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The role of religion in the work lives and coping strategies of Ugandan nurses

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Abstract

Nursing in Uganda is a highly stressful, underpaid profession, leading to worrisome attrition levels; yet some nurses do manage to stay on the job and thrive. This study explored the ways in which religion influences the work lives and coping strategies of Ugandan nurses who thrive despite job stress. Participants were 15 female nurses working in faith-based and non-faith-based facilities in Uganda. The nurses were all actively religious people, a fact not known at the time they were recruited. All the nurses revealed that religious values affected their performance positively, enabling them to find meaning even in the face of adversity.

Keywords: nurses; religion; self-care; coping; Uganda

1. **Introduction**

Religion and spirituality have always had importance in nursing practice, as the religious and humanitarian origins of the profession attest (Carson, 1989). Religion is important in the lives of a great many people, and the nursing literature is rich with pronouncements about the need for nurses to attend to the spiritual needs of their patients (Baldacchino & Draper, 2001; Greenstreet, 1999; Lane, 1987). This emphasis is in concert with the growing body of research on the various influences of religiosity on physical and mental health (Koenig, 2009; Levin, 1994; Seybold & Hill, 2001). In using the term 'religion' we mean it in the broad and multidimensional way, that is not limited to institutional religious practices, as suggested by Koenig (2009) as ' beliefs, practices, and rituals related to the sacred' (p.284). We thus refer

to the terms religion and spirituality synonymously. Whatever its more exact form might be, religion is a particularly vital resource for deep believers -- a provider of meaning, life purpose and understanding of oneself and the world one lives in (Pargement, 1997; Park, 2005).

Nurses in Uganda, like their colleagues in the rest of the sub-Sahara African region, are exposed to relatively continual physical and emotional stress, due to a combination of poor living and working conditions (Hagopian, Zuyderduin, Kyobutungi & Yumkella, 2009; Munjanja, Kibuka & Dovlo, 2005). Heavy workloads, low financial compensation, and working without adequate facilities and supervision, are ubiquitous features of many Ugandan nurses work lives, and a major source of frustration and dissatisfaction (Hagopian, et al, 2009). Many Ugandan nurses who fail to cope with the challenges of nursing under very adverse working conditions seek escape by changing professions, or by migrating in a search for greener pastures abroad.

However, there are nurses who manage to cope with their job demands and remain in service in Uganda. Previous research in Uganda has shown that in trying to cope with work challenges, nurse transfer care to caregivers, lean on social support and their faith in God (Harrowing & Mill, 2010; Nderitu, 2010). Worldwide, social support, self-care, counselling and religion/spirituality are some of the adaptive coping resources that nurses utilise (Ablett & Jones, 2007; Rose & Glass, 2008; Shinbara & Olson, 2010; Vinje & Mittelmark, 2006). Even though literature on coping and self-care for professionals stresses the need for nurses to attend to their physical, mental, spiritual and social well-being (Riley, 2003; Van Den Tooren & De Jonge, 2008), there is limited research specifically on the role of religion and spirituality on nurses' work values and coping with work stress in the sub-Saharan Africa context. Faith

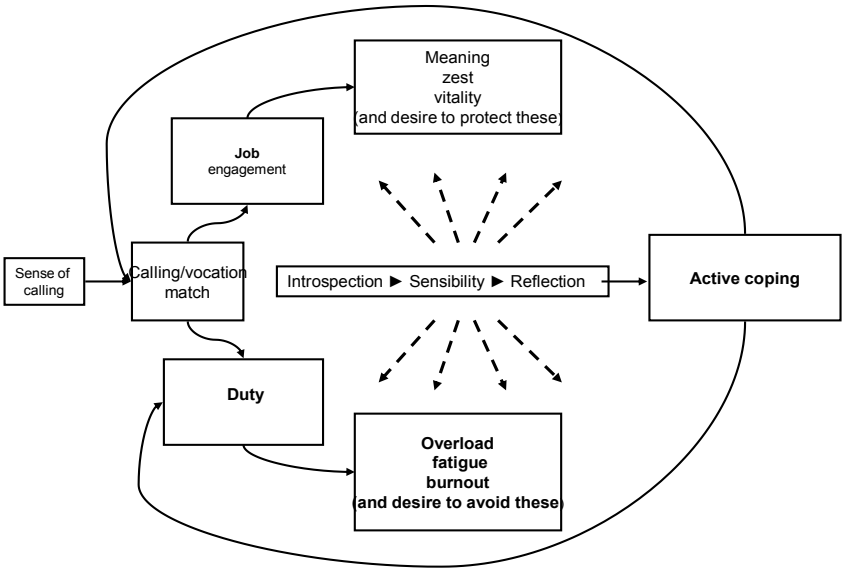
in God has been mentioned as a protective mechanism by nurses providing universal care in Uganda (Nderitu, 2010). However in the study just cited, faith in God was mentioned as a way of coping, without illuminating the various ways in which this faith is expressed in order to deal with work challenges. In Swedish oncology nurses, religiosity has been reported to have a protective function, enhancing coping on the job (Ekedahl & Wengstrom, 2010). In the United States of America, spirituality has been shown to be of benefit in nurses' daily lives and in helping them to cope with grief (Shinbara & Olson, 2010).

As a basis for one's beliefs and goals, religious meaning may be critical in coping with stressful events (Park, 2005). It influences the way stressors are perceived and the types of coping resources used to counter the effects of the stressors. Stress research across the world has shown evidence for the benefits of religious coping in the face of life's challenges (Hodge & Roby, 2010; Koenig, 2009; Levin, 1994; Seybold & Hill, 2001). For example, in women living with HIV in Uganda, spirituality has been described as a main means of coping (Hodge & Roby, 2010). For these women, support from other believers with whom they attended church/religious meetings, prayers and a belief that God provides sustenance were perceived as enabling factors for perseverance in situations that they found challenging in relation to their HIV status.

This study is part of a larger research project that explored work engagement and self-care among Ugandan nurses known to thrive on the job, amidst difficult working circumstances. The purpose of the main study was to allow for an in-depth exploration of reasons for high job engagement among some nurses in Uganda known to thrive on the job, despite having to work in difficult circumstances. The main analytical framework for this study is the Self-

tuning model of self-care (Figure 1), developed from empirical research in Norway (Vinje, 2008; Vinje & Mittelmark, 2006, 2007, 2008).

Figure 1-The Self-Tuning Model of Self-Care



The Self-Tuning Model of Self-Care (Vinje, 2008)

The model postulates that for nurses who are able to experience job engagement despite work adversity, a sense of calling to nursing is critical a prerequisite. When one's calling and vocation, match, two main health-determining processes may be activated. In one, the salutogenic process, the call/vocation match is a foundation for job engagement in which one experiences meaning in life and expressed as zest for and vitality at work. In the second process, the pathogenic one, the call/vocation match may perversely give rise to moral

distress, work overload and possible burnout, when a nurse's high sense of duty and responsibilities cause her to strive in excess of her capacity. As a result, a third health-determining process may also come into play; stimulated by job engagement and the desire to hold on to it, and aware of the threat to job engagement posed by moral distress, some (and perhaps many) nurses have the protective skill of engaging in introspection about the situation. Sensibility about the deteriorating situation, and taking time for reflection on what is transpiring, can stimulate the adoption of positive coping strategies that enable one to recapture and enhance job engagement when it is threatened.

In previous research we reported that Ugandan nurses were able to exhibit high levels of dedication and enthusiasm on the job despite the challenges they face at work by using personal and job resources. The nurses' abilities to use intra-and interpersonal resources were critical to their job engagement experience (Bakibinga, Vinje & Mittelmark, in press, a). We have also reported elsewhere that the nurses' ability to 'self-tune', a salutogenic process, enables the nurses to thrive on the job (Bakibinga, Vinje & Mittelmark, in press, b). During our analyses for the papers just cited, we realised that the influence of religion on the work and self-care experiences of the nurses was universal and highly compelling, warranting detailed attention that was well beyond the scope of the previous papers. In this article we focus on findings related to religiosity's influence on the nurses' work and coping resources.

This article addresses the question 'in what ways does religion have a role in the work lives, self-care and coping strategies of Ugandan nurses'? Our search of the literature did not reveal even a single study on the role of religion in the work engagement and self-care processes of health professionals known to thrive on the job, amidst difficult working conditions. In light

of this unchartered territory, we judged the research question addressed in this study to be of high priority.

2. **Method**

2.1 *Design and setting*

With the assumption that reality is created and maintained subjectively (Denzin & Lincoln, 1994), this exploratory qualitative study is well suited for examining experiences of nurses known to thrive on the job, despite having challenging work conditions. The methodology drew on phenomenology and hermeneutics to provide descriptions and interpretations of the nurses' lived experiences (Smith, Flowers & Larkin 2009; Whitehead, 2004). Participants were nurses working in both the public and private sectors drawn from two districts, A and B, in Uganda. District A is in the Eastern region while District B is in the Central region. The formal health system in Uganda has public, private -not-for- profit and private-for-profit sectors. Participants were selected from each of the sectors.

2.2 *Participants*

Participants were recruited through purposive and snowball sampling techniques (Creswell, 2003). This strategy ensured that nurses and midwives known to thrive on the job were selected and interviewed based on nominations by colleagues. The inclusion criteria included: (i) known to thrive despite working in difficult working conditions, (ii) expressed enthusiasm about work, (iii) vigorous and highly committed to work, and (iv) having been employed for over three years at their present workplace. Heads of health centres nominated nurses and or midwives known to thrive on the job. Four participants were sampled from one health centre in District A. Three participants were sampled from a health centre in District B. Participants selected from District B were asked to recommend other potential participants. Using

snowball sampling, eight more participants were drawn from District B. A total of fifteen female participants were recruited.

Among the 15 nurses and midwives who participated in the study, five were double trained-registered nurses/midwives, four were enrolled midwives, three were registered midwives, and one was a registered nurse while two were comprehensive nurses. Nine participants were from public (government- aided) health units, three from private-not-for-profit (faith-based) units and the remaining three from private- for- profit health units. All the participants worked in various hospital departments including medicine, gynaecology, maternity, antenatal clinic, outpatients/emergency, neonatal intensive care and surgical departments of different health units in the two districts. The participants' ages ranged from 28 to 49 years with a mean age of 33.5 years. The years of working experience ranged from 3 to 29 with a mean of 11.1 years. Of the fifteen nurses, fourteen nurses were Christians while one was a Moslem. All the nurses reported to be actively religious.

2.3 *Ethical considerations*

Ethical approval for the study was obtained from the Norwegian Social Science Data Services and the Uganda National Council of Science and Technology. Before the interviews commenced, each participant received verbal and written information about the aim and design of the study, how and why they were selected and the time needed to participate. Participants were assured of confidentiality and anonymity and that they could withdraw their consent at any time.

2.4 *Data collection*

Data for this study were collected via in-depth interviews (Kvale, 1996) of nurses with reputations for thriving on the job. Interviews were conducted over a period of three months,

between March 2010 and May 2010. A thematic interview guide was designed, pre-tested, used to assist the interviewer during the data collection process. Although the guide was modified during the data collection process, each interview began with the same broad question; 'Can you please tell your work life story', as in Vinje (2007). The interview guide generally covered background information, why they chose nursing, what was keeping them in the specific area of nursing, how they dealt with work stress, and how they engaged in self-care. Interview venues, as chosen by participants, were participants' workplaces or their homes. All the interviews were conducted, audio recorded and transcribed by the first author. The interviews lasted between approximately one hour to two hours and a half.

2.5 *Data analysis and rigor*

The interview data were analysed using the qualitative content analysis method. The method was adapted from Graneheim and Lundman (2004) and Whitehead (2004). The interview data were divided into four content areas as predefined in the interview guide: 'calling' (choice of profession), 'work life experiences', 'dealing with stressful conditions at work', and in their 'adaptive coping strategies'. Under each area, the analysis was conducted in a six-step process. In the first stage, an initial thorough scrutiny of the interview transcripts while listening to the audio-recording was done in order to obtain a general impression of what the participants had expressed. Next, meaningful sections of the data were identified. In the third stage, the meaning units were condensed into standard language. This was then followed by interpretations of the condensed meaning units, from which sub-themes were obtained. Finally, following a process of reflection involving obtaining of feedback from the participants and extensive systematic search for alternative themes and discussions among the research team (Whitehead, 2004), themes were generated. The analytical process was done separately for each participant and later comparisons made with other participants' accounts.

Trustworthiness and data credibility were established in various steps (Creswell, & Miller, 2000). To allow for consistency throughout the interviews, an interview guide was used to ensure that all participants responded to similar questions. The first author, who conducted the interviews, sought clarifications from the participants in regard to the information shared, whenever there was need. Later, participants were contacted to verify the content of their full transcripts. To ensure general agreement on the data and emergent themes (Christians, 2005), all the co-authors engaged in discussions during the analytical process.

3. **Results**

The findings are presented in four thematic areas representing the different ways that religion was found to be important in the lives of this group of nurses. The themes are 'calling/choice of profession', 'experiences while on the job', 'dealing with stressful conditions', and 'self-care practices'. Under each theme, some anonymous quotations are presented to illustrate the main points.

3.1 Calling/Choice of profession

The participants revealed that the nursing profession was an opportunity to be of service to others. In this way, nursing enabled them to find meaningfulness in life.

> I chose nursing because I knew that my greatest strength as a person was in meeting the needs of the disadvantaged. I like working with the disadvantaged. I regard it as a personal mission. Therefore, knowing that my actions benefit someone else-they make someone's life better, keeps me going. Reducing the misery in this world is my personal goal. This I do in the only way I know and was trained to.

For some participants, the search for meaning was experienced as an ability to listen to a call, being in the right place, being driven, and or, possession of necessary skills for the job.

'They call it a vocation; I think it is a call from God because I really like to serve (...) I am in the right place'.

Of the fifteen participants, five specifically related their choice of profession to call from God.

> (…)Therefore life is about accommodating others with their differences and meeting their needs. There is nothing more to life, the way I see it. That is God's call to every human being. I am doing just that in my work. Others also do it in their different professions. Midwifery is God's call for me'.

Yet for others, choice of the nursing profession followed certain events in their lives that left them with no other alternatives. For these nurses, these events seemed to have had divine hand.

A nurse who chose nursing after her aunt's illness had this to say:

> I saw as if medical people had an anointing from the Lord. I loved my Aunt so much that that incident scared me thinking I was going to lose her. After she recovered, I asked God to guide me in my decision to study nursing. God was faithful to his promises to me. Therefore, I have to serve Him. I am here because of Him. I got the money to join nursing school because He made it possible. I come from very humble beginnings but I have managed to attain something good out of life by God's grace.

3.2 Experiences while on the job

The participants reported that their work; the ability to make a difference in other people's lives, was an important trigger for the energy, enthusiasm, and dedication they experienced while on the job.

> When somebody calls you a doctor or nurse, it is as if you are God-a small god somewhere. When someone refers to you as such, you feel responsible; special. That drives me. My job comes with responsibilities to the people we serve.

In sum, the participants came through as a value driven lot, with high ethical standards. Whereas professional nursing ethics served as guiding standards, all the nurses stressed a link between their professional and personal, including religious values for some.

> I believe love ought to be expressed through service. I offer a crucial service to society. I am a professional midwife so my actions are guided by the nursing codes of ethics. As an individual, I represent the professional body of medical practitioners so I act in ways that do not bring embarrassment to our noble profession.
> I am a practicing Christian and I know Christians should offer love through service, through their actions. Within my job, I am able to realise all those values.

Yet others said that nursing was a service or ministry. For most of the participants, the goal or purpose of their work was attached to religious demands/ expectations with God serving as a judge of their work.

> Life is sacred. God our creator has a role for each one of us. He sees all we do and we will be judged based on our actions. I was raised to know that each one of us could improve on this world's state-that is why we are different. But we must make our presence felt before we die. God is my source of help and consolation. Whenever I am confused or need guidance, I just get down on my knees.

Some participants noted that expressions of gratitude from clients and or colleagues, including superiors encouraged them while on the job.

> One of life's greatest things to have is the knowledge that others appreciate you. The work that we do is a sacrifice. 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.

3.3 Dealing with stressful work conditions

In dealing with challenging situations, several participants reported that their faith in God helped them to cope better and remain on the job even when circumstances at certain times dictated otherwise. Their faith in God served to make them accept their situation, providing a source of meaning in life.

> (…) I have seen patients die even after we have done our best so if I did not have God to turn to I would not be here. Every patient that dies or gets a poor outcome leaves a mark on you for life. Initially in my early nursing practice years I struggled with that but I have learned to let go. I leave everything to God.

Through personal and group prayer activities (with other nurses), the participants said that they found the strength or ability to cope while on the job. In addition, sharing of experiences with colleagues helped them to deal with their own challenging situations at work.

In response to how she manages to thrive on the job, one nurse said:

> To this day, I cannot forget what God has seen me through. Even for me to be able to manage at this job, I attribute my success to God. This medical field is so unpredictable. At a certain point, you realise that God is at the centre of it all. He has seen me through tough periods at work too. Through prayer, I am able to cope with work and life in general. We pray as a group at work and at home as a family. Our

> group at work is like a support network. My husband is a doctor so he understands most of my work experiences and he is a born again Christian. I also pray on my own.

3.4 Self-care

The participants defined their self-care in holistic terms, in this way highlighting the importance of their physical, spiritual, mental, and social well-being.

Religious activities, including individual and group prayers featured prominently in the self-care strategies that the participants use.

> Physically I am active, I swim, and through personal hygiene, I take care of myself. Socially I have good friends and a supportive family that is always there for me. Playing with my children and taking care of their needs gives me comfort. Spiritually and mentally, I meditate and pray a lot even with my patients depending on their beliefs. I watch movies to relieve stress. I am a born-again Christian and go to fellowship almost every evening when I do not have to work. If I did not know and have Christ as my friend, I would not be here now. In my early years of life I was not so prayerful like I am now but I still believe God was there for me.

The participants also engaged in various pleasurable activities outside nursing as a key self-care strategy. In addition, prayer and meditation were reported as important sources of respite from work-life stress.

> I am a very spiritual person. My mother told me I could always find answers through earnest prayer so I find time to develop my spiritual life. It is what keeps me going. My health and life always come first. I do a variety of self-help activities. I read, pray, meditate and maintain good ties with my family and friends. I belong to a church choir.

4. **Discussion**

This study addressed the question 'in what ways does religion have a role in the work lives, self-care and coping strategies of Ugandan nurses'? Summarising the findings, faith in God helped nurses remain on the job even when circumstances dictated otherwise. Their faith in God served to help the nurses accept their situations, while at the same time providing a source of meaning in life. Through group and personal prayer and meditation, and prayer with other nurses, the participants said that they gained the strength and ability to cope while on the job. There was also a strong element of social support in their accounts of coping, wherein the sharing of experiences with colleagues helped them to deal with their own challenging situations at work. The participants defined their self-care in holistic terms, highlighting the importance and interdependence of physical, spiritual, mental, and social well-being. Thus, the two main themes that emerged were faith and fellowship.

This study supports earlier findings that called nurses typically possess deep personal, religious beliefs or humanitarian values, are highly committed to set tasks, and more motivated at work (Jeffries, 1998; Lane, 1987; Raatikainen, 1997). By providing one with life purpose, religious belief has also been noted to influence the morals and behaviours of people (Park, 2005). Values and beliefs are part of one's meaning system or life purpose (Pargement, 1997; Park, 2005) perhaps serving to motivate these professionals in their work tasks. This was evident in the Norwegian context even without an overt influence of religiosity; the Norwegian nurses revealed very high ethical and moral standards (Vinje & Mittelmark, 2006, 2007, 2008).

The influence of religion on the work values of the nurses raises a question about how religious practice can foster nursing job engagement. In a previous paper, we reported that these nurses' job engagement was exhibited as enthusiasm, dedication, and energy on the job (Bakibinga, et al, 2012a). When faced with challenging situations that threatened their well-being on the job, the nurses showed a willingness to invest personal and group resources in order to recapture their job engagement. We further reported that through a habitual active, self-tuning process involving introspection, sensibility, and reflection, the nurses were able to make adaptations that in turn enabled them to cope and thrive on the job (Bakibinga, et al, 2012b). We noted that a conscious view of life is critical to thriving in adverse work circumstances. This coherent view of life may for some individuals involve belief in God, as it evident in this group of nurses. For the Norwegian nurses it was exhibited through their moral standards. This view enables one to adjust to different life circumstances. Building on our previous findings, we suggest that the self-tuning process enhances the development of a coherent view of life. On the role of religion on nurses' job engagement; we speculate that perhaps the fact that nursing is a highly value-driven profession enables these highly dedicated and committed professionals to practice their religious principles. However, it is important to note that all the nurses in this study reported that they were active in their religious life; sampling did not yield nurses who were not religious, even if religiosity was not a factor in sampling.

Results of this study support earlier research that religion helps individuals to cope with stressful situations (Ekedahl & Wengstrom, 2010; Park, 2005; Shinbara & Olson, 2010). Religion appears to be a key influence in the lives of these nurses and in the way they deal with adversities of nursing. Through meditation and prayer the nurses are able to deal with challenges in their lives. This finding not only supports earlier research in Uganda that

showed that nurses turn to their faith in God to enable them cope with work stress (Nderitu, 2010), but further highlights the various ways in which faith in God is exhibited through various activities that enable these nurses to thrive on the job. For these nurses, religion seems to provide a lens through which they view their world. It is important to note that nurses in faith based institutions did not differ in their experiences from those working under public institutions. We speculate that this might be because public expressions of spirituality are not frowned upon in Uganda.

Spirituality/meditation has been shown to have a role in enhancing mental well-being of health care professionals (Riley, 2003; Rose & Glass, 2008). The nurses in this study revealed that they were willing to actively self-care in holistic terms. Through such activities as prayer, meditation, regular church or service attendance, and seeking social support from peers and significant others, participation in other leisure time activities, among others, these nurses are able to enhance their well-being.

Limitations

This study's findings are based on interviews with female nurses, recruited from urban areas. The inclusion of nurses working in rural areas would have strengthened the findings of the study. Some of the interviews were conducted in Luganda and later translated into English. Valuable information might have been lost in the process thus impacting on the validity of the study.

Conclusions

The findings of this study illuminate on how religion influences the work lives and stress coping mechanisms of some Ugandan nurses. The nurses in this study revealed that religious values affected their work performance enabling them to find meaning even in the face of

adversity. The nurses also engaged in various religious activities that enabled them to counter the effects of work-related stress.

This study is a crucial first step in trying to understand how nurses use religious values and resources to foster thriving on the job. However, the nurses in this study were all actively religious therefore this study does not show how nurses that are not actively religious manage on the job. Further research could provide more insight on the subject.

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