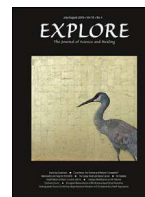




Contents lists available at ScienceDirect

Explore

journal homepage: [www.elsevier.com/locate/jesch](http://www.elsevier.com/locate/jesch)

## Burnout and spirituality among nurses: A scoping review

Rocío De Diego-Cordero<sup>a</sup>, Marta Iglesias-Romo<sup>b</sup>, Bárbara Badanta<sup>c,d,\*</sup>, Giancarlo Lucchetti<sup>e</sup>,  
Juan Vega-Escañó<sup>f</sup>

<sup>a</sup> Department of Nursing, Faculty of Nursing, Physiotherapy, and Podiatry, Universidad de Sevilla, Research Group under the Andalusian Research CTS 969 Innovation in HealthCare and Social Determinants of Health, Seville, Spain

<sup>b</sup> Department of Nursing, Faculty of Nursing, Physiotherapy, and Podiatry, Universidad de Sevilla

<sup>c</sup> Department of Nursing, Faculty of Nursing, Physiotherapy, and Podiatry, Universidad de Sevilla, Spain

<sup>d</sup> Research Group under the Andalusian Research CTS 1050 Complex Care, Chronic and Health Outcomes Seville, Seville, Spain

<sup>e</sup> School of Medicine, Federal University of Juiz de Fora, Brazil

<sup>f</sup> Spanish Red Cross Nursing School, University of Seville, Avda. Cruz Roja 1, 41009 Seville, Spain

### ARTICLE INFO

#### Article History:

Received 4 May 2021

Revised 2 August 2021

Accepted 4 August 2021

Available online xxx

#### Keywords:

Burnout syndrome

Nurses

Global occupational health

Religion

Spirituality

### ABSTRACT

**Objective:** To investigate the relationship between spirituality / religiousness and Burnout Syndrome in nurses, as well as to examine the current evidence for spiritual/religious interventions to alleviate their symptoms.

**Data sources:** A scoping review was conducted using CINAHL, SCOPUS, Web of Science, Pubmed databases, and grey literature, between January and July 2020.

**Study selection:** Two researchers performed the searches with a 95% agreement rate for the inclusion and exclusion of the studies. Both quantitative and qualitative studies published in peer-reviewed journals, using Spanish, Portuguese or English language were included. Restriction on publication date was not applied.

**Data Extraction:** A total of 1143 articles were identified and 18 were included in the final analysis. Quality assessment was performed, following CONSORT, STROBE, PRISMA and COREQ guidelines. Finally, the following data were extracted: authors, year, country, study design and sample characteristics, purpose of the study, and major findings.

**Data synthesis:** The results of the present review show that spirituality / religiousness is a common strategy used by nurses when coping with stress and burnout. Most studies reveal that spiritual and religious beliefs are correlated with lower levels of burnout, exhaustion and depersonalization in different settings. Nevertheless, two studies have not found any relationship and one study has found worse outcomes.

**Conclusions:** There is a lack of experimental studies trying to examine if spiritual interventions could modify burnout levels in clinical practice. Health managers should be aware of the spirituality / religiousness of their nurses and provide the appropriate spiritual support.

© 2021 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

### Background

Burnout Syndrome was first introduced by Freudenberg (1974) in the mid-1970s, defining it as a phenomenon characterized by emotional wear of the worker, accompanied by a decrease in physical and psychological energy, and a significant lack of motivation at work. In the following decades, Maslach and Leiter<sup>32</sup> have expanded the concept as an individual's experience of struggle based on a reinforced story around anxiety, distress, or pain, being manifested as behavioral, emotional, mental, moral, physical, social, and/or spiritual signs of distress. According to them, burnout is anguish experienced—internal and external as a

threat to one's composure, integrity, sense of self, or the fulfillment of expectations. Burnout is considered to have three dimensions that act in a continuum way. "Exhaustion" usually develops first, in response to overload, being followed by negative reactions such as detachment ("depersonalization"). If these continued, severe repercussions to the life of the individual may occur resulting in diminished accomplishments.<sup>31,32</sup>

Although this syndrome is common among health professionals, nurses seem to be more affected<sup>10</sup> due to the continuous and multidimensional exposure to patients, pain, death and the lack of support from healthcare managers.<sup>52</sup> The development of burnout is driven by environmental triggers, which are related to external factors (e.g. working conditions and hospital environment)<sup>7</sup> and personal factors (e.g. personality, stress, moral distress, compassion fatigue, and

\* Corresponding author.

E-mail address: [bbadanta@us.es](mailto:bbadanta@us.es) (B. Badanta).

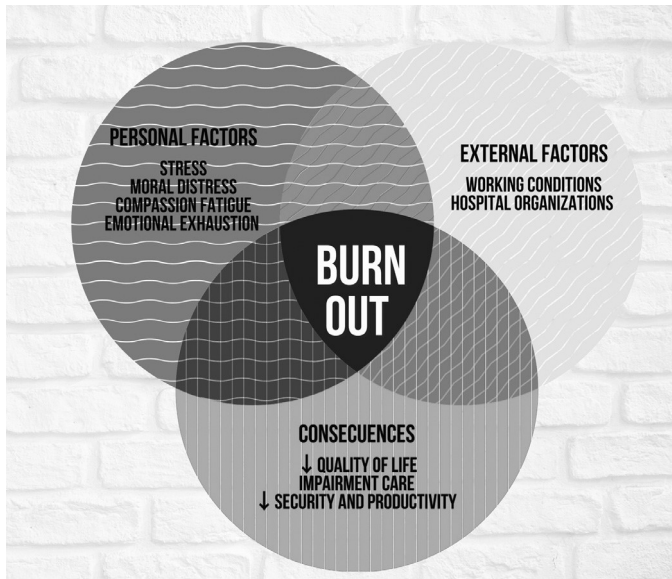


Fig. 1. Factors related to burnout and consequences.

emotional exhaustion).<sup>51</sup> The consequences of burnout could directly influence the mental, physical and behavioral health of nurses (Fig. 1), resulting in an important decrease of the quality of life, as well as an impairment in the care provided towards patients, diminishing the security and productivity of these health professionals, and impacting on the shortage and turnout rates of nurses in clinical settings.<sup>2,23</sup>

According to the survey "Clinician Burnout in Healthcare a Report for Healthcare a report for Healthcare Leaders", in 2019, 474 clinical staff members at hospitals and health systems across the U.S.A (physicians (40%), nurses (38%), others (22%)) suffered clinician burnout and 92% of all clinicians called burnout "a public health crisis," reporting their organizations are not implementing recommended strategies to address it.<sup>50</sup>

Within this context, nurses use a wide array of coping strategies in order to overcome burnout. Among them, spiritual and religious beliefs are important ways to handle the challenges and the burnout caused by the overload of the nursing care.<sup>12</sup> In this context, Florence Nightingale [1820–1910], founder of modern secular nursing, considered spirituality as part of the human flourishing and intrinsic human nature, and as the deepest and most powerful healing resource available to the person,<sup>15</sup> having important implications to nursing.

Although there is no consensus on the definition of Spirituality and Religiosity (S/R)<sup>5</sup> and some authors use these terms as synonyms, there are important differences in the meanings and interpretations of each construct. Religion could be defined as "the set of beliefs, practices, rituals and ceremonies that are normally acquired by tradition within a group or community".<sup>25</sup> Spirituality, on the other hand, is a broader concept, defined as "the personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community".<sup>25</sup>

In the last decades, spirituality and religiousness (S/R) have been increasingly studied, generally showing a positive influence in both mental and physical health<sup>17</sup> and being incorporated in guidelines and position statements of different medical and nursing organizations<sup>34</sup>.

Likewise, recent studies have shown an inverse relationship between S/R and burnout in different health professionals,<sup>42,61</sup> including nurses.<sup>33,35</sup> In addition, a previous study has shown that S/R can motivate self-forgiveness and divine forgiveness, which are

both positively related to psychosocial well-being and inversely associated with psychological distress outcomes among female nurses.<sup>30</sup> Some authors also agree that burnout could be considered a spiritual crisis as seen in the following statement: "Burnout is the desperate cry of the soul to break free, to be true to itself in the world and no longer defined by objective criteria. It is the climactic and exhausting struggle for work and relationships that have heartfelt meaning and joy".<sup>56</sup>

Despite the number of studies assessing how S/R could have an influence in burnout, a systematic compilation of studies focusing on burnout is still needed in order to understand what is the role that S/R play on burnout among nurses. These findings could help nurse managers and educators to propose future strategies to minimize the burnout, improving healthcare and the nurses' well-being.

The present study aims to investigate the relationship between spiritual/religious beliefs and the symptoms of Burnout Syndrome in nurses, as well as to examine the current evidence for spiritual/religious interventions to alleviate burnout symptoms in nurses. Therefore, this study will use the following questions: "What role does spirituality/religiosity play on burnout in nurses?", "What is the current evidence on spiritual/religious interventions to reduce burnout?"

## Methods

### Study design

A scoping review was carried out following the Arksey & O'Malley guidelines<sup>3</sup>: 1) identifying the research question, 2) identifying relevant studies, 3) study selection, 4) charting the data and 5) collating, summarizing, and reporting results. The review has also followed the PRISMA Statement recommendations (Table S1).

### Databases and search strategy

The scientific databases (CINAHL, SCOPUS, Pubmed and Web of Science) were consulted and keywords from the Medical Subject Headings (MeSH) were used. The search strategy was ((*burnout OR burn-out OR exhaustion OR fatigue*) AND (*spiritual\* OR religio\**) AND (*nursing OR nurse*)).

Two researchers performed the searches following the same strategy between January and July 2020, with a 95% agreement rate for the inclusion and exclusion of the studies. A third researcher conducted a search in grey literature. These searches were performed in the System for Information on Grey Literature in Europe (OpenGrey) and the Grey Literature Report.

### Inclusion and exclusion criteria

This scoping review included both quantitative and qualitative studies published in peer-reviewed journals, using Spanish, Portuguese and English language; and that have investigated the relationship between spiritual and religious beliefs and burnout in nurses, including S/R interventions. Restriction on publication date was not applied. Any opinion pieces, such as editorials, letters to the editors or case reports were excluded from this review. Studies addressing other health professionals (not nurses) and those aiming to evaluate only a specific S/R measurement tool were excluded.

### Data extraction

Two researchers were responsible for extracting the data independently. In the first stage, duplicate records were eliminated. Then, in the second stage, the studies were independently selected and analyzed by two researchers, by reviewing titles and abstracts. In the third stage, the selected studies were analyzed by reading the full text to verify that they continued to meet the inclusion criteria.

Records for which there was no complete agreement were assessed by a third researcher. The results of each stage were agreed upon and discrepancies resolved with the arbitration of a third researcher and, if necessary, a fourth researcher.

Finally, the following data were extracted: authors, year, country, study design and sample characteristics, purpose of the study, and major findings.

#### Assessment of methodological quality

The methodological quality was assessed using tools that ensure high-quality presentation of clinical trials (i.e. CONSORT), observational studies (i.e. STROBE), systematic reviews (i.e. PRISMA) and qualitative studies (i.e. COREQ guidelines) in order to determinate a sound methodology within the retrieved studies. Studies scoring low on the appraisals were excluded.

## Results

#### Search outcome

After the initial review in the databases, 1143 articles were obtained. Two authors independently (*Author 1*, *Author 2*) examined these records in order to eliminate duplicates, obtaining an initial sample of 592 references. A total of 510 studies did not meet all criteria during title and abstract analyses, so they were eliminated. Then, 82 articles were read in full text and finally 18 articles were included for analysis. The grey literature search did not retrieve any new studies. The flowchart for these studies is presented in Fig. 2.

#### Study characteristics

A total of 18 articles have been included in the review: 10 quantitative cross-sectional studies, 3 mixed-methods studies, 2 quasi-experimental non-randomized controlled studies, 1 quasi-experimental pre-post test study, 1 qualitative study and 1 literature review. From these studies, 69.7 % were published in the last 5 years and most studies were carried out in Asian countries (64.8%).

Regarding the characteristics of the samples included in these studies, 64.8% focused only on nurses, and 30 % included other professionals together with nurses (e.g. physicians, social workers). Most of the articles selected for this review investigated the influence of spirituality on Burnout Syndrome in nurses from different hospital services such as pediatrics ( $n = 6$ ), ICUs ( $n = 4$ ), and general services (e.g. internal medicine, medical surgical, orthopedics).

The quality of the studies varied between medium and good, obtaining scores above 20 points out of 22 for the descriptive observational studies in the STROBE statement, above 15.5 points out of 25 for the clinical trials in the CONSORT statement, and above 15 points out of 27 for the systematic review in the PRISMA statement. The quality of a qualitative study was very good, according to the COREQ statement. More details are shown as Supplementary material (Table S2-Table S5).

#### Spirituality, Religiosity and Burnout

Several studies assessed the role of S/R as a coping mechanism. Prayer,<sup>18</sup> spiritual beliefs,<sup>8</sup> meditation and quiet reflection,<sup>26,44</sup> repetition of religious mantras and reading religious books,<sup>44,59</sup> asking guidance for a High Power,<sup>18</sup> visiting places of worship<sup>40</sup> and having trustiness in God<sup>44</sup> were the most common strategies cited to alleviate burnout in nurses. These strategies are widely from different cultures all over the world (i.e. USA, India, Turkey, Singapore, Japan, Korea and Iraq) and, according to nurses, are associated with comfort to continue their work,<sup>44</sup> great energy and attention,<sup>59</sup> reduction in emotional burden,<sup>18</sup> deeper connection with patients and others,

enhance in self-kindness<sup>40</sup> and reduction in the symptoms of burnout.<sup>26</sup>

Concerning the relationship between burnout and S/R, most studies included in this review showed a significant and inverse relationship. While assessing specifically religiousness, a study different Asian countries with 3100 ICU nurses found that having a religious background or belief has a protective affect against burnout symptoms.<sup>46</sup> Same results were found by a New Zealand with 113 nurses which found that having low religiousness and no religious affiliation were both associated with higher scores of burnout<sup>13</sup>; by a Korean study with 318 ICU nurses which found that those with no religious affiliations had higher levels of burnout<sup>24</sup> and by a Japanese study that showed religious beliefs were a protective factor for depersonalization.<sup>39</sup>

Other studies have focused on spirituality and spiritual beliefs. In a Malaysian study, 550 nurses were examined and spiritual intelligence was able to reduce the feelings of depersonalization and the levels of burnout.<sup>22</sup> Likewise, a Maltese study including 121 nurses revealed that spirituality correlated positively with personal efficacy, emotional stability, conscientiousness, and well-being and that the faith maturity was important for the levels of burnout,<sup>14</sup> results similar to a study carried out in Singapore with 156 nurses that found higher depersonalization scores in less spiritual individuals.<sup>26</sup> Two other studies have investigated spiritual climate and have found a negative relationship between spiritual climate and emotional burnout score and intention to rotate and turnover rates in 391 and 297 nurses from China.<sup>57,60</sup>

Despite the aforementioned positive results, other two studies have found no relationship between S/R and burnout: one Turkey study including 379 nurses has found no significant correlations between spiritual orientation and scores for compassion satisfaction, exhaustion, and compassion fatigue<sup>41</sup> and the other study from Greece with 149 nurses has found that spirituality was not significant associated with exhaustion.<sup>38</sup>

Finally, there are few studies investigating if spiritual or religious interventions could result in better burnout outcomes. A pilot quasi-experimental pre-post test study from the USA including 38 nurses showed that a 5-minute mindfulness meditation significantly decreased nurse burnout after one month.<sup>16</sup> Two other experimental studies were carried out in Korea by the same group using a non-randomized controlled designed. The first one was carried out in 51 nurses and found that participants exposed to a spirituality-training program showed higher scores for spiritual well-being, spiritual integrity and leadership practice and reported lower scores on burnout as compared to the control group.<sup>58</sup> The second study, investigated the effects of the Holy Name Meditation (HNM) program and found significant increases in spiritual well-being, spiritual needs, and job satisfaction until the 24-week follow-up as compared to the control group. However, Burnout differences were found only in in the experimental group was significant reduced compared with the control group during posttest 1 (5 weeks after the intervention) and posttest 2 (12 weeks after the intervention), but no significant difference was found in posttest 3 (24 weeks after the intervention).<sup>59</sup>

The detailed characteristics of the studies are presented in Table 1.

## Discussion

Burnout is a terribly painful experience that requires moving through it to heal. The results of the present review show that S/R is a common strategy used by nurses when coping with stress and burnout. Exploring spirituality leads to healing that is the emergent process of the whole system bringing together aspects of oneself and the body-mind-spirit-social-environment at deeper levels of inner knowing, leading to integration and balance.<sup>11</sup>

Concerning the relationship between burnout and R/S, most studies reveal that higher spiritual and religious beliefs are correlated

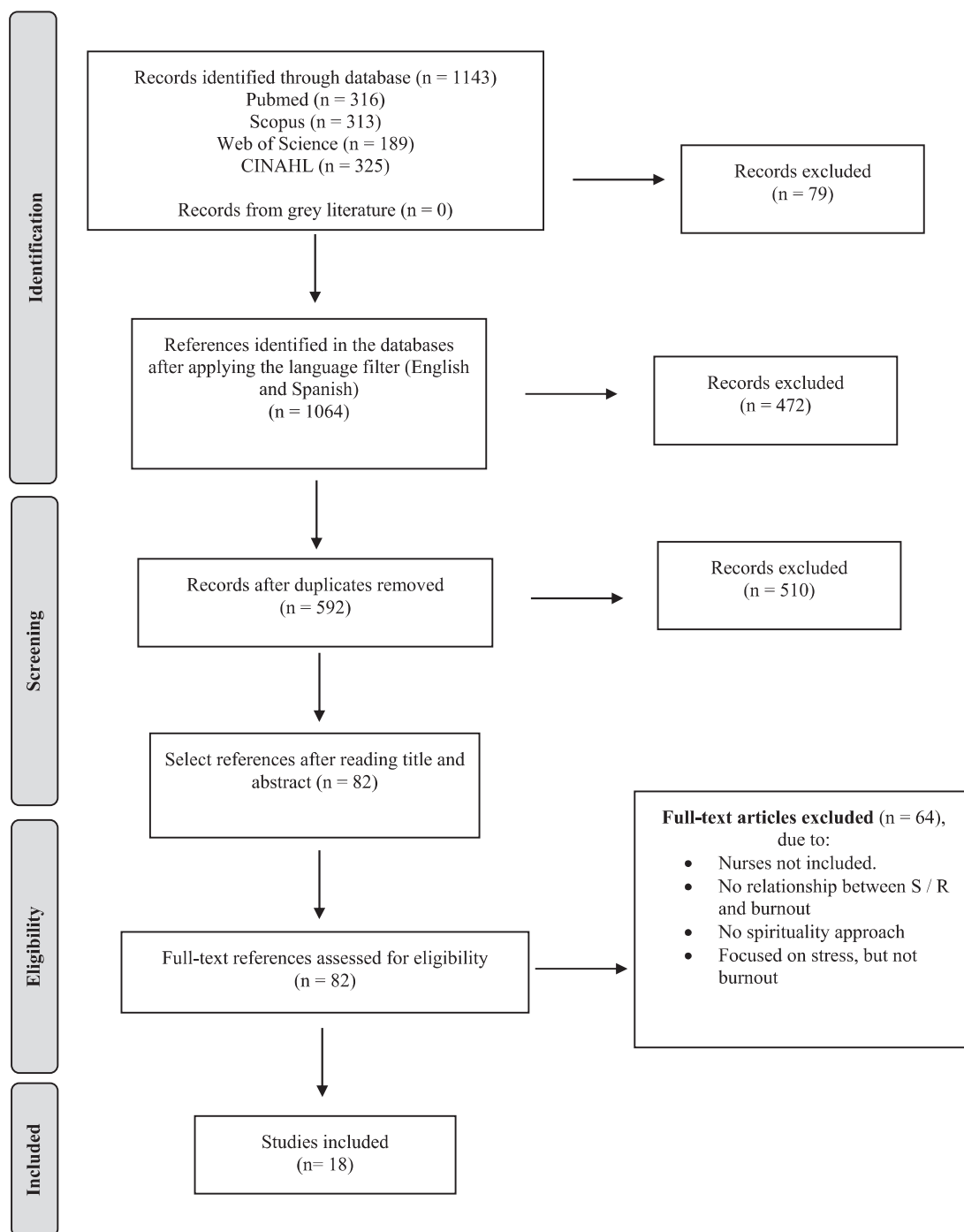


Fig. 2. Flowchart for the selection of articles for the scoping review.

with lower levels of burnout, exhaustion and depersonalization in different settings. Nevertheless, two studies have not found any relationship and one study has found worse outcomes. Despite the good observational evidence, there is a lack of experimental studies trying to examine if spiritual interventions could modify burnout levels in clinical practice.

Regarding the spiritual and religious strategies used by nurses, authors determine that spiritual coping such as meditation and positive religious/spiritual coping are one of the most powerful tools for dealing with the day-to-day stress of nursing in emergency and critical care settings.<sup>21</sup> In other cases, nurses use prayer as a mean to contribute relieving work-related stress and improving well-being.<sup>1</sup> It is interesting to note that, in our review, nurses from very distinct

cultural and religious backgrounds have reported using S/R. This could denote that S/R is a universal phenomenon used to overcome challenges of their work and used in different ways according to the cultural aspects of their environment.

In this context, spiritual practices may be strategies used to heal spiritual problems and spirituality requires exploration of nurses' interiority. In previous studies with nurses, R/S were important tools to face illnesses, stressful situations and life problems, generally favoring health outcomes. The evidence supports that nurses who explored and worked their own spirituality tend to have higher levels of well-being and mental health.<sup>49</sup>

Concerning the evidence towards the relationship between S/R and burnout, most of the articles included in our scoping review

**Table 1**  
Results of the scoping review.

Authors, year / country	Study Desing	Sample size / Participants	Aims	Major findings	Quality
<sup>8</sup> / USA	Cross-sectional	74 Oncology nurses	To investigate differences in burnout among oncology nurses, and to examine how coping strategies, and job satisfaction influence burnout.	Twenty-two percent of the nurses in this study scored high in emotional exhaustion. To deal with burnout, nurses used spirituality and coworker support. Job satisfaction correlated inversely with emotional exhaustion and the desire to leave oncology nursing.	STROBE 19.5/22
<sup>13</sup> / New Zealand	Mixed-methods	113 Registered nurses, Enrolled nurses, and Health care assistants	To examine the association between the religious/spiritual beliefs and burnout professionals of residential aged care	Participants reported religious/spiritual beliefs as a positive strong influence on their attitudes toward death and dying (51.4%). Those who reported minor influence of religious/ spiritual beliefs and no religious affiliation had a significantly higher mean burnout score.	STROBE 22/22
<sup>14</sup> / Malta	Mixed-methods	121 Nurses from different services, including the psychiatric unit	To examine the incremental validity of spirituality in predicting burnout among professional nurses.	Maltese nurses suffer from high levels of burnout, in particular from low professional accomplishment (94% of nurses), high levels of depersonalization, and moderate to high emotional exhaustion. Spirituality correlated positively with personal efficacy, emotional stability, conscientiousness, and well-being. Well-being positively correlated with personal accomplishment and negatively with emotional exhaustion, and depersonalization. The faith maturity accounted for four percent of variance of burnout, after controlling well-being and personality.	STROBE 18/22
<sup>16</sup> / USA	Quasi-experimental Pilot study	45 Pediatric intensive care nurses	To investigate changes in pediatric nursing stress, burnout, self-compassion, mindfulness and job satisfaction over three time periods after a mindfulness meditation intervention.	High levels of emotional exhaustion and depersonalization were reported at baseline for burnout. Lower levels of post-intervention burnout were detected among nurses, and the emotional exhaustion was negatively correlated with mindfulness and self-compassion. There was a significant change in stress from baseline to post-intervention.	CONSORT 15.5/25
<sup>18</sup> / Turkey	Mixed-methods	106 Pediatric Nurses	To investigate secondary traumatic stress (STS) and its relationship to burnout among nurses.	There was a high-risk level of STS among pediatric nurses working with chronically ill children (40.6%). The main coping strategies employed were the use of social support, spirituality (praying or believing in a higher force that guides action), and finally avoidance.	STROBE 21.5/22
<sup>22</sup> / Malaysia	Cross-sectional	550 Nurses in practice (general surgical, general medical, paediatrics, obstetrics and gynaecology and orthopaedics)	To analyse a model of prediction of caring behavior among nurses that includes spiritual intelligence (SI), emotional intelligence (EI), psychological ownership (PO), and burnout (BO).	Spiritual intelligence influences emotional intelligence and psychological ownership, and they reduce levels of burnout by decreasing their feelings of depersonalisation. Burnout mediates the relationship between spiritual intelligence and caring behavior and between psychological ownership and caring behavior of nurses.	STROBE 20.5/22
<sup>24</sup> / South Korea	Cross-sectional	318 ICU nurses	To assess levels of well-being and exhaustion between the ICU nurses.	The existential well-being score was higher than the religious one, and physical burnout had the highest score of the subscales. Nurses who had no religion, were in their twenties, and with less than five years of clinical experience showed significantly higher levels of burnout. Having a religion increased spiritual well-being levels among ICU nurses.	STROBE 21/22
<sup>26</sup> / Singapore	Multicenter Cross-sectional	74 Doctors / 156 Nurses / 37 Social workers (Palliative care practitioners)	To study the prevalence of burnout and psychological morbidity among palliative care professionals, as well as the use of coping mechanisms.	The prevalence of burnout among participants was 33.3% and psychological morbidity was 28.2%. Health professionals who described themselves as being less spiritual actually reported higher depersonalisation scores as well as low lack of personal accomplishment and were at higher risk of psychological morbidity compared to those who described themselves as being spiritual. Those professionals who used coping mechanisms had lower rates of burnout and psychological morbidity. Among the transcendental coping mechanisms, meditation and quiet reflection were effective activities against burnout.	STROBE 20/22
<sup>38</sup> / Greece	Multicenter Cross-sectional	149 physicians and 320 ICU nurses	To evaluate if burnout in the Intensive Care Unit (ICU) was influenced by aspects of personality, spirituality and job satisfaction.	Strong positive correlation of exhaustion with neuroticism, psychoticism, spirituality, and low job satisfaction was found. However, high Spiritual and Religious Attitudes Questionnaire scores were not identified as statistically significant independent factors in the multivariate logistic regression to predict high emotional exhaustion.	STROBE 20/22

(continued on next page)

Table 1 (Continued)

Authors, year / country	Study Design	Sample size / Participants	Aims	Major findings	Quality
<sup>39</sup> / Japan	Cross-sectional	Geriatric nurses (n = 82), care workers (n=179)	To investigate factors associated with the burnout of nurses and care workers in nursing homes and geriatric hospitals in Japan, and to explore the use of Buddhist priests in these settings.	Professionals with religious beliefs and older nurses showed a more positive attitude towards end-life care, which seems to be a protective factor against depersonalization. Nurses and care workers in long-term care facilities wanted support from Buddhist priests for helping to manage the anxiety or distress of patients (71%), families (66%) and staff (42%). Those who favored sutra chanting in the facility, had lower scores for emotional exhaustion.	STROBE 21/22
<sup>40</sup> / India	Literature review	26 studies selected from Medline, CINAHL, PsycINFO, PsycArticles databases and Google Scholar	To explore religious and spiritual coping strategies used by nurses and their stress-buffering effect.	Nurses employ different religious and spiritual strategies in coping with work stress such as reading religious books, praying or repetition of a holy word/mantra, visiting places of worship, and meditation. Mindfulness and compassion meditation training helped nurses to connect more deeply with others, reduce perceived stress, and enhanced self-kindness and their ability to provide quality care.	PRISMA (Table S4)
<sup>41</sup> / Turkey	Cross-sectional	379 Clinical nurses (Surgery, emergency, ICU, internal medicine, neonatal, obstetrics...)	To determine the relationship of the spiritual orientation with compassion fatigue, burnout, and compassion satisfaction of nurses.	Not significant correlation was found between spiritual orientation and average scores for compassion satisfaction, exhaustion, and compassion fatigue.	STROBE 18/22
<sup>44</sup> / Irak	Qualitative (Interviews)	21 Clinical nurses (medical surgical, orthopedics, intensive care, and the emergency department)	To describe the experiences of nurses about their coping strategies with burnout.	Spirituality is one of the most important strategies to overcome nurses' burnout. Trusting God and having a spiritual look at nursing help them to tolerate all the work pressures and difficulties. They consider patient care as a religious responsibility and approximation to God, as a spiritual journey to achieve the spiritual reward and Holiness of the job.	COREQ (Table S5)
<sup>46</sup> / Asian countries	Cross-sectional	3100 ICU nurses / 992 ICU physicians	To investigate the prevalence of burnout and its associated risk factors among physicians and nurses in the intensive care units (ICUs).	Both physicians and nurses had high levels of burnout (50.3% versus 52.0%), and positive correlations between high burnout and stress/depression existed. Among participants, religiosity (i.e. having a religious background or belief) had a protective effect against burnout.	STROBE 21/22
<sup>57</sup> / China	Cross-sectional	391 Clinical nurses (medicine, surgery, paediatric, obstetrics, emergency and ICU services)	To explore the relationship between transformational leadership and spiritual climate and how this relationship affects burnout and intention to quit.	There was a significant negative relationship between spiritual climate and emotional burnout score and intention to rotate. A slight correlation was observed in teamwork with spiritual climate and transformational leadership.	STROBE 19/22
<sup>58</sup> / South Korea	Non-randomized Controlled trial	51 Manager nurses	To assess a spirituality-training program for nurses on the spiritual well-being, spiritual integrity, leadership practice, job satisfaction and burnout.	Participants in the experimental group showed higher scores for spiritual well-being, spiritual integrity and leadership practice and they reported lower scores on burnout.	CONSORT 15/25
<sup>59</sup> / South Korea	Non-randomized controlled trial	45 Manager nurses	To measure the effects of the Holy Name Meditation (HNM) program on the psychosocial and spiritual state of manager nurses.	The experimental group increased significantly in spiritual well-being, spiritual needs, and job satisfaction until the 24-week follow-up. Burnout in the experimental group was significant reduced compared with the control group during posttest 1 and posttest 2, but no significant difference was found in posttest 3. No significant differences were found between the two groups in the variables anxiety and depression during posttest 1 but a remarkable reduction was identified in the experimental group in posttest 2.	CONSORT 15.5/25
<sup>60</sup> / (China)	Cross-sectional	207 Clinical nurses (Surgery, pediatrics, oncology, ICU and internal medicine)	To identify the role that spiritual climate has in reducing burnout and intentions to leave amongst clinical nurses.	Most clinical departments showed a moderate spiritual climate with high job burnout and turnover intention. A good spiritual climate partially mediated the effect of job burnout on turnover intention among nurses and significantly related to higher job satisfaction.	STROBE 19.5/22

show a positive influence, implying that S/R is associated with lower levels of burnout among nurses. These findings are supported by other studies in different populations such as the case of medical students (spiritual well-being and daily spiritual experiences were associated with higher levels of psychological distress and burnout),<sup>54</sup> medical and surgical teachers (scores on personal accomplishment were significantly higher in those who reported that their work was influenced by their religious or spiritual beliefs)<sup>28</sup> and medical and mental health care providers (daily spiritual experiences reduced physical, cognitive, and emotional forms of burnout).<sup>19</sup> It seems that, in most of the cases, the positive use of both S / R may have salutary effects in burnout.

However, 2 out of 18 studies included in our review failed to detect such relationship. These results are also supported by previous studies in the literature, such as a study with Emergency department physicians<sup>45</sup> and another with interns in internal medicine (Doolittle)<sup>9</sup> which found also no relationship. Since S/R could be used in positive and negative ways, it is important to highlight that the negative use of religiousness (i.e. conflicts, struggle, punishment) could have worse outcomes as noted in previous studies.<sup>37,48</sup>

In fact, it is also important to note that the S / R also modulate the effects of some factors that contribute to the development of burnout or worsen the work environment. This implies that using these strategies, burnout may move nurses from stress to transformation. A study carried out in a hospital in the southeastern United States demonstrated that higher levels of health-promoting behaviors regarding spiritual growth were associated with lower job stress and higher job satisfaction among nurses.<sup>55</sup> Higher levels of S / R also were related to a protective effect on occupational stress<sup>6</sup> and better self-compassion.<sup>43</sup> Self-compassion not only improves the ability to confront painful life situations that are outside of our control with no need to "fix" the suffering or push away negative emotions, it also allows us to recognize that life's challenges and personal failures are simply part of being human.<sup>36</sup> In short, nurse's spirituality or spiritual care based on mutual growth with patients do not only enhance spiritual well-being and influence a positive work environment, but also improve spiritual care competencies.<sup>20</sup> This is important because of organizational factors have been identified as barriers to providing compassionate care in nursing practice.<sup>53</sup>

Finally, the present review identified a lack of experimental studies in order to corroborate with the observational studies. Despite the good evidence that S/R has on burnout, there is still a gap on whether providing spiritual interventions could result in lower levels of burnout. Our findings were not conclusive, since we found only three experimental studies and no randomized controlled trial. The studies assessed mindfulness meditation, Holy Name meditation and a spirituality-training program and found positive results in diminishing burnout symptoms. However, these studies are preliminary and non-randomized, providing weak evidence concerning this field of research.

This scoping review has several limitations. First, the option of limiting articles to English, Spanish and Portuguese may have excluded articles published in other languages. Second, although the assessment included four databases, it is possible that some studies indexed in other databases have not been included. Third, although our search was broad and included the most common keywords to assess R/S, it is possible that such terms failed to capture some articles that included other transcendental techniques such as meditation, being in nature or relaxation. This could be considered a potential limitation of our protocol.

### Implications for occupational health practice

These findings have important occupational health implications. Despite burnout has not clearly defined diagnostic criteria, it is increasingly recognized in the workplace, being included in the 11th

edition of the International Classification of Diseases in 2019. For some authors, Burnout is a syndrome considered an occupational phenomenon and not exclusively a medical condition.<sup>23</sup> For other authors, burnout is a mixture of symptoms and signs, being a disease and a potential threat to public health.<sup>47</sup> In the case of physician burnout, it has been recognized as a public health crisis that affects physicians' personal and professional lives.<sup>29</sup>

In the present review, we have identified that nurses use S/R to overcome their challenges and to alleviate burnout and that most studies detected that S/R could result in diminished symptoms of burnout. This is particularly important to healthcare managers, since they should be aware of the importance of this dimension to nurses and act in order to provide support for their beliefs. Providing access to religious leaders, spaces for contemplation and meditation, spiritual support could be important strategies to be incorporated by healthcare settings. Likewise, spiritual support groups and interventions could be important strategies to allow the health professional to explore one's interiority and story around suffering, promoting reflective practices for healing.<sup>4,27</sup>

Finally, the lack of randomized controlled trials in this review draws attention to the lack of solid evidence that spiritual and religious interventions were capable of modifying burnout in clinical scenarios. More studies are definitely needed in order to incorporate the consolidated observational findings into clinical practice.

### Conclusion

Our findings have supported the role of burnout as a wakeup call challenging nurses to explore how to source from soul's wisdom. In our review, nurses tended to use S/R as a coping strategy to alleviate burnout in their clinical practice and there was a wide array of evidence of the influence of spiritual and religious beliefs on burnout symptoms. It seems that spirituality could serve as a health promoter and foster longevity in the nursing profession, helping to re-ignite and to find new passion for nursing and life. In this context, reflective practices are a process learning to be in the moment that guides inner development and permits entry into the flow and dance of wholeness and unity.

Despite this evidence, there are still some gaps to be addressed such as the few experimental studies on spiritual interventions to burnout and, to our knowledge, the lack of randomized controlled trials. Health managers should be aware of the S/R of their nurses and provide the appropriate spiritual support. Addressing spirituality is a way to address personal suffering, and there is always a grace in the healing process that offers an expanded awareness and transformation to healthier ways of being.

### Applying research to practice

Burnout syndrome is a major mental disorder and an actual public health problem. Although Burnout syndrome is common among health professionals, nurses seem to be more affected.

Spiritual and religious beliefs are common and important ways to handle the challenges and the burnout caused by the overload of the nursing care.

This paper adds a systematic compilation of studies focusing on the relationship between spirituality / religiousness and Burnout Syndrome in nurses.

Most of the studies included in this review reveal that higher spiritual and religious beliefs are correlated with lower levels of Burnout Syndrome.

The findings could help nurse managers and educators to propose future strategies to minimize the Burnout syndrome based on the use of spirituality such as a coping strategy to alleviate Burnout syndrome among nurses.

## Authorship Statement

All authors listed meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and all authors are in agreement with the manuscript.

## Author Contributions

The people listed as authors participated in all stages of the design and conception of the study, and read and approved the final manuscript as well as its submission to the journal. Design of the study R. d.-D.C.; Data collection R. d.-D.C.; M.I.R. Data analysis R. d.-D.C.; M.I.R.; J.V.E.; Study supervision: R. d.-D.C.; B.B.; Drafting the manuscript: R. d.-D.C.; B.B.; J.V.E.; Critical revisions for important intellectual content: R. d.-D.C.; B.B.; J.V.E.; M.I.R.

## Funding Information

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## Declaration of Competing Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

## Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.explore.2021.08.001](https://doi.org/10.1016/j.explore.2021.08.001).

## References

- Achour M, Binti Abdul Ghani Azmi I, Bin Isahak M, Mohd Nor MR, Mohd Yusoff MYZ. Job stress and nurses well-being: prayer and age as moderators. *Community Ment Health J*. 2019;55(7):1226–1235. <https://doi.org/10.1007/s10597-019-00410-y>.
- Alenezi A, McAndrew S, Fallon P. Burning out physical and emotional fatigue: evaluating the effects of a programme aimed at reducing burnout among mental health nurses. *Int J Ment Health Nurs*. 2019;28(5):1045–1055. <https://doi.org/10.1111/inm.12608>.
- Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8(1):19–32. <https://doi.org/10.1080/1364557032000119616>.
- Atarhim MA, Lee S, Copnell B. An exploratory study of spirituality and spiritual care among Malaysian nurses. *J Relig Health*. 2019;58(1):180–194. <https://doi.org/10.1007/s10943-018-0624-0>.
- Bakir E, Samancioglu S, Kilic SP. Spiritual experiences of muslim critical care nurses. *J Relig Health*. 2017;56(6):2118–2128. <https://doi.org/10.1007/s10943-017-0382-4>.
- Batalla VRD, Barrameda ALN, Basal JMS, Batham ASJ, Bautista JEG, Rebuena MCDR, Macindo JB. Moderating effect of occupational stress on spirituality and depression of Registered Nurses in tertiary hospital: a structural equation model. *J Adv Nurs*. 2019;75(4):772–782. <https://doi.org/10.1111/jan.13856>.
- Coll Caules M, Juan Esgleas S, Izquierdo Montilla L. Burnout syndrome in intensive nursing. *Agora de Enfermería*. 2019;23(4):152–155.
- Davis S, Lind BK, Sorensen C. A comparison of burnout among oncology nurses working in adult and pediatric inpatient and outpatient settings. *Oncol Nurs Forum*. 2013;40(4):E303–E311. <https://doi.org/10.1188/13.ONF.E303-E311>.
- Doolittle BR. Association of burnout with emotional coping strategies, friendship, and institutional support among internal medicine physicians. *J Clin Psychol Med Settings*. 2020;1–7. <https://doi.org/10.1007/s10880-020-09724-6>.
- Dyrbye L, Shanafelt T, Sinsky C, Cipriano P, Bhatt J, Ommaya A, West C, Meyers D. Burnout among health care professionals: a call to explore and address this under-recognized threat to safe, high-quality care. *NAM Perspect*. 2017;7. <https://doi.org/10.31478/201707b>.
- Egnew TR. The meaning of healing: transcending suffering. *Ann Fam Med*. 2005;3(3):255–262. <https://doi.org/10.1370/afm.313>.
- Espindula JA, Valle ERMD, Bello AA. Religion and spirituality: the perspective of health professionals. *Rev Lat Am Enfermagem*. 2010;18(6):1229–1236. <https://doi.org/10.1590/S0104-11692010000600025>.
- Frey R, Balmer D, Robinson J, Slark J, McLeod H, Gott M, Boyd M. "To a better place": The role of religious belief for staff in residential aged care in coping with resident deaths. *Eur J Integr Med*. 2018;19(March):89–99. <https://doi.org/10.1016/j.eujim.2018.03.001>.
- Galea M. Assessing the incremental validity of spirituality in predicting nurses' burnout. *Arch Psychol Relig*. 2014;36(1):118–136. <https://doi.org/10.1163/15736121-12341276>.
- Galvis-López MA, Pérez-Giraldo B. Revisión de la literatura sobre el concepto espiritualidad aplicado a la práctica de enfermería. *Rev Iberoam Educ E Investig En Enferm*. 2013;3(3):54–61.
- Gauthier T, Meyer RML, Grefe D, Gold JI. An on-the-job mindfulness-based intervention for pediatric ICU nurses: a pilot. *J Pediatr Nurs*. 2015;30(2):402–409. <https://doi.org/10.1016/j.pedn.2014.10.005>.
- Gonçalves JPB, Lucchetti G, Menezes PR, Vallada H. Religious and spiritual interventions in mental health care: a systematic review and meta-analysis of randomized controlled clinical trials. *Psychol Med*. 2015;45(14):2937–2949. <https://doi.org/10.1017/S0033291715001166>.
- Günüşen NP, Wilson M, Aksoy B. Secondary traumatic stress and burnout among muslim nurses caring for chronically ill children in a Turkish hospital. *J Transcult Nurs*. 2018;29(2):146–154. <https://doi.org/10.1177/1043659616689290>.
- Holland JM, Neimeyer RA. Reducing the risk of burnout in end-of-life care settings: the role of daily spiritual experiences and training. *Palliat Support Care*. 2005;3(3):173–181. <https://doi.org/10.1017/s1478951505050297>.
- Hu Y, Jiao M, Li F. Effectiveness of spiritual care training to enhance spiritual health and spiritual care competency among oncology nurses. *BMC Palliat Care*. 2019;18(104):18. <https://doi.org/10.1186/s12904-019-0489-3>.
- Ibrahim MA, Isa KQ, Haji-Idris HA, Nawi SH, Teo YC, Abdul Rahman H, Abdul-Mumin KH. Spiritual coping with stress among emergency and critical care nurses: a cross-sectional study. *Community Ment Health J*. 2020;56(2):287–293. <https://doi.org/10.1007/s10597-019-00486-6>.
- Kaur D, Sambasivan M, Kumar N. Effect of spiritual intelligence, emotional intelligence, psychological ownership and burnout on caring behaviour of nurses: a cross-sectional study. *J Clin Nurs*. 2013;22(21–22):3192–3202. <https://doi.org/10.1111/jocn.12386>.
- Kelly LA, Gee PM, Butler RJ. Impact of nurse burnout on organizational and position turnover. *Nurs Outlook*. 2020;1–7. <https://doi.org/10.1016/j.outlook.2020.06.008>.
- Kim HS, Yeom HA. The association between spiritual well-being and burnout in intensive care unit nurses: a descriptive study. *Intensiv Crit Care Nurs*. 2018;46:92–97. <https://doi.org/10.1016/j.iccn.2017.11.005>.
- Koenig HG, McCullough ME, Larson DB. *Handbook of Religion and Health*. Oxford University Press; 2001.
- Koh MYH, Chong PH, Neo PSH, Ong YJ, Yong WC, Ong WY, Shen MLJ, Hum AYM. Burnout, psychological morbidity and use of coping mechanisms among palliative care practitioners: a multi-centre cross-sectional study. *Palliat Med*. 2015;29(7):633–642. <https://doi.org/10.1177/0269216315575850>.
- Kostovich CT, Bormann JE, Gonzalez B, Hansbrough W, Kelly B, Collins EG. Being present: examining the efficacy of an Internet Mantram Program on RN-delivered patient-centered care. *Nurs Outlook*. 2021;69(2):136–146. <https://doi.org/10.1016/j.outlook.2021.01.001>.
- Lal A, Tharyan A, Tharyan P. The prevalence, determinants and the role of empathy and religious or spiritual beliefs on job stress, job satisfaction, coping, burnout, and mental health in medical and surgical faculty of a teaching hospital: a cross-sectional survey. *La Rev Méd Int*. 2020;41(4):232–240. <https://doi.org/10.1016/j.revmed.2019.12.005>.
- Lancet T. Physician burnout: a global crisis. *Lancet North Am Ed*. 2019;394(10193):93. [https://doi.org/10.1016/S0140-6736\(19\)31573-9](https://doi.org/10.1016/S0140-6736(19)31573-9).
- Long KNG, Chen Y, Potts M, Hanson J, VanderWeele TJ. Spiritually motivated self-forgiveness and divine forgiveness, and subsequent health and well-being among middle-aged female nurses: an outcome-wide longitudinal approach. *Front Psychol*. 2020;11:1337. <https://doi.org/10.3389/fpsyg.2020.01337>.
- Maslach C, Jackson SE. The measurement of experienced burnout. *J Organ Behav*. 1981;2(2):99–113. <https://doi.org/10.1002/job.4030020205>.
- Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. 2016;15(2):103–111. <https://doi.org/10.1002/wps.20311>.
- McAdam JL, Erikson A. Self-care in the bereavement process. *Crit Care Nurs Clin North Am*. 2020;32(3):421–437. <https://doi.org/10.1016/j.cnc.2020.05.005>.
- Moreira-Almeida A, Koenig HG, Lucchetti G. Clinical implications of spirituality to mental health: review of evidence and practical guidelines. *Rev Bras Psiquiatr (Sao Paulo, Brazil)*. 2019;2014;36(2):176–182. <https://doi.org/10.1590/1516-4466-2013-1255>.
- Morris MH. Write it out! CPR for the soul. *Nurs Clin North Am*. 2020;55(4):475–488. <https://doi.org/10.1016/j.cnur.2020.06.014>.
- Neff KD, Germer C. Self-compassion and psychological wellbeing. In: Daty J, ed. *Oxford Handbook of Compassion Science*. Oxford University Press; 2017. <https://self-compassion.org/wp-content/uploads/2017/09/Neff.Germer.2017.pdf>.
- Noh H, Chang E, Jang Y, Lee JH, Lee SM. Suppressor effects of positive and negative religious coping on academic burnout among Korean middle school students. *J Relig Health*. 2016;55(1):135–146. <https://doi.org/10.1007/s10943-015-0007-8>.
- Ntantana A, Matamis D, Savvidou S, Giannakou M, Gouva M, Nakos G, Koulouras V. Burnout and job satisfaction of intensive care personnel and the relationship with personality and religious traits: an observational, multicenter, cross-sectional study. *Intensiv Crit Care Nurs*. 2017;41:11–17. <https://doi.org/10.1016/j.iccn.2017.02.009>.



39. Okamura T, Shimmei M, Takase A, Toishiba S, Hayashida K, Yumiyama T, Ogawa Y. A positive attitude towards provision of end-of-life care may protect against burnout: Burnout and religion in a super-aging society. *PLoS One*. 2018;13(8):1–11. <https://doi.org/10.1371/journal.pone.0202277>.
40. Perera CK, Pandey R, Srivastava AK. Role of religion and spirituality in stress management among nurses. *Psychol Stud*. 2018;63(2):187–199. <https://doi.org/10.1007/s12646-018-0454-x>.
41. Polat H, Turan GB, Tan M. Determination of the relationship of the spiritual orientation of nurses with compassion fatigue, burnout, and compassion satisfaction. *Perspect Psychiatr Care*. 2020;56:920–925. <https://doi.org/10.1111/ppc.12513>.
42. Posluns K, Gall TL. Dear mental health practitioners, take care of yourselves: a literature review on self-care. *Int J Adv Counsel*. 2020;42(1):1–20. <https://doi.org/10.1007/s10447-019-09382-w>.
43. Reilly PM, Buchanan TM, Vafides C, Breakey S, Dykes P. Auricular acupuncture to relieve health care workers' stress and anxiety: Impact on caring. *Dimens Crit Care Nurs*. 2014;33(3):151–159. <https://doi.org/10.1097/DCC.0000000000000039>.
44. Salaree MM, Zarejyan A, Ebadi A, Salaree M. Coping strategies used by Iranian nurses to deal with burnout: a qualitative research. *Glob J Health Sci*. 2014;6(6):273–280. <https://doi.org/10.5539/gjhs.v6n6p273>.
45. Salmoirago-Blotcher E, Fitchett G, Leung K, Volturo G, Boudreaux E, Crawford S, Ockene I, Curlin F. An exploration of the role of religion/spirituality in the promotion of physicians' wellbeing in Emergency Medicine. *Prevent Med Rep*. 2016;3:189–195. <https://doi.org/10.1016/j.pmedr.2016.01.009>.
46. See KC, Zhao MY, Nakataki E, Chittawatanarat K, Fang WF, Faruq MO, Wahjuprajitno B, Arabi YM, Wong WT, Divatia JV, Palo JE, Shrestha BR, Nafees KMK, Binh NG, Al Rahma HN, Detleuxay K, Ong V, Phua J. Professional burnout among physicians and nurses in Asian intensive care units: a multinational survey. *Intensiv Care Med*. 2018;44(12):2079–2090. <https://doi.org/10.1007/s00134-018-5432-1>.
47. Segura O. Agotamiento profesional: concepciones e implicaciones en la salud pública. *Biomédica*. 2014;34(4 SE-Ensayo):535–545. <https://doi.org/10.7705/biomedica.v34i4.2315>.
48. Shin H, Park YM, Ying JY, Kim B, Noh H, Lee SM. Relationships between coping strategies and burnout symptoms: A meta-analytic approach. *Prof Psychol*. 2014;45(Issue 1):44–56. <https://doi.org/10.1037/a0035220>. American Psychological Association.
49. Sierra Leguía L, Montalvo Prieto A. Bienestar espiritual de enfermeras y enfermeros en unidades de cuidado intensivo. *Avances En Enfermería*. 2012;30(1 SE-):64–74. <https://revistas.unal.edu.co/index.php/avenferm/article/view/35438>.
50. Spock Inc. (2019). Clinician burnout in healthcare a report for healthcare leaders.
51. Tan SB, Lee YL, Tan SN, Ng TY, Teo YT, Lim PK, Loh EC, Lam CL. The experiences of well-being of palliative care providers in Malaysia: a thematic analysis. *J Hosp Palliat Nurs*. 2020;22(5):407–414. <https://doi.org/10.1097/NJH.0000000000000678>.
52. Ten Hoeve Y, Brouwer J, Kunnen S. Turnover prevention: The direct and indirect association between organizational job stressors, negative emotions and professional commitment in novice nurses. *J Adv Nurs*. 2020;76(3):836–845. <https://doi.org/10.1111/jan.14281>.
53. Valizadeh L, Zamanzadeh V, Dewar B, Rahmani A, Ghafourifard M. Nurse's perceptions of organisational barriers to delivering compassionate care: a qualitative study. *Nurs Ethics*. 2018;25(5):580–590. <https://doi.org/10.1177/0969733016660881>.
54. Wachholtz A, Rogoff M. The relationship between spirituality and burnout among medical students. *J Contemp Med Edu*. 2013;1(2):83–91. <https://doi.org/10.5455/jcme.20130104060612>.
55. Williams HL, Costley T, Bellury LM, Moobed J. Do health promotion behaviors affect levels of job satisfaction and job stress for nurses in an acute care hospital? *J Nurs Adm*. 2018;48(6):342–348. <https://doi.org/10.1097/NNA.0000000000000625>.
56. Wright SG. *Burnout: A Spiritual Crisis on the Way Home*. Sacred Space Publications; 2010.
57. Wu X, Hayter M, Lee AJ, Yuan Y, Li S, Bi Y, Zhang L, Cao C, Gong W, Zhang Y. Positive spiritual climate supports transformational leadership as means to reduce nursing burnout and intent to leave. *J Nurs Manag*. 2020;28(4):804–813. <https://doi.org/10.1111/jonm.12994>.
58. Yong J, Kim J, Park J, Seo I, Swinton J. Effects of a spirituality training program on the spiritual and psychosocial well-being of hospital middle manager nurses in Korea. *J Contin Educ Nurs*. 2011;42(6):280–288. <https://doi.org/10.3928/00220124-20101201-04>.
59. Yong JSJ, Park JFJ, Park Y, Lee H, Lee G, Rim S. Effects of holy name meditation on the quality of life of hospital middle manager nurses in korea: A 6-month follow-up. *J Contin Educ Nurs*. 2020;51(5):215–224. <https://doi.org/10.3928/00220124-20200415-06>.
60. Zhang Y, Wu X, Wan X, Hayter M, Wu J, Li S, Hu Y, Yuan Y, Liu Y, Cao C, Gong W. Relationship between burnout and intention to leave amongst clinical nurses: the role of spiritual climate. *J Nurs Manag*. 2019;27(6):1285–1293. <https://doi.org/10.1111/jonm.12810>.
61. Zou W, Zeng Y, Peng Q, Xin Y, Chen J, Houghton JD. The influence of spiritual leadership on the subjective well-being of Chinese registered nurses. *J Nurs Manag*. 2020. <https://doi.org/10.1111/jonm.13106>.