



Religious Coping Strategies For Nurses' Work Related Stress: A Scoping Review

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<p>Track Record Article</p> <p>Accepted: 10 April 2023 Revised: 16 April 2023 Published: 14 June 2023</p> <p>How to cite: Nopa, I., Kurniawidjaja, Meily, L., & Erwandi, D. (2023). Religious Coping Strategies For Nurses' Work Related Stress: A Scoping Review. <i>Contagion: Scientific Periodical Journal of Public Health and Coastal Health</i>, 5(2), 435–450.</p>	<p style="text-align: center;">Abstract</p> <p><i>Stress was recognized internationally as a work hazard for nurses, but effective coping can prevent work stress. Religious coping is the type of emotional coping that is widely used by nurses. A compilation of studies related to the role of religious coping in nurses' work-related stress is still limited. The purpose of this scoping review is to determine the use of religious coping technique in nurses and its impact on stress. Methods: This scoping review was carried out following the PRISMA Statement recommendations checklist, Items for Systematic Reviews, and Meta-Analyses—Extension for Scoping Reviews (PRISMA-SCR). Databases for literature searching were SCOPUS, Springer Link, and Science Direct. The search strategy was (nurse or nursing) and (religious or spiritual) and coping and (job stress or work stress or occupational stress). Only original research articles, published within the last 10 years, in English or Indonesian, free full-text availability, and focusing on nurses' religious coping synthesized by the authors. Result: A total of 14 articles have been included in the review. 10 out of 11 articles stated that nurses used religious coping. 2 of 2 articles that analyzed the relationship between religiosity and distress stated there was a significant relationship. 2 of 3 articles that analyzed the relationship between religious coping and distress stated there was no significant relationship, and 1 article stated they were significantly related. Conclusion: Religious coping is an emotional coping method commonly used by nurses to reduce stress. Religiosity is a resource for preventing work stress in nurses. There are variations in the results of the relationship between religious coping and stress in nurses. Variations in results can be caused by the type of stressor, level of religiosity, and indicators of religiosity. Future research needs to analyze how the types of stressors and religiosity affect religious coping.</i></p> <p>Keyword: Nurse, Religious Coping, Work Stress</p>
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INTRODUCTION

Nurses have a very important role in health development, but nurses are prone to work stress. Dealing with critical patients, patient deaths, patient complaints, workload, work shifts, interprofessional relationships, time pressure, and accuracy are all potential work stressors for nurses. Stressors do not necessarily cause distress to nurses (French et al., 2000). The consequences of nurses' work stress could influence their health, the quality of health services, patient safety, hospital image, and health development (An et al., 2020; Hall et al., 2016; Nopa et al., 2020; Sarafis et al., 2016; Siswadi et al., 2021).

On March 11, 2020, WHO (World Health Organization) announced that COVID-19 was a pandemic. The pandemic has increased work stress for nurses, which was already an issue. Research on health workers globally during the pandemic showed that they experience distress; 23.2% suffer from anxiety, and 22.8% suffer from depression (Pappa et al., 2020). The results of research on health workers in Indonesia in one month after the pandemic showed 42.4% burnout, 49.6% anxiety, and 36.2% depression. The group of nurses showed the highest percentage of people who experienced psychological trauma compared to other health workers (62.1%) (Sunjaya et al., 2021).

When faced with a stressful situation, someone will respond with a coping strategy (Richard S. Lazarus et al., 1984). The purpose of coping strategies is to overcome situations that are felt to be stressful, challenging, and burdensome (Richard S. Lazarus et al., 1984). Coping strategies have a positive or negative effect on individuals' mental health. Effective coping mechanisms have positive effects (Sattar et al., 2022). Nurses' work stress can be prevented and solved by developing effective coping mechanisms. Effective coping not only has a positive effect on nurses but also patients and health facilities (Hasan & Tumah, 2019).

There are three types of coping, problem-focused coping, emotion-focused coping, and avoidance coping. Problem-focused coping is an effort to solve the problem. This coping method will change the stressor. Emotion-focused coping is an attempt that aims to modify emotions without attempting to change the stressor directly. This coping method controls emotional responses in stressful conditions. Avoidance coping involves making physical or mental attempts to avoid the stressor (Perego et al., 2022; Richard S. Lazarus et al., 1984).

Problem focus coping is in the form of active coping, planning, and use of instrumental support. Emotion-focused is in the form of positive reframing, use of emotional support, acceptance, sense of humor, and religious coping. Avoidance coping is in the form of self-distraction, denial, venting, substance use, behavior disengagement, and self-blame (Perego et al., 2022).

Religious coping is an emotional coping method that is used by nurses and is increasingly being used in the COVID-19 pandemic. A person copes according to the resources he has. Religiosity is one of the resources and is related to the choice of religious coping (Francis et al., 2019). Religious coping performs five main functions namely finding meaning, gathering control, gaining comfort based on closeness to God, achieve closeness to others, and change lives (Pargament et al., 2011). Religious coping has been associated with increased perceptions of control, increase self-esteem (self-esteem) and self-confidence to manage difficulties (Bickerton et al., 2014).

Religiosity is an important concept in the nursing discipline, which is usually used to treat patients. There is no consensus on the definition of spirituality and religiosity, but several authors use these terms as synonyms (De Diego-Cordero et al., 2021). Religiosity or spirituality is used in spiritual care in the International Nurses Code of Ethics and the American Association of Holistic Nurses Standards for the Practice of Holistic Nursing (Townsend, 2014).

Generally, research related to religiosity conducted on nurses is associated with nursing care in patients with chronic disease, but studies related to the role of religiosity on nurse self-care are still limited. The purpose of this scoping review is to determine the use of religiosity and religious coping in nursing and their effect on work distress. It can have implications for occupational safety and health practitioners in hospitals to determine appropriate nurses' stress management strategies.

METHODS

This scoping review was carried out following the Arksey & O Malley guidelines (Arksey & O'Malley, 2005). The procedure steps carried out are: 1) identifying research questions; 2) identifying appropriate keywords; 3) determining relevant databases for searching; 4) determining inclusion criteria; and 5) developing review strategies, screening, and examining literature. appropriate and analyze the selected articles.

The research question in this review is whether nurses use religious coping strategies to deal with work stress and how does it affect distress? To develop research questions and determine keywords we use the PCC formula from the Joanna Briggs Institute. P for the participant, C for Concept, and C for Context (Peters et al., 2017).

The keywords used were (nurse or nursing) and (religion* or spiritual*) and coping and (job stress or work stress or occupational stress). The databases used in the literature search were SCOPUS, Springer Link, and Science Direct.

The search in the database was carried out using the initial filters: publication time (10 years), language (English and Indonesian), and text availability (free full text). Furthermore, duplicate articles were excluded. Only original research articles, using both qualitative and quantitative methods with a sample of nurses, focusing on religious coping and work stress, were synthesized by the author .

RESULTS

The search strategy retrieved 429 publications. After being filtered by time of publication (the last 10 years), 274 publications remain. After being filtered by language (Bahasa and English), 270 articles remain. After being filtered by access, 159 articles remain. After 159 articles were checked for duplicates, 158 articles remained.

A total of 135 studies did not meet all criteria during the title and abstract analyses, so they were eliminated. Then, 23 articles were read in full text, and finally, 14 articles were included for analysis. The flowchart for these studies is presented in Fig1

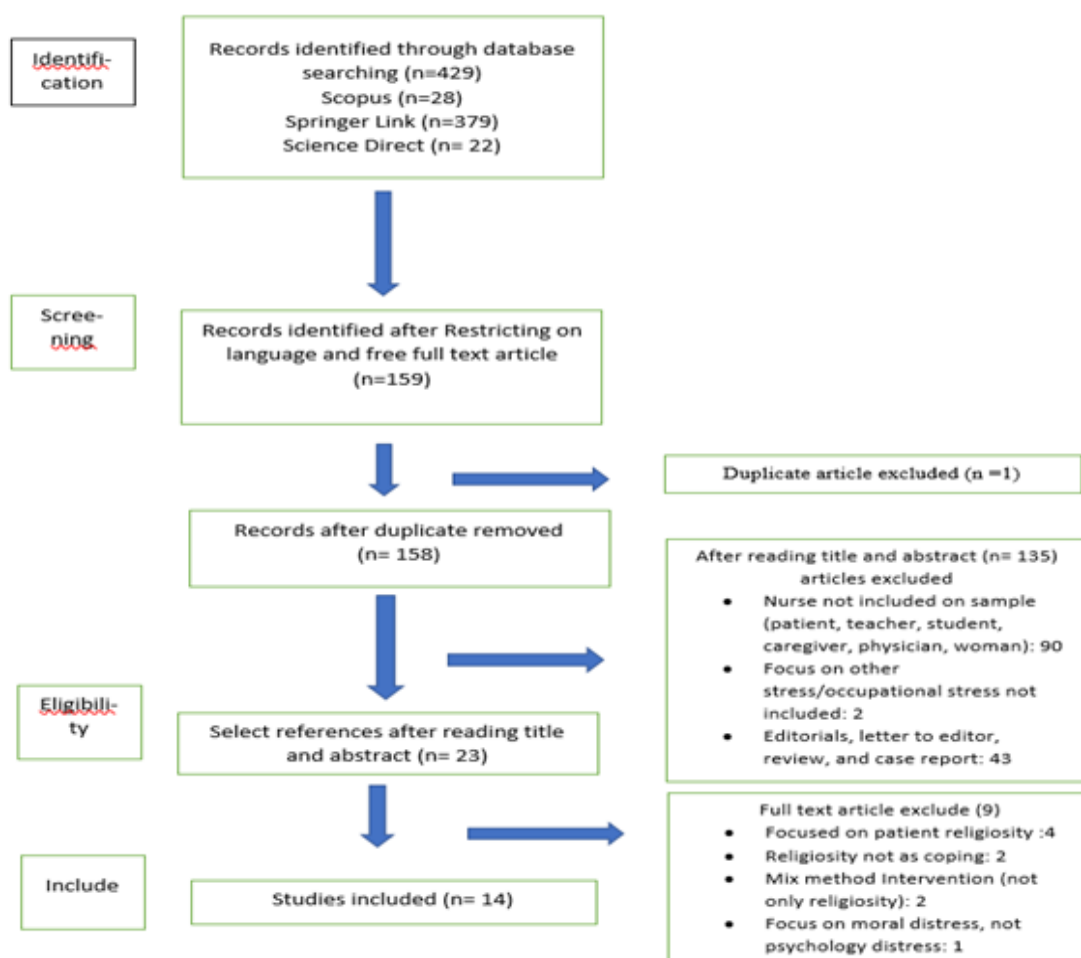


Fig. 1. Flowchart for the selection of articles

Of the 14 articles that met the inclusion and exclusion criteria, there were 8 quantitative studies and 6 qualitative studies. Based on the analyzed variables, 11 articles analyzed the use of religious coping in nurses, 2 articles analyzed the relationship between religiosity and distress, and 3 articles analyzed the relationship between religious coping and distress. The articles included are presented in Table 1

Table 1 Result of the Article Search

No	Source	Country	Analyze	Design
1	(Mirzaei et al., 2022)	Iran	Relationship between religious coping and distress	Quantitative study
2	(Simionescu et al., 2021)	Romania	Use of religious coping	Quantitative study
3	(Santana et al., 2021)	Brazil	Use of religious coping	Qualitative study
4	(Camargo et al., 2021)	Brazil	Use of religious coping	Qualitative study
5	(Alnuqaidan et al., 2021)	Kuwait	Use of religious coping Relationship between religious coping and distress	Quantitative study
6	(Alharbi & Alshehry, 2019)	Saudi Arabia	Use of religious coping Relationship between religious coping and distress	Quantitative study
7	(Eslami Akbar et al., 2015)	Iran	Use of religious coping	Qualitative study
8	(Bakibinga et al., 2014)	Uganda	Use of religious coping	Qualitative study
9	(Jannati et al., 2011)	Iran	Use of religious coping	Qualitative study
10	(Tesfaye, 2018)	Etiopia	Use of religious coping	Quantitative study
11	(Opare et al., 2020)	Ghana	Use of religious coping	Qualitative study
12	(Betke et al., 2021)	Polandia	Use of religious coping	Quantitative study
13	(Hong et al., 2022)	Korea	Relationship between religiosity and distress	Quantitative study
14	(Kim et al., 2021)	USA	Relationship between religiosity and distress	Quantitative study

The results show that there were 9 articles (64%) published during the COVID-19 pandemic and 5 articles (36%) before the COVID-19 pandemic. The COVID-19 pandemic has increased job stress among an already strained nursing corps and put their mental health and well-being at risk (Arnetz et al., 2020). The mental health of health workers on the front line is a concern during the COVID-19 pandemic.

DISCUSSION

Sample Used

Based on the sample used, there were nine articles using nurses who work in hospitals in general and five articles using nurses who work in certain units and have certain characteristics. The articles are presented in Table 2.

Table 2 Summary of Sample used

No	Sample	Article
1	General nurse	9 (Simionescu et al., 2021)(Eslami Akbar et al., 2015)(Bakibinga et al., 2014)(Jannati et al., 2011)(Tesfaye, 2018)(Opare et al., 2020)(Betke et al., 2021)(Hong et al., 2022)(Kim et al., 2021)
2	Emergency nurse	2 (Mirzaei et al., 2022; Santana et al., 2021)
3	Oncology nurse	1(Camargo et al., 2021)
4	Intensive care Nurse	1 (Alharbi & Alshehry, 2019)
5	Fresh graduate nurse	1(Alnuqaidan et al., 2021)

Research examining differences in nurses' stress based on work units stated that there were significant differences in stress levels based on nurses' work units. Nurses working in psychiatric units were at the highest stress level, followed by oncology units, intensive care units, and emergency departments. There was no significant difference in the stress levels of nurses in the intensive care and emergency units. The work units with the lowest stress levels, based on work units, are medical nurses and operating room nurses (Masa'Deh et al., 2016)

Emergency nurses not only face holistic psychological and physical stressors like all parts of the hospital, but they also face specific pressures such as time urgency and exposure

to emergency patients, which can create negative emotions (Mahmoudi et al., 2020). The work of emergency nurses is related to social phenomena (disasters, accidents with multiple victims, and pandemics, such as COVID-19), which makes the work more stressful (Santana et al., 2021). There are specific stressors in the oncology patient care process, namely high mortality, patient suffering, and patients with poor prognoses (Camargo et al., 2021).

Intensive care nurses experience more stress than other units' nurses. In the context of a hospital, the intensive care unit (ICU) is a very stressful environment. Treatment of patients requiring permanent and specialized medical care and treatment. Demanding routines, sophisticated and noisy equipment, mostly without natural light, and high patient mortality and pain are specific stressors for intensive care unit nurses (Rodrigues & Ferreira, 2011). Freshly graduated nurses also have different sources of stress. Freshly graduated nurses also have different sources of stress. The period when new students graduate and become nurses is called the "Transition to Practice Period". In this period, the specific stressor is the new work environment (Alnuqaidan et al., 2021).

Nurses are faced with varying job stressors depending on their work unit. Moreover, the perception of stress among nurses in the same unit may be different depending on their characteristics, resources, and coping abilities (Masa'Deh et al., 2016; Richard S. Lazarus et al., 1984).

The Use of Religious Coping

Six qualitative studies analyze nurses' use of religious coping; all articles state that religious coping is used by nurses in dealing with work stress and provides benefits in managing stress in the workplace. The articles included are presented in Table 3.

Table 3 Summary of Qualitative Study that Analyzes the Use of Religious Coping

No	Article	Result
1	(Santana et al., 2021)	The development of coping strategies emerged in the face of the need to cope with stressors and involve spiritual resources. There is a statement: "I ask God for support because we have a lot of problems, not only in the emergency room but throughout the hospital. There are times when we have to rest and ask God for help".
2	(Camargo et al., 2021)	Spiritual practice is revealed as a strategy to reduce stress. There is a statement:

		“When I see a patient facing death, I usually pray to God to relieve his suffering” .
3	(Eslami Akbar et al., 2015)	Spiritual coping is one of the strategies they use to deal with work stress. Spiritual coping relieves stress on nurses. There is a statement: “The effect of spirituality is very high. Sometimes the pressure of work is high and tiring. If there is no strength of faith, you will feel like you are facing it yourself”
4	(Bakibinga et al., 2014)	Belief in God helps nurses keep working even when circumstances dictate otherwise. Their faith in God helps nurses accept their situation, while at the same time providing a source of meaning in life. Through group and private prayer, participants said that they gained strength and the ability to cope with stress at work. There is a statement: “When you have God beside you anything is possible. I have God by my side and every step of the way He keeps me going”.
5	(Jannati et al., 2011)	Religiosity helps nurses deal with work stressors. There is a statement: “I ask God to give me patience in dealing with stressful situations”.
6	(Opore et al., 2020)	Nurses use religious beliefs to calm themselves in the face of the challenges of their work. They trust God as the source of grace, help, and guidance. They do all they can to help patients and hope God will reward them. There is a statement: “Our God sees us through the challenge. So we sacrifice amid the challenges of delivering care to our patients knowing God will reward us”

Someone will do cope by considering the resources he has. Religiosity is one of the resources and is related to the selection of religious coping (Francis et al., 2019). Religiosity has an important meaning in nursing practice as the origin of the human profession. In addition, nurses need religiosity to meet the spiritual needs of their patients (Bakibinga et al., 2014). Religiosity is an important concept in the nursing discipline, which is usually used to treat patients. Religiosity or spirituality is used in spiritual care in the International Nurses Code of Ethics and the American Association of Holistic Nurses Standards for the Practice of Holistic Nursing (Townsend, 2014).

The use of religious coping is related to the religious resources owned by nurses. Religious coping is used by nurses to overcome, reduce, and relieve distress. Religious coping

causes nurses to accept the situation, be patient, and remain calm because they will get a good reward from God (Jannati et al., 2011; Opore et al., 2020).

Five quantitative studies analyze the use of religious coping in nurses, four articles state that religious coping is commonly used by nurses in dealing with work stress, and one article states that religious coping is in the bottom five ranks for coping used by nurses. The articles included being presented in Table 4.

Table 4 Summary of Quantitative Study That Analyzes the Use of Religious Coping

No	Article	Result
1	(Simionescu et al., 2021)	Coping strategies for dealing with stress during the COVID-19 crisis are based on self-control and a spiritual dimension, unlike before the COVID-19 pandemic, when peer support helped most nurses cope with difficult working conditions.
2	(Alnuqaidan et al., 2021)	Religious coping is the most widely adopted coping method by nurses. Death and dying are the highest stressors for nurses.
3	(Tesfaye, 2018)	54 percent of nurses said they always and regularly pray or turn to God when facing stressors.
4	(Betke et al., 2021)	Religious coping is rarely used (the ninth of the fourteen types of coping) Data collection for this study was carried out from November 2015 to June 2016 (before the COVID-19 pandemic).
5	(Alharbi & Alshehry, 2019)	Of the 14 types of coping, religious coping is the commonly used coping behavior.

There is a difference in the article, which states that religious coping is rarely used compared with other articles; that study took place before the COVID-19 pandemic (Betke et al., 2021). During the COVID-19 pandemic, nurses are at the forefront, having to save lives, but on the other hand, they are also at risk of being infected. Not only that, but nurses also experience stigma and discrimination due to their work (Ridlo, 2020). The COVID-19 pandemic requires nurses to adapt to high work stressors to maintain health services. In this condition, a person will tend to use emotion-centered coping because he is unable to control or change the stressor (Danial & Khattak, 2021; Richard S. Lazarus et al., 1984). Religious coping is one form of emotional coping (Perego et al., 2022).

During the COVID-19 pandemic, interest in religion has increased. Religion is a key aspect of identity that is relied on to overcome mass social traumas such as the COVID-19

pandemic. The effects are long-term and even intergenerational (Pirutinsky et al., 2020). Bentzen (2020) notes that, in March, the number of "prayer" searches on Google had reached a record high in 5 years for the relevant data available (Bentzen, 2019).

Relationship between Religiosity and Distress

There are two articles that analyze the relationship between religiosity and distress. The articles included are presented in Table 5

Table 5 Summary of Relationship between Religiosity and Distress

No	Article	Result
1	(Hong et al., 2022)	Religion is significantly related to anxiety in nurses. Anxiety had statistically significant difference according to religion ($p: 0.019$).
2	(Kim et al., 2021)	There is a negative relationship between high spirituality with depression and anxiety. High spirituality is a negative predictor of poor mental health (anxiety and depression). High spirituality forms a good coping mechanism for nurses against anxiety and depression during the pandemic ($OR: 0.38, p: 0.001$) This study uses the Spirituality Support Scale as a spirituality measuring tool. The Spirituality Support Scale measures the perceived support received from a higher power in the experience of faith.

All of the articles that analyzed the relationship between religiosity and distress stated that there was a significant relationship (Hong et al., 2022; Kim et al., 2021). Religiosity provides a framework for understanding the most senseless events, the most unbreakable pains, or the most unfair outcomes (Aflakseir & Mahdiyar, 2016). If a person believes there is a higher power, he feels less pressure to control the situation and worries less about the outcome. This way of assessing stressful situations can relieve anxiety and feelings of hopelessness, even in the most desperate of circumstances (Aflakseir & Mahdiyar, 2016).

Religiosity can be a very powerful resource for mental health because it involves a life meaning, making a framework for reducing psychological distress and increasing psychological well-being based on value (Koenig, 2018). Religiosity provides a source of attitudes and cognitions that reframe negative events into less stressful events. Religiosity provides a source of social support, increases self-control, and increases gratitude (Pargament, 2001).

Religion can be a source of positive coping that involves using religious beliefs or behaviors to facilitate problem-solving and prevent or reduce the emotional consequences of stressful circumstances (Koenig, 2018). But on the other hand, religiosity can also have a negative or harmful impact on mental health when it involves negative affective attitudes about God, negative religious behavior, and spiritual struggles. This phenomenon divided religious coping into positive religious coping and negative religious coping (Pargament, 2001; Pirutinsky et al., 2020).

Relationship Between Religious Coping and Distress

There are three articles that analyze the relationship between religious coping and distress. Two articles state that there is no significant relationship, and one article states that there is a significant relationship. The articles included are presented in Table 6.

Table 6 Summary of Relationship Between Religious Coping and Distress

No	Article	Result
Analyze the relationship between coping with religious and distress		
1	(Mirzaei et al., 2022)	Positive spiritual coping is associated with decreased work stress ($B: -0.373, p: 0.000$), and negative spiritual coping is associated with increased work stress ($\beta: 0.238, p: 0.000$).
2	(Alharbi & Alshehry, 2019)	There is no significant relationship between religious coping and perceived stress among nurses ($\beta: -0.08, p: 0,5$).
3	(Alnuqaidan et al., 2021)	There is no significant relationship between religious coping and work distress. Religious coping has no relationship with any of the stress scale domains ($p: >0.05$)

There are variations in the results of the relationship between religious coping and nurses' work distress. Both articles, which stated that there was no significant relationship, did not use a specific measuring tool in assessing religious coping (Alharbi & Alshehry, 2019; Alnuqaidan et al., 2021). Both use a measuring tool for the type of coping in general (the Brief COPE Questionnaire) (Alharbi & Alshehry, 2019; Alnuqaidan et al., 2021). One article which stated that there was a significant relationship use a specific religious coping measuring tool (Spiritual Coping questionnaire).

Other studies with samples of health workers have shown that religious coping is associated with distress in health workers (Chow et al., 2021). The study used a specific religious coping measure (the Brief R-COPE Questionnaire) and also showed that there were

differences in the use of positive religious coping among nurses compared to other health workers. Nurses have a higher average score for the use of religious coping (Chow et al., 2021). In line with other studies on health workers who stated that increased religious coping will reduce psychological distress (Akrim et al., 2021).

The three articles also use a sample of nurses in different units, so the specific stressors are also different. Research that examines 7 types of stressors in nurses shows that there is a significant relationship between 2 types of stressors (dying patients and lack of support) and the use of religious coping (Fathi, 2010).

Moreover, the level of religiosity also affects religious coping and the existence of meaning in life (Horning et al., 2011). Based on the transactional model, environmental stressors and individual resources will affect the type and effectiveness of coping (Obbarius et al., 2021). In the context of religious coping, religiosity is a resource, so differences in levels and subscales of religiosity affect the effectiveness of religious coping in preventing distress in nurses (Francis et al., 2019; Lin et al., 2018).

CONCLUSIONS

The review shows:

1. Religious coping is an emotional coping method commonly used by nurses to reduce stress.
2. Religiosity is a resource for preventing work stress in nurses.
3. There are variations in the results of the relationship between religious coping and nurses' work distress. Variations in results could be due to different stressors (different work units), levels of religiosity, and religious coping tools. Further research is needed to analyze these things

This review paved the path for enhanced theory and understanding of nurses' use of religion as a coping mechanism for workplace pressures. A more specific analysis is needed regarding stressors and the level of religiosity that can optimize the benefits of religious coping so that it can be a recommendation for stress management in the workplace.

This scoping review has limitations. First, the option of limiting articles to English and Bahasa may have excluded articles published in other languages. Second, because the assessment just included three databases (Scopus, Science Direct, and Springer Link), it is possible that some studies indexed in other databases have not been included.

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