

An Intensive Care Nurse Narrative of Spiritual Care During COVID-19

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ABSTRACT

Introduction: The intensive care management during the pandemic of COVID-19 is highly critical. The provision of spiritual care to the patients and their family members is important but challenging to be accomplished during this time. This article attempts to provide a view of an intensive care nurse's experience of spiritual care during the COVID-19 pandemic.

Methods: Interview was conducted with a nurse who worked in an intensive care unit (ICU) of a tertiary government hospital in Malaysia. It is a part of a larger qualitative study investigating the perceptions of ICU clinicians in providing spiritual care in the ICU. A thematic analysis was utilized in identifying emergent themes that would be significant in context of intensive care COVID-19 management.

Results: There were two emergent themes that were identified from the nurse's reflection – Keeping faith, and Blessed outcomes.

Conclusion: This reflective account of a nurse providing spiritual care in the ICU may give insights for a better COVID-19 management. Further research is needed to explore the use of reflective practice in the spiritual care education and training. Further studies should also include the experience of the patients, the families as well as the professionals in the ICU to develop a concise model of spirituality and spiritual care in the ICU context, particularly during the pandemic of COVID-19.

Keywords: Intensive care; Nursing; Spirituality; Religion; COVID-19

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INTRODUCTION

The pandemic COVID-19 has been affecting the healthcare system globally. The patients who are infected with the COVID-19 and having severe respiratory and multiorgan problems are admitted in the intensive care unit (ICU) for treatment. The intensive care clinicians; nurses and physicians, face challenges to care for these patients because of the complex course of virus transmission, lack of established treatment and the excessive demand for ICU admission (1). Patients with COVID-19 represented with fever, myalgia or fatigue, and dry cough, and in severe cases, patients develop dyspnoea and hypoxemia within 1 week after onset, which may worsen to acute respiratory distress syndrome (ARDS) or end-organ failure. Consequently, the care of the patients during this time is highly stressful because their conditions worsen rapidly, limited healthcare resources, restricted family visits and compulsory isolation (2).

Patients with COVID-19 have to be nursed in isolation, disconnected from their families, may create anxiety and confusion and lead to psychological and spiritual suffering, and eventually poor quality of death and dying (3). Most of the time, spiritual needs of critically ill patients and their family members during the COVID-19 pandemic that pay attention to their cultural background add to the clinicians' workload and often neglected (4,5). The provision of spiritual care in the ICU for the patients and the family is equivalently hard for the clinicians because limited guidelines are available due to the unprecedented declaration of pandemic. International recommendation of palliative care stated that clinicians can provide spiritual support to patients and family members by listening, taking a spiritual history, praying, practicing compassionate presence, or holding a sacred space (6). Bridging patient-family-clinician interaction through devices and video calls, it is also important to address cultural gaps by being mindful and making unbiased assumptions during discussions to encourage family to be more open and build trust (5). Frontline clinician's experience during this pandemic is unique and needs further exploration. This article aims to depict a nurse's experience of giving spiritual care to the patients who were

infected with COVID-19 and their family members.

METHODS

The reason for this single narrative is its uniqueness in displaying the raw ICU experience of spiritual care nursing during the pandemic COVID-19. This study is a part of a larger qualitative study on the spiritual care in the ICU in a southern state of Malaysia. Ethical approval was obtained from the Malaysia Medical Research Ethical Committee and the study was registered in the National Medical Research Registry (NMRR-18-3951-45429). The nurse was given the participant information sheet prior to the interview. Written consent was attached to the information sheet and was signed by the nurse.

The criteria by Lincoln and Guba were applied to ensure the rigour and trustworthiness of the study (7). Member checking was done by providing the coded transcripts to the nurse and allowing her to reflect her true experience and confirmed the researcher's interpretation of her narration. The field notes described the flow of the study process, allowing an audit trail to establish the trustworthiness of the study. The researcher transcribed the conversation in verbatim, analysed, and discussed the emerging codes and themes constantly with the supervisory team. In this way, the study confirmability was ascertained.

RESULTS

The interview was conducted in the ICU conference room and recorded with an audio recorder. The interview was transcribed verbatim, and the text was analysed using thematic analysis as introduced by Braun, Clarke, Hayfield, & Terry (8). This nurse's narration is presented in two parts; Keeping faith and Blessed outcomes.

Keeping Faith

This theme signifies that there is an ambience of uncertainty during the pandemic of COVID-19 that unites and urges the clinicians, the patients and the whole country to hold on to their sense of spirituality. They often begin their day with prayer, and they prayed together. The prayers usually contain their

hope for healing and well-being for themselves and the country.

"It was different vibes back then. The best [moment] was every time we don PPE (personal protective equipment) we will recite du'a (prayer). Before begin everything. Doesn't matter who leads. Anyone also can. So the patients also aminkan altogether.."

"Another best moment when there was one patient, Pakcik A. When he was going to be discharged to another hospital... We asked from him, "Pakcik, please du'akan lah (pray for) us." He prayed, like really pray with tears... He prayed for everything, the well-beings of the Malaysians. Meaning from this COVID-19 pandemic... To end this COVID-19... Feel like it touched deep inside... I miss that vibe. It's different. Kind of exhilarating.."

The nurse also relates the customary practice of the clinicians to put on the audio of Quranic recitation at all times. The patients who did not require oxygen supplement and intubation also recite Quran frequently during their hospitalization. The nurse claimed that this recitation gives positive outcome for the patients especially for the ones who were in spiritual distress. This outcome is further elaborated in the other theme. In addition to the Quranic recitation, the clinicians also give moral support and encouragements for the patients.

"Then, while we were there (specialized ICU for COVID-19), we switch on Quran radio 24 hours... I heard patients who khatam Quran (completed the whole Quran), teaches other patients to read too... There was one patient who kept saying that he felt empty inside. He said, "I thought I already have plentiful amalan (religious practice), but when I have this [infected by COVID-19], I feel really empty, like I have nothing." He is muhasabah, like having reflection within himself. Most of my patients like that. Some even said like they are dying, like facing death like that. Then we give them encouragement like, "You are OK now, sir. You have to be strong." Then their semangat (will) to live are back to themselves. We also give motivating words, like moral support, you know. Then they will be OK. If not, they will cry all the time. Cry, cry, cry... because they thought they are going to die. That's how terrified they were.."

"There is one patient, he said he feel empty. At one point of time, he thinks he hears a recitation of a Quranic verse. Sometimes, we play Quranic verses

in our phones. We play various verses. Then (after that) he feels like...more relief, like he is awoken or something. After he is extubated, he tells this story to us. He can hear while he is sedated and intubated. He knows it is the Quran [that he heard]..."

The nurse remembered feeling impressed of one patient that immediately asked for assistance for solat (Muslim obligatory prayer) after extubation procedure. This experience prompted her to be more vigilant on spiritual care that she asked more patients if they would like assistance for solat.

"Like the ones just now, [patients in quarantine] he urges the other patients. Jama'ah (congregational prayers). Like the best experience I remember this pakcik. He solat. Like really observe his solat. Feels really amazing when he first extubated he asked for solat. So then we ask lah (all of the other patients), we'll ask them, "Pakcik, you wanna pray?..."

Another initiative on ICU spiritual care that the clinicians provide during the pandemic is video call or conference. This intervention was initiated due to the restriction for visits from the family members and also due to the nationwide lockdown to prevent the spread of the COVID-19 infection. The nurse also reflected on the end-of-life care and the limitations of providing the last office for the patients and the family members. The nurse confessed that the difficult situation made her, and the other clinicians affected with the grief too.

"We also make video call.. At least two times daily. Then they will cry, you know. The relatives all, emmmm... But if the patients really bad, we don't show the picture/video. Because, you know, maybe... We don't want them to worry too much. Better they don't see than not... hmmm... there was one patient. CPR [cardiopulmonary resuscitation]... Ha that one, he was conscious at first. But suddenly, maybe he has comorbid, maybe heart problem, I am not sure. But it was really sad. His wife is in quarantine at another hospital. We were all affected (by that experience). No video calls. We couldn't.. he was only three days in (ICU) then passed away. Really really bad. All of a sudden. We really couldn't. And think about the last moments... you know... we usually accompany our family till the end. See their faces one last time.. But this patient's family, they could not. Not allowed. All the children. Small children and all. That part, we are really affected too."

Blessed outcomes

This theme's definition is the effects of the spiritual care interventions that the ICU clinicians gave for the patients who were infected with COVID-19. The clinicians were happy with the patients' recovery. The nurse relates this aftermath as a blessing in disguise.

"That's it. Maybe there's blessing in disguise behind all these... They were really grateful to us. Thank you doctor, thank you nurse, they said. They were really really happy. We too lah. When they were discharged, we will say "Ya Allah, happy nyaa". Its different tau for ICU patients. Like when care for that particular patient from the beginning. When he/she called you. Imagine, from zero until he can walk. It was an incredible feeling."

Some of the family of the ICU patients still update the nurse on the patient's condition at home. The nurse felt please with this continuous relationship. The nurse also recounted that the clinicians, especially the nurses felt blissful when they gave spiritual care to their patients and the family members. She also felt they as clinicians, reflects within themselves on the inexplicable aspect of spiritual care. This positive atmosphere that the clinicians felt after the first wave of the pandemic COVID-19 is evidence that spiritual care is highly important.

"Also with the relatives, they still contact. Like keep in touch. Like every day they will tell us about Mr. J and how he was doing at home. They (contact us via) Whatsapp... So far OK la. I feel good... You know, most of the COVID-19 patients they are really really bad. Like dying. Literally like one of my patients BP [systolic blood pressure] only 60. With CVV [continuous dialysis] and all. We thought he won't survive. Maybe it is God's will. Maybe he was given second chance. He survives. He (was discharged) went back home on his feet. Really unpredictable... We nurse, we feel all those feelings, sad, happy, and all. We really feel this spiritual thing, care and all... You see, the patients are all sedated, one week, one month... the condition is not that good kan. We also don't really know their roh [spirits]? Where they have been? Up there? We don't know. Only between them and God... Ya la... When the patient muhasabah [reflect], we also muhasabah. It's just a positive thing, you know."

The nurse concluded that her experience in taking care of critically ill patients during the

pandemic COVID-19 gave impact on both of the patient's and her own sense of spirituality. Though the situation was difficult and stressful, it brought a moving and positive atmosphere. She felt that it is important to reflect and to make sense of the experience as it will be a lesson learnt for the future.

DISCUSSION

This study has identified the initiatives of the ICU clinicians for the spiritual care of their patients and the family members while working as frontliners during the first wave of COVID-19 pandemic in Malaysia. Because the COVID-19 virus was newly discovered at this time, the management of COVID-19 patients mostly were based on international consensus and opinion of experts (9). The frontliners, especially the ICU clinicians have to make rapid decisions because of the surge of admission due to the increasing number of patients infected by COVID-19.

The interventions for spiritual care in the intensive care context as shared by the nurse in this narrative is in line with the recommendation by the Guideline for Ibadah-friendly Hospitals by the Malaysia Ministry of Health 2017 (10,11) and the Malaysians Society of Intensive Care Recommendations on Palliative Care in the Critically Ill Patient during the COVID-19 Pandemic 2021 (12). The narration of this nurse provides a real-life and personalized account of the frontliners who are working with the critically ill COVID-19 patients. Being close to the patients who were not allowed visitation from the family members make the nurse and clinicians as the intermediaries. Besides helping them with solat, making prayers, allowing video conference, providing encouragement and moral supports, the findings from other studies urged the clinicians to have a more creative attitude in order to give a more effective spiritual care (13). As Malaysia enters the third wave of COVID-19 pandemic and subsequently reaching the endemic phase, a more flexible approach of spiritual care in ICU was approved so that a family member is given PPE so that they can be allowed to visit their loved ones who is critically ill with COVID-19.

The use of reflection in nursing practice is one of the effective training and education method.

The use of narration by the nurse in this study inadvertently set her up for a reflective process on her own nursing experience. Bear witness to the patient's spiritual turmoil, the nurse also reflects her own faith, and this situation echoed the finding of Zumstein-Shaha and colleagues in a previous qualitative study (14). The notion of "wounded healers" that is previously dubbed by Ferrell and colleagues cautioned the frontliners in addressing their own sense of spirituality while also taking care of their patients (15). The nurse in this study discerned her experience as a positive reflection process while giving spiritual care to her patients. Spiritual care training through reflection has been proven to enhance the providers' spiritual well-being and improved their attitude towards spirituality and spiritual care (16). The term muhasabah used by the nurse originated from Arabic word which carry the meaning of self-evaluation that is embedded in the life of a Muslim, irrespective of their background (17). More research is needed to investigate the use of reflection in spiritual care in the future.

CONCLUSION

Exploring the experience of a nurse in the form of narratives will complement the existing knowledge in the spiritual nursing care. In this abridge narration of an intensive care nurse in the provision of spiritual care during the COVID-19 pandemic, acknowledging that faiths can have positive consequences for the patients, family members as well as the clinicians. Spirituality is an abstract concept, and its interpretation may differ from the perspectives of patients, family members, and other clinicians such as physicians and social workers, and this warrants further investigation. Future studies should also seek to develop a practical model of ICU spiritual care which ultimately may be helpful to improve the spiritual well-being of the patients and the family members.

CONFLICT OF INTEREST

The Author(s) declares(s) that there is no conflict of interest.

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