



# Spiritual Health First Aid for Self-Care: Nursing During COVID-19

**ABSTRACT:** Nurses who provided care to patients with coronavirus (COVID-19) and supported patients in their transition from life to death in the absence of patients' families have been especially needful of spiritual self-care. A spiritual first aid kit can help nurses cope with these difficult times. Spiritual self-care is vital for all nurses to renew and preserve the psychological, spiritual, and physical self.

**KEY WORDS:** COVID-19, nursing, self-care, spiritual first aid, spiritual health

COVID-19 caused a pandemic leading to the deaths of more than 2.7 million people globally, as of March 2021 (World Health Organization, 2021). Worldwide, nurses have cared for COVID-19 patients in hospitals, nursing homes, rehabilitation facilities, home care, providers' offices, and clinics. In 2020, in the United States the use of remote communications such as email and Zoom became the major means of work communication for most Americans (Johnson, 2021). The U.S. federal and state governments enacted guidelines for Americans to remain in their homes to limit the spread of COVID-19. These stay-at-home guidelines did not apply to

essential workers, such as frontline nurses. Shortages of personal protective equipment (PPE) left nurses and their colleagues poorly protected from contracting COVID-19.

McGarry et al. (2020) obtained data on staffing and PPE shortages from the Centers for Medicare and Medicaid Services COVID-19 Nursing Home Database. Findings indicated that more than 20% of U.S. nursing home administrators reported staffing and severe PPE shortages that did not improve between the months of May and July of 2020. The situation of inadequate PPE persisted in many areas of the country, potentially exposing nurses and other healthcare workers to COVID-19 as they provided care to infected patients.

## SPIRITUAL SUFFERING OF NURSES

In March 2021, the International Council of Nurses stated that at least 3,000 nurses had died from the coronavirus, but believed the number is largely underestimated (International Council of Nurses, 2021). As nurses have provided healthcare and end-

of-life care to patients, they also have mourned the loss of colleagues. Kaiser Health News reported in April 2021 that more than 3,600 U.S. healthcare workers had died from COVID-19 in the first year of the pandemic (Jewett & Spencer, 2021).

Fear of actually contracting COVID-19, as well as fatigue, heavier workloads to meet the high numbers of critically ill COVID-19 patients, stress, and disturbances in sleep-rest patterns, have affected nurses (Huang & Zhao, 2020). According to Özdelikara et al. (2018), the term *health anxiety* causes affected persons to

---

*Spiritual health helps the nurse heal through reliance upon God.*

---

psychologically experience emotional anxiety and physical symptoms associated with the threat of their health being compromised. Nurses who cared for COVID-19 patients had no control over nursing staff shortages or lack of PPE. Also, earlier in the pandemic, nurses and other healthcare workers had to learn in live-time the lifesaving treatment interventions for infected patients. Nurses with young children and older parents or family members at home had to socially distance or isolate in their own homes (Centers for Disease Control and Prevention [CDC], 2020) due to at-work exposures to COVID-19. These nurses had a lowered perception of control



**Cheryl Green, PhD, DNP, RN, LCSW, CNL, CNE, ACUE, MAC, FAPA**, is an associate professor in the Department of Nursing at Southern Connecticut State University and an off-shift nurse leader at Yale-New Haven Hospital in New Haven, CT. She has been an RN

for over 30 years and a licensed clinical social worker for over 26 years.

The author declares no conflict of interest.

Accepted by peer review 1/13/2021.

Copyright © 2021 InterVarsity Christian Fellowship/USA.

DOI:10.1097/CNJ.0000000000000851



of their personal lives and work environments (Cuvadar & Cuvadar, 2020).

Nurses frequently provided death bed vigils for their COVID-19 patients who could not have family or friends present with them because of pandemic visitor restrictions. Fatigued and working in masks, face shields, gowns, and gloves for many hours, nurses would use laptops, tablets, and smartphones to visually provide patients' family members and close friends with final moments with their loved ones. Maunder et al. (2006) noted that historically, pandemics can have long-term occupational and psychological effects on healthcare workers. Babamiri et al. (2020) suggest that frontline workers, such as nurses and physicians, may experience burnout from the care they delivered during the COVID-19 pandemic, and that interventions at an organizational level must be taken to address this burnout.

## **NURSES AND SPIRITUAL HEALTH**

Nurses daily interface with human pain and suffering; this suffering has physiologic, psychologic, and spiritual components (Groves & Klauser, 2009). Nurses often neglect their personal physical, spiritual, and social needs even while providing care and compassion in their healthcare delivery, sometimes deeming this mindset of personal neglect as a necessary part of professionalism.

metaphysical phenomenon that correlates with purpose and meaning in life and connectedness (Weathers, 2019; Weathers et al., 2016).

Nursing has a strong religious and spiritual history. Dating back to

spiritual stress coping in nurses working in critical care and emergency departments. These authors recruited 113 nurses to whom the SCQ was administered. Findings indicated that spiritual coping was highly perceived

---

*Celtic writers dating back to antiquity referred to the nurse as *anam cara*, a soul friend.*

---

the pre-Christian era, being a nurse was seen as a noble act (Johnson et al., 2006; Meehan, 2012). Nurses were concerned with the nurturing and feeding of the human spirit, which included prayer during illness. Celtic writers dating back to antiquity referred to the nurse as *anam cara*, a soul friend (Fealy, 2005). The Sisters of Charity and Beguines during the Christian era viewed their care of the ill like that of Jesus Christ caring for the sick; nurses were referred to as providing *compassionate accompaniment* (Fealy, 2005; Groves & Klauser, 2009; Timmons & Caldeira, 2019).

As nurses will encounter death and dying in delivering nursing care, maintaining one's spiritual health is equally important to emotional and physical care. For nurses and other healthcare providers providing death and dying care, spirituality is a means of coping (Forster & Hafiz, 2015). Peterson et al. (2010) found that nurses may be more

as being religious and that positive religious behavior was identified as the primary means of coping with job-related stress. Nurses who worked in critical care settings self-reported higher positive social coping; nurses with several years of work experience also reported having positive spiritual coping. The study results suggest that, although there may not be an integration of spirituality in the policies of healthcare organizations, spiritual coping strategies are prevalent.

Epstein et al. (2020) found that nurses experience moral distress and secondary traumatic stress as they provide patient care. As a result, nurses are at high risk for burnout. Awareness of spiritual health and well-being is necessary for nurses to process moral distress and ultimately prevent burnout (Forster & Hafiz, 2015; Peterson et al., 2010). Although one may feel safe and at peace within one's own life circumstances when spiritual well-being has been achieved, true spiritual health is a realization that even in imperfection, chaos, and strife, peace can be maintained.

Spiritual health can enhance self-awareness and self-care in the absence of cultural and organizational change. When spiritually well, nurses can regulate their emotions in response to environmental chaos as a protective shield against compassion fatigue, secondary trauma, and burnout (Babamiri et al., 2020; National Academies of

---

*Pandemics can have long-term occupational and psychological effects on healthcare workers.*

---

Spirituality can encompass values, beliefs, and religions. Spirituality itself provides meaning to life, connectivity to others, and life purpose. Theoretically, spirituality is a transcendental or

likely to use religious belief to cope with patient deaths.

In a cross-sectional study, Ibrahim et al. (2020) used the Spiritual Coping Questionnaire (SCQ) to explore



Sciences, Engineering, and Medicine, 2019; Zhang et al., 2018).

## UNPACKING YOUR SPIRITUAL FIRST AID KIT

The purpose of a first aid kit is to have at hand the items necessary to treat an injury. Treating wounds, controlling bleeding, preventing infections, managing allergic reactions, and preventing inflammation and severe pain are all treatment implications that may involve a first aid kit.

The purpose of a spiritual health first aid kit is to have tools and resources to refresh and bolster one's faith during experiences of loss and unpredictable trauma. Spiritual health and well-being enable the coping and healing needed due to painful experiences and suffering.

Nurses can tend to spiritual health needs by consciously planning self-care (Caldeira et al., 2019). Spiritual health in the context of nurses and self-care is supported by research that emphasizes the therapeutic dimensions of spirituality (Caldiera et al., 2019). Unpacking one's spiritual health first aid kit begins with the understanding that, as humans, we often do not have control over what happens in our immediate environments, communities, or the world (Cuvadar & Cuvadar, 2020). Our powerlessness should not be seen as weakness, but as an opportunity to seek the support of God and of others of like faith in churches, halls, temples, and other places of spiritual community. However, spiritual health must first encompass one's recognition of the need to rest one's body, mind, and spirit.

Spiritual health first aid implemented at home and in the workplace can help nurses maintain physiological, psychological, and spiritual well-being. The Remembrance and Renewal (R & R) practice, part of the holistic relationship-based care framework, can be used by Christian nurses to process the loss of patients or colleagues. Rettig et al. (2020) described how R & R

self-guided sessions in the workplace are opportunities for nurses to begin to deal with loss and grief through honoring those who have died, and to promote self-healing by renewing their spirit, mind, and body. Nurses can adapt this practice at home as well.

Spurlock (2021) offers the perspective of self-care as stewardship and advocates for considering oneself as God does. Self-care with this approach leads

---

*The purpose of a spiritual health first aid kit is to restore one's faith during experiences of loss and unpredictable trauma.*

---

the Christian nurse to recall his or her identity as a person made in God's image as one who is loved and treasured, assuming a posture of humility and thankfulness. "Self-care begins and ends with worship and gratitude.... I choose to remember and meditate on the beauty of Scripture regarding how much I am cared for and loved unconditionally" (Spurlock, 2021, p. 101).

Mindfulness as a regular practice can maintain or help restore spiritual health, as described by Ricci-Allegra (2015). Mindfulness—being aware of one's mental processes—and listening to God can benefit physical, spiritual, and mental health.

White et al. (2011) list the spiritual practices of prayer, listening to music, reading inspirational literature, and appreciating the beauty of nature as common means of regaining spiritual well-being.

## CONCLUSION

When nurses engage in spiritual health self-care, they improve their ability to cope with loss and unpredict-

able trauma incurred in their provision of patient care, including during the COVID-19 pandemic. The physiological and psychological pain endured during the pandemic can best be healed through spiritual restoration accessible through an intimate relationship with God. God is loving and kind; therefore, care and compassion practiced by nurses honors God and his creation. Spiritual health self-care interventions such as reading Scripture, mindfulness, prayer, and self-care time can help nurses gain refreshment and spiritual stamina. 📖

---

Babamiri, M., Alipour, N., & Heidarimoghadam, R. (2020). Research on reducing burnout in health care workers in critical situations such as the COVID-19 outbreak. *Work*, 66(2), 379–380. <https://doi.org/10.3233/WOR-203189>

Caldeira, S., Romeiro, J., Martins, H., & Casaleiro, T. (2019). The therapeutic dimension of research about spirituality: Particularities of cancer, mental health and infertility. *Nursing Forum*, 54(4), 488–491. <https://doi.org/10.1111/nuf.12356>

Centers for Disease Control and Prevention. (2020). When to quarantine. *COVID-19*. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Cuvadar, Y., & Cuvadar, A. (2020). Factors and management of nurses affecting the control perception during COVID-19 outbreak. *International Journal of Caring Sciences*, 13(2), 1460–1462. [http://www.internationaljournal-ofcaringsciences.org/docs/73\\_1\\_cuvadar\\_special\\_13\\_2.pdf](http://www.internationaljournal-ofcaringsciences.org/docs/73_1_cuvadar_special_13_2.pdf)

Epstein, E. G., Haizlip, J., Liaschenko, J., Zhao, D., Bennett, R., & Marshall, M. F. (2020). Moral distress, mattering, and secondary traumatic stress in provider burnout: A call for moral community. *AACN Advanced Critical Care*, 31(2), 146–157. <https://doi.org/10.4037/aacnacc2020285>

Fealy, G. M. (2005). *A history of apprenticeship nurse training in Ireland* (1st ed.). Routledge.

Forster, E., & Hafiz, A. (2015). Paediatric death and dying: Exploring coping strategies of health professionals and perceptions of support provision. *International Journal of Palliative Nursing*, 21(6), 294–301. <https://doi.org/10.12968/ijpn.2015.21.6.294>

Groves, R. F., & Klauser, H. A. (2009). *The American book of dying: Lessons in healing spiritual pain*. Celestial Arts.

Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: A web-based cross-sectional survey. *Psychiatry Research*, 288, 112954. <https://doi.org/10.1016/j.psychres.2020.112954>

Ibrahim, M. A., Isa, K. Q., Haji-Idris, H. A., Nawi, S. H., Teo, Y. C., Rahman, H. A., & Abdul-Mumin, K. H. (2020). Spiritual coping with stress among emergency and critical care nurses: A cross-sectional study. *Community Mental Health Journal*, 56(2), 287–293. <https://doi.org/10.1007/s10597-019-00486-6>



- International Council of Nurses. (2021, March 11). COVID-19 pandemic one year on: ICN warns of exodus of experienced nurses compounding current shortages. *ICN News*. <https://www.icn.ch/news/covid-19-pandemic-one-year-icn-warns-exodus-experienced-nurses-compounding-current-shortages>
- Jewett, C., & Spencer, J. (2021, April 8). 12 months of trauma: More than 3,600 US health workers died in COVID's first year. *Kaiser Health News*. <https://khn.org/news/article/us-health-workers-deaths-covid-lost-on-the-frontline/>
- Johnson, J. (2021). *U.S. workers communication during COVID-19 pandemic 2020*. Retrieved April 16, 2021, from <https://www.statista.com/statistics/1112966/us-workers-communication-methods-during-coronavirus-pandemic/>
- Johnson, R. W., Tilghman, J. S., Davis-Dick, L. R., & Hamilton-Faison, B. (2006). A historical overview of spirituality in nursing. *Association of Black Nursing Faculty Journal*, 17(2), 60–62. <https://pubmed.ncbi.nlm.nih.gov/18402344/>
- Maunder, R. G., Lancee, W. J., Balderson, K. E., Bennett, J. P., Borgundvaag, B., Evans, S., Fernandes, C. M. B., Goldbloom, D. S., Gupta, M., Hunter, J. J., McGillis Hall, L., Nagle, L. M., Pain, C., Peczenik, S. S., Raymond, G., Read, N., Rourke, S. B., Steinberg, R. J., Stewart, T. E., ... Wasylenki, D. A. (2006). Long-term psychological and occupational effects of providing hospital healthcare during SARS outbreak. *Emerging Infectious Diseases*, 12(12), 1924–1932. <https://doi.org/10.3201/eid1212.060584>
- McGarry, B. E., Grabowski, D. C., & Barnett, M. L. (2020). Severe staffing and personal protective equipment shortages faced by nursing homes during the COVID-19 pandemic. *Health Affairs*, 39(10), 1812–1821. <https://doi.org/10.1377/hlthaff.2020.01269>
- Meehan, T. C. (2012). Spirituality and spiritual care from a Careful Nursing perspective. *Journal of Nursing Management*, 20(8), 990–1001. <https://doi.org/10.1111/j.1365-2834.2012.01462.x>
- National Academies of Sciences, Engineering, and Medicine. (2019). *Taking action against clinician burnout: A systems approach to professional well-being*. The National Academies Press. <https://doi.org/10.17226/25521>
- Özdelikara, A., Alkan S. A., & Mumcu, N. (2018). Determination of health perception, health anxiety and effecting factors among nursing students. *Medical Journal of Bakirköy Tıp Dergisi*, 14(3), 275–282. <https://doi.org/10.5350/BTDMJB.20170310015347>
- Peterson, J., Johnson, M., Halvorsen, B., Apmann, L., Chang, P.-C., Kershek, S., Scherr, C., Ogi, M., & Pincon, D. (2010). Where do nurses go for help? A qualitative study of coping with death and dying. *International Journal of Palliative Nursing*, 16(9), 432–438. <https://doi.org/10.12968/ijpn.2010.16.9.78636>
- Rettig, A. E., Lambrecht-Stock, E., Bohley, K., Disher, C., Flewellen, M., Lee, L. L., Lindsey, A., Rawal, V., & Brogan-Habash, D. L. (2020). Remembrance and renewal: Health care staff spiritual self-care. *Journal of Holistic Nursing*, 38(1), 139–146. <https://doi.org/10.1177/0898010119900412>
- Ricci-Allegria, P. (2015). *Spiritual perspective, mindfulness, and spiritual care practices of hospice and palliative care nurses* (Unpublished doctoral dissertation). Seaton Hall University. <https://scholarship.shu.edu/cgi/viewcontent.cgi?article=3066&context=dissertations>
- Spurlock, R. (2021). Self-care: A stewardship perspective. *Journal of Christian Nursing*, 38(2), 98–101. <https://doi.org/10.1097/CNJ.0000000000000688>
- Timmins, F., & Caldeira, S. (2019). *Spirituality in healthcare: Perspectives for innovative practice*. Springer Nature.
- Weathers, E. (2019). What is spirituality? In F. Timmins & S. Caldeira (Eds.), *Spirituality in healthcare: Perspectives for innovative practice* (pp. 1–22). Springer Nature.
- Weathers, E., McCarthy, G., & Coffey, A. (2016). Concept analysis of spirituality: An evolutionary approach. *Nursing Forum*, 51(2), 79–96. <https://doi.org/10.1111/nuf.12128>
- White, M. L., Peters, R., & Schim, S. M. (2011). Spirituality and spiritual self-care: Expanding self-care deficit nursing theory. *Nursing Science Quarterly*, 24(1), 48–56. <https://doi.org/10.1177/0894318410389059>
- World Health Organization. (2021, March 24). *WHO coronavirus (COVID-19) dashboard*. <https://covid19.who.int/>
- Zhang, Y.-Y., Han, W.-L., Qin, W., Yin, H.-X., Zhang, C.-F., Kong, C., & Wang, Y.-L. (2018). Extent of compassion satisfaction, compassion fatigue and burnout in nursing: A meta-analysis. *Journal of Nursing Management*, 26(7), 810–819. <https://doi.org/10.1111/jonm.12589>