Promoting Spiritual Well-Being Among Nurses

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Health care organizations are facing the fallout from inadequate nurse staffing in addition to the emotional and spiritual tolls of the COVID-19 pandemic. Organizations must strategically differentiate themselves by novel methods of recruitment and retention, including care of the nurse as a whole person. Tactical strategies can be implemented by nurse leaders to promote the spiritual well-being of the nursing workforce. These strategies include incorporating spirituality and soft skills into nursing orientation, developing and providing interventions to support spiritual well-being, and implementing methods to provide spiritual care of patients by nurses.

E stimates predict a shortage of more than a half-million nurses in the United States by 2030.[1] The large, aging baby boomer population is living longer with more chronic conditions and will likely require more nursing care than current nurse staffing can provide. New nursing graduates joining the workforce are being outnumbered by older nurses who are retiring and direct care nurses who are leaving the bedside.[2] Prior to the COVID-19 pandemic, the registered nurse (RN) workforce was expected to grow 7% between 2019 and 2029, from 3 million to 3.3 million.[3] Projections also show over 175,000 openings for RNs each year through 2029, considering nurse retirements and workforce exits.[3] Retaining nurses on the frontlines—both new nurses and those established in their careers—is imperative for health care organizations focused on delivering safe and quality care. The impact of the pandemic on nursing workforce projections continues to increase.

Even before the pandemic, nurses faced challenging work environments with heavy workloads, high rates of patient morbidity and mortality, and ethical dilemmas.[4-8] These stressors are risk factors for burnout and compassion fatigue. The pandemic has intensified these existing challenges and has added new ones including, but not limited to, fears of exposure to self and family, end-of-life care, floating job roles to unfamiliar units, and uncertainty about the duration of the pandemic.

The nursing shortage accentuates the need for recruitment and retention that surpass the effectiveness of current strategies. A shift must occur in the foundation of employee relations at the organizational and national levels. The differentiator between organizations that recruit and retain nurses and those that do not will be a new paradigm in caring for the workforce that drives patient outcomes. The Quadruple Aim builds upon the widely adopted concept of the Triple Aim, which focuses on improving population health and the individual healthcare experience and reducing costs. The fourth aim is "joy and meaning in work."[9,10] Enabling staff to attain meaning in work is essential to recruitment and retention efforts for nurses in demand.

Organizations that prioritize whole-person care—mind, body, spirit—of their nurses may have an advantage over those that do not commit entirely to promoting nurse well-being. Improving nurses' spiritual well-being will require enabling individuals to firmly reconnect to their meaning and purpose and offering education and support.

KEY POINTS

- **Organizational support of spiritual well-being is imperative to recruitment and retention of the nursing workforce.**
- **There are practical strategies to incorporate spiritual care into the culture of nursing and nursing care.**
- **There are clear pathways to integrate spiritual wholeness into the nursing profession.**

THEORETICAL FRAMEWORK

The Job Demands-Resources model posits that an employee's job demands can negatively affect well-being, whereas their job resources can potentially mitigate these impacts.[11,12] Job demands are the "physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs."[11(p.501)] These can deplete an employee's energy levels.[9] Job resources are those "aspects of the job that may do any of the following: be functional in achieving work goals; reduce job demands and the associated physiological and psychological costs; and stimulate personal growth and development."[8(p.501)] Job resources can enhance an employee's well-being.[12]

This model suggests that a balanced workforce has its resources built and reinforced through personal and organizational efforts, and that employee well-being depends on a positive balance between resources and demands.[13] However, nurses often experience heavy demands at the organizational level; therefore, they must cope with the imbalance using personal resources. This situation puts the onus of well-being on the individual nurse, and personal resilience will not suffice when coping with something of the magnitude of a pandemic. A health care organization must address this large impact, as well as any significant deficit in resources through investments in caring for its workforce.

CARING FOR NURSES

In response to staffing shortages and the global pandemic, organizations have dedicated significant resources to ensure the well-being of their nursing workforce, thereby increasing retention. Although traditionally valued incentives, such as increases in pay and schedule flexibility, are still valuable, they are 1 factor among many that influence whether nurses stay at the bedside. Factors related to perceived organizational support are also associated with greater commitment to the workplace.[14]

Therefore, it is important to provide whole-person care—mind, body, spirit—of nurses in order to engage and retain them in the workplace. Because poor physical and mental health is associated with errors in nurses,[15] it behooves organizations to support the overall health and well-being of the nursing staff. Traditionally, organizations have focused primarily on physical and mental health aspects of whole-person health through employee wellness programs and mindfulness interventions[16,17] while neglecting the spiritual. Supporting the spiritual health of nurses is a means for organizations to care for nurses in ways beyond the typical support modalities. Caring for nurses by promoting meaning and purpose is an integral component of their overall well-being and self-care.[18]

SPIRITUALITY IN NURSING

A multidisciplinary committee defined spirituality as a "dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred."[19(p.646)] A distinct concept from religion or religiousness, spirituality may encompass meaning and purpose of work, particularly in professions for which there is a calling to serve.[20] In nursing, reconnecting the staff to meaning and purpose through spiritually based interventions is a strategy that may increase personal job resources and demonstrate organizational support of nurse well-being.

In a survey of nurses employed in a large nonprofit faith-based health care system, more than 90% of respondents identified a faith orientation. Approximately half of the respondents identified as religious, and nearly three-quarters identified as spiritual.[21] Religion/spirituality was associated with higher mental well-being, self-compassion, and sense of personal accomplishment and less depression, anxiety, and burnout. Among all facets in a spirituality measure, "meaning in life" received the highest scores, indicating that the nurses recognized meaning and purpose as an important aspect of their lives. These results present nurse leaders with an opportunity to advocate for initiatives that foster a spiritual climate to allow nurses to flourish in the workplace.[21]

Recently, evidence supported the role of spirituality and finding meaning as a coping strategy in nurses and other health care personnel during COVID-19. In a study of frontline health care workers battling the pandemic, having a "higher purpose in life" was associated with greater personal resilience.[22] Health care workers in New York used religion and spirituality as a means of coping with COVID-19–related stress.[23] In another study, spirituality and perceptions of spiritual support were associated with lower levels of moderate/severe stress, anxiety, and depression in nurses during COVID-19.[24]

STRATEGIES TO PROMOTE SPIRITUAL WELL-BEING

Connecting and reconnecting nurses with meaning and purpose can nurture spiritual well-being and demonstrate care for the workforce. Meaning and purpose have been shown to be protective against stress and burnout in nurses.[25] Although health care organizations are engaged in initiatives to support the mental health and physical health of nurses, especially during COVID-19,[26] there has been little attention paid to the spiritual wholeness and growth of the nursing workforce. Resources to enhance spiritual well-being and to promote self-care, both through organizational and personal interventions, are an investment in nurse retention

and a potential strategic differentiator for nurse staffing.

Creating and enhancing positive practice environments is associated with lower turnover.[27,28] An important consideration when striving to build positive practice environments is to ensure there is a positive spiritual climate, which has been linked with improved teamwork and safety climates, as well as reduced intention to leave, decreased burnout, and increased ability of caregivers to bring their "complete selves" (i.e., their whole person) to work.[29] Nurse leaders may choose to focus their efforts to create an environment that nurtures the spiritual well-being of nurses throughout a nurse's career.

A variety of strategies to boost spiritual climate can begin with incorporating spirituality and soft skills into nurse orientation, and they can continue during a nurse's career through both brief, episodic checkpoints about spiritual well-being to more structured interventions for ongoing spiritual support. These strategies can improve both recruitment and retention of nurses through an increased sense of meaning and purpose, and decreased burnout and compassion fatigue.[30]

STRATEGY 1. INCORPORATE SPIRITUALITY AND SOFT SKILLS INTO ORIENTATION

During orientation, a new nurse must learn about both the entire profession and the specific organization, as well as practice how to care for whole-person health in patients and themselves. Because one's self-perception of competency impacts the retention of new nurses, it is essential to introduce them, not only to technical skills, but also to intangible skills, such as provision of spiritual care.[31] Implementation of "soft skills" instruction and assessment—both self-rated and preceptor/leader-rated—is an approach that may build confidence, provide meaning, and improve retention among new nurses.[31]

Graduate nurses who reflect on their own spiritual views by exploring what brings meaning and purpose into their lives are more likely to include spiritual care within their nursing practice.[32] The integration of spiritual education in nurse residency programs and orientations is an organizational-level strategy to foster a culture of spiritual care in which the spiritual needs of patients are recognized and fulfilled.[33] As spiritual competencies may or may not be taught during a nurse's formal education, it is contingent on the organization to incorporate spirituality into new nurse orientation. This component establishes spiritual competencies as part of the organizational culture. Nurse leaders may choose to integrate educational approaches based on those utilized in baccalaureate programs, such as discussions about terminology (i.e., spirituality, religion), holistic nursing, and journaling about personal spirituality and spiritual care.[34]

STRATEGY 2. DEVELOP AND PROVIDE INTERVENTIONS TO SUPPORT SPIRITUAL WELL-BEING

Interventional strategies can be offered throughout a nurse's career to improve personal well-being. Interventions focusing on spiritual well-being can range from brief, episodic checkpoints to more structured interventions for ongoing spiritual support.

Spiritual care huddles are a brief technique to promote the spiritual well-being of nurses. Nursing huddles have been established for various purposes, most often for safety, but also to improve communication, alleviate moral distress through ethical discussions, and boost empathy in nurse–patient relationships.[35-37] In addition to benefitting patients through improved care, these huddles promote positive outcomes among nurses, such as decreased moral distress, increased empathy, and higher employee satisfaction.[35-37] Nurse leaders may facilitate spiritual care huddles by providing educational resources and discussion prompts, such as notecards with content related to meaning, purpose, and self-care.

An example of a more structured intervention aimed to provide mental and spiritual support to nurses is collaborative mental/spiritual health rounds with a licensed mental health professional and a chaplain. Evidence shows this facilitation model has been an effective way to address moral injury in veterans.[38] A similar approach could be implemented among nurses. This intervention would involve needs assessments, intention setting, and resources and referrals. Nurse leaders are in a unique position to leverage personnel and allocate resources to enact this type of intervention. Based on the outcomes among veterans, improvements in depression, psychological functioning, and self-compassion may occur among rounding participants.[38]

STRATEGY 3. IMPLEMENT METHODS TO PROVIDE SPIRITUAL CARE OF PATIENTS BY NURSES

Nurses can integrate spirituality in daily nursing care to "support patient healing by alleviating anxiety, instilling hope, and helping patients attain inner peace."[33(p.153)] Health care organizations can implement methods to enable nurses to provide spiritual care, which is an intangible skill that can be introduced to them during orientation.[31] One method is to leverage the power of electronic health record documentation through the inclusion of a spiritual assessment at the time of hospital admission.[33] A spiritual assessment allows the nurse to collaborate with the patient to develop a personalized spiritual plan of care.[19] In organizations where spiritual care is not yet integrated into the electronic health record, a spiritual history can still be assessed and documented by the

nurse. Spiritual assessment tools already exist, such as the FICA Spiritual Assessment Tool.[39] FICA is an acronym for the following domains: Faith, Belief, Meaning; Importance and Influence; Community; and Address in Care.[39] This communication tool facilitates spiritual conversations with patients and measures spiritual distress, comfort, meaning, and support.

Nurses can also be equipped with spiritual care toolkits to guide the provision of spiritual care.[40] Nurses often cite lack of time, education, and training, as well as lack of clarity in the role as spiritual caregiver, as barriers to providing spiritual care to patients and families.[41] Culturally diverse books, cards, music, and other conversation starters are tools that can facilitate the delivery of spiritual care.[40] In a study of spiritual care toolkits, patients and families reported satisfaction with the spiritual care they received, and nurses felt the toolkit helped overcome barriers to providing spiritual care.[40] Nurse leaders can ensure that nurses have access to resources such as a spiritual care toolkit and receive education on how to use the contents. This method enables nurses to connect with patients through spiritual caregiving and may be mutually beneficial to the spiritual well-being of both caregiver and recipient.

Leaders can further promote the integration of spiritual care into nursing practice through the assessment of spiritual competencies. Validated instruments can gauge a nurse's comfort and competence in delivering spiritual care.[42] One of the validated instruments is called the Spiritual Care Competence Scale, and it is composed of the following 6 competencies: assessment and implementation of spiritual care; professionalization and improving the quality of spiritual care; personal support and patient counseling; referral to professionals; attitude towards the patient's spirituality; and communication.[43] As a self-report instrument, nurses can assess themselves and seek to maintain or improve their provision of spiritual care. This assessment is a collaborative way for nurse leaders and nurses to build a spiritual climate and encourage whole-person care of patients.

CONCLUSION

Organizations that care for nurses as whole people—physically, mentally, socially, spiritually—will enjoy a differentiating advantage in the employment marketplace. The United States is experiencing a shortage of nurses that is anticipated to increase substantively over the next decade. To recruit and retain nurses, classic incentives must be creatively augmented with organizational efforts to promote nursing self-care and well-being. Individual resilience, although essential to nurse well-being, is more effective when combined with organizational support for mental, emotional, and spiritual wholeness, consisting of appreciation for meaning and purpose in work, promoting positive

relationships, and nurturing the soul of caregivers. Once a whole-person approach to workforce well-being is integrated into practice, an organization will be able to measure workforce success through engagement, quality, and safety, in addition to recruitment and retention. Investment in spiritual care for nursing staff offers a strategic advantage in recruitment and retention, supports patient contentment and healing, and builds loyalty to the organization. Spiritual care is an intangible benefit that offers worthwhile tangible results.

REFERENCES

1. Zhang X, Tai D, Pforsich H, Lin VW. United States registered nurse workforce report card and shortage forecast: a revisit. *Am J Med Qual*. 2018;33(3):229-236.
2. Snavely TM. A brief economic analysis of the looming nursing shortage in the United States. *Nurs Econ*. 2016;34(2):98-100.
3. U.S. Bureau of Labor Statistics (BLS). Registered Nurses. Occupational Outlook Handbook. Updated September 1, 2020. Available at: https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6. Accessed February 15, 2021.
4. Kerlin MP, McPeake J, Mikkelsen ME. Burnout and joy in the profession of critical care medicine. *Crit Care*. 2020;24:1-6.
5. Hart PL, Brannan JD, De Chesnay M. Resilience in nurses: an integrative review. *J Nurs Manag*. 2014;22(6):720-734.
6. Hinderer KA, VonRueden KT, Friedmann E, et al. Burnout, compassion fatigue, compassion satisfaction, and secondary traumatic stress in trauma nurses. *J Trauma Nurs*. 2014;21(4):160-169.
7. Hunsaker S, Chen HC, Maughan D, Heaston S. Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *J Nurs Scholarsh*. 2015;47(2):186-194.
8. Kester K, Wei H. Building nurse resilience. *Nurs Manag*. 2018;49(6):42-45.
9. Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573-576.
10. Fitzpatrick B, Bloore K, Blake N. Joy in work and reducing nurse burnout: from Triple Aim to Quadruple Aim. *AACN Adv Crit Care*. 2019;30(2):185-188.
11. Demerouti E, Bakker AB, Nachreiner F, Schaufeli WB. The job demands-resources model of burnout. *J Appl Psychol*. 2001;86(3):499-512.
12. Kinman G, Leggetter S. Emotional labour and well-being: what protects nurses? *Healthcare (Basel)*. 2016;4(4):89.
13. Tomo A, De Simone S. Using the job demands-resources approach to assess employee well-being in healthcare. *Health Serv Manage Res*. 2019;32(2):58-68.
14. Gupta V, Agarwal UA, Khatri N. The relationships between perceived organizational support, affective commitment, psychological contract breach, organizational citizenship behaviour and work engagement. *J Adv Nurs*. 2016;72(11):2806-2817.
15. Melnyk BM, Orsolini L, Tan A, et al. A national study links nurses' physical and mental health to medical errors and perceived worksite wellness. *J Occup Environ Med*. 2018;60(2):126-131.
16. Grabbe L, Higgins MK, Baird M, Craven PA, San Fratello S. The Community Resiliency Model® to promote nurse well-being. *Nurs Outlook*. 2020;68(3):324-336.
17. Tucker SJ, Lanningham-Foster LM, Murphy JN, et al. Effects of a worksite physical activity intervention for hospital nurses who are working mothers. *AAOHN J*. 2011;59(9):377-386.

18. White ML, Peters R, Schim SM. Spirituality and spiritual self-care: expanding self-care deficit nursing theory. *Nurs Sci Q*. 2011;24(1):48-56.

19. Puchalski CM, Vitillo R, Hull SK, Reller N. Improving the spiritual dimension of whole person care: Reaching national and international consensus. *J Palliat Med*. 2014;17(6):642-656.

20. Emerson C. Calling to nursing: concept analysis. *ANS Adv Nurs Sci*. 2017;40(4):384-394.

21. Harris SL, Green JF, Tao H, Robinson PS. Examining associations with mental, well-being and faith in nurses (LIFT). *J Nurs Adm*. 2021;51(2):106-113.

22. Pietrzak RH, Feingold JH, Feder A, et al. Psychological resilience in frontline health care workers during the acute phase of the COVID-19 pandemic in New York City. *J Clin Psychiatry*. 2020;82(1):20l13749.

23. Shechter A, Diaz F, Moise N, et al. Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. *Gen Hosp Psychiatry*. 2020;66:1-8.

24. Kim SC, Quiban C, Sloan C, Montejano A. Predictors of poor mental health among nurses during COVID-19 pandemic. *Nurs Open*. 2021;8(2):900-907.

25. Gama G, Barbosa F, Vieira M. Personal determinants of nurses' burnout in end of life care. *Eur J Oncol Nurs*. 2014;18(5):527-533.

26. Ripp J, Peccoralo L, Charney D. Attending to the emotional well-being of the health care workforce in a New York City health system during the COVID-19 pandemic. *Acad Med*. 2020;95(8):1136-1139.

27. Nelson-Brantley HV, Park SH, Bergquist-Beringer S. Characteristics of the nursing practice environment associated with lower unit-level RN turnover. *J Nurs Adm*. 2018;48(1):31-37.

28. Wu X, Hayter M, Lee AJ, et al. Positive spiritual climate supports transformational leadership as means to reduce nursing burnout and intent to leave. *J Nurs Manag*. 2020;28:804-813.

29. Doram K, Chadwick W, Bokovoy J, et al. Got spirit? The spiritual climate scale, psychometric properties, benchmarking data and future directions. *BMC Health Serv Res*. 2017;17:132.

30. Puchalski C, Lunsford B. The Relationship of Spirituality and Compassion in Health Care. Kalamazoo, MI: Fetzer Institute; 2008.

31. Song Y, McCreary LL. New graduate nurses' self-assessed competencies: an integrative review. *Nurse Educ Pract*. 2020;45:102801.

32. Burkhardt MA, Nagai-Jacobson MG. Spirituality and health. In: Dossey BM, Keegan L, eds. *Holistic Nursing: A Handbook for Practice*. 6th ed. Burlington, MA: Jones & Bartlett Learning; 2016:135-162.

33. Hawthorne DM, Gordon SC. The invisibility of spiritual nursing care in clinical practice. *J Holist Nurs*. 2020;38:147-155.

34. Lovanio K, Wallace M. Promoting spiritual knowledge and attitudes: a student nurse education project. *Holist Nurs Pract*. 2007;21(1):42-47.

35. Johnson I. Communication huddles: the secret of team success. *J Contin Educ Nurs*. 2018;49(10):451-453.

36. Turner K, Locke A, Jones T, Carpenter J. Empathy huddles: cultivating a culture of empathy. *J Neurosci Nurs*. 2019;51(3):153-155.

37. Chiafery MC, Hopkins P, Norton SA, Shaw MH. Nursing ethics huddles to decrease moral distress among nurses in the intensive care unit. *J Clin Ethics*. 2018;29(3):217-226.

38. Cenkner DP, Yeomans PD, Antal CJ, Scott JC. A pilot study of a moral injury group intervention co-facilitated by a chaplain and psychologist. *J Trauma Stress*. 2021;34(2):367-374.

39. Borneman T, Ferrell B, Puchalski CM. Evaluation of the FICA tool for spiritual assessment. *J Pain Symptom Manage*. 2010;40(2):163-173.

40. Kincheloe DD, Stallings Welden LM, White A. A Spiritual Care Toolkit: an evidence-based solution to meet spiritual needs. *J Clin Nurs*. 2018;27(7-8):1612-1620.

41. Rushton L. What are the barriers to spiritual care in a hospital setting? *Br J Nurs*. 2014;23(7):370-374.

42. Harrad R, Cosentino C, Keasley R, Sulla F. Spiritual care in nursing: an overview of the measures used to assess spiritual care provision and related factors amongst nurses. *Acta Biomed*. 2019;90(4-S):44-55.

43. van Leeuwen R, Tiesinga LJ, Middel B, Post D, Jochemsen H. The validity and reliability of an instrument to assess nursing competencies in spiritual care. *J Clin Nurs*. 2009;18(20):2857-2869.

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