

The Impact of Religion and Spirituality on Nursing Compassion Fatigue

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Introduction

The state of healthcare in America and across the globe has been illuminated in recent years because of the attention it received during the Coronavirus pandemic. The challenges faced by healthcare workers have been exacerbated and exposed by the intensity of the pandemic and the challenges of its aftermath. One of the greatest of these challenges is the impact that healthcare work has on the wellbeing of a healthcare worker, specifically one's physical, emotional, and spiritual wellbeing. While wellbeing is a struggle for all healthcare workers, nurses, in particular, are in a setting in which there is a high emotional and physical demand, leading them to become burnt out and exhausted. As explained by Carneiro et al. (2019), "Burnout is a common syndrome observed in healthcare workers, defined as the combination of emotional exhaustion, depersonalization and a reduction in personal achievement, cause by chronic occupational stress" (pp. 677-678). Nurses are experiencing burnout at record rates; it has become such a great concern that the surgeon general of the United States released an advisory regarding it, explaining that it "had reached "crisis levels" among the U.S. health workforce, with 35-54% of nurses and physicians reporting symptoms of burnout" (Murthy, 2022). In response to this, research has examined the contributing and counteracting factors of burnout and related concepts, such as compassion fatigue. Compassion fatigue is defined as, "a reduced capacity for empathy or client interest manifested through behavioral and emotional reactions from exposure to the traumatic experiences of others" (Wang et al., 2014, p. 1). One factor that impacts the occurrence of compassion fatigue and nursing burnout is the spiritual and religious identity and behaviors of nurses. Spirituality and religion are protective factors against burnout and compassion fatigue in nurses and help to support better coping skills and responses

to trauma. Understanding this, there should be a focus in education to encourage the development of a religious and spiritual identity in nursing students.

Compassion Fatigue

Compassion fatigue is a term that was developed in the 1990s but has recently regained attention and has been used in response to the experience of nurses working through and after the COVID-19 pandemic. It is connected to vicarious stress, or secondary traumatic stress syndrome (Nolte et al., 2017), and may often be used interchangeably with the two terms, but relates more closely to the loss of emotional response in a situation in which it is expected. Compassion fatigue is not directly related to a singular traumatic event, but it “embodies a process occurring over time” (Nolte et al., 2017, p. 4365), and is rather the culmination of experiences without appropriate coping outlets or support. It encompasses physical symptoms, lack of support and loss of effective coping strategies (Nolte et al., 2017), it has been described as “a state of exhaustion that is dependent on caring relationship with loss of coping ability” (p. 4365). Nurses have frequent exposure to trauma, suffering, and secondary trauma and have the expected duty of caring for the whole person, including the psychosocial experience of patients. The burden of being emotional caregivers for others without having appropriate coping factors decreases resilience and increases occurrence of compassion fatigue.

Nursing burnout is closely related to compassion fatigue, as both develop overtime due to the lack of appropriate support for people in challenging or taxing situations. However, burnout examines more closely the performance response to stress and workplace challenges, (Nolte et al. 2017), and compassion fatigue describes the emotional exhaustion and change in emotional response due to traumatic experiences and poor coping. Burnout can be a contributing factor to compassion fatigue because it decreases overall wellbeing and emotional strength. This essay

will analyze the impact of religion and spirituality on both compassion fatigue and nursing burnout but focus on the concepts more closely connected to compassion fatigue. Additionally, the examination of the connections includes different occupations related to or similar to nursing, but the application will focus on nursing.

Religion and Spirituality

Religion and spirituality are closely connected but essentially different concepts. Both are associated with a belief or concern with the supernatural and connected to the idea of a divine existence and some type of human connection to it. Religion deals with structured sets of beliefs about a divine power and institutional structures that facilitate spirituality and develop rituals; it has an inherent community-based nature to it. Spirituality is often described as the “the search for the sacred” (Newmeyer et al., 2016, p. 143), it is more individualized and not required to align with any specific organizational ideas. A person can be spiritual without being religious, and in the same way some people may consider themselves religious with a limited spiritual connection to their religion. The two parts of a person’s religiousness or spirituality are their identity and behaviors/practices. One’s religious or spiritual identity is his beliefs and opinions, his mentality and how connected he feels to a particular religion or spiritual mindset. Linked to that is how one participates in spiritual practices or religious rituals and the degree of participation in these activities. There is much intersectionality between religion/spirituality and identity and behaviors and a great variety among the ideas connected them. This essay will use the terms religion and spirituality or religion/spirituality to express the idea of a person’s identity and practices connected to beliefs in a divine power and the human connection to divinity.

Compassion Fatigue as a Protective Factor

Workplace stress, poor coping strategies, and lack of support all contribute to compassion fatigue (Nolte et al., 2017). Some protective factors against the development or progression of compassion fatigue are supportive social interaction, mindfulness habits, professional support, journaling, and exercising. (Chatmon, 2021). Apart from having negative impacts on nurses, compassion fatigue impacts the quality of treatment in healthcare institutions and patient outcomes, “Compassion fatigue has also been identified as a factor in patient safety, [...] and is believed to exact a toll on organizational structure and costs.” (Nolte et al., 2017, p. 4365). Despite this, most organizations do not have support systems or interventions in place to combat its development (Chatmon, 2021). Because of the rise in popularity of compassion fatigue as a concept used to address the challenges facing nurses, there has been increased examination in how to combat it and which support systems help to respond to it, one of these being religion and spirituality.

Compassion fatigue is suggestive of poor mental well-being and burnout in connection to each other. A survey conducted on nurses at community hospitals in the southeast United States found “a direct positive effect between r/s and mental well-being and a direct negative effect of mental well-being on burnout” (Harris & Tao, 2022, p. 1780). It also found that self-identified “spiritual” nurses had higher scores “on measures of self-actualization and presence of meaning in life.” (p. 1774). This suggests a connection between spirituality and self-identity. Spirituality and religion can provide a sense of personhood and personal value from a higher belief system. This can combat poor mental wellbeing derived from work related stress and trauma because it places identity outside of work performance and occupational identity. Other aspects of religion and spirituality can support mental well-being, such as having a source of community, positive belief systems regarding suffering and end of life, and positive self-identity. A study conducted

on trauma therapists in Romania found religion and spirituality to be a protective factor against compassion fatigue (Newmeyer et al., 2016). Trauma therapists, like nurses, deal with a great deal of emotionally traumatic information and experiences and they are responsible for supporting their clients in response to this trauma. While trauma therapists' work is focused primarily on the emotional trauma of patients this work can create exhausting experiences comparable to the experiences of nurses. This study found that spirituality and religion are a protective factor across all three groups of therapists (short term, intermediate term, and long term) (Newmeyer et al., 2016). It also found that, "Having strong personal faith and spirituality may actually increase motivation and satisfaction, thereby reducing the effects of compassion fatigue" (p. 144). The study also supported the idea that a spiritual/religious identity can help individuals respond more positively to emotionally exhausting situations and, as a result, increase resilience and decrease occurrence of compassion fatigue.

Compassion Fatigue and Resilience

The development of compassion fatigue is directly negatively related to the resilience of the person. Resilience is a result of many personal factors that impact their behavior and mindset. Resilience is defined by the American Psychological Association as "the process of adapting well in the face of adversity, trauma, tragedies, threats, or significant sources of stress [...] It means recovering from difficult experiences." (*Resilience*, n.d.). A study conducted on hospital employees in Brazil found that there was direct impact of religion and spirituality on a person's resilience, "Our findings demonstrate that employees who are more religious and spiritualized have greater resilience and consequently are less often affected by burnout syndrome." (Carneiro et al., 2019, p. 684). This study supports the argument that religion and spirituality are protective factors against challenges of compassion fatigue and burnout. A similar survey conducted on

non-healthcare employees during COVID-19 found similar connections between the two. It explained that one responder was noted for her “resilient capacity to bounce back, side-lining her Christian faith, leading her to seek a spiritual coping mechanism for herself.” (Cavaliere, 2021, p. 12). The study found that, “spiritual practices for self-care such as meditation, relaxation, and mind–body disciplines have been positively correlated with increased self-resilience during the pandemic” (Cavaliere, 2021, p. 7). Because spirituality is connected to a view of humans as living in connection with a greater power, it often provides an inherent value to human life and therefore creates a mindset of well-being as a standard that should be strived after. Examined in more detail the research conducted by Carneiro et al. (2019) explained, “the R/S dimensions that more often showed an association with resilience were Daily spiritual experiences and Forgiveness. Resilience involves internal stability, awareness, and flexibility, which allow an individual to cope with stressful situations.” (p. 683). The practices (daily spiritual experiences) and mindset (forgiveness) of spiritual and religious ideology support the emotional well-being of a person because they encourage important human virtues and daily practices that are inherently supportive to personal welfare. Religion and spirituality increase resilience through practice and mindsets and therefore have a direct resistant effect on compassion fatigue.

Responding to Trauma

The understanding of compassion fatigue in healthcare is incomplete without the understanding that working in the field of healthcare exposes you to trauma and suffering. Dealing with, responding to, caring for, and treating trauma are all part of the expected experiences and responsibilities of nurses and other health professionals. This trauma can affect nurses in the situation of secondary traumatic stress in an acute setting, which “is a term used to describe reactions and symptoms observed among trauma workers that run parallel to those

observed in people directly exposed to trauma” (Wang et al., 2014, p. 1). However, responding to and preventing secondary trauma or vicarious trauma can prevent the occurrence of compassion fatigue. The ability to manage acute exposure to trauma and prevent secondary traumatic stress syndrome decreases the development of compassion fatigue because it decreases overall emotional strain.

While studies have demonstrated the positive impact of religion and spirituality on decreasing the incidence of nursing burnout and compassion fatigue, the explanation for these connections is related to the ways in which religion and spirituality impact how individuals view and respond to traumatic situations. Religion and spirituality are protective factors against compassion fatigue because they have been demonstrated by health care workers as components in coping with trauma, stress, burnout, and emotional exhaustion. Spiritual and religious practices, regardless of strength of spiritual or religious identity, can be comforting and supportive to individuals in response to exposure to trauma and suffering. A study was conducted on health care workers from a Level 1 Trauma Care Center on the connection between vicarious trauma and spirituality. It found that, “Both religious and nonreligious participants described prayer as a means for coping in the moment or on the day of difficult cases. Prayer provided them comfort, knowing that God was in the thick of it with them providing them guidance.” (Muehlhausen, 2021, p. 375). Additionally it explained, “Regardless of religious affiliation or nonaffiliation, all participants talked about their religious or spiritual beliefs as guiding their work with trauma patients.” (Muehlhausen, 2021, p. 371). This demonstrates how impactful religious and spiritual practices and beliefs can be in response to trauma and emotional depletion. Even for individuals who don’t identify as religious or who don’t have established spiritual or religious practices, the connection to spiritual and religious ideas and behaviors was

emotionally supportive and beneficial to their resilience following trauma. This further supports the use and encouragement of spiritual and religious practices as foundations in the response to compassion fatigue for nurses. Affiliation does not determine the impact of spirituality and religion on the individual's experience and emotional reaction to religious and spiritual practices.

Beyond being chosen coping mechanisms of healthcare and trauma workers to respond to trauma, religion and spirituality have been shown to be effective factors in facilitating personal growth following trauma. Traumatic experiences have an intense impact on an individual and almost always cause some sort of change in the person, their viewpoints, behaviors, or wellbeing. Being able to change in a positive way following trauma is a good indicator of having appropriate and effective coping mechanisms and responses to trauma. In a study conducted on women who expressed having various traumatic experiences and identified as religious or spiritual, interviews following these traumatic experiences revealed their religiosity and spirituality supported them following the trauma. The study explained, "for some people religiosity and spirituality may play a significant role in facilitating PTG [post traumatic growth] and that traumatic experiences may form a catalyst for further religious and spiritual growth" (de Castella & Simmonds, 2013, p. 536). Interestingly, those who identified as having a stronger intrinsic religiosity had a closer association with post traumatic growth than those who were more heavily extrinsically religious (de Castella & Simmonds, 2013). Many aspects of religion can support responding to trauma and personal development within or outside of the context of trauma. As De Castella & Simmonds (2013) explain, religious frameworks can support post traumatic growth "by providing a stronger sense of meaning, enhanced social support, acceptance of suffering, and a belief system through which changes can be integrated into an individual's life" (p. 537). The philosophy of trauma and suffering and their nature as

opportunities for growth is present in many religious frameworks, as is a place of community and an extrinsic idea of meaning and life purpose. Trauma and exposure to trauma is one of the contributing factors to the development of compassion fatigue, therefore responding well to trauma and experiencing post traumatic growth can protect against the development of compassion fatigue and its associated emotional exhaustion. Growth following trauma is a demonstration of resilience and resistance to compassion fatigue.

Religion and spirituality can create a foundation for ways of thought and create moral standards for individuals. Because of this, having a spiritual or religious identity and practices can support overall wellbeing because it provides a sense of value and a source of standards outside of oneself. Dr. Matthew Hersh, a clinical psychotherapist describes some of these phenomena in his book, *The Thriving Therapist*. He writes, “Religion and spirituality, for the majority of people around the world, can serve as a compass of morality and a bedrock of resilience and hope. Thus, this is self-care in its most fundamental form.” (Hersh, 2022, p. 166). Non-specific to nursing as an occupation, the role of religion and spirituality in one’s life is a positive one that increases psychological well-being and provides a source of security in response to challenges. Hersh continues to explain, “Those of us who express strong religious faith and involvement tend to report fewer stressful events and greater life satisfaction than do those whose faith and involvement is not as strong. Religious affiliation is also a significant predictor of overall belongingness and sense of purpose in life.” (p. 166). Religion and spirituality positively impact an individual independently of nursing trauma. Religion and spirituality possess responsibility for providing emotional wellbeing which is not unique to the experiences of nurses but can still be applied to the challenges of nursing care. As Wang et al. (2014) explain, “religious beliefs comprise a substantial part of one’s global meaning system and

because they also address issues of existential meaning, which may be called into question through either direct or indirect exposure to trauma” (p.4). Religion is an important source of a belief system and therefore has a strong connection to ones thought process and mental and emotional response to challenging situations, as explained,

Enhancement of spirituality is thought to reinforce several positive dispositions and beliefs, including the conviction that people are resilient and can heal, that growth can still occur within the context of trauma, that there is more to life than suffering, that their professional efforts are indeed meaningful. (Wang et al., 2014, p. 3).

Spirituality and religion are source of belief systems and structures that support reliance and resistance to negative reactions to trauma and therefore protect against compassion fatigue.

Job Sanctification

Beyond the correlation between religion and spirituality and overall well-being, there is also a connection between spirituality and religion and job satisfaction and sanctification, especially in the health care industry. Religion as a source of purpose and a guide for a meaningful life can lead people to choose certain jobs or careers because of the value it places on the impact of the jobs. But it can also sustain the value and virtue of a specific job through challenging experiences such as increased workplace stress, exposure to trauma and poor working conditions. A study conducted on nurses in Los Angeles examined the connection between sanctification of work and workplace satisfaction. It found that most nurses view their work as sacred or sanctified and also found that nurses scored higher on scales used to measure the sacrality of their profession than counterparts in business, finance and management (Ada et al., 2021). Religion and spirituality have value in supporting nursing through giving meaning and

value to their work, suffering and the challenges associated with emotionally caring for others.

As explained,

Positive employment outcomes were experienced by nursing staff who were able to view work as ‘sanctified’ or sacred; that is, these desirable nursing outcomes coexisted when work was experienced as inspiring, blessed, awe-provoking, affording glimpses at the marvel of human existence. (Ada et al., 2021, p. 449).

Finding meaning in a job that innately deals with human suffering and unavoidably manages trauma, connects to the concepts of finding meaning in suffering and trauma and having a mindset that encourages growth from those types of challenges. Religious frameworks can help facilitate this, “Religious beliefs can provide a framework for meaning-making, and may develop further through the process of meaning-making” (de Castella & Simmonds, 2013, p. 544). The challenging work of nursing can be considered a calling to those with a religious identity because it recognizes the ways in which facing the suffering of others can be redemptive, “All participants spoke of finding meaning in, and perceiving benefits from their suffering, when considered through a religious framework. Trauma sufferers may see their experiences as having redemptive value in their lives.” (de Castella & Simmonds, 2013, p. 544). The combination of recognizing the value in suffering, having the mindset and the spiritual or religious framework to grow from it, as well as the view of health care as a calling are several of the strongest aspects of religion and spirituality being protective factors against compassion fatigue.

Application of the Research

The connection between religion/spirituality and compassion fatigue is still being researched and studied today in detail. However, there can be no denial of the positive impacts that religiousness and spirituality have on the well-being of nurses and any person who works in

an environment with frequent exposure to trauma. With the increasing crisis within healthcare of staff burnout and high incidence of compassion fatigue, it is important to find ways to combat this currently and prevent such frequency of incidence in future generations because the wellbeing of both nurses and patients depends on it. As Wang et al. (2014) suggest, “the ethical responsibility to address the serious problem of vicarious trauma is shared not only by individual clinicians but also by employers, educators, and professional bodies” (p. 3). As a system wide challenge, it must be addressed on all levels of care and care team structure. Spiritual and religious practices that are important to the individual should be supported, encouraged, and allowed space for within the work life balance of nurses. Spirituality based interventions should be a part of the response to compassion fatigue and vicarious trauma because it is a direct protective factor against the development and advancement of compassion fatigue. As health care organizations make efforts to support the emotional wellbeing of nurses, they should support the specific identity and practices that combat burnout and compassion fatigue.

One of the ways that these challenges should be addressed is within the training experience. There should be the institution of a curriculum in nursing education that encourages and supports the development of a religious and spiritual identity. There has been research done that demonstrates the effectiveness of educational interventions for spiritual intelligence and identity development. A study conducted on both nursing students and staff nurses, found that educational interventions have a positive impact on spiritual intelligence and other positive outcomes, “nurses who received the educational intervention had significantly higher scores for spiritual intelligence scores at one-month follow-up compared with those who did not”, and further, “The results demonstrated a significant increase in communication skills, Job satisfaction, and Spiritual care competence, and decrease in overall stress among those who

received the educational interventions.” (Sharifnia et al., 2022, p. 5). The spiritual intelligence and spiritual development helps to develop resilience and increase ability to provide emotionally aware care, “This result is congruent with the literature that indicates that people with high spiritual intelligence have the strength and resilience that enables them to adapt to adversity” (Sharifnia et al., 2022, p. 5).

In a similar study conducted on medical students at Harvard Medical School, surveying students about their experience of spirituality and religion found that it has a positive impact on students and their experience in medical school. One of the important findings was the stronger compassion response to challenging situations among religious/spiritual students, “Exposure to difficult situations oftentimes diminished compassion among nonreligious/ nonspiritual participants. [...] Religious/spiritual trainees were less likely to indicate this.” (Balboni et al., 2015, p. 511). Students who were religious or spiritual also displayed more effective and healthy coping strategies. It also found that religious and spiritual students found it less difficult to respond to patients, “Nonreligious/nonspiritual participants identified the challenge of learning how to respond and deal with the emotional stress of caring for patients. [...] Fewer religious/spiritual participants mentioned this theme.” (Balboni et al., 2015, p. 511). This is significant because it continues to enforce the idea that religion and spirituality are appropriate factors that support response to stress and trauma. But it also suggests if students do not have these skills instilled during training, they lead to less supportive responses in the professional setting. During the educational period students are impressionable and receptive to development of useful protective factors.

Conclusion

The challenges facing healthcare workers in America and across the globe are more urgent than ever and require an immediate response. The pandemic undeniably highlighted the vital role of nurses in supporting and well-being of communities and saving the lives of all types of people. Nurses need support, urgently, to help the build resilience and combat the challenges of caring for suffering and trauma. Religion and spirituality have demonstrated connections to positive outcomes for nurses. Religion and spirituality are positively connected to resilience and a proven protective factor against compassion fatigue and nursing burnout. This information should be used to incorporate spirituality and religion into interventions to support nurses and decrease their emotional load. While not all nurses connect with spirituality or religion, offering the space for nurses to develop a religious or spiritual identity and engage in practices connected with their chosen religions, is supportive and helpful to those who value this as a strategy. Not every nurse will find this approach accessible, but for many it will be an essential part of the solution to combating compassion fatigue. The challenge of appropriately supporting nurses is far from solved but the connections between spirituality/religion and resilience are a crucial guiding point.

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