

**RELIGIOUS COPING AND PARENTAL BURNOUT AMONG MOTHERS WORKING AS NURSES IN ACEH PROVINCE, INDONESIA: A CROSS-SECTIONAL STUDY**  
*Koping Religius Dengan Parental Burnout Pada Ibu Yang Bekerja Sebagai Perawat Di Aceh, Indonesia: Studi Cross Sectional*

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**ABSTRACT**

**Background:** mothers who are employed as nurses encounter dual responsibilities, entailing both onerous workloads in medical facilities and demanding parenting duties in their homes. This dual burden has been shown to heighten the risk of parental burnout. Parental burnout, defined as emotional and physical exhaustion in parenting, has the potential to adversely impact parent-child relationships and child development. One approach to coping with this condition is through religious coping, which involves relying on religious beliefs and practices to manage life's difficulties. **Purpose:** To examine the relationship between religious coping and parental burnout among mothers working as nurses in Aceh. **Methods:** Quantitative correlational approach was employed with 173 nurse mothers selected using purposive sampling. Data were gathered using the Iranian Religious Coping Scale and the Parental Burnout Assessment. **Results:** The result of the study indicated that there was no significant relationship between religious coping and parental burnout. Despite the elevated levels of religious coping exhibited by the participants, particularly through practices such as prayer and salat, there was an absence of indications suggesting parental burnout. **Conclusion:** While religious coping may offer a mechanism for managing general stress, it is not sufficient to address the complex and multidimensional challenges associated with parental burnout. However, a study of nurse mothers in Aceh revealed that those who exhibited high levels of religious coping did not experience parental burnout.

**Keywords:** parental burnout, religious coping, nurse mother

**ABSTRAK**

**Latar Belakang:** Ibu yang bekerja sebagai perawat menghadapi tanggung jawab ganda yaitu beban kerja yang tinggi di rumah sakit dan tugas mengasuh anak di rumah, yang meningkatkan risiko mengalami parental burnout. Parental burnout merupakan kondisi kelelahan emosional dan fisik dalam menjalani peran sebagai orang tua, yang dapat berdampak negatif pada hubungan orang tua dan anak serta perkembangan anak. Salah satu pendekatan untuk mengatasi kondisi ini adalah coping religius, yaitu mengandalkan keyakinan dan praktik keagamaan untuk menghadapi kesulitan hidup. **Tujuan:** Untuk mengetahui hubungan antara coping religius dengan parental burnout pada ibu yang bekerja sebagai perawat di Aceh. **Metode:** Menggunakan pendekatan kuantitatif korelasional dengan jumlah sampel sebanyak 173 ibu yang bekerja sebagai perawat, dipilih melalui teknik purposive sampling. Pengumpulan data dilakukan menggunakan Iranian Religious Coping Scale dan Parental Burnout Assessment. **Hasil:** Hasil penelitian menunjukkan tidak ada hubungan yang signifikan antara coping religius dan parental burnout. Meskipun tingkat coping religius yang tinggi ditemukan terutama melalui salat dan doa, partisipan tidak menunjukkan tanda-tanda parental burnout. **Kesimpulan:** Coping religius dapat membantu dalam mengelola stres umum, namun belum cukup kuat mengatasi tantangan parental burnout yang kompleks dan multidimensional.

**Kata Kunci:** parental burnout, coping religius, ibu perawat

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## INTRODUCTION

Nurses represent a vital component of the healthcare professional workforce, contributing significantly to the success of hospital services. They are entrusted with a wide range of responsibilities, necessitating extensive knowledge, skills, and high levels of concentration (Febrianty *et al.*, 2025). Nurses, in their professional capacity, are responsible for the provision of care to patients across various settings, including inpatient, outpatient, and emergency departments. They play a pivotal role in the recovery process of patients. These responsibilities entail a willingness to work irregular hours, including rotating and night shifts (Rhamdani & Wartono, 2019). The demanding nature of the work of nurses renders them particularly susceptible to fatigue. The subjects of this study work in a variety of healthcare settings and endure extended, irregular work shifts. These work conditions often result in sleep disturbances and contribute to physical and emotional exhaustion (Purnama & Hariyati, 2019).

Research has shown a strong correlation between night shifts and burnout, with repeated night duty increasing the risk of emotional fatigue (Lee *et al.*, 2024). Moreover, extended work hours adversely affect job performance, sleep quality, and patient safety (Alsharari & Alenzi, 2021), and lead to significant mental and physical strain (Alsaggaf *et al.*, 2022).

These findings underscore the substantial contribution of shift patterns and job demands to occupational fatigue among nurses. The nursing profession is predominantly female, and many nurses are married and have familial responsibilities. This demographic reality places them at the intersection of professional and domestic demands, often leading to role imbalance (Irbayuni & Rahmawati, 2020). In addition to maintaining their own health and energy to

ensure effective performance-critical given the life-or-death nature of their work—nurses frequently experience emotional exhaustion and stress (Putra & Muttaqin, 2020; Mariana, 2020). Job stress can disrupt mood, cognitive functions, and overall well-being, leading to anxiety, irritability, aggression, and impaired job performance (Fahmi, 2016; Alam *et al.*, 2021). When prolonged and unmanaged, such stress can culminate in burnout (Putra, 2020). The study conducted by Halisazia & Putra (2017) at a hospital in Banda Aceh involving 105 respondents—79% of whom were female and the majority of whom were married—showed that 42.9% of nurses experienced a high level of burnout, 39.0% experienced a moderate level, and 18.1% experienced a low level of burnout.

In addition to the stress that is associated with the workplace, nurses who are also parents, particularly mothers, face additional pressures in the form of parental burnout. This term is defined as the physical, emotional, and mental exhaustion resulting from prolonged parenting demands (Roskam *et al.*, 2018). Parental burnout is characterized by persistent fatigue in the parenting role, emotional detachment from one's children, and a diminution of enjoyment in parenthood (Lin *et al.*, 2021). Roskam *et al.* (2018) observe that affected parents frequently experience a sense of exhaustion upon awakening, perceive themselves as deficient, and encounter difficulties in enjoying interactions with their children. These symptoms have the potential to exert a substantial detrimental effect on parent-child relationships and child development. A multitude of prior studies have demonstrated the prevalence of parental burnout in various nations, including a study in the United States conducted by Roskam *et al.* (2018). This study revealed that 3.5 million parents experienced parental burnout. Concurrently, a study in Japan by Kawamoto *et al.* revealed that 4.2% to 17.3% of parents in Japan

experienced parental burnout. A study conducted by Fazny (2021) in Indonesia found that 15% of parents experienced a high level of parental burnout, while 64% experienced a moderate level.

The selection of mothers working as nurses as the sample in this study is based on the consideration that they are in a highly vulnerable position due to the dual burden they face—namely, professional demands in a high-pressure work environment and parenting responsibilities at home. The combination of these two equally demanding roles makes nurse mothers a highly relevant group to examine in the context of parental burnout. Parental burnout poses serious risks not only to the mental and physical health of the parents but also to the safety and well-being of the children, potentially leading to neglect or abuse (Lin *et al.*, 2021). This is particularly concerning among working mothers in healthcare who must manage both professional obligations and parenting duties. One potential means of addressing this issue is through coping mechanisms—specifically, religious coping (Marbun *et al.*, 2022).

The concept of religious coping encompasses the utilization of spiritual beliefs and practices to manage stress. Islamic perspectives, as outlined in the works of Aflakseir & Coleman (2011), place significant emphasis on prayer, patience, supplication, and faith in God as conduits of strength. In Islam, prayer is regarded as a means of achieving inner peace and articulating personal grievances, which may assist individuals in coping with emotional distress (Pratami *et al.*, 2023). The practice of worship has been demonstrated to provide psychological relief, thereby enabling individuals to redirect their attention from the daily stressors that encumber them (Harlianty *et al.*, 2022).

Religious experiences can play a pivotal role in parenting, particularly for

mothers facing caregiving challenges. Religious coping strategies can foster resilience, mitigate stress, and potentially reduce the risk of parental burnout (Daulay *et al.*, 2018). This aligns with Roskam *et al.* (2017), who identify caregiving-related stress as a key trigger of parental burnout.

The implications of burnout and parental stress for healthcare workers, particularly working mothers, are of critical importance. As the healthcare system continues to rely on nurses to deliver high-quality patient care, the mental and physical well-being of these professionals must be prioritized. The consequences of unaddressed burnout are manifold. On an individual level, it has been shown to have a negative impact on well-being. On a collective level, it can lead to a decline in the quality of healthcare services, an increase in absenteeism among healthcare professionals, strained nurse-patient relationships, and a reduction in organizational efficiency and effectiveness. Consequently, there is an urgent need for research that explores how coping strategies, specifically religious coping, can help mitigate the risks of burnout and enhance the well-being of working mothers in the nursing profession. The findings of this study are expected to benefit individual nurses and contribute to the strengthening of the healthcare system as a whole. This will be achieved by improving workforce sustainability, care quality, and overall productivity.

The present study aimed to examine the relationship between religious coping and parental burnout among a sample of nurses in Aceh who are also mothers. The objective of this study was to ascertain whether religious coping strategies can mitigate the effects of parental burnout in this demographic. This study was designed to address a gap in the extant literature by focusing specifically on parental burnout among mothers who work as

nurses—an area that has received limited attention, particularly in the context of Aceh. Additionally, there has been a paucity of in-depth exploration of the relationship between religious coping strategies and parental burnout in this population. The present study examined the relationship between professional roles and parental responsibilities, with the aim of offering valuable insights that can inform support strategies for nurse mothers. Such strategies are intended to help these individuals balance the demands of their professional roles and parental responsibilities.

## METHOD

### Type Of Research

This study used a quantitative research approach with a cross-sectional method with a correlational research design, with examining correlation between religious coping and parental burnout among mothers who work as nurses in Aceh.

### Population and Samples

The population of this study consists of all mothers working as nurses in Aceh. The final sample that participated in this study was 173 mothers working as nurses in Aceh. Participants were selected using a purposive sampling technique, based on the following inclusion criteria: Mothers who work as nurses in Aceh, nurses working a minimum of eight hours per day, mothers with children under the age of 18, and must identify as Muslim.

### Data Collection

Two established instruments were used for data collection:

1. Iranian Religious Coping Scale (IRCOPE) by Aflakseir & Coleman (2011): This scale, comprising 22 items, was used to assess religious coping strategies. It uses a five-point Likert scale to measure the

extent to which participants engage in religious coping practices.

2. Parental Burnout Assessment (PBA) by Roskam *et al.* (2018): To measure parental burnout, the study employed the 23-item PBA, which includes seven response options to gauge the severity of burnout symptoms. This tool assesses various aspects of parental burnout, such as emotional exhaustion, detachment from children, and feelings of inadequacy in the parental role. Parental burnout is categorized into two groups: "diagnosed parental burnout" (scores ranging from 86 to 138) and "at risk of parental burnout" (scores ranging from 53 to 85).

The combination of these instruments will allow for a comprehensive analysis of the relationship between religious coping and parental burnout among working mothers in the nursing profession. The initial versions of both research instruments were developed in English; consequently, they underwent translation into Bahasa Indonesia to ensure linguistic and cultural appropriateness for the target population. Subsequent to the convening of expert panel discussions and iterative reviews, the study adopted previously validated Indonesian versions in order to maintain content validity and psychometric rigor. Specifically, the instrument utilized for measurement was adapted from the translation by Nazula (2017), whose version demonstrated greater alignment with the original item phrasing and superior psychometric performance. The reported reliability coefficients ranged from 0.72 to 0.89, with item discrimination indices ranging from 0.20 to 0.50. These findings indicate acceptable internal consistency and item sensitivity.

For the Parental Burnout Assessment (PBA), the Indonesian version developed by Malchan (2022) was utilized. This translation was selected due to its semantic fidelity to the

original English version and established reliability, with Cronbach's alpha exceeding 0.80 and item discrimination indices above 0.25. The use of these validated translations enhances the methodological robustness and cross-cultural relevance of the present study.

The reliability coefficient for the Indonesian version of the IRCOPE was found to be 0.884, indicating high internal consistency. Additionally, the item discrimination index for the IRCOPE scale ranged from 0.282 to 0.630, suggesting that the items were able to effectively differentiate between varying levels of the construct. Along, for the Parental Burnout Assessment (PBA), the Indonesian version developed by Malchan (2022) was used. This translation was chosen for its accuracy and consistency with the original English version. The reliability coefficient for the PBA scale was 0.860, reflecting strong internal consistency. The item discrimination index for the PBA scale ranged from 0.180 to 0.558, demonstrating adequate sensitivity and effectiveness in distinguishing different levels of parental burnout. These findings highlight the robustness and reliability of the translated instruments, ensuring their appropriateness for the target population and enhancing the methodological rigor of the present study.

### **Data Analysis**

Assumption testing in this study included normality and linearity tests. The Kolmogorov-Smirnov test via JASP 0.18.1.0 showed that religious coping data were normally distributed ( $p = 0.182 > 0.05$ ), while parental burnout data were not ( $p < 0.002$ ). The linearity test using ANOVA indicated a non-linear relationship between the two variables ( $p < 0.008$ ). As the data violated normality and linearity assumptions, a non-parametric test was employed and hypothesis testing used Spearman's rho

### **Informed Consent**

In this study, informed consent ensures that research participants were given clear and complete information about the study's purpose, procedures, risks, and benefits, allowing them to provide voluntary consent, and that participant data was kept confidential and used only for research purposes.

### **Ethical Clearance**

This study has obtained ethical approval from the Health Research Ethics Committee (KEPK) of the Faculty of Medicine, Syiah Kuala University. The submission was made on April 1, 2024, and was declared feasible without revision on April 5, 2024, with letter number 038/EA/FK/2024. Prior to the initiation of data collection, all participants were provided with a detailed explanation of the study's purpose and procedures and were assured that their involvement was entirely voluntary.

## **RESULT**

### **Descriptive Analysis of Demographic Data**

The demographic characteristics of the study sample were outlined as follows. The majority of participants (71.7%) were aged between 20 and 40 years, with the sample drawn from 17 districts and cities across Aceh. Pidie District has the highest representation, contributing 22.0% of the sample. In terms of family structure, most participants (49.1%) have one child under the age of 18, with 38.5% reporting that their youngest child was over five years old. Regarding childcare arrangements, over half of the participants (54.9%) rely on a nanny. The sample predominantly works between 8 to 12 hours per day (96.0%), with the majority (86.1%) having between one and six work shifts per month. Contract workers made up the largest group in terms of employment status, comprising 43.4% of the



sample. Educationally, most participants have attained a Diploma (D3) level of education. Additionally, the majority (96.0%) earn the minimum wage in Aceh, highlighting the economic context of the sample. These demographic characteristics

provide important context for understanding the participants' working conditions and personal circumstances, which may influence their experiences of parental burnout and coping strategies (see in Table 1).

**Table 1.** Demographic Data of Research Sample, n = 173

Measure	Description	Persentase (%)	Total (%)
Age (Years)	20 - 40	124 (71,7)	100
	>40 - 65	49 (28,3)	
Regional Origin	Aceh Barat	2 (1,20)	100
	Aceh Barat Daya	1 (0,6)	
	Aceh Besar	18 (10,4)	
	Aceh Jaya	1 (0,6)	
	Aceh Selatan	6 (3,5)	
	Aceh Singkil	1 (0,6)	
	Aceh Tengah	6 (3,5)	
	Aceh Timur	3 (1,7)	
	Aceh Utara	4 (2,3)	
	Banda Aceh	35 (20,2)	
	Bireuen	5 (2,9)	
	Langsa	1 (0,6)	
	Lhokseumawe	2 (1,2)	
	Nagan Raya	4 (2,3)	
	Pidie	38 (22,0)	
	Pidie Jaya	6 (3,5)	
	Sabang	2 (1,2)	
	Others	38 (22,0)	
Number of Children Under 18 Years Old	1 Child	85 (85)	100
	2 Children	67 (67)	
	>2 Children	21 (21)	
Age of Last Child	0 month – 1 year old	15 (8,7)	100
	≤ 2 years old – 3 years old	33 (19,1)	
	≤ 4 – 5 years old	58 (33,5)	
	>5 years old	67 (38,7)	
Other People Involved as Caregivers for Children at Home	Not having a babysitter	78 (45,1)	100
	Having a babysitter	95 (54,9)	
Work Duration	8-12 hours a day	166 (96,0)	100
	>12 hours a day	7 (4,0)	
Monthly Work Shift	1-6 times	149 (86,1)	100
	6-10 times	22 (12,7)	
	>10 times	2 (1,2)	
Work Status	Government Employees with Employment Agreements (P3K)	25 (14,5)	100
	Civil Servant	73 (42,2)	
	Honorary workers	75 (43,4)	
	Associate's degree (D3)	100 (57,8)	
Last Education	Bachelor's degree (D4/S1)	73 (42,2)	100
	According to the Regional Minimum Wage (≥3.400.000)	166 (96,0)	
Income In a Month	Greater than the Regional Minimum Wage	7 (4,0)	100

This study also found that the majority of mothers working as nurses in Aceh exhibit high religious coping, with 169 participants (97.7%) categorized as having high religious coping. Regarding parental burnout, the scores from the research sample predominantly fall within the category of not experiencing parental burnout, with scores ranging from 0 to 53. The fact that the participants' scores fell below 53 suggested

they did not experience significant burnout symptoms (see in Table 2).

The result revealed no significant correlation between religious coping and parental burnout ( $r = 0.022$ ,  $p = 0.771 > 0.05$ ), indicating that religious coping was not associated with parental burnout among nurse mothers in Aceh.

**Table 2.** Categorization of Research Variable Data,  $n = 173$

Variables	Score	Categorization	Frequencies (%)
Religious Coping	$\geq 44$	High	169 (97,7)
	$< 44$	Low	4 (2,3)
Parental Burnout	$\geq 53$	Not experiencing parental burnout	173 (100)

## DISCUSSION

The findings of this study indicate that there is no relationship between religious coping and parental burnout among mothers who work as nurses in Aceh; thus, the research hypothesis is rejected. Religious coping may assist manage overall stress, but it is insufficient to specifically treat parental burnout. Parental burnout is diverse and complex, therefore religious coping alone is insufficient to solve it. Further analysis reveals that parental burnout occurs or is experienced by someone as a result of a mix of circumstances including difficult kid behavior, a severe domestic burden, a lack of social support, and work-family conflict. Thus, religious coping might help manage general stress in individuals, but it is not strong enough to address parental burnout caused by these numerous factors (Mikolajczak & Roskam, 2020).

Chatters *et al.* (2018) also demonstrated that religious coping does not always have a universally positive impact on psychological well-being. While positive religious coping may help some individuals find meaning and strength in facing life's

challenges, negative religious coping can increase the risk of psychological distress. Individuals who experience spiritual struggles such as feeling abandoned or punished by God, tend to exhibit higher levels of anxiety, depression, and worry. These findings suggest that, for some people, religious beliefs may become a source of inner conflict that exacerbates stress and potentially contributes to psychological exhaustion or burnout. The study by Indriani *et al.* (2022) showed that the use of religious coping tends to be more effective in dealing with certain stressors, such as those related to personal meaning in life, compared to daily stressors related to work, which usually lead to excessive fatigue.

This study also found that the majority of mothers working as nurses in Aceh exhibited high levels of religious coping and, in general, did not experience parental burnout. These findings suggest that the research sample predominantly employs positive coping strategies, including maintaining a positive view of God and engaging in religious practices such as prayer and salat. This is consistent with the assertion

of Graça & Brandão (2024) indicated that religious coping particularly the positive type involves the use of cognitive and behavioural strategies based on spiritual beliefs to find meaning in dealing with stress, transforming negative appraisals into positive ones and providing strength in managing life's challenges. This aligns with previous research that emphasizes the positive role of religious coping in managing stress and enhancing well-being, particularly within Muslim communities (Aflakseir & Coleman, 2011).

The high level of religious coping observed in this study may be attributed to the demographic context, as the entire sample consists of Muslims from Aceh. Ahmadi *et al.* (2019) emphasized that culture plays a crucial role in shaping how individuals use religious coping to deal with life stressors. This is especially relevant in Aceh, where Islamic Sharia values are deeply ingrained in everyday life. These values are institutionalized in qanun laws, which govern social behavior based on Islamic legal principles. The implementation of Islamic Sharia in Aceh is not limited to religious observances but extends to various social aspects, contributing to the societal development and quality of life (Anggarini & Safira, 2019). Aceh is widely recognized for its religious purity and strong religious values (Amalia *et al.*, 2021), further supporting the observed prevalence of religious coping among the sample.

The high level of religious coping in this study is also evident in the age demographics of the sample, which is predominantly composed of individuals in middle adulthood, particularly those aged between 20 and 40 years. Chatters *et al.* (2018) suggest that the use of religious coping can vary depending on age and level of education. Older individuals tend to use positive religious coping more frequently to

deal with psychological stress. These findings support the view that life experience and educational background contribute to shaping how individuals interpret and respond to life's challenges through spiritual approaches. Furthermore, the predominantly diploma-educated sample (D3 level) may also contribute to the tendency to adopt positive religious coping strategies, as education has been shown to promote cognitive and emotional resilience.

The results of this study further reveal that the high level of religious coping is most prominent in the area of religious practice, which includes behaviors such as prayer and salat. Aflakseir & Coleman (2011) describe religious practice as a critical aspect of religious coping, and these practices are particularly significant in Islam. As noted by Pratami *et al.* (2023), religious practices like salat serve to calm the heart, providing individuals with a means to express their grievances and attain inner peace.

In terms of parental burnout, the study discovered that, on average, the sample does not feel it. According to Roskam *et al.* (2018), parents who do not experience burnout enjoy spending time with their children, are able to successfully express their emotions and feelings of love and have strong social support. This is consistent with the findings of the present study, in which the sample demonstrated characteristics that serve as protective factors against parental burnout. Many participants reported involving others in the childcare process, which can help reduce parenting burdens and support a balance between professional and family roles. Roskam *et al.* (2018) assert that resource availability, including external support, is a key factor in preventing parental burnout. The availability of these resources allows parents to engage in positive co-parenting, reducing caregiving stress and minimizing burnout. In this study, the



external support provided by childcare assistance was likely an important factor in preventing burnout.

Additionally, the majority of participants in this study had only one child, and most of these children were aged five years or older. This finding aligns with research by Vigouroux and Scola (2018), which suggests that parents with younger children are less likely to experience parental burnout compared to those with older children or multiple children. These findings contribute to a broader understanding of the factors that protect against parental burnout, particularly the role of external support and age-related factors.

However, despite these insights, this study faced certain limitations. For instance, the data collected was non-normal, limiting the generalizability of the findings to the entire population of Aceh. Additionally, challenges were encountered during the data collection process, including some participants' reluctance to complete the research materials due to concerns about the potential impact on their professional careers. There were also issues with scheduling and time constraints, which extended the duration of the data collection process.

## CONCLUSION AND SUGGESTION

This study found that religious coping does not have a significant relationship with parental burnout among mothers working as nurses in Aceh. While religious practices such as prayer and salat are commonly used, they are not sufficient to address the specific stressors related to parenting. Religious coping appears to offer general emotional support rather than directly reducing parental burnout.

Based on these findings, the recommendations focus on further research development and the maintenance of the existing positive conditions. Future studies

are encouraged to expand the population and context, as well as to explore in greater depth the protective factors such as religious coping, social support, or work family balance. Although no cases of burnout were found, institutions are still advised to maintain staff well-being in order to prevent potential risks in the future.

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## AUTHOR CONTRIBUTION

The author Febriyani helped in data collection, Zaujatul Amna, Mirza, and Iskandar were responsible for sentence structure and grammar, revisions, and data analysis.

## CONFLICT OF INTEREST

The authors declare there are no conflicts of interest.

## DECLARATION OF ARTIFICIAL INTELLIGENCE (AI)

The author acknowledges the use of Perplexity for language refinement, grammar, and spelling. All AI-generated content was rigorously reviewed, edited, and validated to ensure accuracy and originality. Full responsibility for the manuscript's final content rests with the author.

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