




Nurses' spiritual well-being and the COVID-19 pandemic: A thematic approach

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Abstract

Aims: This study explores nurses' perceived spiritual well-being in the workplace during the COVID-19 pandemic.

Background: Nurses have been working heavy shifts under challenging workplace conditions during the COVID-19 pandemic, leading to anxiety and psychological stress. These various challenges at work place their spiritual well-being at risk.

Methods: An unstructured individual online interview was conducted to collect data from 18 nurses from April to August 2021. Data were analysed using the thematic approach.

Results: This study highlighted the four themes of spiritual well-being of nurses, namely, "Trust in God," "spiritual encouragement," "spiritual attributes in the workplace," and "spiritual growth."

Conclusions: The study concludes that spirituality is critical in helping nurses overcome the myriad of adversities they face as they assume their important roles during the ongoing pandemic.

Implication for Nursing Management: The study emphasizes that nurses' spiritual aspect during crises is equally important with the other aspects of a nurse's life. Moreover, policies and interventions in hospitals must be implemented to ensure excellent levels of spiritual well-being among nurses.

KEYWORDS

COVID-19 pandemic, nurses, nursing practice, qualitative study, spiritual well-being, thematic approach

1 | INTRODUCTION

The ongoing COVID-19 pandemic induces tremendous and stressful demands on health care workers. Frontline nurses represent the most significant health care profession dealing with COVID-19 patients daily (World Health Organization [WHO], 2020). As a frontliner during a pandemic, nurses are responsible for recognizing the disease and spending more time performing administrative duties, caring for

COVID-19 patients, and making life-or-death decisions. In addition, during this pandemic, these nurses have been working heavy shifts under challenging working conditions aggravated by the lack of appropriate and sufficient protective equipment, which causes anxiety and psychological stress (Zhang et al., 2020). Given the risky working condition of nurses, they experience fear, anxiety, depression, psychological symptoms, and post-traumatic symptoms (Alsolais et al., 2021). The professional quality of life, which includes nurses' "compassion

satisfaction, burnout, and secondary traumatic stress," is also affected (Inocian et al., 2021).

Furthermore, Epstein et al. (2020) revealed that nurses providing care during the pandemic experience moral distress, contributing to burnout. Thus, nurses' spiritual health awareness and well-being are essential in overcoming moral distress, eventually preventing burnout (Forster & Hafiz, 2015). Similarly, Green (2021) pointed out that once spiritual health is achieved, the person maintains peace and feel safe, even during adversities.

Although spiritual well-being is considered necessary for nurses, this variable has been limitedly explored during the pandemic. Thus, how nurses perceive their spiritual well-being at work, especially during pandemics, must be understood. Opening the conversation on nurses' spiritual well-being at work requires in-depth understanding of the personal experiences of the nurses during pandemics. Moreover, nurses' perceptions of the nature and extent of the pandemic and impact on their spiritual well-being require attention. Understanding nurses' spiritual well-being amid health crises can prompt the development and implementation of spiritual well-being-focused policies and interventions that can be readily used to prevent or overcome the negative consequences of poor nurses' spiritual well-being. Therefore, this study explores nurses' perceived spiritual well-being during the COVID-19 pandemic through a qualitative methodology.

1.1 | Background of the study

Nurses play crucial roles during the pandemic because they are in direct contact with patients in rendering care, emphasizing patients' physical and emotional needs (Albougami et al., 2020). Being the most accessible health care professionals to patients and other health care team members, nurses are at higher risk of exposure to and potential contamination with the COVID-19. As the American Psychiatric Nurses Association (APNA, 2020) noted, "nurses are experiencing pressure, fear, exhaustion, isolation and ongoing emotional trauma" during this pandemic (p. 1). The APNA (2020) further emphasized that the continuous stress and trauma that nurses experience throughout the COVID-19 pandemic not only affects their mental health but also their ability to provide the safest and the highest quality nursing care. As nurses deal with their patient's pain and suffering, it also affects their physical, emotional, and spiritual well-being (Groves & Klausner, 2009). Resultantly, nurses often neglect their physical, emotional, and spiritual well-being (Green, 2021). Due to these challenges and issues nurses confront during this pandemic, nurses may find themselves losing control over their working environment, which could affect how they behave, think, and feel about the present and future situations at work. Hence, nurses' spiritual well-being during health crises must be guarded and prioritized to guarantee safe and effective care provision during pandemics.

Nurses' optimum level of spiritual well-being is critical during a pandemic. As patient demands continuously increase, nurses' care administration exceeds their capacity, thus negatively impacting their productivity (Jarden et al., 2020). Nonetheless, if nurses are spiritually

well, they can overcome their emotions, and their belief is their shield against fatigues, burnout, and secondary trauma (Babamiri et al., 2020; Zhang et al., 2018). Therefore, ensuring the maximum level of overall health and spiritual well-being among nurses is significant in delivering optimal patient care and achieving the highest level of patient outcomes during the COVID-19 pandemic. However, this topic continues to receive limited attention in the literature, especially during health crises, despite the importance of ensuring nurses' spiritual well-being. Most studies on this area focused on nurses' mental and psychological health (i.e., Varghese et al., 2021). Some studies explored nurses' health-related quality of life (i.e., Peñacoba et al., 2021) and some focused on the professional quality of life (i.e., Inocian et al., 2021). However, studies that focused on understanding nurses' spiritual well-being in their workplace during this pandemic remain scarce.

Moreover, nurses' experiences during this pandemic and their spiritual well-being perspectives concerning those experiences must be explored in different lenses and settings. This study explores the experiences of nurses working in Saudi Arabia during the COVID-19 pandemic. The study provides a different lens of nurses' spiritual well-being in the workplace from nurses' perspectives in Saudi Arabia using the qualitative research approach.

1.2 | Aims of the study

This study explores nurses' perceived spiritual well-being in the workplace during the COVID-19 pandemic.

2 | METHOD

2.1 | Design

A thematic qualitative approach was used to describe nurses' perceived spiritual well-being during the COVID-19 crisis.

2.2 | Sample strategy and sampling

The qualitative data were collected from 12 Filipino and six Saudi nurses. These nurses work in the government and private hospitals in the four cities in Saudi Arabia (Riyadh, Al Kharaj, Al Dawadmi, and Qassim). Study participants are nurses who provided care to COVID-19 patients. They were 29 to 35 years old and with a working experience of one to 13 years. Most of the respondents are male nurses. A purposive sampling technique was used for sample selection. Recruitment criteria for the participants include their availability and willingness to participate. Participants should also be currently working in Saudi Arabia during the study period and should be providing direct care to patients with suspected or confirmed COVID-19 cases. Nurses who were not involved in providing care to COVID-19 patients and were unwilling to participate in the study were excluded. Data

saturation was achieved after interviewing the 18th participant; hence, data from 18 participants were included in the analysis. The data saturation was achieved when no new data were found (Lincon & Guba, 2000). The characteristics of the participants are reflected in Table 1.

2.3 | Ethical considerations

Before commencing the data collection, the research protocol was reviewed by the Research Ethics Standing Committee at Shaqra University (Ethics Approval No. ERC_SU_2021022). Adequate information about the study and full disclosure of their rights were provided to each participant before signing the informed consent. Code names were used in the study instead of the names of the participants to protect their identity. Confidentiality of data was also ensured by protecting the data from being shared or reported so that the participants could not be identified, by keeping all the materials used in the interview in a password-protected computer, and by deleting the recordings after the study concludes. No incentive was offered for participation. Finally, consent to record the interview was sought from each participant.

2.4 | Data collection

Before data collection, recruitment was done by posting electronic recruitment posters on social media platforms. The same electronic poster was also sent to potential participants through their social

media account or email. The poster contains the information about the study, the inclusion and exclusion criteria, and the contact information of the primary investigator for any questions and clarifications. Nurses who wanted to participate were asked to contact the primary investigator. A schedule for the interview was determined on the basis of the participant's preference. One of the researchers (EB) did an unstructured individual online interview to collect data from the participants from April to August 2021. The researcher had experience in conducting qualitative research. Moreover, the researcher had been a qualitative research promoter for undergraduate students. The basic demographic data were collected from the participants to ensure that they are nurses who provided care to a patient with COVID-19 and ensure the data collected is valid and reliable. A general question, "How do you describe your well-being during the peak of COVID-19 as you provide patient care?" was asked. Then, follow-up questions were asked to explore the answers of the participants. The interview for each participant lasted from 40 min to an hour. After the data gathering, the researchers listened to the audio recording two times, and the data were placed in a field note. Coding, extracting of data, and themes were manually extracted.

2.5 | Data analysis

Following the thematic approach, the researchers were guided by these steps in analysing the data: (1) familiarization with the data, (2) coding the data, (3) determining patterns among the codes and beginning the development of the themes, (4) reviewing the themes

TABLE 1 Demographic profile of the study participants

Participant	Age	Gender	Years of experience	Nationality	Highest educational attainment
COVID-RN1	29	Male	6	Filipino	BSN
COVID-RN2	35	Male	8	Filipino	Masters
COVID-RN3	25	Female	1	Saudi	BSN
COVID-RN4	35	Male	13	Filipino	Masters
COVID-RN5	35	Female	13	Saudi	BSN
COVID-RN6	35	Male	12	Filipino	BSN
COVID-RN7	27	Male	5	Saudi	BSN
COVID-RN8	29	Female	5	Saudi	BSN
COVID-RN9	29	Male	8	Filipino	Masters
COVID-RN10	35	Male	13	Saudi	Diploma/associate in nursing
COVID-RN11	33	Male	10	Filipino	BSN
COVID-RN12	32	Male	11	Filipino	BSN
COVID-RN13	32	Female	7	Filipino	BSN
COVID-RN14	32	Male	10	Filipino	BSN
COVID-RN15	29	Female	7	Filipino	BSN
COVID-RN16	31	Male	8	Saudi	BSN
COVID-RN17	33	Female	10	Filipino	BSN
COVID-RN18	28	Male	6	Filipino	BSN

by going back to the data and comparing the themes against the data, (5) defining and naming the themes, and (6) writing the thematic analysis (Nowell et al., 2017).

2.6 | Rigour/trustworthiness

Throughout the data interpretation, the researcher continually tests the preresearch assumption by comparing the assumption with the result in the research text. This approach helps the researchers address their prejudice. Constant cross checking of the interpretation was done to ensure data interpretation is based on the participants' perspectives. In addition, the individual transcript file was reviewed and similarities were identified across all participants by the researchers and two external qualitative researchers or evaluators.

Prolonged engagement of the researcher with the participants and phenomena was observed. The duration of the data collection lasted 5 months, with at least two to three interviews for each participant to allow them to discuss their views and perspectives about their well-being during the COVID-19 pandemic. Moreover, the researcher established rapport with the participants to gain their attention, cooperation, and trust. The transcript, personal, and analytical files are the three types of recording done by the researchers. The transcript file contains the unprocessed text from the conducted interviews. The personal file contains events that transpired during the interviews and reflective notes of the researchers. The analytical file is the critical analysis of the text or ideas that emerged in the study. It will also contain thoughts and perceptions related to the research that may affect the findings. After the data interpretation, validation was done by going back to the participant and asking if the content of the interpreted verbatim was similar to what they meant. The formulation of themes proceeded when the data were saturated. Credibility was based on peer debriefing through brainstorming, meetings, and discussions of the group members.

3 | RESULTS

Nurses' entire well-being is affected when they provide care to COVID-19 patients. Previous studies reported physical and emotional problems of nurses during the COVID-19 pandemic, which are in line with the findings of this study. Nonetheless, this study highlights nurses' spiritual well-being as they provide care during the COVID-19 pandemic.

3.1 | Trust in God

The trust in God describes the participant's belief that God is their protection and shield from COVID-19. At the start of the pandemic, the participants were clueless and faced with challenges physically and emotionally. The participant further mentioned that they are at war without any weapon against the unseen virus. Despite these

challenges and adversity, the participant believes nothing is impossible with God because He is the saviour. Hence, their faith in God helps them overcome the challenges and difficulties and gives them a feeling of security as they provide care to COVID-19 patients.

A burst of different kinds of emotion, from the lowest, we may say the saddest especially during the beginning of the pandemic, wherein everyone was clueless on how to fight this battle thus eventually experiencing losing a patient, but the brighter part of it is the privilege of being a part of a team, the health professionals that serve as frontlines, expecting the worst but hoping for the best. And, I believe God is with us as we provide care for our patients. I know God will not forsake me. (COVID-RN10)

In the beginning, it was exhausting and stressful because we are facing a new contagious disease. But I know God will help and protect me so I will not be infected with COVID-19. I always pray because I believe that God is my savior during this pandemic. (COVID-RN5)

In addition, the participants mentioned that trusting God/Allah is one of their ways to maintain their well-being. Some participants described that their faith is important during the crisis as it brings joy, continual protection from the disease, and strength.

This pandemic has given me more confidence and trust in the Almighty. Seeing the number of cases of infected and death are rising, I cannot hold to anything, not on my strength or other things but only to Him. It made me more realize how important and valuable life is and how fleeting it is. (COVID-RN7)

3.2 | Spiritual encouragement

Spiritual encouragement describes the support the participants received from their spiritual group and environment, which help them overcome adversities in life. Several participants mentioned that they experienced physical and emotional exhaustion during the height of the pandemic. Nurses work long hours and wear personal protective equipment (PPE), which add to their burden. Moreover, nurses are sometimes placed under quarantine if they experience signs and symptoms of COVID-19. To maintain their sanity, they attend their religious practices online where they obtain words of encouragement from their religious groups. Praising the Lord together helps them alleviate stress and boredom.

I experience loneliness in the quarantine facility. I feel that I was so detached from the world. I am alone in my room, so I attend our weekly online preaching and

communicate with my friend in my religious group. They help me maintain my sanity during those times. (COVID-RN9)

In addition, spiritual encouragement in social media gives strength to some participants to overcome physical and emotional challenges and adversity.

This pandemic has given me more confidence and trust in the Almighty. Seeing the number of infected and death are rising, I cannot hold to anything, not on my strength or other things but only to Him. It made me more realize how important and valuable life is and how fleeting it is. I see posts from social media with spiritual encouragement and prayers. It gives me peace and comfort and encouragement. (COVID-RN9)

3.3 | Spiritual attributes in the workplace

Spiritual attributes in the workplace describe the spiritual practices received and provided by the participant in their workplace. Some participants expressed that their work during the early stage of the COVID-19 is exhausting as they face many challenges. With the protocol and guidelines in place, an issue exists with the implementation. For example, the nurse leader and manager are still adjusting and adopting to the protocol and guidelines, which affect the implementation. Despite these inadequacies, the participant felt spiritual support from their nurse leader and colleagues in their workplace, which encouraged them emotionally and spiritually. The participants described that everyone is greeting and sending the message of God's protection and grace, which motivates them to perform their task.

For a while, things are not organized even though there are clear guidelines, yet in practice, it is different. There is no qualified manager with clear and effective decisions. A lack of effective leadership makes you feel alone and do what you think is right. So, in our workplace, everyone is saying ... Allah will protect you, sister ... God is with you always ... The Lord will guide and protect you ... those are words we hear from our colleagues which are motivating and sometimes ease our negative feelings. (COVID-RN13)

In addition, some participants mentioned that nurses pray together for their safety.

During this pandemic, we pray as a group or say our prayer for God's protection. (COVID-RN15)

Several participants mentioned that they experience roller coaster emotions while providing care to COVID-19 patients. Participants feel down, thinking that they will acquire the disease. Nevertheless, the

spiritual support they receive in their work induces hope, comfort, compassion, and relaxation.

I feel that during those times that I am down, I want to give up. But when your colleagues motivate you and share the word of God. It has a positive effect on me because I feel their care, empathy, and comfort. Sometimes, hearing the word ... God is with you, sister ... induce a calming feeling. (COVID-RN8)

In addition, some participants expressed their spiritual support by praying for the health of their colleagues. They also pray in silence for the soul of their patient who died.

When I feel anxious for no reason, I pray for God's protection. Also, I pray that all of the nurses working in the COVID-19 unit will not be infected. (COVID-RN6)

I pray for Allah that my brothers' and sisters' soul will be accepted into heaven, and may Allah forgive their sins. (COVID-RN16)

3.4 | Spiritual growth

Spiritual growth describes how COVID-19 expanded the participant's belief in the Lord. Participants explained that they noticed a change in their religious practices. They became more prayerful, given that praying is one way to overcome stressful situations and mental health issues. They even ask their family to pray for their safety. As mentioned by a participant.

I used not to pray always, only this pandemic that I noticed that I will not start my day without praying, especially when I go to work. (COVID-RN1)

... may be one important thing happened in my life because of this pandemic, is that I have a better relationship with the Lord. Every time that I'm so anxious, I pray for God's help and protection. Prayer helps me to ease my negative though because I know that God will not forsake me. (COVID-RN12)

4 | DISCUSSION

The study result was drawn from a qualitative research method about nurses' well-being during the COVID-19 crisis. Participants are nurses who work in the COVID-19 unit of hospitals. The interviews were conducted via social media due to restrictions and the geographical location of the participants. However, this method of data gathering may mitigate the quality of the data gathered. Despite this, significant findings of spirituality on the well-being of nurses are uncovered.

This study reveals that spirituality helps nurses accept life situations, overcome adversities, and connect to others or the importance of spiritual support. This study describes that nurses trust God, which is one of their ways of accepting life situations. Given that trust in God is described by the participant as their belief in the ability of the Lord that the suffering brought by COVID-19 will end, and God is everyone's source of strength and protection. As mentioned by Levin (2020), faith or trust in God is the foundation of resilience. Similarly, Pirutinsky et al. (2020) unveiled that trust in God during the COVID-19 pandemic was associated with the low stress level of nurses. Moreover, religious practices are effective in managing psychological burden (Cruz, Baldacchino, & Alquwez, 2016; Cruz, Colet, et al., 2016). In addition, religion was the most frequently used coping strategy during the COVID-19 pandemic among nursing students in Saudi Arabia (Alsolais et al., 2021). The current study supports these findings, where participants mentioned that their trust in GOD and spiritual encouragement help them maintain their well-being during the pandemic.

Nurses' fear of contracting COVID-19, fatigue, increased patient workloads, stress, and inadequate rest and sleep are additional issues (Huang & Zhao, 2020). Moreover, Epstein et al. (2020) stated that nurses are at risk of burnout due to moral distress, and nurses experience secondary traumatic stress when providing care to patients. Thus, nurses' spiritual well-being is essential to prevent moral distress and burnout (Forster & Hafiz, 2015; Peterson et al., 2010). This finding is supported by the current study given that nurses found spiritual encouragement they received from their spiritual group and environments, which help them overcome adversities in life. Ultimately, spiritual encouragement can help nurses regulate their emotions to shield themselves from stress, fatigue, and burnout due to environmental chaos (Babamiri et al., 2020; Zhang et al., 2018).

The study also shows the significance of nurses' spiritual attributes in the workplace. Spiritual attributes are the practices that nurses perform in the workplace to show spiritual support to their colleagues. Cruz et al. (2021) uncovered that the hospital's spiritual climate helps nurses' resilience and increases energy at work. Gültekin and Kavak Budak (2021) also mentioned that spiritual acts help in improve mental health and well-being, which is supported by the finding of the current study.

In addition, the participant viewed that this COVID-19 pandemic helped in their spiritual growth. Despite the negative impacts of this pandemic, it helped nurses to be more prayerful. This finding contradicts previous studies that stated a low level of the spiritual well-being of people living under crisis (Ando et al., 2010; Coppola et al., 2021). Thus, the spiritual practice of nurses, which is prayer, helps them regain their spiritual well-being (White et al., 2011). This study shows that one source of nurses' strength is God or their faith in God during difficulties. Similarly, Green (2021) revealed that powerlessness should not be viewed as a weakness but as an avenue to ask for God's support.

4.1 | Limitations

This study holds some limitations. Chiefly, the restrictions in the Kingdom of Saudi Arabia, which prevent a face-to-face interview to avoid exposure, given that nurses are providing care to COVID-19 patients. Hence, the interviews were conducted through social media, which mitigates the data-gathering process. The expression and body language of the respondents regarding their answer were not observed, and social media may affect the in-depth understanding of nurses' experience. Moreover, participants' inadequate time for interviews was another limitation of this study.

5 | CONCLUSION

This study explored nurses' perceived spiritual well-being during the COVID-19 pandemic through a qualitative methodology. The study concludes that spirituality is crucial in helping nurses overcome the myriad of adversities they face while they assume their important roles during the ongoing pandemic. The study showed that the participants place their trust to a Higher Being for their protection against the many risks and difficulties that this pandemic entailed for them. However, despite the challenges that they faced amid the pandemic, the present situation provides great opportunities for the participants' spirituality to grow. Moreover, the study underscored the important role of spiritual encouragement in the workplace and having a clinical climate of spirituality in overcoming the difficulties associated with the pandemic, maintaining sanity, relieving stress and boredom, and giving motivation to perform their tasks well amid the pandemic.

6 | IMPLICATION FOR NURSING MANAGEMENT

This study provides valuable perspectives on nurses' spiritual well-being during the COVID-19 pandemic. Being the front-line health workers in these difficult times, nurses had been constantly challenged physically, emotionally, and spiritually. Nurses' spiritual well-being during this pandemic rarely receive attention compared with their physical and emotional aspects. The study emphasizes that the spiritual aspect of nurses during these difficult times are equally important with the other aspects of the life of the nurse. Nurses acknowledged the importance of their spiritual well-being because spirituality gives them hope, strength, and sense of protection during crises. Therefore, the study advocates the creation and implementation of policies and interventions in hospitals to ensure excellent levels of spiritual well-being among nurses. These policies and interventions must be directed towards creating a climate within the hospital settings that fosters, respect, and encourages spirituality of health care workers. This study reveals that nurses value a workplace that can spiritually support dur-

ing crises. Additionally, respondents value the spiritual encouragement that they receive from their colleagues and leaders. Thus, nursing management should strive to provide spiritual encouragement to empower, boost their morale, and motivate nurses to do their job well amid pandemic-related challenges. Furthermore, hospital management should create areas in the hospital where nurses and other health care providers can perform their religious or spiritual rituals to facilitate their spiritual nourishment. Ultimately, hospital management must prioritize nurses' spiritual well-being and other health care providers during this pandemic to ensure that they are holistically cared for and to guarantee that they are healthy to provide the highest level of patient care during pandemics.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

ETHICS STATEMENT

The Research Ethics Standing Committee at Shaqra University (Ethics Approval No. ERC_SU_2021022) ensured the ethical conduct of the study.

CONSENT

The informed consent was taken from the participants that states the research objective and aim, voluntary participation, right to autonomy and confidentiality, and the right to withdraw to participate in the study.

AUTHOR CONTRIBUTIONS

Made substantial contributions to conception and design: NA, JPC. Acquisition of data: EB. Analysis and interpretation of data: All Authors. Involved in drafting the manuscript: All Authors. Revising the manuscript critically for important intellectual content: All Authors. Given final approval of the version to be published: All Authors. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: All Authors.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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