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RELIGIOUS BELIEF AND BURNOUT

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The aim of the study was to explore the connection between religious belief and burnout in a sample of hospital nurses in Hungary. There is a growing body of evidence that religion can influence physical and mental health in many positive ways. However, despite the large number of studies in the field of religion and mental health, as well as in the field of burnout, the relationship between religion and burnout, to the authors' best knowledge, has not been studied yet. The authors' primary aim was to investigate if any link can be proved on empirical bases between these two fields. The sample consisted of 94 nurses, who had been working beside sick-bed for at least 5 years. The measures for religiosity were frequency of church attendance, subjective religiosity, and the Post-Critical Belief Scale (PCBS) distinguishing four types of religious attitudes along the two dimensions of inclusion vs. exclusion of transcendence and symbolic vs. literal interpretation. Burnout was assessed by the Maslach Burnout Inventory (MBI). Results showed no significant connection between burnout and either age or with the number of years spent at work. On the other hand, data from all the three measures of religiosity provided evidence for significant linear negative relationship between religiosity and burnout: there was a statistically significant negative relationship between subjective importance of religiosity and burnout, as well as between the frequency of church attendance and burnout. Regarding religious attitudes measured by PCBS, the two attitude types characterised by the inclusion of transcendence were negatively linked to burnout scores. These results suggest that religiosity might play an important role as a protective factor against burnout with hospital nurses.

Keywords: religious belief, burnout, helping professions

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Glaube und Burnout-Syndrom: Ziel der Untersuchung war die Aufdeckung eines Zusammenhanges zwischen Religiosität und Burnout bei Krankenschwestern. In der Fachliteratur finden sich zunehmend Beweise dafür, dass sich Religiosität auf viele verschiedene Weisen positiv auf die körperliche wie seelische Gesundheit auswirken kann. Doch obwohl zahlreiche Arbeiten den Zusammenhang zwischen Religiosität und seelischer Gesundheit sowie das Thema Burnout untersuchen, gibt es unseres Wissens bislang keine Studien über den Zusammenhang zwischen Religiosität und Burnout-Syndrom. Unser vorrangiges Ziel war es, nachzuprüfen, ob sich mit wissenschaftlichen Methoden ein Zusammenhang zwischen diesen Bereichen nachweisen lässt. Die Stichprobe bestand aus 94 Krankenschwestern, die seit über fünf Jahren am Krankenbett tätig sind. Die Religiosität maßen wir an der Häufigkeit des Gottesdienstbesuches, der subjektiven Bedeutung der Religiosität und mithilfe der Post-Critical Belief Scale (PCBS). Dieser Fragebogen unterscheidet vier religiöse Einstellungen auf Grundlage der Einbeziehung bzw. Ausgrenzung von Transzendenz sowie der Dimensionen von symbolischer bzw. wörtlicher Interpretation. Den Ergebnissen zufolge bestand kein Zusammenhang zwischen Alter bzw. Berufsjahren und dem Grad des Burnout. Hingegen zeigte sich eine signifikant negative Korrelation zwischen allen drei gemessenen Aspekten von Religiosität und Burnout: Wir stellten einen statistisch signifikanten negativen Zusammenhang zwischen der subjektiven Bedeutung von Religiosität und Burnout sowie zwischen Häufigkeit des Gottesdienstbesuches und Burnout fest. Von den mit dem PCBS gemessenen religiösen Einstellungen standen die als „Einbeziehung von Transzendenz“ zu charakterisierenden Einstellungsformen ebenfalls in negativem Zusammenhang mit dem Grad des Burnout. Diese Ergebnisse lassen darauf schließen, dass Religiosität bei Krankenschwestern einen wichtigen protektiven Faktor gegen Burnout darstellt.

Schlüsselbegriffe: Glaube , Burnout, helfende Berufe

1. Introduction

It is well-known that burnout occurs more often in helping professions, such as professions in health care or education, than in any other fields. Some years ago the author got acquainted with the Franciscan Monastic Nurses in Pécs, working in different departments of the town's hospitals since the beginning of the 1990s. They told her that the sick and their family like them and need them because at times of sickness and in crisis situations people turn to religious people with reliance, expecting help from them. It was then that the question emerged: from where does their strength hail day-by-day, through years and decades for this activity that is tiring both physically and psychically? Is there anything extra in their lives that helps them? Are they not tired or exhausted of this work, do they not get apathetic because of their profession? Their answer to the question was that they are usually tired by the end of their shift, but to get apathetic?! – this is what they undertook, this is what they sacrifice their lives for, and they do it gladly. They have a source, namely the connection with the Transcendent. – The authors decided to make their profession the subject of a research.

Thus the aim of the present study is to explore whether it is possible to prove with the means of scientific research in psychology that religion can be a protective factor against burnout in helping professions.

1.1. Burnout

Burnout is a psychological syndrome characterised by emotional exhaustion, depersonalisation, and reduced personal accomplishment (MASLACH et al. 1996). It is most often described among individuals who work with other people.
The burnout syndrome includes a wide variety of symptoms:

- psychological symptoms, such as negative emotions of hopelessness, the difficulty of controlling feelings, aggression, decreased capacity to concentrate and to recall;
- physiological symptoms, such as frequent headaches, decreased immune system functions, high blood pressure;
- changes in behaviour, such as loss of interest in the profession, in former activities, in human relationships, loss of initiatives, decrease in professional achievement, withdrawal from relationships, and loss of commitment (HÉZSER 1996; KULCSÁR 1998).

Burnout is related to gender and connected positively to the number of years spent at work (HÉZSER 1996), and to the number of direct contact with patients during working time (MASLACH & JACKSON 1984). The amount of direct feedback available on how well one is doing in his or her job is inversely linked to burnout (MASLACH & JACKSON 1982). In a study among nurses working in mental health care, higher scores of burnout were found to be related with less satisfaction with co-workers and supervisors, as well as more negative evaluation of clients (LEITER & MASLACH 1988). The above relationships also explain the fact why individuals in helping professions are more at a risk regarding burnout. Other factors increasing the risk of burnout are emotional involvement, the encounter with people in great emotional or psychical need, and with conflicts and unresolvable human problems (HÉZSER 1996; TOMCSÁNYI & FODOR 1990; TOMCSÁNYI et al. 1990). Results of several studies have drawn attention to the risk and high rates of burnout among professionals working in health care, worldwide as well as in Hungary (PÁLFI 2003; SZICSEK 2004).

Like in other aspects of mental health, prevention and intervention concerning issues of burnout are possible on several levels: individual, group, organisational and community level (TOMCSÁNYI et al. 2006). Prevention on the individual level includes the enhancement of self-awareness, the strengthening of identity, and spending more time with family and friends (FEKETE 1991). Possible means of prevention on the organisational level include teamwork, positive feedback, and possibility to participate in further trainings and courses.

1.2 Religion, mental health, and burnout

There is a growing amount of evidence that religion can influence physical and mental health in many positive ways. A nationwide survey carried out in Hungary in 2002 describes the relationship between religion and several aspects of mental health (KOPP & SKRABSKI 2003). Religiousness was assessed by the frequency of practicing one's

religion, and by the subjective importance of religion. The results show that those who practice their religion more often smoke less, spend less days on sick-leave, mark significantly higher rates on well-being questionnaires, and feel less depressed. They also prove to be more co-operative, tend to choose problem-solving ways in conflict management, and report about significantly more social support from their parents and colleagues.

Since religion is a complex phenomenon, with several facets and aspects, any research in the field of psychology of religion has to be planned precisely regarding which aspect of religion it intends to assess (HILL 2005; KOENIG et al. 2001; MARTOS & KÉZDY (in press); RICHARDS & BERGIN 2002). One of the measures aiming to grasp the complexity of religiousness from the aspect of religious attitudes is the Post-Critical Belief Scale (HUTSEBAUT 1996, 2000). Several studies employing PCBS have focused on the relationship between religion and various aspects of mental health, such as psychological well-being, self-esteem, depression and anxiety (DEZUTTER et al. 2006), or adaptive coping (KÉZDY et al. 2006).

Despite the large number of studies in the field of religion and mental health, as well as in the field of burnout, the relationship between religion and burnout, to the authors' best knowledge, has not been explored yet. There are only few indications in the literature suggesting that religion can be a protective factor against burnout (FEKETE 1991). For that reason the following literature review is focused on aspects of religion that play a role in mental health issues that can be related to burnout.

Religious communities provide the possibility to build supportive social relationships, helping integration and decreasing isolation (KOENIG et al. 2001). Community rituals are based on and express common human experiences, which also helps to form relationships.

Religion can reduce the effects of stress by providing a framework for interpreting events. Meaningful explanations to stressful life events help control emotions and support effective problem-solving (HOOD et al. 1996). Religious teachings also emphasise the necessity of suffering, help accepting it as part of human life, and offer frameworks for finding meaning in suffering (DULL & SKOKAN 1995; KOENIG et al. 2001).

Religion is positively linked with work satisfaction, and is thought to reduce work-related stress (HOOD et al. 1996). Religion often describes work as meaningful, thus helps the individual to integrate it into his or her life. Religion also encourages altruistic actions (KOENIG et al. 2001). Religious persons tend to value status, success, and income as less important (HOOD et al. 1996). FRANKL (1962) emphasises the importance of self-transcendence in human life, which is possible through the service of a cause, or through loving another person – both are aspects of helping professions.

Religion promotes positive health behaviours, through encouraging daily or weekly routines, such as keeping Sunday for rest (GYÖKÖSSY 1991). Most religious rules require discipline and self-control, in various aspects like eating, resting, or working, thus protecting the individual from risk-taking behaviour and other extremities.

Regular religious meetings, spiritual guidance, and confessions provide framework for self-reflection, as well as the acknowledgement of sins as an opportunity for

catharsis, and thus might contribute to maintaining the balance of physical and mental health (BENKŐ & SZENTMÁRTONI 2003).

Prayer can function as a means of perceived control, thus reduce anxiety and help adaptation to uncontrollable events (KOENIG et al. 2001). It also connects the conscious and the unconscious, the physical and the psychological-emotional levels of the individual (BAGDY 2003), helping the process of integration.

The aspects of the relationship between mental health and religion presented above prove to be important factors in protecting the individual's mental health in general. However, comparing them with risk factors of burnout, it might be possible that they also play a role in protecting against burnout.

2. The study

The aim of the study was to explore the connection between religiousness and burnout among hospital nurses. The authors' hypothesis was the following: religion is a protective factor against burnout – higher levels of religiousness (measured by subjective religiosity, PCBS, and frequency of church attendance) are related to lower levels of burnout (measured by MBI).

2.1. Sample

The sample consisted of:

- Nuns from the Order of Franciscan Monastic Nurses (N = 12), serving in various departments and hospitals in Pécs, Hungary,
- Nurses working in a religious institution (Málta Charity Hospital, Vác, Hungary) (N = 24),
- Nurses working in a state-owned hospital (Jávorszky Ödön Town Hospital, Vác, Hungary) (N = 58).

The three groups above gave the authors the opportunity to assess various levels of religiousness among participants.

Thus the sample consisted of 94 nurses altogether, all of whom were women. They all met the requirement of working beside hospital beds for at least 5 years, and were chosen from different departments randomly. (The specific psychological burdens to be met at the various departments were not taken into account as separate burnout risk factors because of the small number of the sample.) This way the authors got a small but extensive cross-sectional sample of nurses of each hospital from the aspect of burnout and religiousness. The nurses participating in the study can be regarded as a homogeneous group of people concerning their qualification, and, as a result of that, their financial situation as well. This way a relatively homogeneous group was created, with members of the same gender, of the same mean age in the three institutions (the difference in mean age was not statistically significant), of the same qualification, and thus, presumably, of relatively the same financial situation.

The participation in the survey was on a voluntary basis. Anonymity was ensured with the help of closed envelopes. The questionnaires were handed out in person or with the mediation of the head nurse. The number of questionnaires handed out was 140, the number of returned and fully completed ones was 94.

2.2. Method

The questionnaire consisted of one scale assessing burnout, and two one-item questions and one scale measuring three aspects of religiousness. The Maslach Burnout Inventory (MBI) (MASLACH et al. 1996) aims at revealing the rate of burnout. It measures the three components of the burnout syndrome: emotional exhaustion, depersonalisation, and reduced personal accomplishment. It consists of 22 items, to be answered on a 7-point scale. The one-item questions about religiousness assessed the frequency of church attendance (from 'once a week or more often' to 'almost never or never') and the subjective rating of the level of religiousness (from 1 meaning 'not at all' to 7 meaning 'very much'). The scale used for measuring religiousness was the Hungarian version of the Post-Critical Belief Scale (HUTSEBAUT 1996, 2000; HORVÁTH-SZABÓ 2003; HORVÁTH-SZABÓ et al. 2006), a 7-point Likert-type scale consisting of 33 statements about religion. The scale is based on RICOUEUR's theories in hermeneutics (1965), WULFF's model of religious attitudes (1997), conceptualising four types of attitudes along two dimensions (inclusion vs. exclusion of transcendence and symbolic vs. literal interpretation) (*Figure 1*). These forms of attitudes towards religion can also be regarded as developmental stages, similar to the stages described by FOWLER's theory of faith development (FOWLER 1981). The two models together suggest that the development of faith is similar to a flexible spiral, progressing from the stage of the first naïveté through the strengthening of critical thinking, and later through an intellectual searching process, resulting in the stage of the second naïveté that dissolves contradictions.

2.3. Results

2.3.1. Burnout

The total score of burnout in the sample showed normal distribution. The internal correlation between the subscales of MBI was statistically significant, even when controlled for age and number of years spent at work. Burnout as a dependent variable did not show significant relationship with age in the authors' sample, nor was it connected significantly to the number of years spent at work (*Figure 2*).

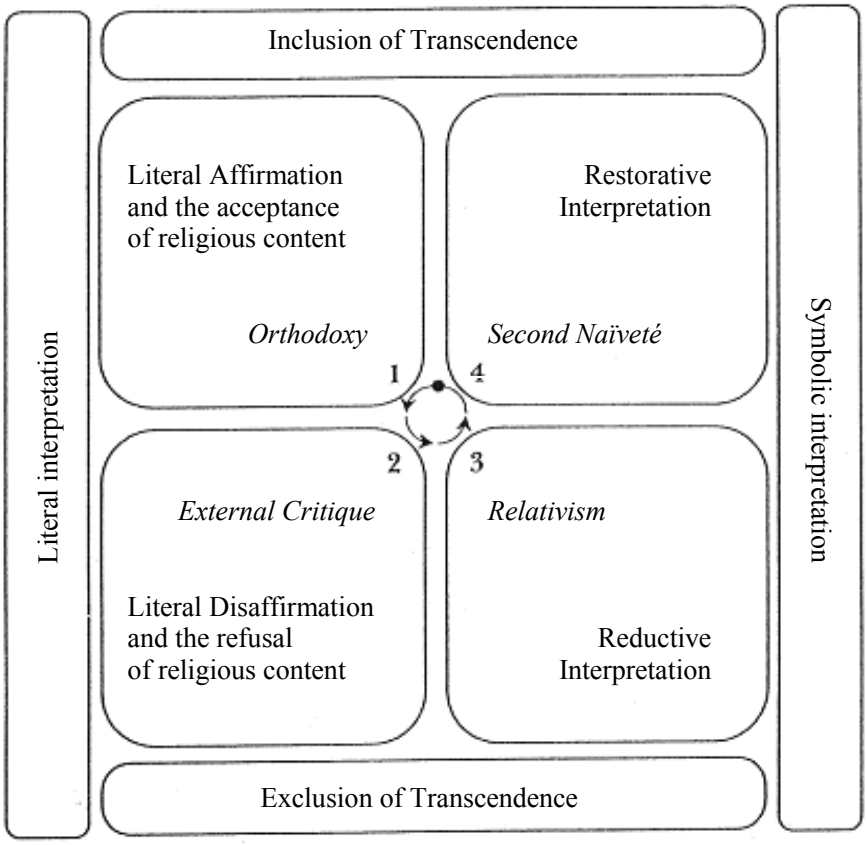

Figure 1
The Post-Critical Belief Scale in WULFF's model (1997)

2.3.2. Religiosity

To check the reliability of the measures for religiousness, the relationship between the aspects of religiousness assessed by the given scales was explored. The frequency of church attendance showed positive relationship with the level of subjective religiosity (*Figure 3*). The relationship between frequency of church attendance and the religious attitudes (PCBS) are shown in *Figure 4*. The level of subjective religiosity was positively related to Orthodoxy and Second Naïveté, and negatively to External Critique. There was no statistically significant relationship between subjective religiosity and Relativism (*Table 1*).

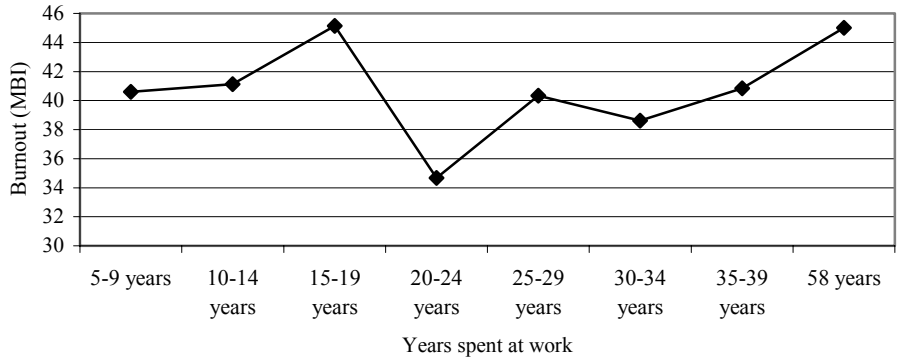

Figure 2
The relationship between burnout and the number of years spent at work

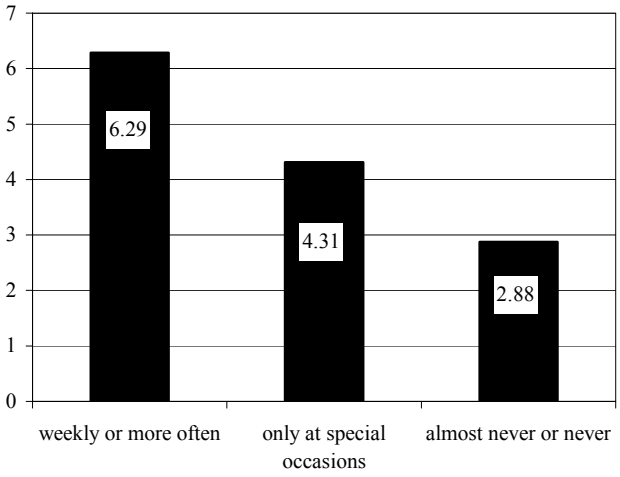

Figure 3
The relationship between frequency of church attendance and subjective religiosity

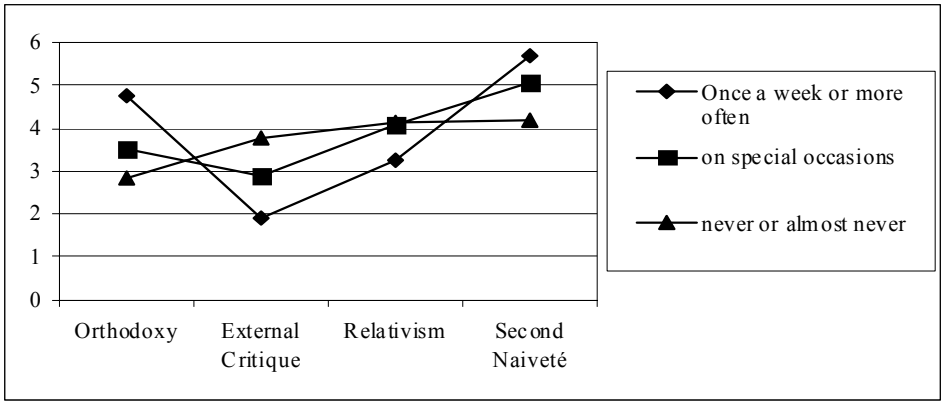

Figure 4
Frequency of church attendance and mean scores of religious attitudes (PCBS)

Table 1
Correlation between religious attitudes and subjective religiosity

	Orthodoxy	*External Critique*	*Relativism*	*Second Naïveté*
Subjective religiosity	0.60**	–0.41**	–0.18	0.57**

** correlation is significant at the 0.01 level

2.3.3. Burnout and religiosity

Burnout was negatively related to the frequency of church attendance (*Figure 5, Table 2*). The difference between the MBI means of the groups 'once a week or more often' and 'never or almost never' was statistically significant at the 0.05 level (One-Way ANOVA). The differences in MBI means between the three groups remained the same even after controlling for number of years spent at work. There was a statistically significant negative relationship between subjective religiosity and burnout ($r = –0.35$, significant at the 0.01 level; controlled for age and number of years spent at work). Regarding religious attitudes measured by PCBS, statistically significant negative correlation was found between burnout scores and Orthodoxy and Second Naïveté. Correlation was positive in the case of External Critique. There was no significant relationship between burnout and Relativism (*Table 3*).

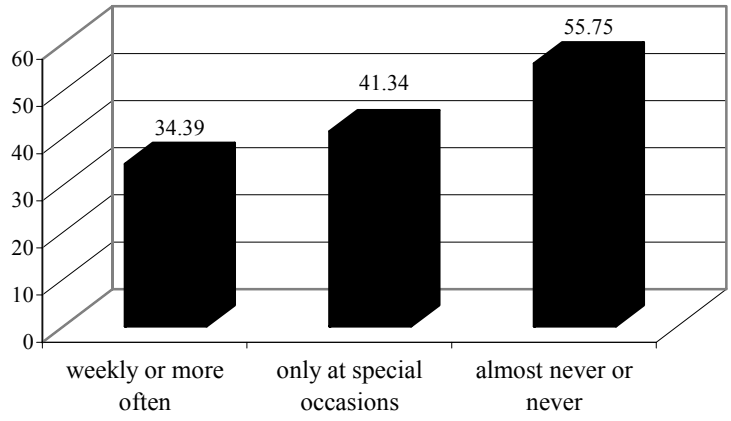

Figure 5
The relationship between church attendance and burnout (MBI mean scores)

Table 2
The relationship between church attendance and burnout

Frequency of church attendance	*Burnout (MBI mean)*	*SD*
Once a week or more often	34.39	15.80
Only at special occasions	41.34	17.96
Almost never or never	55.75	11.27
Total	40.50	17.65

Table 3
Correlation between burnout (MBI mean score) and religious attitudes (PCBS)

	Orthodoxy	*External Critique*	*Relativism*	*Second Naïveté*
Burnout (MBI mean score)	–0.25**	0.29**	0.16	–0.27**

** correlation is significant at the 0.01 level

3. Discussion

In the present sample the level of burnout did not increase in a direct proportion to the number of years at work, as it had been expected on the basis of earlier studies (e.g. HÉZSER 1996). Statistical analysis seems to prove that religiosity might have a stronger influence on burnout than the number of years spent at work. Regarding the relationship between church attendance and burnout, the difference was significant only between the groups on the two extremes ('once a week or more often' and 'never or almost never') – this might suggest that it is not enough to use only the frequency of church attendance as a means to measure religiosity, for it does not differentiate sensitively enough in the case of values in between the two extremes. On the other hand, the level of subjective religiosity proved to be a good predictor of burnout.

The results of the Post-Critical Belief Scale also provided strong evidence for the role of religiosity as a protective factor against burnout, since the two attitude types characterised by the inclusion of transcendence were negatively linked to burnout scores. The fact that External Critique was positively correlated to burnout, whereas Relativism showed no relationship, suggests that the capacity for symbolic interpretation might also play a role in protecting against burnout – this could be connected to meaning-seeking, or the intellectual searching process of the attitudes with symbolic interpretation. These results may also indicate that the lack of inclusion of transcendence, which might be interpreted as the lack of religiosity, does not necessarily mean a risk factor for burnout, at least in the sample of the present study. On the other hand, Relativism showed no significant relationship with the measure of subjective religiosity either, which warns us to be cautious with the interpretation of results where Relativism is involved. Generally, however, all three measures of religiosity provided evidence that religion is a protective factor against burnout.

4. Summary and conclusions

The article presented an attempt to prove that religiosity can play an important protective role against burnout in the case of hospital nurses. The results of the study provided supportive empirical evidence for the authors' hypothesis, showing significant inverse relationship between various measures of religiosity and the level of burnout in the sample. However, there are several important factors that fell outside the scope of the study, such as the role of gender, marital status, socio-cultural and socio-economical factors in burnout. Being a first attempt to explore the relationship between religion and burnout, important aspects of religion were not taken into account either – some of these would be forms of religious coping, such as religious social support or religious reframing; the characteristics of community life in the case of the monastic nurses; or the possible differences of workplace environment in the case of religious institutes and state owned hospitals. These limitations prove the need for further research in the field as well as point at possible directions for further studies.

In a larger context, the results of the study draw attention to the fact that, apart from the individual's psychical health-care, along with psychological factors, religion may also contribute to the development and maintaining of health and healthy personality in its own specific manner.

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