



## Spiritual well-being of nurses at the intensive care unit during the pandemic

Bienestar espiritual de enfermeros de las unidades de cuidado intensivo en pandemia

Bem-estar espiritual dos enfermeiros das unidades de terapia intensiva em pandemia

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### Abstract


**Objective:** Determine the spiritual well-being and its relationship with demographic variables of nursing professionals who work at the Intensive Care Unit (ICU) during the COVID-19 pandemic. **Materials and methods:** Quantitative, cross-sectional study that determined the levels of spiritual well-being through the Reed's Spiritual Perspective Scale (SPS) in 116 nurses that worked in the ICU during the public health emergency of COVID-19, from June to July of 2020. The relationship of the variables was determined using the Fisher test, and the differences between the groups using the Mann-Whitney U test and the Analysis of Variance (ANOVA) test. Significant statistical differences, with  $p < 0,05$ , were considered. **Results:** The participants were predominantly female, under 45 years of age, single and with a bachelor's degree as their maximum level of education. High levels of practice, belief and spiritual well-being were observed regardless the public health situation. **Conclusion:** The spiritual perspective behaves differently depending on the age, gender, civil status, academic background, and income. A high well-being in the nursing professional who works at the ICU during the COVID-19 pandemic, is a strength that could help maintain their mental health, improving their capacity to respond to scenarios of crisis.

**Keywords:** Spirituality; nurse care; nurses; intensive care; COVID-19.

### Resumen

**Objetivo:** Determinar el bienestar espiritual y su relación con variables demográficas y profesionales en enfermeros que se desempeñan en Unidades de Cuidado Intensivo (UCI) durante la pandemia del COVID-19. **Materiales y métodos:** Estudio cuantitativo y transversal que determinó los niveles de bienestar espiritual mediante la escala de perspectiva espiritual (SPS) de Pamela Reed. La muestra se conformó con 116 enfermeros que trabajan en las UCI durante la emergencia sanitaria del COVID-19, en el periodo comprendido de junio a julio de 2020. La relación de las variables se determinó empleando el test de Fisher y las diferencias entre los grupos, utilizando Mann-Whitney y ANOVA. Fueron consideradas diferencias estadísticas significativas con  $p < 0,05$ . **Resultados:** Los participantes fueron predominantemente del sexo femenino, con edades inferiores a 45 años, estado civil solteros, con pregrado hasta nivel de formación. Se observaron elevados niveles de práctica, creencia y bienestar espiritual independientes de la situación de salud pública. **Conclusión:** La perspectiva espiritual varía según la edad, género, estado civil, formación académica e ingresos económicos. El alto bienestar espiritual en el enfermero que labora en la UCI durante la pandemia del COVID-19, es una fortaleza que puede apoyar el mantenimiento la salud mental, mejorando su capacidad de respuesta en escenarios de crisis.

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Recibido: 9 febrero 2021

Aprobado: 13 abril 2021

Para citar este artículo / To reference this article / Para citar este artigo:

Ruiz-Roa SL. Bienestar espiritual de enfermeros de las unidades de cuidado intensivo en pandemia. Rev. cienc. ciudad. 2021; 18(2):8-18. <https://doi.org/10.22463/17949831.2849>

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**Palabras clave:** Espiritualidad; atención de enfermería; enfermeras y enfermeros; cuidado intensivo; COVID-19.

## Resumo

**Objetivo:** Determinar o bem-estar espiritual e a sua relação com as variáveis demográficas e profissionais dos enfermeiros que atuam nas Unidades de Terapia Intensiva (UTI) durante a pandemia da COVID-19. **Materiais e métodos:** Estudo quantitativo, transversal que determinou o bem-estar espiritual usando a escala de perspectiva espiritual (SPS) de Pamela Reed, em 116 enfermeiros que atuam em UTI durante a emergência sanitária da COVID-19 de junho a julho de 2020. A relação das variáveis estabeleceu-se com o teste de Fisher e as diferenças entre os grupos usando Mann-Whitney e ANOVA. Consideraram-se diferenças estatísticas significantes com  $p < 0.05$ . **Resultados:** Os participantes foram predominantemente do sexo feminino, com idade inferior aos 45 anos, solteiros e com a graduação como máximo nível de formação. Observaram-se altos níveis de prática crença e bem-estar espiritual, independente da situação de saúde pública. **Conclusão:** A perspectiva espiritual comporta-se de maneira diferenciada segundo a idade, sexo, estado civil, formação acadêmica e ingressos financeiros. O alto bem-estar espiritual no enfermeiro que trabalha na UTI durante a pandemia da COVID-19, é uma fortaleza que pode apoiar a manutenção da sua saúde mental e melhorar a sua capacidade de enfrentamento em cenários de crise.

**Palavras-chave:** Espiritualidade; cuidados de enfermagem; enfermeiras e enfermeiros; cuidados críticos; COVID-19

## Introduction

Spirituality is the essence of human nature, it is the motivation for recovery expressed by practices or religious beliefs, that provide inner peace, strength, and health (1); also, it articulates the purpose of human beings with hope and faith, working together to produce health benefits in terms of prevention, recovery of disease or confronting the disease (2).

In the past, spirituality was a human dimension closely related to the religious experience; however, spirituality currently transcends to everyday experiences (3). Therefore, it is a fundamental element for situations where people perceive higher vulnerability, whether it is because they are facing the disease as patients or as caregivers (4), even before situations of crisis and emergencies.

Spirituality is an ample human dimension, with complex quantifications and approaches; however, the establishment of spiritual well-being is an aspect that accurately approaches the knowledge of this dimension (5).

For its part, spiritual well-being can be understood as the state where feelings, behaviors and positive cognitive conditions, act favorably towards the relationship with oneself, providing the subject with identity, in-

ner harmony, and positive attitudes that will contribute with their life purpose (6), benefiting their mental health (5,7) and transcending the quality of their intrapersonal relationships and their coping abilities.

The health caused by the SARS-CoV-2 (COVID-19) virus has had a great impact on humanity. The global population has experienced fear and anxiety, specially affecting the elderly population with health conditions (8), without leaving behind the young and healthy population. It is also a concern for the front-line healthcare workers who are facing the consequences of this disease, which has a rapid progression and has generated high death rates, becoming an important cause of disturbance and stress for nursing professionals.

It is important to note that even if spiritual well-being can generate physical and mental strength for nurses in their daily life and when taking care of another person, the scarce scientific evidence about a deep approach of this aspect is a flaw. Thereon, it is evident that an urgent study is necessary, especially when the literature has demonstrated that spiritual practices and beliefs are associated to successful coping skills in stressful situations (9). This aspect must consider as a main subject the nursing professionals that work at the Intensive Care Unit (ICU) during the pandemic, mainly because of their permanent relationship with the suffering of hospitalized patients and their families (10). Additional-

ly, it must be considered that the ICU are scenarios that require rapid and appropriate emergency healthcare interventions, work overload, and have a deficit of healthcare personnel and unfavorable work conditions, these being permanent sources of stress (11); meaning these are factors that can impact their ability of coping, generating alterations in the physical, mental, and spiritual well-being (12).

## Objectives

### General objective

Determine the spiritual well-being and its relationship with demographic variables, and with nursing professionals that work at the intensive care unit (ICU) during the COVID-19 pandemic.

### Specific objectives

- Describe the sociodemographic, academic, and professional characteristics of nurses that work at the intensive care unit during the pandemic.
- Establish the levels of practice, belief and spiritual well-being of nurses that work at the intensive care unit during the pandemics.
- Identify the difference of spiritual practice, belief, and well-being according to demographic and professional parameters of nurses that work at the intensive care unit during the pandemics.
- Establish the existent relationship between practice, belief and spiritual well-being with demographic, academic and professional variables for nurses that work at the intensive care unit during the pandemics.

## Materials and methods

Methodologically, a quantitative, descriptive, and cross-sectional study was carried out. The sample was calculated by nonprobability sampling and was made by 116 nurses between the ages of 23 and 52, who were healthcare workers at ICUs in 10 health care institutions (5 in Bucaramanga and 5 in Cucuta, Colombia), during the initial period of the COVID-19 pandemic, from April to July of 2020. The criteria for eligibility were being a nursing professional working at the ICU for an uninterrupted period of more than 6 months before the study, and their acceptance to participate in the study. The data was collected through self-diligence of

a questionnaire designed for recollection of information in the platform Google Forms ®.

On the other hand, to measure spirituality, the Reed's Spiritual Perspective Scale (SPS) was used (13). This instrument is made of 10 Likert like items with 6 answer options and two sub-scales. The first sub-scale belongs to spiritual practices and is measured by items 1-4, where the answer options are: 1 never, 2 less than once a year, 3 at least once a year, 4 at least once a month, 5 at least once a week, and 6 at least once a day; with a maximum score of 24 points. The general interpretation of the suggested sub-scale by the researcher has subdivisions: 1-8 low spiritual practice (Cronbach's alpha 0.8); 9-16 moderate spiritual practice (Cronbach's alpha 0.91); and 17-24 points for high spiritual practice (Cronbach's alpha 0.87).

The second sub-scale belongs to spiritual beliefs measured by items 5-10, where 1 is strongly disagree, 2 disagree, 3 somewhat disagree, 4 somewhat agree, 5 agree, and 6 completely agree; with a maximum score of 36 points. The general interpretation of this sub-scale was created by the author and has the subdivisions: 1 to 12 low spiritual belief (Cronbach's alpha 0.79); 13-24 moderate spiritual belief (Cronbach's alpha 0.82); and 25-36 high spiritual belief (Cronbach's alpha 0.85). These values were obtained in the present study.

The global assessment of spiritual well-being through the SPS scale, is interpreted as: high (40-60 points), moderate (31-45 points), and low (10-30 points), previously defined by Sierra & Montalvo (10).

Similarly, the present research established internal consistency in the categories of qualitative assessment created for the two sub-scales using the Cronbach's alpha reliability coefficient. The SPS scale was previously used in a study in Colombia, that obtained a global reliability coefficient of 0.8 for the 10 items (14), which are compatible with the Cronbach's alpha of 0.82 calculated in this study.

It is important to mention that the present research was supported by the ethics committee from the University Francisco de Paula Santander, Cucuta, Colombia (Article 06/2020). The Resolution 8430 of 1993 (15) was considered, regarding the ethical principles of charity, privacy, freedom of expression and autonomy, supported by the written and informed consent. The data obtained was collected in Microsoft Excel ® and subsequently analyzed with the statistical software Graph Pad Prism 5.0. Also, descriptive statistics were used for absolute and relative frequencies. To determine the dif-

ferences of the results and in function of the same variables, the Mann-Whitney Test and the Kruskal-Wallis test were used, and the Dunn's test was used when considered relevant.

On the other hand, for the inferential analysis, a relationship between spirituality and the categorical variables was established through the Fisher's exact test, which were considered statistically significant differences with values of  $p < 0.05$ . The categorical variables were gender, civil status, education, and job title.

## Results

The study included 116 nurses that worked at the Inten-

sive care Unit (ICU) during the COVID-19 pandemic, 67% came from Cucuta, and 33% work in institutions from the metropolitan area of Bucaramanga. In Table 1 it is observed that 82.3% of the professionals were 45 years old or younger; 78.5% were females and 39.7% were single. Most of the nurses declare belonging to the Catholic (76.7%) and Christian (14.7%) religion. Also, the variables related to education, income, and characteristics of their job title were considered, establishing that the highest academic level is undergraduate (55.2%), the training period is between 1 to 5 years (41.4%); the monthly income is between 471 to 700 USD (69%); and the performance of care functions (91.4%) at the ICU during the COVID-19 pandemic.

**Table 1.** Sociodemographic, academic, and professional variables of nurses that work at the intensive care unit in Cucuta and Bucaramanga during the COVID-19 pandemic.

Variable	AF	RF (%)
<b>Age (years)</b>	<25	19
	25-45	66,3
	>46	14,7
<b>Gender</b>	M	21,5
	F	78,5
<b>Civil status</b>	Single	39,7
	Married	31,9
	Free Union	18,1
	Divorced	9,5
	Widowed	0,8
<b>Religion</b>	Atheist	2,6
	Catholic	76,7
	Christian/Evangelical	14,7
	Other	6
<b>Highest level of education</b>	Undergraduate	55,2
	Specialization	34,5
	Master's	3,4
	Other	6,9

<b>Time since graduation (years)</b>	1-5	48	41,4
	6-10	30	25,9
	11-15	22	19
	16-20	11	9,5
	>21	5	4,2
<b>Monthly income (USD)</b>	<470	18	15,5
	471-700	80	69
	701-935	17	14,7
	>936	1	0,8
<b>Job title</b>	Assistive	106	91,4
	Administrative	8	6,9
	Other	2	1,7

AF= Absolute frequency; RF= Relative frequency; USD= US Dollars

**Fuente:** Made by the author.

To answer the objective of determining the spiritual well-being in the sample studied, Table 2 shows the results obtained from the application of the SPS instrument, demonstrating that nurses that work at the ICU have a high spiritual practice (69%), spiritual belief (87.1%) and spiritual well-being (71.6%).

**Table 2.** Levels of spiritual practice, belief, and well-being of nurses that work at the intensive care unit in the cities of Cucuta and Bucaramanga during the COVID-19 pandemic

<b>Variable</b>		<b>AF</b>	<b>RF (%)</b>
<b>Spiritual practice (*)</b>	Low	4	3,5
	Moderate	32	27,5
	High	80	69
<b>Spiritual belief (*)</b>	Low	3	2,6
	Moderate	12	10,3
	High	101	87,1
<b>Spiritual well-being</b>	Low	7	6
	Moderate	26	22,4
	High	83	71,6

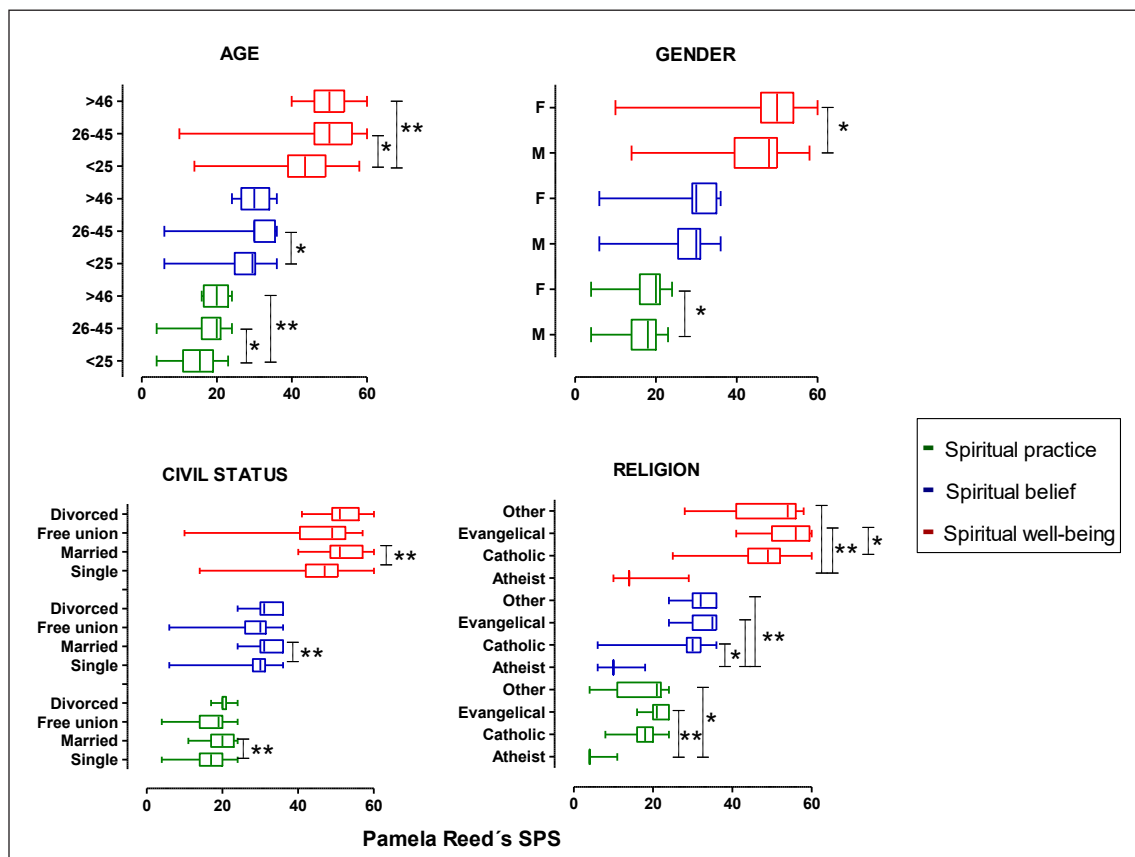
(\*) = Categories created to indicate how the methodology was described; AF =Absolute frequency; RF= Relative frequency.

**Source:** Made by the author.

With the purpose of identifying the difference between practice, belief and spiritual well-being within the demographic and professional variables, the Mann-Whitney U test and the Kruskal-Wallis test were applied, as shown in Figure 1 and 2, observing fewer spiritual practices in nurses that were under 25 years old ( $p < 0.01$ ), males ( $p = 0.04$ ), single ( $p = 0.03$ ) and atheist ( $p < 0.01$ ). This tendency is also shown in nurses with undergraduate degree ( $p < 0.01$ ), with an in-

come of less than 470 USD ( $p = 0.01$ ), and those that perform care functions ( $p = 0.03$ ). Similarly, based on the data obtained from spiritual beliefs, it was identified that these were inferior in younger nurses ( $p = 0.01$ ), single ( $p = 0.01$ ), atheist ( $p < 0.01$ ) and with an income of less than 470 USD ( $p = 0.02$ ). Regarding spiritual well-being, it is observed that it has the same behavior as the spiritual practices ( $p < 0.02$  in all cases).

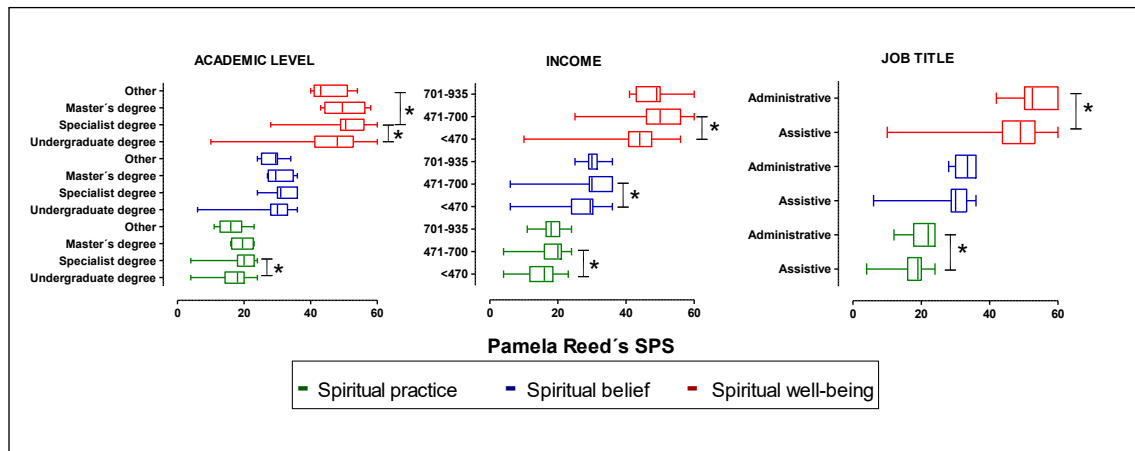
**Figure 1.** Comparison of the punctuation obtained in the dimensions of spiritual practice, belief, and well-being according to the sociodemographic variables of nurses that work at the intensive care unit in Cucuta and Bucaramanga during the COVID-19 pandemic.



(\*) values  $p < 0.05$ ; (\*\*) values  $p < 0.01$ .

Source: Made by the author

**Figure 2.** Comparison of the punctuation obtained in dimensions of spiritual practice, belief, and well-being according to academic and professional variables for nurses that work at the intensive care unit in Cucuta and Bucaramanga during the COVID-19 pandemic.



(\*) values  $p < 0.05$

Source: Made by the author.

To establish the existent relationship between the sociodemographic, academic, and professional variables with the spiritual practice, belief, and well-being of nurses working at the ICU, Table 3 shows that being atheist is related to fewer practice ( $p < 0.01$ ), be-

lief ( $p < 0.01$ ) and lower spiritual well-being ( $p < 0.01$ ). On the other hand, being a female nurse and having an income of more than 471 USD is related to higher levels of spiritual practice, belief, and well-being.

**Table 3.** Statistical relationship of the sociodemographic, academic, and professional variables with the spiritual practice, belief, and well-being of nurses working at the intensive care unit in the cities of Cucuta and Bucaramanga during the COVID-19 pandemic

Variable	Spiritual practice	Spiritual belief	Spiritual well-being
	(p)	(p)	(p)
Age	NS	0,08	NS
Gender	0,02*	NS	0,0004*
Civil status	NS	NS	NS
Religion	0,001*	0,0006*	0,0004*
Education	NS	NS	NS
Monthli income	0,07	0,04*	0,02*
Cargo	NS	NS	NS

(p)= Obtained p values; NS= statistically nonsignificant; (\*) relationship evaluated through the application of the Fisher's exact test

Source: Made by the author.

## Discussion

According to the present study, the profile of the spiritual practice, belief, and well-being variables for nurses working at the ICU during the COVID-19 pandemic was determined. Although the health emergency has an unprecedented impact in the public health of the millennium, the sociodemographic characteristics of the sample composed by the nurses who were subject of study are not distant from nurses and caregivers whose spirituality has been previously studied on a national level and in developed countries.

A previous study made by Torskenæs et al. (16), established the first difference on the concept of spirituality in nurses and caregivers from Malta and Norway, concluding that most of the caregivers were under the age of 50; however, their civil status was married, and considered themselves moderate religious (16) with Catholicism/Christianity as the most practiced religion, as it occurs in Colombia (18). These variables showed similar results to a study made in ICU nurses at a public hospital in Cincinnati (19), as well as a study applied to Neonatal ICU healthcare teams at the Children's Hospitals in the cities of Pennsylvania and Philadelphia (20), where most of these teams were predominantly female nurses, under the age of 45 of Catholic/Christian religion.

In the national scenario, spiritual well-being has been identified in nursing students (21) and in nurses that work at the ICU in the Caribbean coast (10); this last study demonstrated that the results were found in subjects that were predominantly females, with an average age of 33.2 years old, married and who identified as Catholic/Christian. Also indicating that the monthly income does not exceed 720 USD, as established in the present research.

Emphasizing academic education of the nurses who work at the ICU, the national (10) and international (19) literature has demonstrated that their highest level of education is undergraduate, and it is not frequent for nurses to have a specialization or graduate education in services of intense therapy.

The SPS was the instrument chosen to determine the spiritual well-being of the nurses evaluated in the present study, giving priority to the approach of the spirituality concept as an experience of the human being, particularly relevant in situations where the conscience of death is more evident (22), as it is the case with the current pandemic. Some differences were identified regarding the spiritual practice, belief, and well-being variables according to the age, gender, civil status, reli-

gion, academic level, income, and job title of the nurses that work at the ICU. Also, the value of this information is emphasized, since there is no record of national and international literature that establish the differences between spiritual practice, belief, and well-being, according to the different demographics and academic variables of nurses and caregivers.

It is important to highlight that the study stratified, in an innovative way, the results of the spiritual practice and belief suggested for the overall assessment of the literature, creating qualitative categories that allowed to evaluate these variables. Similarly, the observations were compared with background records, stratifying the results of a previous study that used the SPS in Cartagena, Colombia (10). Likewise, findings were useful to demonstrate that nurses working at the ICU in Colombia, have a high incidence in the variables related to practice, beliefs, and spiritual well-being, independently from the COVID-19 health emergency.

Internationally, the high levels of spiritual well-being in nurses have been widely described (23,24). Recently, Ricci-Allegra (25) demonstrated that palliative care nurses have high levels of spiritual well-being. Also demonstrating that these attitudes are statistically superior in those who have a religious affiliation compared to those who do not, which is also proved in this research.

Furthermore, international sources have described the relationship between the time of professional experience and the absence of correlation with other demographic variables, spiritual practice, and spiritual care in nursing (26,27). On the other hand, this study demonstrated that being a female nurse with some type of religious affiliation and having an income higher than 471 USD, are factors that influence the level of spiritual well-being. Meaning that even though there are demographic and professional differences in the studied subjects, the spiritual practice, beliefs, and well-being are independent variables from the age, civil status, education, and job title of the nurses that work at the ICU during the COVID-19 health emergency. This phenomenon is shown throughout in this research, even having limitations.

It is necessary to emphasize that the conditions of spiritual well-being of the nurses must be known, since there is a relationship between this variable and the attitude shown while performing spiritual care, as well as with their level of professional commitment (28), which is crucial in situations of crisis. On the other hand, it has been demonstrated that the spiritual strength is a protective and positive factor for immunological reactions,



reducing the infection rates, this way facilitating the acceptance of infection treatments (29) such as: social distancing and isolation, hygiene, and self-care measures to reduce the spreading of COVID-19.

It has also been demonstrated that emergency situations increase work stress, anxiety, and depression (30), affecting the quality and efficiency of the care provided by the nurse who is working at the ICU (19). Therefore, institutional support that includes preparation for sanitary emergencies must be provided; as well as approaching the holistic needs of the nurses, including the attention to their spiritual dimension, this way contributing to the creation of greater strengths to provide care in situations of crisis.

## Conclusiones

- The nurses that work at the ICU in the cities of Cucuta and Bucaramanga, who have dealt with the COVID-19 pandemic, generally are professionals with an undergraduate degree, who have high levels of spiritual practice, belief, and well-being, independently from the public health emergency.
- The present study concludes, in an innovative way, that the variables that compose the valuation of the spiritual perspective behave differently according to the age, gender, civil status, religion, academic level

and monthly income of nurses that work at the ICU; likewise, some of these conditions (gender, religion and monthly income), are related to higher levels of spiritual well-being.

- Being pioneers in the approach and analysis of the spiritual perspective in front-line healthcare nurses during a public health emergency, showing evidence of the need to include strengthening strategies of spiritual well-being in higher education for future nurses. This proposal is since most of the professionals in charge of assistive services in intensive care, have a maximum academic level of undergraduate.

**Acknowledgements:** to the professor Sandra Milena Martinez Rojas, coordinator of the course Care of the Elder II from the nursing program at Universidad Francisco de Paula Santander, for her collaboration and logistic support. .

**Limitations:** The author declares that, to enrich the discussion of the results, the scientific research used was from populations with similar characteristics and conditions, considering some references with a publication period greater than 5 years.

**Conflict of interest:** The author declares no having any conflict of interest.

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