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Healthcare professionals accompany their patients as they experience pain, distress, functional impairment, and doubt resulting from illness and injury. Acting as an effective healer requires empathy and acknowledgment of the patient's experience. This empathy can be internalized and have a negative impact on the healthcare professional which is often termed "compassion fatigue". A meta-narrative by Sinclair, et al looked at 90 studies comparing compassion fatigue in various healthcare professions. Their findings emphasized common findings of compassion fatigue over numerous healthcare professions that were unrelated to their level of direct "compassionate care" suggesting that all healthcare professionals are at risk (Sinclair et al. 2017). However, flagging compassion levels are not the only culprit in the epidemic of healthcare professional burnout and exodus from the profession. Therefore, conceiving pathways to enhance healthcare professional compassion reserves, enhance resiliency, and decrease burnout have emerged as compelling societal needs.

In 1995, the World Health Organization declared that a patients' spirituality should be further recognized as a significant component of their quality of life. Spirituality is a broad and complex concept which varies in meaning according to different cultural, religious, and academic backgrounds. Historically, the term spirituality was used to describe the practices of people who dedicated their lives into religious services or exemplify the teachings of their faith traditions (Koenig 2008). Only in the last decades has spirituality been detached from religiosity as a distinct construct, even though the scientific community still refers to this research field using the "dual" term religiosity/spirituality. Despite having numerous definitions, the common backbone is often related to a dynamic and intrinsic sense of connection to something larger than oneself.

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Published research has demonstrated that including spiritual care in nursing practice benefits patients and the nurses caring for them through increases in professional satisfaction (Vlasblom et al. 2011). A review of 18 articles focusing on burnout and spirituality in nurses revealed that nursing professionals frequently turn to spirituality or religion as a coping mechanism for stress and burnout. Fifteen of the studies demonstrated lower levels of burnout, exhaustion, and depersonalization in various contexts associated with increased spiritual and religious beliefs. However, two studies failed to find a connection, and one found worse results (De Diego-Cordero et al. 2022).

A 2013 study further evaluated the correlation between burnout and spirituality. In this study, 259 medical students completed a survey which included measures of spirituality, burnout, psychological distress, coping, and general happiness. They found a significant inverse correlation between spirituality and measures of psychological distress/burnout paired with a positive correlation between life satisfaction and spirituality (Wachholtz and Rogoff 2013). In other words, increased spirituality resulted in less psychological distress as well as improvements in life satisfaction. Another survey study of 173 internal medicine and medicine/pediatric residents produced similar results with a strong correlation between spirituality and personal accomplishment (Doolittle et al. 2013). These results suggest that having a strong spiritual foundation and regular spiritual experiences is related to having a higher quality of life, less psychological distress, and less burnout. Of significant importance, high levels of spirituality appear to guard against learner burnout in the medical field and may serve as a mechanism to protect this more vulnerable group.

A large systematic review identified 493 articles that addressed spirituality and the impact that it can have in a healthcare setting. This review cast a wide net and included published work on spirituality for health care providers, patients, and the interaction between the two. It concluded that spirituality provides a framework for both providers and their patients that can significantly impact resilience and satisfaction. The discussion in this manuscript highlighted their difficulties studying such a broad and poorly defined concept and how augmenting their findings with strong statistical differences was challenging (de Brito Sena et al. 2021). However, this extensive review supports a growing body of research on the positive effects of spirituality and highlights its applicability as a potential method of healthy coping for all health care professionals. The study has additional implications for how increased training efforts and innovative facilitation of various spiritual expressions (such as inclusive forms of ritual recognition of loss) in the workplace might reduce the stresses of such work.

A further inspection of the PubMed database reveals that a staggering 30,000 research articles were published between 1999 and 2012 on the subject of spirituality in medicine (Lucchetti and Lucchetti 2014). However, a closer inspection of the available literature reveals that spirituality in healthcare is most often studied as a component of patient wellness and one of the factors that might significantly impact healthcare outcomes. It can be a tremendous struggle to identify large bodies of research attempting to evaluate the impact of spirituality on the healthcare professional as it seems to be a topic that is far less frequently addressed.

So then, why do healthcare professionals seem less willing to research or commit to considering how a foundation and commitment to spirituality might impact their wellbeing? For whatever reason, there often seems to be a disconnect or barrier that limits the ability to foster this spiritual connection. It is possible that this connection has been beaten out of those who too steadfastly seek solutions and pathways that are conducive to evaluation and review. If it can't be tested or if there can't be some sort of high-level statistical analysis applied, then these components of wellness are frequently disregarded. A 2009 Pew Research Center trial revealed that only 33% of scientists believe in God versus 83% of the general public. A full 41% of scientists have no belief in a higher power versus 4% of the general public (Pewresearch.org 2022). This is a foundational approach and belief system with significantly deep roots that anecdotally trace back to the Napoleonic era. At that time, French scientist Pierre-Simon Laplace had recently completed a book describing the creation of the universe and was set before Napoleon to discuss the text's merits. Though historical reports vary, Napoleon asked Laplace why the creator (God) failed to gain mention in Laplace's text describing the origins of the universe. By some accounts, Laplace replied—*"Je n'avais pas besoin de cette hypothèse-là"* or *"I had no need of that hypothesis."* (Wikipedia.org 2022) More recent popular literature has also evaluated the scientific community's relationship with the divine. In *Jurassic Park*, Michael Crichton wrote - *"God creates dinosaurs, God kills dinosaurs, God creates man, man kills God, man brings back dinosaurs."* The scientific and healthcare professional community may benefit from considering why their belief in a power beyond themselves is so much less prevalent than the general communities and if this belief system is contributing to the rampant problems of burnout and career satisfaction seen in this group.

If the need for God has been supplanted in medicine, is there any meaning or reason for what healthcare professionals witness on a daily basis. In worst case scenarios, a healthcare professional might assume that their actions and insight are solely responsible for patient related outcomes. On the one hand, this approach might lead to grossly overinflated egos and sense of responsibility for positive patient outcomes. Consider this quote from the 1993 movie thriller *Malice* –

*The question is, 'Do I have a 'God Complex'?...which makes me wonder if this lawyer has any idea as to the kind of grades one has to receive in college to be accepted at a top medical school. Or if you have the vaguest clue as to how talented someone has to be to lead a surgical team. I have an M.D. from Harvard, I am board certified in cardio-thoracic medicine and trauma surgery, I have been awarded citations from seven different medical boards in New England, and I am never, ever sick at sea. So, I ask you; when someone goes into that chapel and they fall on their knees and they pray to God that their wife doesn't miscarry or that their daughter doesn't bleed to death or that their mother doesn't suffer acute neural trauma from postoperative shock, who do you think they're praying to? Now, go ahead and read your Bible, Dennis, and you go to your church, and, with any luck, you might win the annual raffle. But if you're looking for God, he was in operating room number two on November 17, and he doesn't like to be second guessed. You ask me if I have a God complex? Let me tell you something: I am God.*

Components of this dialogue are certainly present in current medical practice. No matter the specialty, we are all intellectually gifted and exceptional relative to our societal peers. No matter the specialty, getting to the point where one has completed medical training conveys a certain level of dedication and constitutional stoutness. And our patients generally appreciate these attributes in our colleagues above their commitment to any component of spirituality. It is tremendously common to be asked about the skill of a surgeon or nurse. What are their outcomes, how often do they miss on an IV-line insertion, or are they a skilled proceduralist? However, an incredibly uncommon question centers around the spirituality of the healthcare professional. Our patients have unknowingly reinforced the notion that healthcare professionals operate outside of the spiritual realm and that outcomes are now derived from the person and not the divine.

On the other hand, this approach fails to acknowledge or allow for outcomes that are beyond our reasoning or that may only occur out of an abundance of luck (or lack thereof). As usurping gods, healthcare workers are exposed to feelings of guilt, shame, inadequacy, etc and therefore any individual masquerading as God in the healthcare setting is exposing themselves to significant danger. It is far too easy to fall prey to becoming overly proud of our “technological terrors.” In an era where machines and monitors seem able to diagnose and address nearly every malady that might be thrust upon our patients, it is important to remember that there is a time for everyone and that the fates will at some point trim the thread of life for all of our patients. As much as we are unable to eliminate all fatalities from lightning strikes, we need to accept a certain level of morbidity and mortality and release ourselves from the burden of all blame associated with these outcomes. Spirituality is an open-source resource that is available to everyone and in some cases may offer the ability to provide context and meaning to adverse events and a framework for accepting what cannot be changed. Because one pathway to spirituality did not perfectly fit with an individual does not mean that there is not a potential pathway to a divine connection. There is a whole world of spiritual options to consider that may prove to be a better match than what may not have worked in the past.

The thing is... spirituality can be incredibly difficult. Minds that have been crafted for asking questions and seeking truth may find religion to be a stifling quagmire that fails to provide a reasonable answer. Beyond that, it can be difficult to identify a divine reason for the terrible outcomes, the lives tragically cut short, and the capacity for humans to inflict harm on others. For those struggling with these barriers, mindfulness and meditation may offer some of what is lacking when spirituality is not tenable. The practice of mindfulness aims for an individual to become more fully present and aware of their emotions, thoughts, senses and what they are experiencing. Through these processes, practitioners of mindfulness are able to achieve self-acceptance while decreasing stress and burnout. While research on this subject is not yet incredibly robust, a growing body of publications supports the routine implementation of mindfulness practices for healthcare professionals.

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