

Impact of Religiosity on Mental Distress amongst Healthcare Professionals during the COVID-19 pandemic

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Abstract

The mental health needs of healthcare professionals are gravely unmet, and effective coping strategies are all the more needed for such professionals who often have little time for personal care. The COVID-19 pandemic has only exacerbated this already dire issue, especially increasing levels of anxiety, depression, and secondary traumatic stress. Religiosity has often been suggested as a protective factor against such high levels of distress. The current study explored the relationships between religiosity and distress caused by anxiety, depression, and secondary traumatic stress in healthcare professionals. We surveyed professionals in the medical, behavioral, and community-based fields in a large healthcare institution ($N = 215$). Correlations and hierarchical regression models were used to assess the relationship between religiosity and anxiety, depression, and secondary traumatic stress. Results suggested that non-organizational religious activity (regular religious practices) was associated with decreased levels of anxiety and depression ($ps < .05$), but not with secondary traumatic stress ($p > .05$). We did not find evidence for intrinsic religiosity (ex. presence of the divine), suggesting that actively thinking about one's beliefs may not be as beneficial ($ps > .05$). This study lends credence to higher perceived and practiced religiosity as being a significant protective factor against anxiety and depression for healthcare professionals working in a hospital setting. Future research should investigate the use of certain religious practices as coping strategies to mitigate distress.

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