significant relationship between occupational stress and burnout. Occupational burnout is caused by constant stress and is undeniable in the human services industry (3). The US Department of Information has shown that among the existing jobs, health care services have the highest rates of occupational injury, including job burnout (4). Also, the findings of this study showed that the nurses had lower mental health than operations room specialists, surgeons, physicians, social workers, and pharmacists in all areas and dimensions of burnout. The issue of burnout or occupational energy dry out is currently a common problem in all health systems, so that, according to available statistics, one in seven of the people working at the end of the day feels empty and worn out (6).

Job burnout in health care personnel, including nurses, is important in two areas: First, burnout results in lower productivity, increased absenteeism, increased health costs and personnel turnover, behavioral and physical

changes, and in some cases, drug use (7); secondly, the quality of services provided to patients is reduced; there is a discontent with medical services; a series of diagnostic and therapeutic work of the patient is in recession; and most importantly, the main clients of nurses, namely, the patients, are being affected (8). Considering the importance of burnout, religion can be considered as one of the ways to cope with occupational stresses, especially in nurses. Human beings have constantly felt a need for religion throughout history, because they have felt the need for strong support from the very beginning of their lives. Pargament believes that individuals with religious beliefs control difficult situations and rough emotions through prayer, for example. Since the people of the world have tended to spirituality and spiritual issues more than ever (9), and given the importance of job burnout in the quality of nurses' work, the present study examined the relationship between religious beliefs and job burnout among nurses working in hospitals in Gonabad city in 2017.

Materials and methods

The present cross-sectional and correlational study that was conducted by stratified random sampling method; it was, in terms of shifts and work area, based on Khazaei et al. (10); $P = 0.08$ and $d = 0.04$ respectively in the present study. The placement in the formula was done on 177 nurses working in the hospitals of 22 Bahman and 15 Khordad in Gonabad city in 2017. The inclusion criteria of this study included the willingness of nurses to participate in the study and having at least two years of work experience, and the reluctance to continue cooperation in the study was the criteria for withdrawal of this study. The

instruments used in this study include Maslach's job burnout inventory (11&12). According to Zamini et al study, Cronbach's alpha for the whole questionnaire, emotional analysis, depersonalization, and individual success turned out to be 0.74, 0.84, 0.63, and 0.86 in order. The other instrument used for collecting data was Alporat Religious Belief Standard Questionnaire, which was translated and standardized in Iran in 1998, whose reliability and validity have turned out to be quite high. The internal consistency and reliability of this questionnaire, according to Cronbach alpha, turned out to be 0.71 and 0.74 (14). After selecting samples based on stratified random sampling method (shifts and work area) and coordinating with university officials and obtaining a license, the researcher attended different hospital wards, talked with the nurses, ensured them of the confidentiality of their information, gave them the questionnaire, and collected the questionnaires personally; the collected data was collected and logged in. After validating the data entry, the analysis was performed with SPSS 16. Data analysis was done in two sections of descriptive statistics (frequency, percentage, cumulative percentage, mean and standard deviation) and inferential statistics. Kolmogorov-Smirnov test was used to verify the quantitative variability of normal distribution. The results of this test showed that the domains of emotional analysis and internal religious beliefs do not follow the normal distribution.

Independent t-test and ANOVA were used to compare the mean for nurses' underlying variables in normal data. In non-normal data, the Mann-Whitney and KruskalVallis tests were used as nonparametric equivalents of independent t and analysis of variance. Pearson correlation coefficient (for normal data) and Spearman (for abnormal data) were used to determine the relationship between religious beliefs and each aspect of burnout. The results of the statistical tests were considered to be significant if they turned out to be less than 0.05.

Results

According to the findings of this study, the average age of the samples is 30 years and the work experience is about 7.5 years. Most of the subjects (70.3%) were female and married (86.5%). Most of the subjects have undergraduate degrees (86.5%) and are nurses (88.9%). According to the findings of this study, the highest percentage of patients in the surgical and emergency department (18.8%) were employed and had a working shift (68.8%). According to the research findings, most of the subjects had the least exhaustion in the field of emotional analysis (90.1%) and had the most exhaustion in the domain of depersonalization (90.6%). According to the findings, there was a significant relationship between the place of service variable ($P = 0.03$) and religious beliefs, and between age ($P = 0.004$) and work experience ($P = 0.003$) with burnout. The mean religious beliefs and job burnout of subjects are listed in Table 1. Data presented in Table 2 shows that there is no significant relationship between burnout with religious beliefs ($P = 0.20$), internal religious beliefs ($P = 0.75$) and external religious belief ($P = 0.17$).

The findings of the study showed that there is a significant statistical relationship between religious beliefs with emotional analysis ($P = 0.001$) and depersonalization ($P = 0.001$); however, there was no statistically significant relationship between religious beliefs and the feeling of success ($P = 0.16$).

Also, there was no statistically significant relationship between internal religious beliefs and emotional analysis ($P = 0.16$), personality depersonalization ($P = 0.58$) and individual success ($P = 0.54$). However, there was no significant relationship between external religious beliefs and the mentioned components;

there was a significant statistical relationship between emotional analysis ($P = 0.007$) and depersonalization ($P = 0.005$) (Table 3).

Discussion

The present study was conducted in order to determine the role of religious beliefs in burnout of nurses working in hospitals in Gonabad city in 2017.

The mean (standard deviation) occupational burnout in nurses working in hospitals in Gonabad city was 53.45 (10.30); this rate turned out to be 40.84 in Momeni et al. (3) study.

The mean religious beliefs in the nurses working in the hospitals of Gonabad city was 51.39 ± 6.02 . The mean internal religious orientation was 23.27 ± 2.27 and the external religious orientation was 27.96 ± 5.28 . In Aghvami et al study, the average internal religious orientation was 34.60 ± 7.80 and the external religious orientation was 35.5 ± 6.40 (6).

The results showed that there is an inverse relationship between job burnout and religious beliefs, which is in line with the results of Kordtamini et al study (1). There is a negative and significant relationship between individual spirituality with emotional exhaustion, while there is a positive and significant relationship between the dimension of individual spirituality and the dimension of individual performance (1).

Based on the results of the present study, among demographic characteristics, only age and work experience had a significant relationship with occupational burnout among nurses working in Gonabad city hospitals; this is consistent with the results of Paiami et al study (15); however, the results of Mahmoudi et al. study (4) showed that there is no

significant statistical relationship between work experience and burnout, which is not consistent with the results of this study. The reason for the difference in results can be due to differences in sample size and research environment.

There was no statistically significant relationship between marital status, sex, education level, service area and work shift with burnout, which is consistent with the results of other similar studies (2-5). In the case of the variable of the service area, a study showed that the rate of burnout in nurses in special sectors is more than the other parts, which is inconsistent with the results of the present study. The reason for this difference can be due to differences in questionnaires and sample size in two studies (2&16).

There was a significant relationship between the place of service variable and the religious beliefs of nurses working in hospitals in Gonabad city. There was no significant statistical relationship with other demographic characteristics. Concerning the gender variable (17-21), age (17&22) and marital status (23) had no relationship with religious beliefs whatsoever; the results of other studies also showed that there was no significant statistical difference that is consistent with the present study; while other studies showed that there is a statistically significant relationship between sex (22&24-27), marital status (23) with religious orientation, and the inconsistency of results can be due to different methodologies.

Because the data obtained from the nurses in this study was collected through self-report, the probability of error in the reports is quite possible; on the other hand, the low cooperation of the research samples due to the

presence of research saturation in the clinical environment can be one of the limitations of this study. Considering the existence of different levels of burnout and its destructive effects on the health of the staff and the quality of patient care, further research in this field as well as the study of the causes of increasing the level of burnout, is suggested by adopting modulatory and preventive measures to reduce this phenomenon. Also, considering the effect of spirituality on burnout, training spirituality to nurses and employees in general through workshops of spirituality, providing brochures and other media facilities should be done in order to create a spiritual environment in work and reduce the stress in the workplace.

Conclusion

Regarding the role of religious beliefs in reducing burnout and, on the other hand, with regard to the particular dominant atmosphere in hospitals, especially governmental hospitals, which includes the samples participating in the present study, as well as the existence of stresses and work pressures, which resulted in burnout due to the development of many occupations, spirituality can be used as a home remedy for reducing burnout, or at least minimizing the negative effects and deaths caused by it. It is hoped that with a special look at spirituality, the society moves toward becoming progressively religious, a society capable of understanding spirituality.

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Conflict of Interest

No conflicts of interest has been reported by the researcher.

العلاقة بين المعتقدات الدينية و الاعياء الوظيفي للمرضين العاملين في مستشفيات مدينة جناباد
في ٢٠١٧.

سمانة نجفي-ماجستير في فرع التمريض-كلية التمريض و القبالة- مركز البحوث للتنمية
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المقدمة و الأهداف: يعد الإعياء الوظيفي إحدى المخاطر المهنية التي دُرست في السنوات
الأخيرة. يهدف هذا البحث إلى دراسة العلاقة بين المعتقدات الدينية و الإعياء الوظيفي بين
المرضات و المرضى المتواجدين في مستشفيات مدينة جناباد إيران في عام ٢٠١٧. مواد و
طريقة البحث: تكونت العينة من ١٠٠ ممرضة و ممرض في مدينة جناباد اختيروا باستخدام
الطريقة الطبقيّة العشوائية. و جمعت البيانات باستخدام نموذج البورت (Allport) للأسئلة
الدينية و نموذج مازلاج (Maslach) للإعياء الوظيفي و حلت بواسطة النسخة ١٦ من
SPSS واختبارات Spearman و Pearson و الاختبارات في لعينتين مستقلتين

النتائج: كان معدل الإعياء الوظيفي بين أفراد العينة بنسبة 45.53 ± 30.10 و أظهر معدل
المعتقدات الدينية نسبة 39.51 ± 6.02 و كان مستوى التوجه الديني الباطني (الفكري) $23.27 \pm$

٢.٢٧ و التوجه الديني الخارجي (السلوكي) 27.96 ± 5.28 . كان هناك علاقة سلبية و عكسية بين الإعياء الوظيفي والمعتقدات الدينية. من بين الخصائص الديموغرافية أظهرت متغيرات فئة العمر و الخبرة في العمل فروق ذو دلالة إحصائية كبيرة مع الإعياء الوظيفي للمرضين. الاستنتاج النهائي: نظرا للدور الذي تلعبه المعتقدات المذهبية في تخفيض مستوى الإعياء الوظيفي الناتج عن ضغوط المهن الروحية و الاضطرابات النفسية و التي تواجهها معظم الوظائف و منها مهنة التمريض، يمكن استغلالها كدواء مُهدىء لتقليل الإعياء الوظيفي أو لخفض الآثار السلبية الناجمة عنه.

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Table 1. The mean religious beliefs and job burnout

Variable	Mean \pm SD	Minimum	Maximum
Religious belief	51.39 \pm 6.00	36	73
Internal religious orientation	23.27 \pm 2.2	18	29
External religious orientation	27.96 \pm 5.2	14	46
Job burnout	53.54 \pm 1.3	37	77

Table 2. The relationship between job burnout and religious belief

Variable	Job burnout	Test
Religious belief	P = 0.20 r = - 0.15	Pearson correlation coefficient
Internal religious orientation	P = 0.75 r = 0.03	Spearman correlation coefficient
External religious orientation	P=0.17 r = - 0.15	Pearson correlation coefficient

Table 3. The relationship between religious beliefs and emotional analysis, depersonalization, and individual feeling of success

Variable	Emotional exhaustion	Depersonalization	Individual feeling of success
Religious belief	P = 0.001 r = - 0.03	P=0.001 r = - 0.37	P = 0.16 r = 0.16
Internal religious orientation	P = 0.16 r = - 0.15	P = 0.58 r = - 0.05	P = 0.54 r = 0.68
External religious orientation	P = 0.08 r = - 0.28	P = 0.05 r = - 0.29	P = 0.29 r = 0.11