Philosophical and spiritual worldviews and professional resilience in frontline social work and human services: a scoping literature review

E. Rush, S. Redshaw & M. Short

Published online: 24 Jan 2023.

Submit your article to this journal ⧉

Article views: 155

View related articles ⧉

View Crossmark data ⧉

Routledge
Taylor & Francis Group

Philosophical and spiritual worldviews and professional resilience in frontline social work and human services: a scoping literature review

E. Rush[a], S. Redshaw[b], and M. Short[c]

[a]School of Social Work and Arts, Gulbali Institute, Charles Sturt University, Wagga Wagga, Australia; [b]School of Education, Faculty of Arts and Education, Charles Sturt University, Bathurst, Australia; [c]School of Social Work and Arts, Australian Centre for Christianity and Culture, Gulbali Institute, Charles Sturt University, Wagga Wagga, Australia

ABSTRACT

The objective of this scoping literature review is to investigate: what is known about *the connection between* philosophical and spiritual worldviews and professional resilience in frontline social work and human services? Resilience is essential to these professionals sustaining practice during difficult times, and philosophical and spiritual worldviews are recognized as providing comfort and helping people function. The review showed that little is known about the role of philosophical and spiritual worldviews in the resilience of these professionals. We recommend that future research investigate whether engaging with the strength found in philosophical and spiritual worldviews promotes the resilience of these professionals.

Introduction

In the current environment, human services organizations face the immediate challenge of sustaining resilient workforces. Internationally, social work and human services professionals are reporting work stress due to increasing pressure to respond to crises with limited resources (e.g., Evans et al., 2021). In response, we wondered what the extant literature reveals about professionals drawing upon their preexisting worldviews to help them serve effectively during challenging times. A worldview can be defined as "a set of fundamental beliefs, values, etc., determining or constituting a comprehensive outlook on the world; a perspective on life" (OED, 2022).

Our starting research question was: according to the extant literature, what is known about *the connection between* philosophical and spiritual worldviews and professional resilience in frontline human (health and social welfare) services? This scoping literature review revealed limited scholarship considering this question. One exception is Huey and Palaganas (2020), who conducted an integrative review, that is, a "synthesis of the evidence on resilience

in health professions contained in the systematic review literature" (p. 551). Huey and Palaganas (2020) reviewed nine studies (selected from 1422 unique articles considered), identifying the factors affecting resilience in health professionals. They found that worldviews are relevant to professional resilience. Our literature review found that there is relatively little published research beyond Huey and Palaganas (2020) work.

Definitions of resilience

Of the nine articles selected for this review, eight explicitly mentioned resilience. Similar to Huey and Palaganas' (2020) research, we propose that the *resilience of professionals* within the human service sector is a multidisciplinary and multifaceted conversation. We note the complexity and diversity in defining resilience within the literature.

The definition of resilience as a "dynamic process encompassing positive adaptation within the context of significant adversity" from Jackson et al. (2007) is adopted by Huey and Palaganas (2020, p. 551). In the other papers we reviewed, Hodges et al. (2005) describe resilience as a learned trait that is "essential for practice in a chaotic practice world" and Helmers et al. (2020) propose that "[a]n individual's ability to develop effective coping strategies, create meaning and minimize moral distress in the face of challenging clinical work, is termed *moral resilience.*" This contrasts with Horner (2020), who perceives resilience as a cluster of skills, attitudes, and resources. Horner's (2020) preferred definition is: "[a] capacity to confront, absorb, withstand, accommodate, reconcile, and/or adjust to conditions of adversity, setback, and challenge in the pursuit of desired or desirable goals or states" (Lotz, 2016, as cited in Horner, 2020, p. 217).

However, the extant literature on resilience confirms that a focus on individual ability and capacity does not sufficiently encompass dimensions that need to be considered and have been considered in the literature. In a review of studies of interventions for physicians, it is noted that: "Besides the individual perspective, the role of external and environmental resources for resilience (e.g., social, material or energy resources), the access to those resources and the stability of access were pointed out" (Chmitorz et al., 2018, p. 79). This is supported by Venegas et al.'s (2019) review of interventions: "Resilience is a contextual phenomenon where a complex and dynamic interplay exists between individual, environmental, and socio-cultural factors." In a review of resilience among health care professionals, Robertson et al. (2016) concluded: "Health professional resilience is multifaceted, combining discrete personal traits alongside personal, social, and workplace features" (p. 423).

The shift from a trait to an outcome- or process-focused approach in resilience research is discussed in detail in Chmitorz et al. (2018). Rather

than being considered a personality type, resilience is an outcome in which mental (or physical) health is maintained or regained despite significant stress or adversity. Increasingly, resilience is being considered as "a dynamic process of adaptation itself (process-oriented approach)," which can incorporate post-traumatic growth as potentially increasing the level of functioning (compared with the level before stressor exposure) through "positive transformations" (Chmitorz et al., 2018, p. 79).

In contemplating the definitions of resilience, we agreed that the dynamic process referred to in Huey and Palaganas (2020) accommodates a movement between immediate context and systems of belief, such as those presented by professional, social, religious, and other contexts impacting a person's ability to cope in adversity. This is consistent with the diverse characteristics associated with resilience in the other eight articles we reviewed, and this diversity hints at the complexity involved in connecting resilience to *philosophical and spiritual* worldviews.

Considering worldviews

Bell (2012) argues for the importance of a clear *philosophical* base upholding practice. A philosophical worldview is expressed in an individual's "basic ideas about knowledge, truth, right and wrong, religion, and the nature and meaning of life." (Merriam-Webster, 2022). The Universal Declaration of Human Rights, for example, provides a philosophical framework setting out fundamental human rights to be universally protected regardless of religion, race, nationality, or sexuality. The Declaration recognizes "the inherent dignity and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world" (United Nations, 2022).

Within practice, a philosophical base can help in engaging with complex or troubling issues, for example, war or refugee crises (Chenoweth & McAuliffe, 2021, p. 59); and by putting things into a meaningful framework to manage the trauma. In the context of war or refugee crises, the philosophical framework of human rights can provide professional guidance, and can be contrasted with those alternative philosophical frameworks which suggest it is acceptable to harm those we disagree with or to let them suffer.

A *spiritual* worldview typically stretches further than a philosophical worldview. Gardner (2016) perceives spirituality as "that which gives life meaning, in a way that connects the inner sense of meaning with a sense of something greater." Gardner (2016) recognizes the significance of the connections between spirituality and history and sociality. Crisp (2020) highlights the lack of consensus about spirituality and its complex relationship to some parts of secularism, positivism, theology, religion, and philosophy. Historically within social work and human services, spirituality was focused on direct practice (Crisp, 2020). More recently, there appears to be increasing

recognition of the spirituality of professionals and the need for spirituality to be included in areas beyond direct practice (e.g., Crisp, 2020; Gardner, 2016). Spirituality can provide a hermeneutic framework in that the framework can help make sense of things.

Methodology, materials and method

The aim was to search for literature that connected philosophical and spiritual worldviews and professional resilience in frontline human services (including health and social welfare services). The primary question was: what is known about the connection between philosophical and/or spiritual worldviews and professional resilience in frontline human services (including health and social welfare services)?

A scoping literature review "aims to identify the nature and extent of research evidence" (Grant & Booth, 2009, p. 95). This review identifies literature that integrates worldviews and resilience. With considerable research in human services literature on resilience, we wanted to see where this was connected to a worldview. The search was exploratory because it was unclear what terms would draw out relevant literature in the area or the volume of literature there might be to search through. With limited resources, we thus began an exploratory search.

We searched SCOPUS as it covered many of the targeted professional areas and provided a good indication of what sort of results could be more generally expected. Limits placed on the search were: for subject areas social science, arts and humanities, medicine, nursing, and health professions; and for journal articles, books and book chapters in English – thus excluding gray literature and theses.

The first search terms were "ethical decision making," broadly covering the literature of interest. The search returned 7710 results. The first 100 were reviewed for relevance by title and abstract and 13 were saved. The term "spiritual" was then added and this returned a more manageable 204 results, of which 45 were saved based on reading the title and abstract. The next search term was "philosophical and religious worldviews," returning 21 articles, of which five were saved based on reading the abstract as most relevant to our area of interest. In the next search, the term "worldviews" was used, resulting in 3089 returned articles. Combing through the first 40, considering titles and abstracts, resulted in four articles being saved. The term was too broad and did not return results relevant to our topic. The term "professional resilience" was added to the search for "worldviews" and returned 44 results, of which four were selected as relevant.

The next search term was "professional resilience" with the same limitations. This search returned 2527 results and combing through the first 100 resulted in the selection of only 12 articles as relevant, indicating that the

search was not hitting the desired area enough to continue working through the large number. The term "worldview" was added to the search and 22 articles were returned, from which another four were selected. The final search term used was "practitioner worldview," which returned 196 results, many of which had already been selected. There may have been more relevant articles in this search, but at this stage, 85 articles overall had been selected by one researcher, and so it was decided that the other two researchers would each independently look through the abstracts of these 85 selected articles and choose what we thought would be the most relevant ones, then compare notes to make a final selection for intensive review. This process resulted in the selection of nine articles that included information about resilient social workers, human service professionals and health workers, and their worldviews. The reasons for the rejection of the others were that they did not explicitly focus on the influence of worldview on social workers, human service professionals and health workers' resilience or worldview and ethical decisions were not directly linked to resilience. The information within the nine selected articles was analyzed manually and verified through NVivo analysis.

Results: key themes from the articles

Our initial literature search suggested that no comprehensive conversation exists regarding the role of philosophical and spiritual worldviews *in the resilience of social work and human service professionals*. As demonstrated below, the nine articles selected from this search as most likely to be relevant for answering our research question are a series of independent discussions and reflections. Consequently, our project involved integrating their divergent themes.

The integrative review of "systematic review literature" conducted by Huey and Palaganas (2020, p. 553) identified factors affecting resilience in health professionals under four broad themes: 1. the influence of individual factors; 2. the influence of environmental and organizational factors; 3. approaches that an individual takes when interacting with his/her professional circumstances; and 4. effective educational interventions. We refer to these four themes as Huey and Palaganas' quadripartite taxonomy of resilience.

In Huey and Palaganas (2020) article, philosophical and spiritual worldviews were only directly evident in themes 1 and 3. Under theme 1, Huey and Palaganas (2020) identified that "having a sense of purpose and vocation" was important in resilience, summarizing that: "Having a higher purpose and anchor allowed one to navigate the current adversity, employing and exploring available resources and find[ing] ways to overcome current challenges. It provided meaning to the individual in the midst of suffering and difficulty." Huey and Palaganas also noted that: "Finding and focusing on purpose and

meaning in the heavy workload also contributed to resilience" (Huey & Palaganas, 2020, p. 556). Under theme 3, Huey and Palaganas (2020) found that: "Meta-cognitive processes of coping and reframing," including "Self-reflection, faith, processing of emotions," were important in resilience; and "prayer" was also noted in the discussion as a form of self-care.

In contrast, our literature review found that worldviews are linked to all four themes in the taxonomy (Huey & Palaganas, 2020); theme 2 (environmental and organizational factors) and theme 4 (educational interventions) can facilitate or limit access to worldviews as a source of resilience, as discussed further in this paper.

Huey and Palaganas (2020) highlighted the relevance of worldviews in health professional resilience. The eight other articles were reviewed to explore this insight more deeply, focusing on social work and human service professionals (a category that includes health professionals). Five of the articles were largely conceptual research (Amorin-Woods et al., 2020; Habgood, 1985; Hodges et al., 2005; Horner, 2020; Turale et al., 2020), two were qualitative studies based on semi-structured interviews (Helmers et al., 2020; Thaller, 2011), and one was a summary of a report from a major professional body (Rushton & Pappas, 2020). This limited volume of scholarship itself indicates the need for more quantitative and qualitative research in this area.

Philosophical and spiritual worldviews were central to only three of the eight articles. Habgood (1985) discussed philosophical and Christian theological worldviews, Thaller (2011) investigated "devout Christian" worldviews (recognized to be fundamentally intersectional), and Horner (2020) discussed the philosophical worldview of relational ethics. Rushton and Pappas (2020) discussed worldviews obliquely with passing reference to connecting to one's purpose, each other and our shared humanity, and professional values. Two further articles discussed worldviews only in reference to professional values or allegiances (Hodges et al., 2005; Turale et al., 2020), while one said nothing about worldviews despite mentioning that "personal growth" and "meaning" are important for coping with moral crises (Helmers et al., 2020, p. 1147). Another identified the importance of "the manner in which culture impacts on experience" (Amorin-Woods et al., 2020, p. 114) but only included minimal reference to spiritual worldviews (Buddhism, Taoism, and Haiku poetry).

The relative absence of philosophical and spiritual worldviews within the selected articles suggests to us that, particularly within professions focused on what the sciences and social sciences can offer to evidence-based practice, there may be little space for what the humanities, such as philosophy and theology, have to offer professional resilience. We note that these professions may be affected by the broader view that "science alone can render truth about the world and reality" (Public Broadcasting Service, n.d.). If professional codes of ethics are the only influence from the humanities countering and compensating for the politics and pressures surrounding the professions, then

Table 1. Characteristics of articles reviewed: research type, conceptualization of worldviews, and professionals focused on.

Article	Research type	Professionals	Worldviews
Amorin-Woods et al. (2020)	Conceptual	Systemic therapists	Absent beyond minimal reference to spiritual worldviews (Buddhism, Taoism and Haiku poetry)
Habgood (1985)	Conceptual	Doctors	Philosophical and Christian theological worldviews
Helmers et al. (2020)	Qualitative	Nurses	Absent (although 'personal growth' and 'meaning' (p. 1147) were identified in the conclusion as are important for coping with moral crises)
Hodges et al. (2005)	Conceptual	Nurses	Worldview linked to 'allegiance to [one's] professional discipline' (p. 548)
Horner (2020)	Conceptual	Aphasiologists	Relational ethics (a philosophical worldview)
Huey & Palaganas (2020)	Literature review	Health professionals	Worldview linked to higher purpose, prayer and faith
Rushton and Pappas (2020)	Summary	Nurses	Worldviews obliquely discussed: professional values; connecting to one's purpose, to each other and our shared humanity
Thaller (2011)	Qualitative	Social workers	'Devout Christian' worldviews (recognized to be intersectional)
Turale et al. (2020)	Conceptual	Nurses	Worldviews only included in terms of professional values

professionals may be left with incomplete intellectual resources supporting their resilience.

Table 1 summarizes the characteristics of the reviewed articles (research type, professionals focused on, and conceptualization of worldviews).

We chose to use Huey and Palaganas (2020) quadripartite taxonomy of resilience to order the articles thematically, in accordance with their dominant theme while keeping in mind that each article treats more than one theme. This allowed us to answer the research question in a structured way.

A connection between philosophical and spiritual worldviews and professional resilience in frontline human services (e.g., health, social welfare)

Theme 1. Highlighting the influence of individual factors (Huey & Palaganas, 2020)

The only paper where highlighting the influence of individual factors was the dominant theme was Habgood (1985). The article is a short conceptual piece linked to the United Kingdom's General Medical Council's Medical Ethics and Education conference and published in the *Journal of Medical Ethics*. In it, Habgood (who at the time was the Archbishop of York) discusses medical ethics from a Christian perspective, concluding that a worldview anchors the individual's values to something beyond the individual (however one understands that something). He draws attention to how a Christian worldview provides "some inner resources to cope" in a medical (hospital) setting:

> an awareness of a power greater than our power, a care for individuals greater than our own care, and a forgiveness greater than our own capacity for failure and error, which

> makes it possible for us to live with ourselves without complacency and without despair. (Habgood, 1985, p. 13)

Habgood notes that a Christian worldview does not necessarily make "the crushing burden of [medical] decision-making" (Habgood, 1985, p. 12) *easier*, but may keep things that matter in perspective, which is likely to result in a *better* decision. He provides a personal experience of holding in mind the idea of "the dignity of human beings" when trying to assist in "very difficult discussions" about how to save £2 m from resources to be allocated to a geriatric hospital (p. 13).

The article provides some clear conceptual ideas regarding how a worldview might assist with professional resilience, for example, by considering a bigger picture of "things that matter."

Theme 2. The influence of environmental and organizational factors (Huey & Palaganas, 2020)

A consensus study undertaken by the National Academy of Medicine and a group of 17 experts through the National Academies examined "the scientific evidence on clinician burnout and well-being" in order "to recommend systems-related approaches to reduce burnout and improve well-being" (as reported in Rushton & Pappas, 2020, pp. 141–142). Based on the outcomes of the study, Rushton and Pappas (2020) make six recommendations for critical care nurses to leverage change. Their second recommendation, regarding systematically identifying organizational patterns that contribute to burnout and erode clinician wellbeing, is important to our review. Two further recommendations focused on collaborating and connecting with like-minded colleagues locally, regionally, and nationally. Their overall conclusion is that: "Strategies aimed at fostering individual resilience and well-being must be coupled with systemic solutions that create a work environment that removes impediments to ethically grounded practice, restores fulfilment achieved in clinical practice, and fosters resilience and well-being" (p. 141).

There is a clear focus on the organizational context, while worldviews are only discussed obliquely in reference to *professional values* ("the accumulation of daily threats to a clinician's ability to provide care reflective of core professional values and integrity" (p. 141) and "shared values around well-being and resilience" (p. 144)). Overall, it seems that the authors believe that the undermining of professional values by systemic inadequacies is part of what is causing burnout, but potentially varying worldviews that are broader than allegiance to professional values are not explicitly considered. The importance of *connecting to one's purpose is also highlighted*: "In the midst of systemic change, find ways to reconnect to your purpose and why you chose nursing as your profession; this can be a resource for navigating the challenges that will

inevitably arise ... Burnout is not a personal failing; it is an occupational hazard" (p. 145).

There is in this article an *implicit worldview expressed about personhood, humanity, and the importance of connecting with each other*: an acknowledgment that systems have been eroding interpersonal connection through, for example, increased reliance on technology for communication, which has "relationally depleted the health care system" (p. 144). This is accompanied by a recommendation for the restoration of face-to-face interactions during the workday. The authors note that conditions contributing to burnout have not arisen overnight and will thus not be mitigated quickly or without a sustained commitment to dismantling "impediments to restoring humanity to health care – for patients, their loved ones, and the clinicians who care for them" (p. 145).

This article offered little with respect to the relationship between philosophical and spiritual worldviews and professional resilience in frontline human services, although the extracts above illustrate that it did implicitly leave space for such worldviews (similar to Helmers et al., 2020, as discussed later).

After reflecting on the experience within health systems of the first wave of the COVID-19 pandemic in 2020, the Turale et al. (2020) article, a short critically reflective piece engaging with relevant literature, concludes with a call for "solid ethics education" for nurses, strong leadership, clear direction and continued support, and research into the "ethical issues and challenges" of the pandemic. They also called for discussion within the profession and across professions to help better prepare for public health emergencies (p. 167).

While these are undoubtedly critical environmental and organizational strategies for supporting nurses through their work in public health emergencies such as the COVID-19 pandemic, we wonder whether they will be sufficient to address the depth of moral distress that emerges from the anecdotes about the first wave of COVID-19 which are included in the article: "I did not 'sign up for this.' It's a catastrophe" and "I am moving in slow motion through a trauma that has no end or escape in sight" (Farmer, 2020, April 23and Farrell, 2020, as cited in Turale et al., 2020, p. 166).

The only mention related to philosophical or spiritual worldviews in Turale et al. (2020) was in a reference to the International Council of Nurses (ICN) Code of Ethics, which states that within nursing "there is a respect for human rights including cultural rights, the right to life and choice, to dignity and to be treated with respect" (ICN, 2012, p. 1, as cited in Turale et al., 2020, p. 166).

An interview study with seven self-described "devout Christians" (six social workers and one social work student) by Thaller (2011) explores previously reported claims about discrimination against Christians in schools of social work and social work practice. She found that such discrimination occurred to some degree, though participants stated that their personal religious beliefs did not present a significant challenge to their practice. Many instead described

their faith as "a source of strength and inspiration for practising social work" (Thaller, 2011, p. 154). This is an important point and further research is required on how faith informs professional ability to cope. It should be noted that if anti-religious bias exists within organizations and elsewhere in the sciences and social sciences, it may be limiting social work and human service professionals' access to the strength they may draw from their spiritual world-view as a source of resilience in their work.

This article provided limited qualitative evidence for the idea that a spiritual worldview can help promote professional resilience, and it considered the potential for value conflict between concurrently held worldviews (e.g., spiritual and political).

Theme 3. Approaches an individual takes when interacting with his/her professional circumstances (Huey & Palaganas, 2020)

The experience of moral distress and strategies and resources to minimize distress in pediatric intensive care frontline providers are explored in Helmers et al. (2020). They conducted an "exploratory, qualitative quality improvement project" which included a 60-minute focus group with seven nurses and semi-structured interviews with 10 nurses. The authors noted that despite research into moral distress in the intensive care setting "sustainable approaches to mitigating and supporting resolution of moral distress remain elusive." They recommended interventions cultivating personal growth that enable individuals and teams to better address and manage moral distress associated with caring for the critically ill, particularly children (Helmers et al., 2020). The aim is for clinical practitioners to be able to transform distress into positive growth through the quality of moral resilience, which they define as "[a]n individual's ability to develop effective coping strategies, create meaning and minimize moral distress in the face of challenging clinical work" (p. 1149). The findings were that participants endorsed perspective-building and strategies for positive adaptation. Relevant to philosophical and spiritual worldviews, it was found that perspectives developed over time and that evolution of one's ethical outlook helped manage moral distress in the pediatric critical care environment – but nothing was explicitly said about such worldviews.

The article offered little regarding the connection between philosophical and spiritual worldviews and professional resilience in frontline human services, although it did implicitly leave space for such worldviews in a conclusion identifying that "personal growth" and "meaning" (p. 1147) are important for coping with moral crises. However, philosophical and spiritual worldviews as a framework for personal growth and "meaning making" were not apparent anywhere in the article, and the focus was predominantly on the individual without consideration of structural supports and issues.

A bioethical argument informed by clinical and philosophical literature as well as the literature on human rights is presented in Horner (2020). Based on

work by other aphasiologists (specialists dealing with speech disorders caused by the dysfunction of the language areas of the brain) and reports made by patients, Horner argues that respect for persons is not always present in clinical practice. She then applies the philosophical worldview of relational ethics to health care. A hypothetical illustrative case study of an individual is included to contrast the experience for the patient of a depersonalizing therapeutic approach compared with a therapeutic approach in which "respect for persons" (p. 212) is core. In the latter approach, solidarity, dignity, trust, autonomy, vulnerability, and resilience characterize the therapeutic relationship. Horner concludes that clinicians can work more effectively in a therapeutic alliance with their patients, and she provides seven "[s]uggestions to enhance therapeutic relationships." The first four relate to clinician worldviews and the last three to actions that follow from these worldviews. The four suggestions relating to clinician worldviews are: *understand the moral meaning* of relationships in rehabilitation; secondly, to increase *awareness* among care providers of their "shared mortality, illness narratives, vulnerability ... and other forms of uncertainty"; thirdly, to embrace a *psychosocial model* (rather than a medical model); and fourthly, to r*econceptualize* the therapeutic role to include counseling and advocacy (p. 218, italics added for clarity).

Unlike the other articles reviewed, this article explicitly identifies a specific *philosophical* worldview and considers it at some length. However, the focus here is *solely* on the difference that relational worldviews enacted by practitioners make in fostering patients' resilience during the rehabilitation process. The article does not address the impact of a practitioner's relational worldview on that practitioner's resilience, though the insights offered could contribute usefully to the consideration of practitioner resilience.

In contrast to Helmer et al., (2020) and Horner (2020), Amorin-Woods et al. (2020) provide a contemporaneous collection of reflections from five systemic family therapists regarding their individual experiences during the COVID-19 pandemic. The reflections focus on the disruptive nature of trauma and how it can impact a professional's coping mechanism (e.g., Amorin-Woods et al., 2020). Resilience is significant for workers and professionals' practice because it can assist in coping with trauma while, at the same time, the trauma can grow resilience (Amorin-Woods et al., 2020, p. 120). Philosophical worldviews are not discussed and there is minimal reference to spiritual worldviews: Buddhism, Taoism, and Haiku poetry (Amorin-Woods et al., 2020). The article was included in this review because of its focus on the professionals' experiences and their recognition of the importance of culture, connectedness and solidarity, collaboration, and reflection in adapting to isolation during complex times (Amorin-Woods et al., 2020).

The article offered little with respect to the connection between philosophical and spiritual worldviews and professional resilience in frontline human

services, as it tended to focus on attributes of worldviews rather than explaining how they help professional resilience.

Theme 4. Effective educational interventions (Huey & Palaganas, 2020)

In the Hodges et al. (2005) article, the focus is on the importance of transformational pedagogy during professional education as the enabler of the "allegiance to [one's] professional discipline" (p. 548), which functions as a worldview in anchoring one's values to something larger than self. They argue that this allegiance develops best in constructive mutual teaching-learning relationships between faculty and students. An essential element in these relationships is the importance of meaning: the authors write about explicating, synchronizing, questioning, interpreting, and mobilizing transcendence. "Resilient nurses are those who can transform a disastrous day into a growth experience and then move forward in practice, rather than seek a new career" (pp. 549–550). They suggest that while resilience skills can be taught, the "foundation of professional resilience is the interpersonal push-pull of ideas that results in a lifelong professional identity and stable value system" (Hodges et al., 2005, p. 550). While it is noted that computer-based activities and simulations can support learning, they do not ensure that a professional has the resilience to adapt to adversities (Hodges et al., 2005, p. 550; Horner, 2020). Rather, achieving resilience within the professions takes time, coaching, supervision, and nurturing (Hodges et al., 2005). It involves helping people see their strengths and what they have done "right".

The article highlights how worldviews, in the sense of how individuals interpret meaning within their professional lives, are developed in an inter-subjective professional context. It emphasizes the crucial role that mature professionals play in nurturing beginning professionals' worldviews and the accompanying sense of their professional self.

Discussion

These nine articles assisted us to recognize that the pandemic is compounding preexisting concerns about social workers, human service professionals and health workers' wellbeing (e.g., Evans et al., 2021; Hodges et al., 2005; Turale et al., 2020). Current political-global crises are further increasing the strain on workers (Turale et al., 2020). The resilience of social workers and other human service professionals hence needs urgent attention. Helmers et al. (2020) and Turale et al. (2020) agree with this claim, basing their conclusions regarding the importance of wellbeing on confronting experiences in the workplace, employees' distress, the language associated with being in a war zone and professionals feeling that they are on the frontlines, and chaotic organizational systems. In answering the research question, it is evident that despite this urgency, there remains a paucity of literature regarding the contribution of

philosophical and spiritual worldviews to the resilience of social workers, human service professionals and health workers and their ability to function in the midst of chaos, destruction, and suffering.

We hypothesize that an underlying factor contributing to the gap in the literature regarding the connection between philosophical and spiritual worldviews and professional resilience in frontline human services could be the relative political power held by science within both research and professional education contexts. In this political context, knowledge from the humanities is constructed by some as "soft" compared with the "hard" knowledge of positivistic science. The contributions that humanities disciplines might be able to make to pressing contemporary issues are dismissed as feminized and delegitimated (Bell, 2012). The contributions of phenomena that can be scientifically measured are focused on to the exclusion of the fact that the social workers and other professionals – the persons – working among these measurable phenomena inevitably interpret these phenomena through their own frameworks of understanding. We do not suggest that measurable phenomena are unimportant; even in our university context systemic under-resourcing is evident after several decades of neoliberal policy. Evidence-based systemic change to support individual resilience is crucial. But the individual human dimension remains and while waiting for the evidence-based systemic change, more sustained research attention to this individual dimension could assist the resilience of workers facing stress, as has already been suggested by some of the articles reviewed above (Habgood, 1985; Helmers et al., 2020; Hodges et al., 2005; Rushton & Pappas, 2020; Thaller, 2011).

We also discussed whether there were attempts to address the gap in the literature about this individual dimension, such as the use of policies, ethical statements, and procedure manuals. Seven of the nine articles reviewed – the exceptions were Thaller (2011) and Turale et al. (2020), – presented themes relating to professional development, ethics, work strategies, and similar. However, it appears that while such institutional strategies do provide guidance for many of the complexities of professional decision-making, they cannot fundamentally address the depth, complexities, and existential distress that social workers, human service professionals, and health workers can experience. For example, Evans et al. (2021) highlight that COVID-19 is impacting social workers and nurses, causing burnout and exhaustion, and report that there are unmet needs within the workforce. Another example is in response to a well-meaning health services management policy – that staff working in Personal Protective Equipment be provided with additional hydration breaks – one nurse working through the first COVID-19 Omicron wave posted:

> The disconnect between staff on the floor and management is so well demonstrated here. We are working short-staffed. Who is magically going to appear to enable us to have

> a break? Certainly not our managers who come up with these ideas . . . nurses are leaving. Because we aren't listened to, because we are burned out, because we are exhausted physically, mentally and emotionally. When is anyone going to listen? (Unidentified nurse, as cited in Langenberg, 2022)

The nurse raises both an organizational resourcing problem, that is staff shortages, and an individual experience of moral distress and trauma, that is: who is going to look after the people needing assistance if the nurse [or another professional] takes a break? Many professionals will potentially resolve the dilemma of demands made upon them at the expense of their own wellbeing and in doing so undermine their long-term resilience. In addition, if they do stop out of exhaustion, how does the professional resolve the distress of dealing with their own exhaustion while being surrounded by the unmet need? This has been graphically documented by news items around the world of professionals sitting in corners crying (Roach, 2021). After such traumatic events, Chmitorz et al. point to the possibility of posttraumatic growth, which includes the perception of benefits (i.e., meaning making) in different domains (i.e., closeness in social relationships, possibilities in life, personal strengths, spiritual change, and appreciation of life) after a traumatic event (Chmitorz et al., 2018).

Our interrogation of the literature highlights the value of conversations between professionals regarding the role of philosophical and spiritual worldviews in sustaining ethical and moral decision-making in times of challenge and distress and promoting posttraumatic growth. We agree with Hodges et al. (2005) that there is a need to provide curricula, teaching approaches, pedagogy, and professional development that promote the inner resources of workers such that they have the resilience to be able to "transform a disastrous day into a growth experience and then move forward in practice rather than seek a new career" (Hodges et al., 2005, pp. 549–550). We consider that engaging with the strength that can be found in philosophical and spiritual worldviews could help promote the transformation referred to by Hodges et al. (2005). Some literature seems to support this. For example, Thaller (2011), who explored the experiences of Christian social workers, highlights that "introducing religious content into a classroom . . . recognises it as a powerful influence on individuals and society."

One area of commonality of the reviewed articles is examining the connection between individuals and their wider context. Habgood (1985) states that the worldview anchors the individual's values to something beyond the individual and advocates keeping things that matter in the picture, the picture being the larger world or context in which the individual exists. For Rushton and Pappas (2020), it is important to connect to one's personal values and have an implicit worldview about personhood, humanity, and the importance of connecting with each other. Turale et al. (2020) and Horner (2020) refer to respect for human rights through different frameworks – a professional code

of ethics and a relational ethics, respectively. Hodges et al. (2005) draw on the professional discipline as anchoring one's values to something larger than self and highlight the centrality of intersubjective formation within the professional community to developing professional resilience. Amorin-Woods et al. (2020) refer to worldviews such as Buddhism, Taoism, and Haiku poetry. Thaller (2011) suggested that a spiritual worldview can help promote professional resilience, regardless of the potential for value conflict between concurrently held worldviews. Helmers et al. (2020) refer to the evolution of one's "ethical outlook" but do not connect this to a broader context or framework, though "ethical" suggests something beyond the individual.

Limitations

Our review contains similar limitations to Huey and Palaganas' review of focusing on a narrow group of professionals and excluding resilience research in business and psychology (Huey & Palaganas, 2020). It did not consider that factors relevant to individual human services contexts may differ. The papers reviewed tended to represent small groups or individuals and were therefore more exploratory than establishing a systematic approach.

Recommendations

We recommend two further literature reviews, one focusing on the role of theology in nurturing philosophical and spiritual worldviews; and a second focusing on such worldviews in professions not covered by this review.

We suggest that resources be developed, integrating philosophical and spiritual worldviews into functional frameworks for professional development and education that promote professional wellbeing and "job longevity."

Conclusion

This article addresses the research question: according to the extant literature, what is known about the connection between philosophical and spiritual worldviews and professional resilience in frontline human (health and social welfare) services? In answer, this scoping literature review confirms a connection between philosophical and spiritual worldviews and professional resilience in frontline human services. However, there is relatively little further knowledge about how they are connected. Additionally, the potential for anti-religious bias within organizations and elsewhere in some sciences and social sciences, may limit social workers, human service professionals, and health workers accessing their philosophical or spiritual worldview as a source of resilience in their work.

Managing deep and complex existential distress and trauma experienced by some social workers and other professionals may require engaging with how an individual's philosophical and spiritual worldviews relate to their organizational and environmental contexts and educational interventions designed to assist them. Managing existential distress or trauma can be assisted by an individual professional's capacity to make sense of the relevant situation. Research on professional resilience could benefit from better connecting with this insight.

Acknowledgement

Disclosure statement

No potential conflict of interest was reported by the author(s).

References

* Denotes the included studies reviewed.
*Amorin-Woods, D., Fraenkil, P., Mosconi, A., Nisse, M., & Munoz, S. (2020). Family therapy and COVID-19: International reflections during the pandemic from systemic therapists across the globe. *Australian and New Zealand Journal of Family Therapy*, *41*(2), 114–132. https://doi.org/10.1002/anzf.1416

Bell, K. (2012). Towards a post-conventional philosophical base for social work. *British Journal of Social Work*, *42*(3), 408–423. https://doi.org/10.1093/bjsw/bcr073

Chenoweth, L., & McAuliffe, D. (2021). *The road to social work and human service practice* (6th ed.). Cengage Learning.

Chmitorz, A., Kunzler, A., Helmreich, I., Tüscher, O., Kalisch, R., Kubiak, T., Wessa, M., & Lieb, K. (2018). Intervention studies to foster resilience – A systematic review and proposal for a resilience framework in future intervention studies. *Clinical Psychology Review*, *59*, 78–100. https://doi.org/10.1016/j.cpr.2017.11.002

Crisp, B. (2020). Charting the development of spirituality in social work in the second decade of the 21st century: A critical commentary. *British Journal of Social Work*, *50*(3), 961–978. https://doi.org/10.1093/bjsw/bcaa015

Evans, E., Noureddine, N., Curry, S., & Nam, K. (2021). COVID-19 impacts on social work and nursing now and into the future: National administration plans. *Health & Social Work*, *46* (3), 152–157. https://doi.org/10.1093/hsw/hlab020

Farmer, M. (2020, April 23). An eerie sort of calm has begun to fall over New York City. Not the reassuring kind of calm that. Facebook. www.facebook.com/melissakayfarmer?fref=nf&__tn__=%2Cdm-R-R&eid=ARCsCARVNQTB_hq9ZfcSQO0rFC9x9CKVwxlopJ6mCnlLBhGjMquBnu-ZRz9bneu8ZeyRBCcumuM3sA

Farrell, C. (2020, April 23). What to say (and not say) to workers on the front lines. *New York Times*. https://www.nytimes.com/2020/04/23/well/live/coronavirus-support-doctors-nurses-communication.html

Gardner, F. (2016). *Critical spirituality: A historical approach to contemporary practice*. Routledge.

Grant, M., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal*, *26*(2), 91–108. https://doi.org/10.1111/j.1471-1842.2009.00848.x

*Habgood, J. (1985). Medical ethics - a Christian view. *GMC: Medical Ethics Education Conference*, *11*, 12–13. http://dx.doi.org/10.1136/jme.11.1.12

*Helmers, A., Palmer, K., & Greenberg, R. (2020). Moral distress: Developing strategies from experience. *Nursing Ethics*, *27*(4), 1147–1156. https://doi.org/10.1177/0969733020906593

*Hodges, H., Keeley, A., & Grier, E. (2005). Professional resilience, practice longevity and Parse's Theory for Baccalaureate education. *Journal of Nursing Education*, *44*(12), 548–554. https://doi.org/10.3928/01484834-20051201-04

*Horner, J. (2020). Moral features of the therapeutic relationship with adults: Dignity, trust, autonomy, vulnerability and resilience. *Seminar of Speech and Language*, *42*(3), 212–220. https://doi.org/10.1055/s-0040-1709203

*Huey, C., & Palaganas, J. (2020). What are the factors affecting resilience in health professionals? A synthesis of systematic reviews. *Medical Teacher*, *42*(5), 550–560. https://doi.org/10.1080/0142159X.2020.1714020

International Council of Nurses. (2012). *The ICN Code of Ethics for Nurses*. http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/

Jackson, D., Firtko, A., & Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *Journal of Advanced Nursing*, *60*(1), 1–9. https://doi.org/10.1111/j.1365-2648.2007.04412.x

Langenberg, A. (2022, January 20). *Healthcare workers slam Tasmanian health service's new directive for 'additional hydration breaks.'* ABC News. https://www.abc.net.au/news/2022-01-20/tas-nurses-slam-directive-for-extra-hydration-breaks/100764986

Lotz, M. (2016). Vulnerability and resilience: a critical nexus. *Theoretical Medicine and Bioethics*, *37*(1), 45–59. https://doi.org/10.1007/s11017-016-9355-y

Merriam-Webster. (2022). *Philosophy. Merriam-Webster.com dictionary*. Retrieved December 19, 2022, from https://www.merriam-webster.com/dictionary/philosophy

OED. (2022). Worldview. *The Oxford English dictionary*. Retrieved December 19, 2022, from https://www.oed.com/view/Entry/230262

Public Broadcasting Service. (n.d.) *Scientism*. https://www.pbs.org/faithandreason/gengloss/sciism-body.html#:~:text=Unlike%20the%20use%20of%20the,about%20the%20world%20and%20reality

Roach, M. (2021). *Do Icry about it? Yes. In UK, COVID stretches ICUs to limit*. Al Jazeera. https://www.aljazeera.com/features/2021/1/18/do-i-cry-about-it-yes-in-uk-covid-stretches-icus-to-limit

Robertson, H., Elliott, A., Burton, C., Iversen, L., Murchie, P., Porteous, T., & Matheson, C. (2016). Resilience of primary healthcare professionals: A systematic review. *British Journal of General Practice*, *66*(647), 423–433. https://doi.org/10.3399/bjgp16X685261

*Rushton, C., & Pappas, S. (2020). Systems to address burnout and support well-being: Implications for intensive care unit nurses. *AACN Advanced Critical Care*, *31*(2), 141–145. https://doi.org/10.4037/aacnacc2020771

*Thaller, J. (2011). Resilience and resistance in professional identity making: Gleanings from the classroom experiences of devout Christian social workers. *Journal of Religion and*

Spirituality in Social Work: Social Thought, *30*(2), 114–163. https://doi.org/10.1080/15426432.2011.567115

*Turale, S., Meechamnan, C., & Kunaviktikul, W. (2020). Challenging times: Ethics, nursing and the COVID-19 pandemic. *International Nursing Review*, *67*(2), 164–167. https://doi.org/10.1111/inr.12598

United Nations. (2022). *Universal declaration of human rights*. https://www.un.org/en/about-us/universal-declaration-of-human-rights

Venegas, C., Nkangu, M., Duffy, M., Fergusson, D., & Spilg, E. (2019). Interventions to improve resilience in physicians who have completed training: A systematic review. *PLoS One*, *14*(1), e0210512. https://doi.org/10.1371/journal.pone.0210512