

Spirituality and Its Impact on Job Performance of Healthcare Workers in COVID-19, A Literature Review

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Abstract

Objectives: To review the scientific evidence on the impact of health personnel spirituality during the COVID-19 pandemic. Methodology: Narrative and documentary literature review. Eight research studies were obtained from the Scopus, Scielo, PubMed and Web of Science databases. The spirituality variable was evaluated in health personnel during the COVID-19 pandemic (2020-2022). Results: It was found that spirituality becomes a determining factor that helps to prevent and avoid the appearance of chronic and acute anxiety. Likewise, spirituality is perceived as a source of coping and stress reducer, associating it with the highest level of resilience whose effect on the recovery of emotional and mental health together with its coping in critical events is of great importance. Of the eight studies found, two of them evaluated spirituality with the FACIT-SP scale. There is little research on spirituality in health personnel whose characteristics could be adapted to other cultural and linguistic contexts. Conclusions: Spirituality is protective and leads to behaviors of greater resilience, its effects on the recovery of emotional and mental health, and its coping in critical events is very valuable, being important to promote its institutional application.

Keywords: Spirituality, Health Care Personnel, Covid-19, Anxiety, Resilience

INTRODUCTION

COVID-19

On March 11, 2020, SARS-COV-2 was declared the causative viral agent of the COVID-19 pandemic (World Health Organization, 2020). Likewise, the (Organización Panamericana de la Salud, 2020) revealed an increase in incidences of mental health issues due to the virus, as a result of social distancing and isolation imposed in an attempt to curb the contagion. The pandemic situation faced by healthcare personnel (HCWs) has been very demanding, given the enormous risk of viral exposure, the responsibility towards patients and the anguish and hopelessness in the face of death (Siddiqui et al., 2021).

(Johns Hopkins University & Medicine, 2021) presented the total number of SARS COV2 cases worldwide in October 2021 was 237,668,106 and the total number of deaths was close to 5 million people. This disease has put humanity in an unprecedented scenario, bringing with it disruptions in different aspects of society, such as physical and mental health, aspects of the economy, social security, the environment, among many others that could be mentioned (Chakraborty & Maity, 2020).

The Institute of Health and the National Center for Epidemiology, Prevention and Disease Control (MINSAs) reported a total of 3,556,384 people infected and 212,654 cases of lethality due to COVID 19 (Ministerio de Salud - MINSAs, 2020).

The coronavirus has caused the confluence of certain events that could serve the HCWs to focus their attention toward something outside or inside them, not equivalent to them, perhaps a calling, or something beyond them, which could be rewarding and wonderful (Sulmasy, 1997).

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Spirituality, the religious aspect and health-related research are fields that, in recent decades, have gained strength within the scientific community (Lucchetti & Lucchetti, 2014). The absence of training on this subject due to lack of time, added to the fear of the approach during their care practice for adequate care, turn out to be obstacles for the HCWs (López-Tarrida et al., 2021).

Spirituality

It is a unique experience that occurs in people, which influences their thoughts and perceptions about health, family and life. Focused on inner identity, meaning of life and people's connection to themselves, and to a higher force with the environment (Parsian & AM, 2009). It can be considered as a cultural synonym, part of religion and oriented towards a life purpose (Musick et al., 2000). Observing connection with the natural environment, integrating with life, united with the sacred, connected with oneself and others (González-Rivera, 2019).

So, we can say that spirituality is understood as a protective resource in the face of suffering in an end-of-life situation. Data from German physicians suggest that spirituality is one of several resilience strategies for coping with work-related stressors (Zwack & Schweitzer, 2013).

Arguably, spirituality is an intrinsic and dynamic human aspect through which people seek purpose, meaning, and transcendence, in turn experiencing a relationship with themselves, family, others, and the sacred, expressing it through their own beliefs, traditions, values, and practices (Puchalski et al., 2014). In addition, spirituality would help to show a way to rediscover meaning when faced with illness or death, being important not only for the patient but also for the HCWs, whose spirituality can influence his or her daily practice (Curlin et al., 2005).

Spirituality And the Workplace

Spirituality has an important influence on the development of the work of any professional (Aboramadan & Dahleez, 2021; Chávez-Díaz et al., 2024; Kazemipour & Mohd Amin, 2012; Nasurdin et al., 2013; Romero-Carazas et al., 2024).

However, in the context of COVID-19, the contribution of the spirituality has been instrumental in coping with the dire situation (Fardin, 2020; Srivastava & Gupta, 2022).

Spirituality and Health Personnel

Spirituality as a form of self-care promotes introspection and the ability to reflect on oneself. It helps to develop resilience, which allows coping with difficult situations in the individual, in addition, it seeks to achieve a balance between mind, body and spirit to reach an ideal state of well-being (Norman et al., 2016). Those decisions in end-of-life care (Clyne et al., 2022; Tata et al., 2021), attitudes taken in the face of death or dying (Thauvoye et al., 2020).

It is in times of crisis that the HCW must take courage to go deeper into themselves in search of their essence, as these events remain deep within them, along with their personal and cultural beliefs (Clyne et al., 2022; Tata et al., 2021). There is a growing interest in endowing spiritual care by nurses around the world, such that HCWs competencies could be enhanced by providing care with spirituality and compassion to the patient (Fang et al., 2022; van Leeuwen et al., 2021; Wu et al., 2016).

How HCWs act in general, not just nurses and obstetricians, from now on, towards themselves and their patients, could be determinant in the course of the pandemic, restructuring the nature of medical care and of a new society, born out of this global crisis (Chew et al., 2020).

The increase in COVID-19 cases and deaths as a consequence of this disease, added to the lack of materials and human resources, which, hand in hand with non-specific and ineffective treatments, and the increase in work demands contributed to the exhaustion of the HCWs and the consequent deterioration of their mental health (Mohd Fauzi et al., 2020; Nižetić, 2020). By referring to this study, we seek to gather information that may be relevant to demonstrate how important spirituality is in a situation like this, showing that it would be

an important resource to protect mental health and raise the professional quality, as well as the patient's wellbeing and mental health.

Health personnel and COVID-19

In the scientific literature there are studies on how COVID-19 has influenced healthcare personnel. The results are oriented to the concurrence of stress and burnout (Mecit et al., 2022; Sadek et al., 2021; Wilson et al., 2023), anxiety (Akanni et al., 2021) and personal distress (Morse & Dell, 2021), on the one hand, but elements of job satisfaction, organizational commitment and conscientiousness (Thanh et al., 2023), as well as the use of creativity (Riches et al., 2023) and the use of technology (Bommersbach et al., 2021; McKeeby et al., 2022) were also found.

METHODOLOGY

This research was a narrative review. Making a proposal, in which a theory can be discussed, which clarifies paradigms and in turn offers new approaches for future research (Gonçalves, 2019). The PRISMA model (Page et al., 2021) was used for the selection of the documents.

The information obtained from the exhaustive search of articles was extracted (Arias Cardona & Alvarado Salgado, 2015). A systematic review of the literature available in the databases PubMed, Scopus, Scielo and Web of Science was carried out, in which studies in Spanish and English were chosen, during the time of the coronavirus pandemic (2020-2022). As part of the search strategy, descriptors were used for spirituality, health personnel and COVID-19, also using searches with field adjustments of title, abstract, keywords, according to the researchers' criteria.

Within the criteria for inclusiveness, original articles were considered, as well as those with access to the full text, and those published in Spanish or English. As part of the exclusion criteria, duplicate articles, book chapters, clinical cases, narratives, dissertations, opinion articles or those not found were taken into account.

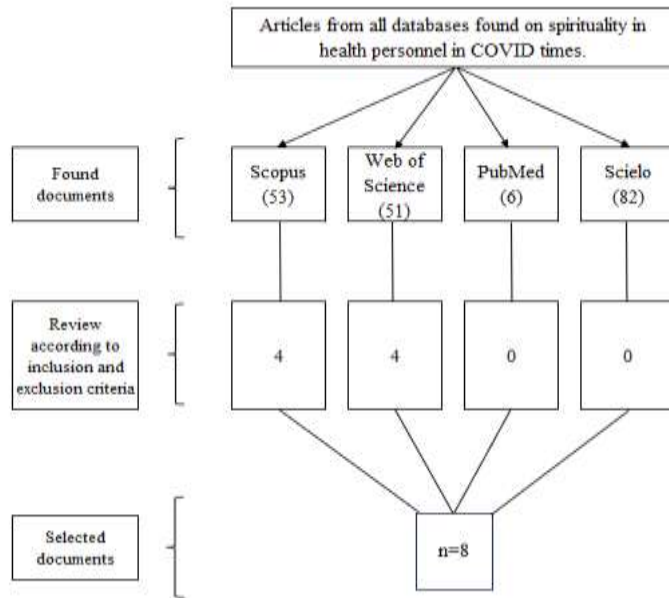


Figure 1 Flowchart

RESULTS

The search of scientific literature was conducted from April 2020 to August 2022, including terms and descriptors for spirituality, being reviewed by an expert in bibliometrics and conducted by 2 independent reviewers, finding 53 results in Scopus, 51 in Web of Science, 6 in PubMed and 82 in Scielo. The title,

abstract, methodology, results and conclusions were reviewed, including studies that aimed to quantify the impact of spirituality in health personnel either as a primary or secondary objective. Original articles, short original articles and short communications were selected.

After eliminating duplicate items and under inclusion and exclusion criteria, 8 studies were chosen, six of which were cross-sectional and two mixed. The objective of the study was to review the scientific evidence on the impact of health personnel spirituality during the COVID-19 pandemic (See Table 1 and Appendix).

We appreciate that the eight studies described used instruments to assess or measure spirituality directly and indirectly, among these we find two studies (Rogers et al., 2022; Tolentino et al., 2022) that used the Functional Assessment of Spirituality questionnaire (Rogers et al., 2022).

Chronic Illness Therapy - Spiritual Well-Being (FACIT-Sp), which was previously validated in different Hispanic countries, one of them was Colombia, validating its psychometric properties in (Sierra Matamoros, 2012) whose internal consistency was a Cronbach's Alpha of 0.89 and its reliability according to Lin's coefficient of 0.75, it supports the 5-factor structure for the complete FACIT-SP scale (physical, social/family, emotional, functional, and spiritual well-being) and for a 3-factor structure in the spiritual well-being sub-scale (meaning, peace, and faith), being considered highly reliable.

On the aspects inherent to the impact of spirituality, during their work in pandemic studies they described that it is possible to predict with higher confidence, cases of chronic anxiety with an Odds Ratio of 0.818 with a confidence index of 95% ($p < 0.001$) and acute anxiety with an Odds Ratio of 0.727 with a confidence index of 95% ($p < 0.001$), which expresses a high probability that acute anxiety events will not occur (0.001) and acute anxiety with an Odds Ratio of 0.727 with a confidence index of 95% ($p = 0.001$), which expresses a high probability that acute and chronic anxiety events will not occur in the work environment of health professionals due to protective aspects such as high levels of spirituality in its different dimensions considering it as a source of coping with a crisis (Akanni et al., 2021; Putri et al., 2021; Tolentino et al., 2022).

Regarding moral impact, data were found that positively correlate spirituality with moral damage ($\beta = 2.41$, $P < 0.01$), depressive symptoms ($\beta = 0.74$, $P < 0.01$) and anxiety symptoms ($\beta = 0.65$, $P < 0.01$), which expresses that moral damage in Chinese workers is closely linked to depression and anxiety, while high spirituality in them shows their discomfort (0.01) this expresses that moral damage in Chinese workers is closely linked to depression and anxiety, inasmuch as high spirituality in them evidences their discomfort, at the same time it endows them with a special sensitivity in their decisions (Wang et al., 2021).

In another study, it was observed that the level of resilience was significantly higher in nurses with better family support ($p < 0.01$) considering that the higher level of resilience was related to spiritual influences, indicating that spiritually strong nurses and those with strong beliefs may be more resilient (Parizad et al., 2018; Rogers et al., 2022).

One study found that spiritual expression is related to belongingness ($\beta = 0.34$, $p < 0.00$), which positively influences staff ($\beta = 0.43$, $p < 0.00$), establishing that all can be participants and build regarding the expression of spirituality along with self-meaning and its cultural implications, using spiritual expressions achieved greater inner confidence and balance, to provide this service in health centers, it is important to develop a new digital educational and pedagogical tool that would help to address this issue (Anzengruber, 2022; Timmins et al., 2022).

Table 1 Characteristics of studies on spirituality

Author	Design	Target	Instrument	Sample	Results
[1]	Transversal	Compare the three dimensions of the spirituality (faith, peace, spirituality top) as well as protectors of anxiety and diseases chronicles.	Spiritual Well-Being Scale (FACIT- 12)	Health professionals n=118 from HCW tertiary referral hospital for COVID-19, Rio de Janeiro.	Higher spirituality and its dimensions, protect against chronic anxiety (p-value <0.001) and acute anxiety (p-value = 0.001). Peace spirituality was found to be the best predictor of chronic distress (p-value<0.001). Faith spirituality conferred action on acute anxiety (p-value =0.006).
[2]	Transversal	Analyzes the relationship between the spirituality in the workplace and the anxiety of the nurses during the pandemic.		Professional nurses n=130. Males 58, Females 72	It found that nurses in 51.5% (67) have less workplace spirituality, and 59.3% (77) suffered high anxiety during the pandemic. More than half of them is lacking in workplace spirituality.
[3]	Transversal	Identifies the difference in anxiety levels according to socio demographics, knowledge about COVID-19 and spirituality of health care workers in two hospitals in Benin-City, Nigeria.	Ironson-Woods Spirituality/ Religion Index	"Medical professionals, nurses, pharmacists, laboratory scientists, health care assistants, records personnel n=252. Males 94, Females 158."	Their evidence highlights the inverse correlation of spirituality and anxiety (p-value<0.001), with multiple factors, Spirituality as a coping strategy in the self is highlighted as responsible for the low levels of anxiety. found. The author recommended its institutional inclusion.
[4]	Transversal	Determines the level of resilience in nurses working in COVID-19 centers in Iran.	Connor-Davidson Resilience Scale	Occupation nurses n=250. Males 52, Females 188. In three hospitals in northwestern Iran.	The relationship of spiritual influence with higher level of resilience is described (p-value<0.01), noting that spiritually strong health personnel with strong beliefs may be more resilient with a dynamic connection to self, others, nature or God whose effect on recovery, emotional-mental health and coping in critical events is highly valuable.
[5]	Transversal	Examines the relationship between spirituality, moral injury, and mental health among physicians and nurses in mainland China during the COVID-19 pandemic.	"Scale of symptoms of moral damage of profession health professionals' health professionals (MISSHP)".	"Medical professionals and nurses, psychologists n=3006. Males 369, Females 195. hospital in China."	It describes high values of spirituality in positive relation with moral harm (p-value< 0.01), in Chinese professionals. Their concern in transgressing their moral values in the face of difficult decisions with their patients during the COVID-19 pandemic determined their depressive symptoms (p-value< 0.01) and anxiety symptoms.
[6]	Mixed	Examines the relationship between spirituality, moral injury, and mental health among physicians and nurses in mainland China during the COVID-19 pandemic.	Spiritual Well-Being Scale (FACIT- 12)	Physicians' Technical nurses n=734 (Quantitative and qualitative). Males 203, Females 531. In the UK Hospital.	Participants demonstrate poor levels of emotional and spiritual well-being. Likewise, those participants with higher levels of spirituality reported greater resilience and in turn, those with higher levels of resilience reported greater well-being.

[7]	Mixed	Explains the effects of workplace spirituality on organizational commitment during the COVID-19 pandemic.	Spiritual Expression at Work Scale.	Physicians, nurses, administrators, managers and cleaning staff n= 96 quantitative n=12 qualitative	They express that belonging at work is related to spiritual expression (p-value<0.00), positively influencing staff (p-value<0.00), the use of which allowed greater confidence and inner balance, the person themselves, and patients, they argue that all can be co-constructions regarding spiritual expression hand in hand to their own meaning and cultural implications.
[8]	Transversal	The development of an educational intervention: Erasmus Plus Cure to care digital Education and spiritual assistance in healthcare.	Survey developed based on the EPICC nurse competency framework.	All nurses from participating hospitals participated.	Health personnel are not prepared to address spiritual needs. Their education and training are limited, non-standardized and heterogeneous, and were generally applied in the Judeo-Christian, parareligions and non-religious context.

DISCUSSION

Spirituality as a Protective Mechanism for Mental Health in the Face of a Health Crisis and its Application in the Hospital Setting

A Brazilian study, reviewing aspects of mental health, higher spirituality, its dimensions peace spirituality and faith spirituality, found that they would be protective against chronic anxiety, acute, chronic distress and stress, considering them as an important coping strategy in the face of a severe stressful event such as what happened during the global pandemic.

Health personnel with high spirituality present positive emotions and spiritual beliefs, as well as resilient factors in a constant manner, which leads to the development of internal mechanisms that serve as significant help to overcome adverse situations resulting from the health crisis. The feeling of disconnection outside the person could be related to a neurobiological protection mechanism, being the parietal cortex the brain region most frequently involved with spirituality. The dimension of peace, which is associated with less anxiety, is conceptualized as an affective expression of spirituality.

This aspect reflects in the person a sense of inner harmony and is directly linked to mental health. This is explained by the fact that faith can provide an optimistic worldview, where cultivating expressions of faith can increase psychological resilience and consequently extinguish anxiety and stress events and improve coping. Even if anxious symptoms had started before or during the pandemic, spirituality can be considered a protective factor for anxiety symptoms, health care workers with high spiritual well-being are inclined to develop internal mechanisms with which they can cope with their stress, where spirituality of peace helps against chronic anxiety and spirituality of faith helps against acute anxiety associated with the coronavirus. Personal faith is an extremely important coping strategy in a severe stressful circumstance in healthcare personnel, it is necessary to improve interventions based on spiritual well-being and to design and implement them as working protocols (Tolentino et al., 2022).

Another Indonesian study established that spirituality at work and anxiety maintain a close relationship, that is to say that it improves or prevents the occurrence of anxious events during the COVID-19 pandemic, here the need to make contributions to increase the spirituality of nurses is expressed, especially since they are the ones who are in the first line of care (Putri et al., 2021).

Likewise, a study in Nigeria mentioned, when referring to spirituality, that it is a coping strategy in the self, considering it in turn as responsible for the low levels of anxiety found, evidencing aspects in personal protection that could be applied in different areas. Their studies mentioned that the more spirituality they will

find less anxiety and vice versa, considering multiple factors that could respond to the low levels of anxiety found in workers of two Nigerian hospitals, one of them is spirituality as a personal coping strategy (Akanni et al., 2021).

Another Iranian article refers to spiritual influence and its link to the highest level of resilience in which spiritually strong health personnel with strong beliefs can be more resilient with a dynamic connection to self, others, nature or God whose effect on recovery, emotional- mental health and coping in critical events is extremely valuable. Spirituality is the dynamic personal connection, with others, with nature or with God, being a broader definition than faith, in this study nurses were observed with high tolerance to negative emotions, which is supported by this definition, where nurses with strong beliefs tend to be more resilient, cope better with stress, and have better abilities to cope with diverse situations. Their spiritual resilient status endows them with capabilities ranging from standing firm in feelings, problems and/or stress through their set of beliefs, their external or internal spiritual principles and values. Nurses in Iran's Islamic society are found with high spirituality and it is associated with their religion, they consider their destiny to be in God's hands, where religious belief assumes that every crisis is a divine challenge, so that they are not affected, unlike other people lacking faith. Grief from loss of life of family members, acquaintances and exposure at work to the devastating evolution of the disease, leaves staff without the ability to hear their inner voice, which translates into extreme and out of control behaviors when facing the crisis, here lies the need to maintain high levels of spiritual resilience as a primary coping mechanism, not only during a crisis, but also on an ongoing basis. Improving this aspect promotes self-determination, self-care, altruism, along with a positive outlook on life thus reducing mental health problems arising from a crisis (Parizad et al., 2018).

Along the same lines, an English study found elevated levels of spiritual and emotional well-being are accompanied by greater resilience, and vice versa. Workers in UK and global health care providers have faced an unprecedented challenge in providing frontline care during COVID-19, suffering from anxiety and stress, impacting their emotions, spiritual well-being and resilience; the initial impact observed provides clear evidence of these low levels and the need to improve their emotional, spiritual and resilient conditions to prevent long-term consequences for them and their patients (Rogers et al., 2022).

In a Chinese study, it is mentioned that the high values of spirituality in Asian professionals were affected by the transgression of their moral values and difficult decisions made with their patients during the COVID-19 pandemic, an aspect that endows them with a special sensitivity in their work. Spirituality in practice includes participation in religious organizations, meditation, prayer, contemplative reflection, personal growth activities, meaning and purpose, connections with others and nature, as well as the purpose of life and the search for meaning. This group assumes moral damage as a spiritual suffering, absence of hope, trust, and connection to aspects such as the dilemma of deciding who should live or die, of patients in hospitals where the devices known as ventilators, personal protective equipment, and medicines are scarce. The feeling of helplessness, shame and guilt at seeing hundreds die per day without being able to do anything to save them, obtaining in addition the perception by patients and families of distrust, being recipients of violent acts by them who see health personnel as traitors (Wang et al., 2021).

In an Austrian study, it is mentioned that a spiritual expression is related to a sense of belonging in the personnel, its use allowed greater confidence and internal balance, in the person himself, and in the patients. In the face of events such as the global coronavirus pandemic, spirituality is relevant as a simple mechanism of easy application and use, which is not given due importance in the face of the mental health aspects mentioned. Spiritual expression in health personnel within their organization has an immaterial and spiritual value, so it would be pertinent to expose its benefits at work to managers and bosses, guaranteeing every possible opportunity for there to be an expression of its practice at work from higher or managerial positions, although this may be different from what is traditional, it could be determinant of a positive impact for the institutional image in the long term. Employees who have a strong sense of belonging are more likely to find themselves in the company's image in the long run committed to their professional work, which generates a very favorable situation for it (Anzengruber, 2022).

A study conducted in Ireland, Poland, Spain and Italy on nurses concluded that health personnel are not

prepared to address the different spiritual needs of the patient, making reference to the different types of education, recognizing their limitations, as well as evidence that they do not have the same standards, and are not heterogeneous, that is to say, this study was conducted in different populations with different education, faith and beliefs, generally applied in the Judeo-Christian context, for religious and non-religious, with the purpose of creating an instrument that helps to homogenize or standardize the education for nursing personnel in relation to spiritual aspects, in order to improve its application in this sector. During the pandemic period, the use of technology was necessary for communication between health care workers, patients and their families, as well as to provide spiritual support or body, mind and spirit interactions; all of this progressed successfully, and chaplains were observed using technology for their support services. On the other hand, physicians were observed who, through the use of tablets, cell phones and/or computers, establish contact at the end of life of the patient and his family, since there is no other form of contact due to confinement. All this has been a constant and accelerated challenge in the search for new processes, in this orientation towards digital development or advancement, the Erasmus project is proposed to provide spiritual care of nurses with contemporary digital aids (Timmins et al., 2022).

CONCLUSIONS

There is little research on spirituality in health personnel. The instrument to assess spirituality (FACIT-SP) shows a good degree of internal consistency and validity for the Latino population; however, it could be adapted to other cultural and linguistic contexts.

Anxiety events, chronic and acute, chronic distress and stress, are directly and significantly affected by spirituality in healthcare personnel in the face of a crisis of the magnitude experienced during COVID-19.

High values of spirituality are predictors of greater resilience, its effects on the recovery of emotional, mental health and coping in critical events are highly valuable.

A spiritual expression can be realized through its participatory construction, with its own cultural meaning and implications, accompanied by a sense of institutional belonging, achieving greater confidence, internal balance, and better patient care.

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