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

LOMA LINDA UNIVERSITY
School of Behavioral Health

Presenters: **Jasmine Logan**; Kelly Baek, PhD; Susanne Montgomery, PhD

BACKGROUND

➢ The COVID-19 pandemic has caused increases in distress among already strained healthcare professionals.
➢ Effective coping mechanisms are needed for these professionals to perform at their best.
➢ Religion could be a useful coping mechanism (DeRossett et al., 2021, Ghoncheh et al., 2021).

METHODS

➢ N = 215
➢ Healthcare professionals: medical, behavioral health, community-based workers, and other care providers.
➢ Online survey: Duke University Religion Index (DUREL), Generalized Anxiety Disorder (GAD-7), Patient Health Questionnaire (PHQ-9), Secondary Traumatic Stress Scale (STSS)

RESULTS

Bivariate Results:

➢ Religiosity was significantly correlated with anxiety, depression, and secondary traumatic stress (ps < .05).
➢ Religiosity was significantly correlated with age on both subscales, suggesting that older healthcare professionals tended to have higher non-organizational religious activity (r = .18, 95% CI [.05, .31], p < .01).
➢ Those who were not married (M = 26.14, SD = 8.51) were found to have significantly higher secondary traumatic stress scores than those who were married (M = 22.99, SD = 8.16, t = 2.46, 95% CI [.62, 5.69], p < .05).
➢ We found similar results for depression, in that healthcare professionals who were not married (M = 14.49, SD = 4.95) had significantly higher depression scores than those who were married (M = 12.69, SD = 3.79, t = 2.92, 95% CI [.58, 3.01], p < .01).

Multivariate Results:

➢ First model: Increased non-organizational religious activity was a significant predictor of decreased anxiety (b = -.48, 95% CI [-.95, -.02], p = .04).
➢ Second model: Non-organizational religious activity was a significant predictor of depression (b = -.80, 95% CI [-1.31, -.28], p = .003).
➢ Third model: Non-organizational religious activity was not a significant predictor of secondary traumatic stress (p > .05).
➢ Intrinsic religiosity was not a significant predictor for any of the models (p > .05).

DISCUSSION

Our findings suggest religiosity to be a protective factor against mental distress (Khalaf et al., 2015).

FUTURE RESEARCH

Explore teaching techniques that use religion-based resourcing as coping strategies for healthcare professionals.

Engagement in non-organizational religious activity (prayer, meditation, Bible study, etc.) can decrease levels of anxiety and depression among healthcare professionals.

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jlogan@students.llu.edu   kbaek@llu.edu   smontgomery@llu.edu

Table 1
Mean, standard deviation, and correlations with confidence intervals

Variable	M (SD)	1	2	3	4	5
1. Age (21 - 70)	32.98 (8.80)	-				
2. Anxiety	10.84 (3.90)	-.10 [-.23, .04]	-			
3. Depression	13.58 (4.48)	.00 [-.14, .13]	.75*** [.69, .81]	-		
4. Secondary Traumatic Stress	24.57 (8.46)	-.08 [-.23, .08]	.68*** [.57, .74]	.72*** [.64, .79]	-	
5. Non-organizational Religious Activity	3.78 (1.77)	.18** [.05, .31]	-.25*** [-.38, -.12]	-.27*** [-.40, -.14]	-.19* [-.33, -.04]	-
6. Intrinsic Religiosity	10.00 (3.67)	.15* [.01, .28]	-.21** [-.34, -.07]	-.21** [-.34, -.08]	-.19* [-.33, -.04]	.75*** [.69, .80]

Note: * p <.05; ** p <.01; *** p <.001

Table 2
Regression coefficients for predicting anxiety scores (N = 215)

	Step 1				Step 2				
Variables	B	95% CI	β	t	B	95% CI	β	t	p
Age	-.03	[-.10, .04]	-.06	-.82	.41	-.01	[-.08, .07]	-.01	-.16	.88
Marital Status	-.46	[-.165, .73]	-.06	-.76	.45	-.59	[-1.76, .58]	-.08	-.99	.32
Education	.26	[-.16, .68]	.09	1.24	.22	.13	[-.29, .54]	.04	.61	.54
Non-organizational Religious Activity						-.48	[-.95, -.02]	-.22	-2.06	.04*
Intrinsic Religiosity						-.03	[-.25, .19]	-.03	-.29	.77
R^2	.02					.07				
R^2 adjusted	.004					.05				
R^2 change						.05				
F-statistic	1.27					3.04				

Note: * p <.05; ** p <.01; *** p <.001

Table 3
Regression coefficients for predicting depression scores (N = 215)

	Step 1				Step 2				
Variables	B	95% CI	β	t	p	B	95% CI	β	t	p
Age	.06	[-.02, .14]	.11	1.46	.15	.09	[.02, .17]	.17	2.34	.02*
Marital Status	-2.16	[-3.51, -.80]	-.24	-3.14	.002**	-2.37	[-1.06, .83]	-.26	-3.58	.00***
Education	.15	[-.32, .63]	.04	.63	.53	-.04	[-.50, .42]	-.01	-.18	.859
Non-organizational Religious Activity						-.8	[-1.31, -.28]	-.31	-3.04	.003***
Intrinsic Religiosity						0	[-.24, .25]	0	.03	.974
R^2	.05					.14				
R^2 adjusted	.04					.12				
R^2 change						.09				
F-statistic	3.44					6.16				

Note: * p <.05; ** p <.01; *** p <.001

Table 4
Regression coefficients for predicting secondary traumatic stress scores (N = 215)

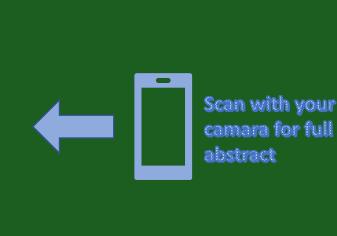|	Step 1				Step 2				
Variables	B	95% CI	β	t	p	B	95% CI	β	t	p
Age	.02	[-.15, 19]	.02	.19	.85	.05	[-.13, .22]	.04	.52	.61
Marital Status	-2.98	[-5.80, -.16]	-.18	-2.08	.04*	-3.03	[-5.85, -.21]	-.18	-2.12	.04*
Education	1.26	[.29, 2.23]	.20	2.56	.01**	1.02	[.02, 2.01]	.16	2.02	.05*
Non-organizational Religious Activity						-.48	[-1.62, .66]	-.10	-.83	.41
Intrinsic Religiosity						-.16	[-.70, .38]	.07	-.58	.56
R^2	.07					.09				
R^2 adjusted	.05					.06				
R^2 changed						.02				
F-statistic	4.00					3.17				

Note: * p <.05; ** p <.01; *** p <.001

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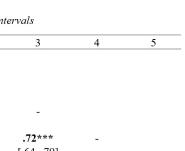
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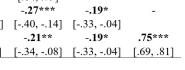
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